MEGAN HOLLETT BSc Hons

INVESTIGATING THE PROCESSES INVOLVED IN CARING FOR LOOKED AFTER CHILDREN

Section A: Burnout, secondary trauma and compassion fatigue in foster carers and residential care workers: An exploratory review

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Section B: Foster caring as 'professional-parenting': A grounded theory of the relationships between parent and professional in long-term foster care

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Finally, I would like to dedicate this thesis to the loving memory of Poppy, whose belief in me never wavered.

Summary of Major Research Project

Section A: A systematic literature review which identifies recent research on burnout, secondary trauma and compassion fatigue in foster carers and residential care workers caring for looked after children. The 13 studies are summarised and critically evaluated, and findings are synthesised. Focus is given to exploring the presence of burnout, secondary trauma and compassion fatigue in this population and examining factors that may influence the development of these phenomena. Results are discussed in the context of theory and existing research on social/health care professionals. Clinical and research implications relating to carer wellbeing are discussed.

Section B: Uses grounded theory methodology to understand the processes involved in fostering, and the relationship between the roles of parent and professional. Ten foster carers and five social care professionals were interviewed. A preliminary model was developed, which depicts the journey of becoming a 'professional-parent'. The relationship between the two roles was found to change and blend over time. Training and external support were highlighted as important facilitators. Results are discussed in relation to role theory and existing literature. Clinical implications relating to the support/training of foster carers are considered. Suggestions for future research with more diverse samples are discussed.

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Section A: Literature Review

MEGAN HOLLETT BSC Hons

Burnout, secondary trauma and compassion fatigue in foster carers and residential care workers: An exploratory review

Word count: 7968 (203)

Abstract

Background and aims: Whilst the concepts of burnout, secondary trauma (ST) and compassion fatigue (CF) have been studied extensively in social care professionals, less is understood about the psychological impact of directly caring for looked after children (LAC) who have experienced trauma. This exploratory review aimed to identify, evaluate and synthesise recent research on burnout, ST and CF in foster carers and residential care workers (RCWs).

Method: Four databases were systematically searched for studies that investigated burnout, ST and CF in foster carers and RCWs. Thirteen studies met inclusion criteria.

Results: The studies differed in terms of sample/design, outcomes measured and methodological quality. Results suggested that significant numbers of foster carers and RCWs experience burnout, ST and CF. Several factors were found to be associated with these experiences, including specific role/work characteristics and individual personality/coping variables.

Conclusion: Whilst methodological quality and heterogeneity make it difficult to establish firm conclusions, the findings draw attention to the psychological impact of providing direct care to LAC. Clinical implications for supporting the wellbeing of foster carers and RCWs are discussed. Future research could develop our understanding of these experiences for foster carers and RCWs and evaluate appropriate interventions.

Keywords: burnout; secondary trauma; compassion fatigue; foster carers; residential care workers

1. Introduction

1.1. Looked after children

The term ‘looked after children’ (LAC) refers to children who are under the care of the local authority (Children Act, 1989). Currently, there are over 78,000 LAC in the United Kingdom (UK); a 28% increase in the last ten years (Department for Education [DfE], 2020). Relatively similar increases in the number of LAC have also been reported internationally (Desmond et al., 2020; Vandivere et al., 2012).

1.2. Caring for LAC

There is an emphasis on out-of-home care improving outcomes for LAC (DfE, 2017). Whilst the type of placement can vary, foster care (where the child is placed to live in a family home with a foster carer) and residential care (where the child is placed to live in a residential care facility) have historically been the most common placements in the UK. Over recent years, foster care has become increasingly favoured (Narey & Owers, 2018), although residential care still exists, often in the form of residential homes, schools or treatment units (Kendrick, 2007). Latest figures suggest that approximately 72% of LAC in the UK are in foster care, 12% are in residential care, with the remainder placed for adoption, in the care of a relative/friend, or living in supported accommodation (DfE, 2020).

Despite the increasing need, the recruitment and retention of foster carers and residential care workers (RCWs) is often low, and placement breakdown is common (DfE, 2017; Colton & Roberts, 2007; Rock et al., 2015). Recent data suggests that there are now fewer foster carers caring for more children (Ofsted, 2020). A discrepancy therefore exists between the number of children requiring out-of-home care and the number/quality of placements available, which has important implications for the care of LAC.

1.3. Experience and impact of trauma

Many LAC have been exposed to traumatic and adverse experiences (DfE, 2017; Greeson et al., 2011). Abuse and neglect are the most commonly reported reasons for children entering the care system, although other reasons such as family dysfunction and parental illness also exist (DfE, 2020).

Experiences of early life disruption/separation, inconsistent care, and abuse/neglect can have harmful impacts on young people's physiological, emotional, behavioural and social development (DfE, 2017; Fernandez et al., 2008; Sempik et al., 2007). Research suggests that LAC have high rates of mental health problems including anxiety, depression, post-traumatic stress disorder (PTSD) and are more likely to be diagnosed with behavioural disorders (Beagley et al., 2014; McAuley & Davis, 2009; Meltzer, 2003). A large UK study found a higher prevalence of psychosocial adversity and mental health difficulties in LAC compared to those children identified as being from families of raised social risk (Ford et al., 2007).

1.4. Caring for LAC

The experiences and impacts of trauma not only have significant implications for LAC, but also for the people involved in their care. In addition to typical caring responsibilities, foster carers and RCWs are closely involved in supporting the wellbeing of LAC following adversity (York & Jones, 2017; van Beinum, 2008). Increasingly, foster carers are being seen as critical members of the LAC 'workforce' (DfE, 2011; The Fostering Network, 2018) and are involved in meeting the complex trauma and mental health needs of LAC (York & Jones, 2017). Given the level of complexity and responsibility embedded within these roles, it is important to consider the potential impact that caring for LAC may have on carer wellbeing. This may have important implications for the retention of carers and thus the quality of care that LAC receive.

1.5. Conceptualising the psychological impact of working with individuals who have experienced trauma

It is well understood that working with and caring for people who have experienced trauma can have significant negative effects on psychological wellbeing (Stamm, 2010). A number of terms (see Table 1) have been used to describe these impacts. Whilst there are some nuances, the terms are not always clearly delineated from one another (Stamm, 2010) and so are frequently used together and/or interchangeably.

Table 1

Terms used to describe impacts of working with people who have experienced trauma

Term (author/s)	Definition
Burnout (Maslach, 1982; 2001)	The state of exhaustion resulting from prolonged exposure to demanding environments. It is often associated with a gradual onset and characterised by emotional and physical exhaustion (depletion of resources), depersonalisation (negative or detached responses) and reduced personal accomplishment (feelings of inadequacy). Although not specific/unique to the exposure of trauma, burnout is often considered to be a key psychological consequence.
Secondary trauma (ST) (Figley, 1995)	The emotional distress experienced as a result of working with others who have experienced trauma. It is often acutely experienced and may be characterised by similar symptoms observed in PTSD, including arousal, intrusive thoughts/flashbacks and avoidance. ST is also known as secondary traumatic stress (STS).
Compassion fatigue (CF) (Figley, 1995; Stamm, 2010)	The overarching emotional impact and 'cost' of caring for people who have experienced trauma or are suffering, including, although not exclusive to, the experiences of burnout and secondary trauma.

1.6. Existing literature on burnout, ST and CF

Burnout, ST and CF have been recognised as being relevant to many of the 'helping professions' and settings that involve the direct care of or regularly working alongside people who may have experienced trauma (Cocker & Joss, 2016; Molnar, 2017; Stamm, 2016). For instance, research has investigated these phenomena in nurses/hospital staff, teachers, police officers, and psychologists/therapists (Christian-Brandt et al., 2020; Hensel et al., 2015; Kelly, 2020; Rossi et al., 2012; Sinclair et al., 2017; Sprang et al., 2007).

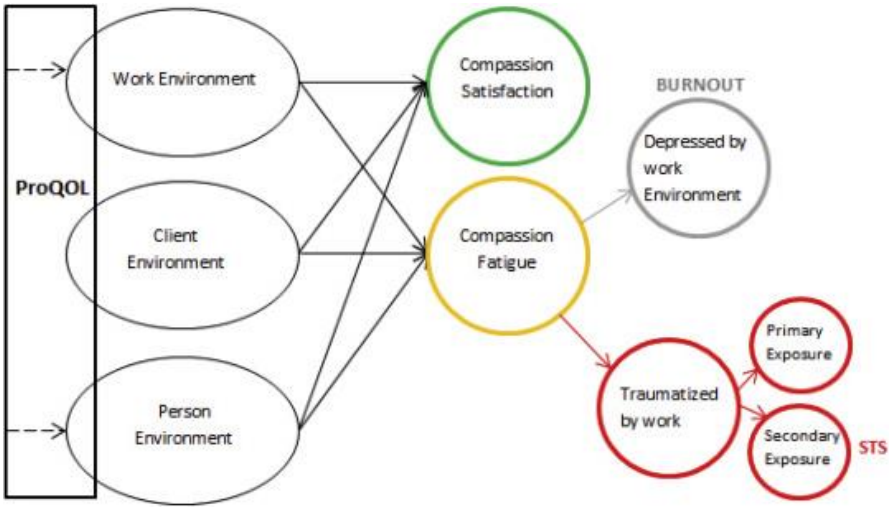
One area in which burnout, ST and CF has received considerable research attention is within the social care/child welfare profession (Salloum et al., 2015; Thomas, 2013). It has been argued that the challenging and demanding nature of this work, which often involves working with large caseloads of children and families who have experienced significant trauma/adversity, renders social care professionals at higher risk for such negative psychological effects compared with other professionals (Manning-Jones et al., 2016; Sprang et al., 2011). Whilst rates differ across studies, many report moderate (or higher) levels of burnout, CF and STS (Baugerud et al., 2018; Conrad & Keller-Guenther, 2006).

Several factors have been implicated in influencing the development of burnout, ST and CF. McFadden et al. (2014) reviewed 65 studies published between 2000-2009 and identified organisational characteristics (workload, supervision/support, organisational culture, commitment, job satisfaction) and individual characteristics (personal trauma, training, coping) that may contribute to burnout or resilience within child protection social workers. A recent review of 39 studies investigated ST in a range of child welfare professionals (Molnar, 2020). Similarly, a combination of workplace factors (work overload, role ambiguity, low resources/support, reduced sense of control), combined with individual factors (social support, work-family conflict, personal experiences of trauma), were highlighted as influencing the likelihood of ST.

These findings are consistent with theoretical models that have been proposed to explain experiences of CF within professionals who are exposed to traumatic material or interact with victims of trauma. Stamm's (2010) model of professional quality of life (ProQOL) conceptualises that CF (which may include burnout and ST) and compassion satisfaction (CS; the positive aspects and pleasure of helping others), are determined by a complex interplay of factors (see Figure 1). These include the interaction between characteristics related to the individual's work (physical environment and support), personal life (life experiences and own exposure to trauma), and the client/person being helped (their trauma experiences and ways of relating).

Figure 1

Stamm's (2010) model of Professional Quality of Life (ProQOL).



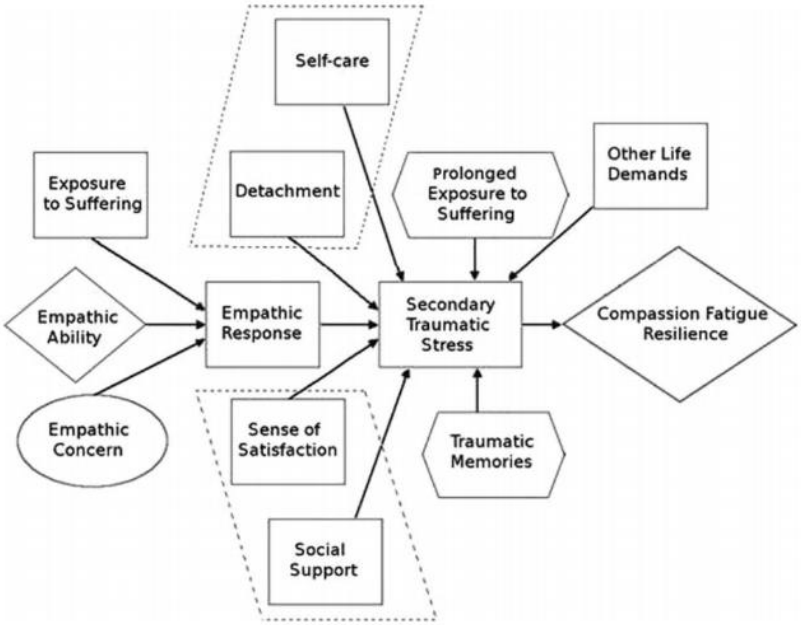
Note. Figure reproduced from *The Concise ProQOL Manual*, 2nd Edition, by B.H, Stamm, Pocatello. Copyright 2010 by B. H. Stamm. Reproduced with permission. Retrieved from https://proqol.org/uploads/ProQOLManual.pdf

More recently, Ludick and Figley (2017) formulated a model (see Figure 2) to explain why some people in caring professions experience high levels of ST and CF, whilst others experience minimal negative effects. The model highlights several risk variables, including exposure to suffering, empathic response/concern, traumatic memories and other life demands, which can make ST and therefore CF more likely. However, the model also proposes several protective factors (self-care, detachment, social support and sense of satisfaction; see dotted line in Figure 2), which when cultivated, may support people to cope with and reduce/resist ST and CF, leading to what the authors termed 'Compassion Fatigue Resilience'.

Although not previously applied to foster carers and RCWs, both models may be relevant to those providing care to LAC.

Figure 2

Ludick and Figley's (2017) model of Compassion Fatigue Resilience



Note. Figure reproduced from "Toward a Mechanism for Secondary Trauma Induction and Reduction: Reimagining a Theory of Secondary Traumatic Stress", by M. Ludick and C.R.

Figley, 2017, *Traumatology, 23*, p.114. Copyright 2017 by The American Psychological Association. Permission requested.

1.7. Direct care of LAC

Despite the large literature base that exists on child welfare professionals, less is known about the psychological impact on those who are more involved in the day-to-day care of LAC, such as foster carers and RCWs (Ireland & Huxley, 2018). This is somewhat surprising given that both foster carers and RCWs may be more frequently exposed to the details, as well as the ongoing effects, of LACs' past traumatic experiences than other professionals involved in the wider social care system. Indeed, it has been acknowledged that many of the negative emotional consequences of working with young people who have experienced trauma may occur as a result of responding to behaviour that challenges or through hearing about children's traumatic experiences (Meyers & Cornille, 2002).

1.7.1. RCWs

Several studies conducted in the 2000s examined the existence of burnout and CF within residential care settings such as children's homes and treatment centres (Decker et al., 2002; del Valle, 2007; Lakin et al., 2008). Eastwood and Ecklund (2008) found that 26% of RCWs experienced 'high' levels of CF, 56% experienced 'medium' levels, whilst 17.5% reported 'low' levels. The findings suggested that burnout risk, support outside of work and self-care practices were associated with experiences of CF.

To date, one study has reviewed the concept of burnout in RCWs (Seti, 2008). Although not a systematic review, this paper summarised several contributing factors, including individual characteristics (personality, experience, coping style and locus of control), job characteristics (role stress/conflict/ambiguity) and organisational characteristics (support and supervision, levels of autonomy, and recognition). These findings are similar to the literature on social care professionals, and consistent with components of Stamm's (2010)

model of ProQOL. However, a more up to date and systematic review of recent literature, which reflects current practice of RCWs, has not been completed.

1.7.2. Foster carers

Whilst studies have examined the emotional experiences of foster carers (Adams et al., 2018; Pickin et al., 2011; Wilson et al., 2000), little attention has been given to specifically examining the presence and impact of burnout, ST and CF in foster carers. As fostering involves caring for LAC within the home environment, the blurring of work and home life may present unique challenges that make negative psychological outcomes particularly likely. For example, it has been suggested that providing informal care to others, on top of other family/professional caring responsibilities and/or professional work, increases the risk of role burnout and CF (Gérain& Zech, 2020; Ward-Griffin et al., 2011). Burnout is also commonly reported amongst parents caring for children with disabilities/complex needs (Basaran et al., 2013; Gérain& Zech, 2018). Such experiences may therefore be particularly relevant to foster carers.

Some research has begun to examine the concepts of burnout, ST and CF in foster carers. An unpublished American dissertation found that although work-related burnout and CF scores were lower than normative means, personal burnout scores were higher (McLain, 2008). The author argued that whilst foster carers may not have attributed their burnout to the act of fostering, it appeared that caring for LAC may have had some negative impact on them. This study also highlighted that high levels of CS may protect or ameliorate some of the more negative impacts. More recently, larger research studies have found significant levels of CF, ST and burnout in foster carers in the UK (Hannah & Woolgar, 2018; Ottaway & Selwyn, 2016). However, the research on burnout, ST and CF within this population has not been thoroughly reviewed.

An exploration of the literature examining these concepts, in both foster carers and RCWs, is therefore warranted.

1.8. Summary of rationale for review

There is increasing pressure on out-of-home care to improve outcomes for LAC who have experienced significant trauma/neglect. Foster carers and RCWs are responsible for the care and wellbeing of LAC. Despite literature examining the presence/impact of burnout, ST and CF within the social care profession, less is known about the psychological impact on those more directly involved in the day-to-day care of LAC, and no current systematic reviews on foster carers or RCWs exist. An examination of burnout, ST and CF within these roles would add to our understanding of the experience of caring for LAC. This may have important implications for carer wellbeing and retention and thus the quality of care given to LAC.

2. Method

2.1. Aims and scope

The aims of this review were to identify, evaluate and synthesise recent research on the psychological impact of caring for LAC on foster carers and RCWs. Focus was given to a) exploring the presence of burnout, ST and CF and b) examining factors that may influence the development of these phenomena. Given the lack of reviews on this topic, and the infancy of some of the research, the scope of this review was largely exploratory. It focused on:

- Empirical studies, irrespective of methodology. This enabled a richer representation of the current literature.
- Several psychological phenomena (burnout, ST and CF). This captured the different, often overlapping terms used in the literature (Stamm, 2010).

- Foster carers and RCWs. This reflected the most common placement types and the roles associated with the day-to-day care of LAC. An examination of other roles with different responsibilities, such as residential therapists, were beyond the scope of this review.
- Published and grey literature. This ensured a comprehensive representation of all relevant research, whilst also reducing the effects of publication bias/the 'file drawer effect' (Cooper, 2003; Rosenthal, 1979).
- Research published from 2010 onwards. This prevented repetition with previous reviews (e.g. Seti, 2008). The time frame also corresponded with the publication of relevant theoretical models (e.g. Stamm, 2010). Furthermore, capturing the most recent literature helped to ensure relevancy and reflect current practice of working with LAC (NICE, 2010).

Four electronic databases (Applied Social Sciences Index and Abstracts, PsycINFO, MEDLINE, Web of Science–Core Collections) were searched in March 2021 for articles containing key search terms in the title or abstract: (burnout OR compassion fatigue OR secondary trauma* OR vicarious trauma) AND (foster care* OR foster parent* OR residential [care/child care/youth/welfare] worker* OR children in care OR looked after children). Preliminary literature searching informed the search terms and strategy used. The search was limited to results in the English language and published between 2010-2021. Grey literature was also searched for using the 'Open Grey' database.

Search results (n=350) were imported into Covidence ®, a web-based software recommended for conducting systematic reviews (Macdonald et al., 2016). Following deduplication, results were first screened by title, then abstract, followed by full text to determine inclusion (Table 2 describes full inclusion criteria). Following screening, reference lists of the nine identified papers were hand-searched. Articles citing the final nine papers were also identified (via Google Scholar) and screened. Four new articles were retrieved. A

total of 13 studies were identified and included in the review. A PRISMA flow diagram (Figure 3) details the screening process.

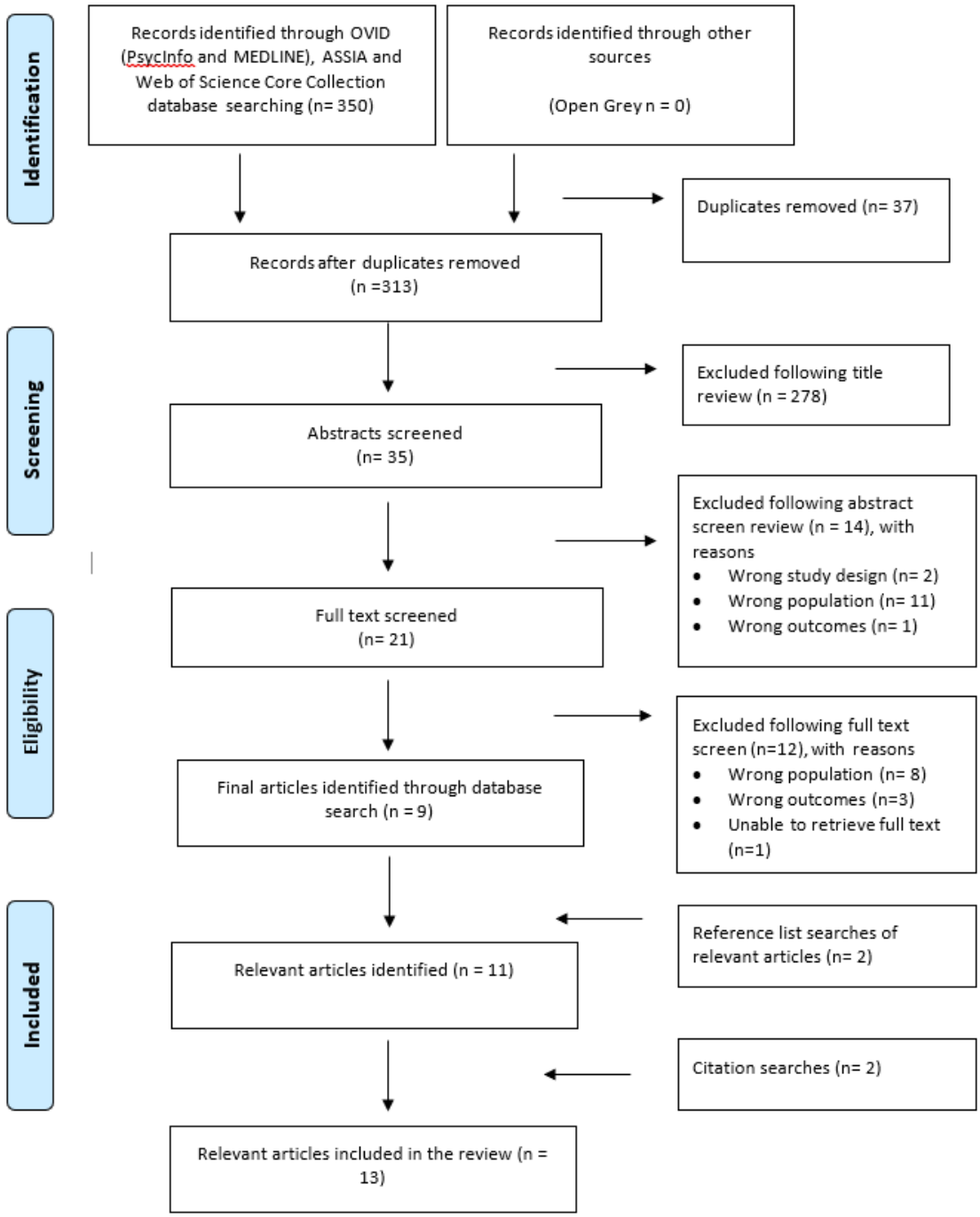
Table 2

Full inclusion and exclusion criteria.

Criteria	Include	Exclude
Study methodology	Empirical work, regardless of methodology (i.e. qualitative or quantitative)	Work that is not empirical (abstracts, editorials, reviews and books)
Dates	2010 – current	<2010
Language	English	Non-English
Location/Country	Any	None
Population characteristics	Foster carers or residential care workers caring for LAC	Kinship carers or adoptive parents, care workers in general residential disability/mental health facilities, therapists or counsellors, child day care workers.
Outcomes	Any outcomes related to burnout, secondary trauma, or compassion fatigue as the primary outcome	Outcomes not related to burnout, secondary trauma, or compassion fatigue as the primary outcome

Figure 3.

PRISMA flow diagram



Note. Ovid n=33 (PsycINFO n=29; MEDLINE n=4); ASSIA n=103; WoS (core collection) n=214.

2.2. Structure of review

A summary of each study is presented in Table 3. For this review, the 13 studies are described collectively, focusing on key points pertaining to population/sample, design/analysis, and outcomes. Following this, key methodological issues are discussed. Findings of the studies are then synthesised. Finally, the results are interpreted and discussed in the context of current research, and implications for practice and research are highlighted.

Table 3.
Summary of studies.

Study	Study (year) Location	Aim	Sample	Study design / analysis	Outcome measures	Key findings
1	Blanchette (2011) USA Unpublished doctoral dissertation	Examine relationship between forgiveness, empathy, CS, burnout and CF in foster carers	70 foster carers *M*age = 49 75.7% females 88.6% African American, 7.1% Caucasian, 1.4% Asian or Pacific Islander, 1.4% Hispanic, and 1.4% Other.	Cross sectional, survey Correlation/ regression	HFS, IRI, ProQOL	- Levels of forgiveness (total, self and others) and perspective taking negatively related to CF - Personal distress and burnout were positively related with CF - Personal distress was the only significant predictor of CF - Level of forgiveness (total and others), perspective taking, empathic concern, and CS were all negatively related to burnout - CS and forgiveness of others were the only significant predictors of burnout - CS had a positive relationship with forgiveness (total, self and others), perspective taking, and empathic concern - Perspective taking were positively related to forgiveness of situations
2	Bridger et al (2020) UK Published	Investigate incidence and psychological predictors of STS in foster carers/RCWs	187 carers working in their private homes or in residential homes 81% female *M*age = 50, range 23-72 Average number of years fostering = 9, range = 2	Cross sectional, survey Correlation, regression Also included qualitative component - frequency counts of themes	ProQOL, TEQ, CD-RISC-10, PSCS, TISC, THS. Open ended questions about wellbeing/ support	- Females reported significantly higher levels of empathy and (approaching significant) levels of traumatic stress - Incidence of primary = 76.5% - Length of experience was positively related to incidents of primary traumatic events - The strongest associations overall were found for the ProQOL variables: between STS and burnout and between burnout and CS - Foster carers showed higher scores of STS, burnout and CS compared to caring professionals and a previous foster carer sample - STS was predicted from burnout, CS, empathy, resilience, self-care and primary trauma. Indirect paths

			weeks–33 years			were included from empathy, resilience and self-care to STS via both burnout and CS. - Overall, the model predicted 54% of the variance in STS. - Burnout was the biggest predictor of STS, followed by primary trauma and CS. - Empathy, resilience and self-care predicted CS and burnout, but they did not show any direct association with STS (although an indirect effect was found for self-care). - Qualitative themes: Q1 = time with others, social support, time away/alone, exercise, personal attitude; Q2 = time, professional or therapeutic support
3	Carew (2017) USA Unpublished doctoral dissertation	Examine prevalence and severity of STS in foster carers and the relationship between STS and stressor variables	50 foster carers *M*age = 41 Range = 27-68 84% female 94% Caucasian 4% African-American 2% American-Indian/Alaskan Native Age of foster children: 80% 0-5 36% 6-12 10% 13-21	Cross sectional survey, correlation, hierarchical multiple regression	STSS (adapted), demographics, stressor variables (role characteristics, personal trauma history, years of fostering, exposure to foster child's traumatic events), and buffer variables (perceived emotional preparedness for stress, support and self-care).	- 20% had moderate to severe levels of STS (above clinical cut off) - 12% met qualifying criteria for a PTSD diagnosis (82% of participants qualified to meet at least one of the criteria for PTSD; 50% met two qualifying criteria) - 84% reported indirect exposure to trauma from experiences with foster child; 58% of these reported being directly exposed to trauma on a daily or weekly basis - 76% of participants reported they had experienced their own trauma. - The combined stressor variables and the combined stress buffer variables explained 29% of the variance of STS - Personal trauma history and perceived support were significant predictors of STS severity: Higher personal trauma history was associated with lower STSS scores and higher levels of support was associated with lower STSS scores.

4	Hannah & Woolgar (2018) UK Published	Proof of concept of CF within foster carers and examine risks associated with intent to continue fostering, job satisfaction and psychological factors that could be intervention targets	131 foster carers 43.5% White British, 5.3 % Black-British Caribbean 77% female 91% >age 45	Cross sectional survey, Correlation/ multiple regression	ProQol (CS, burnout, CF), STSS, AAQ-II, WBSI	- 25.2 % reported high levels of ST (considered 'at risk'), 51.1% reported moderate levels of ST, 23.7% reported low levels of ST - 19.8% were above clinical cut off for ST (clinical cut off =38) - Higher mean scores were found on arousal subscale, compared to intrusions or avoidance subscales. - 30.5% reported high levels of burnout, 47.3% reported moderate levels of burnout, 22% reported low levels of burnout - 18.3% rated themselves as high for CS, 54% moderate and 27.5% low levels of CS. - CS was negatively associated with ST and burnout scales - Lower intent to continue fostering and lower job satisfaction was associated with higher ST and burnout and lower CS - Higher levels of psychological inflexibility and thought suppression (avoidant coping styles) was related to higher ST and burnout.
5	Ottaway & Selwyn (2016) UK Unpublished report	Examine presence and impact of CF in foster carers	Survey: 546 foster carers 89% female 95% White 90% > age 40 Range of time fostering – 6 months to 45 years Focus groups:	Mixed methods: Cross sectional survey (part 1) Focus groups (pat 2)	ProQOL, WEMWBS, STS	<u>Survey</u> - WEMWBS: 26% of low scores; 59% moderate scores; 15% high scores - CS: 28% high, 45% moderate, 27% low, - Burnout: scores ranged from 26 (little risk) to 75 (high risk). 26% high scores, 45% moderate scores, 29% low scores - STS: 24% high, 50% moderate, 26% low - Similar levels of ST, higher burnout and lower CS to other helping professions - Foster carers from independent fostering agency (IFA) had higher CS scores and lower burnout and ST scores

23 foster carers 87% female	compared to foster carers from local authority (LA). - Those who had fostered for 8+ years were more likely to have high STS scores - Higher ProQOL scores associated with lower WEMWBS scores - 21% of IFA and 16% of LA foster cares had training on CF <u>Combinations observed:</u> - High CS, mod-low burnout and STS = 23% - High burnout, mod-low CS and STS = 10% - High STS, high burnout and low CS = 9% - High-mod burnout and ST and high-mode CS = 12% <u>Focus groups</u> <u>Key themes:</u> - Negative impact of CF on quality of care, placement stability/continuity, mental/physical wellbeing, carer retention, relentlessness of caring, lack of physical/emotional space, burnout, unable to meet basic needs of LAC, self-preservation, emotional regulation, disliking LAC, guilt - Reported ST symptoms including anxiety, panic attacks, heightened emotions, re-experiencing personal traumas - Experiences of direct primary trauma as a result of fostering e.g. physical assaults - CS associated with love, commitment, managing difficult situations, confidence, quality support from professionals - Negative impact of fostering on social activities, friendships, family/relationships. Associated with isolation, lack of support networks, lack of social contact outside of the house. - Not adequately prepared for the role - Peer and informal support important and

						underrecognized - Lack of professional support - Need for respite
6	Whitt-Woosley et al. (2020) USA Published	Examine the experiences of STS in foster carers	1213 foster carers 80.5% female *M*age = 41.58, range = 22-73 93.5% White	Cross sectional survey Correlation/ regression	STSS, ratings of child trauma severity, personal trauma exposure, years of experience and CS (from subscale of ProQOL), caregiver support, foster carer resources, level of care, burnout (from subscale of ProQOL).	- 77.9% had been exposed to details of LAC's trauma - 38.1% ranked their dose of exposure as moderate; 29.5 ranked their dose as high - Reported moderate to high severity of child trauma - Caseworker report and child report were the most common methods of exposure to child trauma - 77.8% reported experiencing distressing thoughts/feelings for 30+ days; 25.8% of them described distress as moderate-extreme - 32.7% reported impairment in relational functioning; 30.6 reported impairment in work functioning - Mean total scores of STS were 34.71 (moderate level) - 15% were above the clinical cut off score of 46 (suggestive of PTSD) - Burnout scores were low - CS scores were high - Dose of exposure and care giver support were related to STS. However, the effect of these on STS were moderated by factors such as years of experience, number of fostering resources, CS and burnout.
7	Barford & Whelton (2010) Canada Published	Examining factors that influence burnout in RCWs	94 RCWs *M*age = 32.8, range = 20-56 69.1% female 78.7% Caucasian, 7.4 % Aboriginal,	Cross sectional, survey Correlation/ regression	MBI-HSS (emotional exhaustion, depersonalisation, and personal accomplishment), WES, NEO-FFI,	- Higher emotional exhaustion but lower depersonalization and higher accomplishment scores compared to reference sample of helping professionals. - Younger participants experienced similar emotional exhaustion and personal accomplishment scores as compared to older participants but had higher depersonalisation.

			3.2 %African-Canadian 1.1% Middle Eastern 1.1% Asian, 2.1% Hispanic, 1.1% East Indian, 4.3% Other Job lengths: 34 % 1-5 years, 25.5% 5–10 years, 6.4% 10–15 years, 18.1% >15 years, 14.9% <1 year		MSPSS	- Emotional exhaustion was primarily predicted by work variables (high work pressure, poor understanding of role and expectations, and low job commitment), and by neuroticism and support from a significant other. - Depersonalisation was predicted by both work environment and personality variables (clarity, involvement, neuroticism and agreeableness, degree of concern/commitment and work expectations). - Personal accomplishment was mainly predicted by personality traits (emotionally stable, outgoing, determined, strong willed)
8	Kind et al. (2018) Switzerland Published	Investigate the impact of verbal and physical aggression on risk of RCWs developing high cortisol concentration as an indicator of chronic stress and	121 youth RCWs Age range = 23-61 62% female Average experience =8.3 years	Longitudinal study of association between client aggression, psychophysiological stress and emotional wellbeing. Correlation/ regression, ANOVA	Survey about private stressors, survey about personal boundary violations (aggression) at the workplace, BOSS, HCC 4 annual sampling points between 2012-2015	- Those reporting ‘verbal + physical’ aggression had higher HCC, more cognitive burnout symptoms and greater interpersonal burden - Those reporting ‘verbal’ and ‘verbal + physical’ aggression had higher burnout risk (emotional exhaustion, cynicism and depersonalisation) - Those reporting exposure to combined ‘verbal + physical’ aggression had higher risk of high HCC - Young age and having a longer professional career were associated with greater burnout risk

		burnout				
9	Kind et al. (2020) Switzerland Published	Investigate the association between resilience factors and burnout in RCWs	159 youth RCWs *M*age = 35.85 Range = 22-61 59.9% female Average experience =8.3 years	Prospective 3-year longitudinal design. ANOVA and correlation /regression	BOSS, SOCS, PSES, S-CQ, survey about work-related and personal stressors 4 annual sampling points	- At entry, 31 participants (19%) were considered to be 'at risk' for burnout, compared to 80% not at risk. - Cross sectional associations of those at risk of burnout at study entry: higher SOC, self-efficacy and self-care were related to lower burnout symptoms. - Higher SOC and self-efficacy were reported by older carers and those with children - Combined analysis: Only SOC and self-care were negatively associated with burnout (and have the strongest protective effect) - Longitudinal analysis: 36.7% of participants developed burnout during the course of the study - Longitudinal analysis of burnout risk: SOC and self-care were associated with lower burnout risk.
10	Sochos & Aljasas (2020) Saudi-Arabia Published	Investigate moderating effects of child and carer attachment styles on RCW burnout	59 RCWs from children's homes 85% female *M*age= 36.9 261 children T1 214 children T2 *M*age = 11	Longitudinal design (1 year between T1 and T2). Correlational analyses.	MBI, ECRQ (carers) SDQ, SS, CSQ (children)	- Child behavioural problems correlated with (and predicted) staff burnout at T2 - Child avoidant attachment moderated the impact of child behavioural problems on staff burnout (lower burnout in when caring for more avoidant children) - Carers' avoidant attachment moderated the impact of child behavioural problems on staff burnout (higher burnout in those with more avoidant attachment themselves) - Effects of staff avoidance on staff burnout were moderated by child avoidance and security (both avoidantly and anxiously attached carers experienced greater burnout when they cared for avoidant and non-secure children)

						- Effects of staff anxiety were moderated by all three child attachment styles (anxiously attached carers also experienced greater burnout when they cared for ambivalently attached children)
11	Steinlin et al. (2017) Switzerland Published	Investigate incidence of STS and burnout in RCWs and identify personal and organisational factors associated with fewer symptoms of traumatic stress and burnout	319 residential child/youth welfare workers 61% female *M*age=38.6 Range = 23-65 Average of 10 years experience	Cross sectional survey, correlation/regression	TPCE, SOCS, S-CQ, QJSTSC, IES-R, ASTS, BOSS	- 83% reported experiencing serious physical assault/threatening situation. 49% felt helpless, afraid, shocked. 18% had one/more PTSD symptoms after 1 month - 73% reported having heard or read about at least one traumatic event in child's life. 69% felt helpless, afraid or shocked after hearing this. 13% had one/more symptoms after 1 month. 4% reported suicidal thoughts. - 18% had work related burnout. 14% reported clinical symptoms, mostly somatic and cognitive. - SOC was most important predictor of STS and burnout: higher SOC was associated with lower PTSD, STS and burnout - Work related self-care e.g. taking break, saying no were associated with less PTSD symptoms and burnout. - Physical self-care was associated with fewer symptoms of STS and burnout. - Being female and having own children associated with higher PTSD symptoms - Being in a relationship associated with more symptoms of burnout - Communication, support, transparency, and institutional structures/resources were associated with lower STS - Enjoyment was associated with lower PTSD and burnout

12	Winstanley & Hales (2015) UK Published	Examine levels of burnout in RCWs who are frequently victimized	87 residential social workers *M*age = 36.63 54% female	Cross sectional questionnaire MANOVA	MBI, frequency of physical assault/ threatening behaviour questionnaire	- 81% had been threatened or assaulted in the previous year - 58% reported 10+ aggressive incidents in the same year - 44% reported between 1-9 physical assaults; 20% reported 10+ - 28% reported between 1-9 incidents; 36% reported 10+ - Greater emotional exhaustion and depersonalization in those who reported aggression (even with moderate levels of aggression) compared to those that reported no aggressive/threatening experiences. - As number of assaults/threatening incidents increased, levels of exhaustion and depersonalization increased. - Personal accomplishment did not differ between those who had experienced aggression/threatening incidents and those who had not.
13	Zerach (2013) Israel Published	Examine CF and CS in RCWs and the role of personality resources	147 RCWs *M*age = 26 46.9 % female 74 educational boarding school workers *M*age= 26.9 55.4% female	Cross sectional survey Between group comparison analysis, correlation/regression	ProQOL, ECRQ, SOCS, DSES	- No differences in burnout and ST between RCWs and BSWs, but RCWs reported higher CS - Both groups reported high levels of ST and burnout, with 25-31% reporting above cut off scores - BSWs reported higher levels of attachment anxiety than RCWs - Personality resources contributed to burnout; the strongest predictor was spirituality. Greater spirituality was associated with lower burnout. - Attachment avoidance and attachment anxiety was positively related the burnout - Higher attachment anxiety and lower SOC predicted ST - Lower attachment avoidance and higher spirituality predicted CS - The significance of a history of traumatic experiences (which was related to ST on its own) reduced when

	attachment anxiety was included. - Attachment anxiety may mediate link between personal experiences of trauma to ST when exposed to traumatic histories of children

Note. MBI-HSS = The Maslach Burnout Inventory—Human Services Survey (Maslach et al., 1996); WES = The Work Environment Scale—Third Edition (Moos 1994); NEO-FFI = NEO Five Factor Inventory (Costa and McCrae 1992); MSPSS = The Multidimensional Scale of Perceived Social Support (Zimet et al. 1988); HFS = Heartland Forgiveness Scale (Thompson & Snyder, 2003); IRI = The Interpersonal Reactivity Index (Davis, 1980); ProQOL = Professional Quality of Life Scale (Figley, 1995); TEQ = The Toronto Empathy Questionnaire (Spreng et al. 2009); CD-RISC-10 = Connor–Davidson Resilience Scale (Campbell-Sills and Stein 2007); PSCS = Professional Self-Care Scale (Dorociak et al. 2017); TISC = Trauma-Informed Self-Care (Salloum et al. 2015); THS = Trauma History Screen (Carlson et al. 2011); STSS = Secondary Tramatic Stress Scale (Bride, Robinson et al., 2004); AAQ-II = Acceptance and Action Questionnaire–II (Bond et al., 2011); WBSI = White Bear Suppression Inventory (Wegner & Zanakos, 1994); Survey about private stressors (Fischer et al., 2012); Survey about personal boundary violations at the workplace (Fischer et al., 2012); BOSS = Burnout Screening Scales (Hagemann & Geuenich, 2009); HCC = Hair Cortisol Concentration; SOCS = Sense of Coherence Scale (Antonovsky & Franke, 1997); PSES = Perceived Self Efficacy Scale (Schwarzer et al., 1999); S-CQ = Self-Care Questionnaire (Dölitzsch et al., 2012); WEMWS = Warwick Edinburgh Mental Well-Being Scale (Stewart-Brown et al., 2007); ECRQ = Experiences in Close Relationships Questionnaire (Brennan et al., 1998); SDQ = Strengths and Difficulties Questionnaire (Goodman, 1997); SS = Security Scale (Kerns et al., 1996); CSQ = Coping Strategies Questionnaire (Finnegan et al, 1996; Yunger et al., 2005); TPCE = The Perceived Collective Efficacy (Schwarzer & Schmitz, 1999); QJSTSC = Questionnaire on Job Satisfaction in Trauma-Sensitive Care (Schmid, Lang, Weber, Künster, & Dölitzsch, 2012); IES-R = Impact of Event Scale-Revised (Weiss & Marmar, 1997); ASTS – Assessment of secondary traumatic Stress (Daniels, 2006); DSES = Daily Spiritual Experiences Scale (Underwood & Teresi, 2002).

3. Results

3.1. Population/sample characteristics

Six studies involved foster carers (Blanchette, 2011; Carew, 2017; Hannah & Woolgar, 2018; Ottaway & Selwyn, 2016; Whitt-Woosley et al., 2020), seven involved RCWs (Barford & Whelton, 2010; Kind et al., 2018; Kind et al., 2020; Sochos & Aljasas, 2020; Steinlin et al., 2017; Winstanley & Hales, 2015; Zerach, 2013), and one included a combined sample of foster carers and RCWs (Bridger et al., 2020). Only Zerach (2013) included a direct comparison sample (of boarding school workers). The studies were conducted in several different countries; the UK (Bridger et al, 2020; Hannah & Woolgar, 2018; Ottaway & Selwyn, 2016; Winstanley & Hales, 2015), United States of America (USA) (Blanchette, 2011; Carew, 2017; Whitt-Woosley et al, 2020), Switzerland (Kind et al., 2018; Kind et al., 2020, Steinlin et al., 2017), Canada (Barford & Whelton., 2010), Saudi-Arabia (Sochos & Aljasas, 2020) and Israel (Zerach, 2013).

Most studies recruited participants via email, following a gatekeeper process, or through researchers attending meetings. Ottaway and Selwyn (2016) also recruited through social media. Sample sizes varied, ranging from 70-1213 for foster carers and 59-319 for RCWs. In studies that reported response rates, these varied from 25-94.6%.

The majority of studies did not specify inclusion/exclusion criteria. However, some required that foster carers had at least one current placement (Carew, 2017), or at least six months' experience (Hannah & Woolgar, 2018). Winstanley and Hales (2015) only included RCWs who had experienced physical assaults/threatening incidents related to caring for LAC.

Ages of participants ranged from 20-65. Most foster carers were above the age of 40; whereas the mean age of RCWs across the studies was 34.4 years. The majority of participants across all studies were female (81% of foster carers; 71% of RCWs). Regarding

ethnicity, most foster carers were white, although in one study 88% were ‘African American’ (Blanchette, 2011). Hannah and Woolgar (2018) reported that almost half of the foster carers did not specify their ethnicity. Most studies that involved RCWs rarely reported on ethnicity, although in one study 78.7% were ‘Caucasian’ (Barford & Whelton, 2010).

3.2. Design/method and analysis

The majority of studies were cross-sectional survey studies, which involved participants completing questionnaires at one time-point. The data were mainly quantitative and analysed using correlational/regression analyses. Bridger et al. (2020) also included exploratory open-ended questions which involved generating themes and using frequency counts to analyse the qualitative data. Ottaway and Selwyn (2016) used a mixed-methods design (survey followed by focus groups), however qualitative analysis was unclear. Kind et al. (2018), Kind et al. (2020) and Sochos and Aljasas (2020) used a prospective longitudinal design which involved collecting data at two time-points. The data were analysed using correlational/regression analyses.

3.3. Outcomes

3.3.1. Burnout, ST and CF

Many studies involving foster carers reported on a combination of burnout, ST and CF; the majority of studies involving RCWs measured burnout.

Two different burnout measures were used; the Maslach Burnout Inventory (MBI) and the Burnout Screening Scales (BOSS). Kind et al. (2018) also used hair cortisol concentration (HCC) to measure cumulative cortisol secretion over six weeks as an indicator of burnout and prolonged exposure to stress.

ST was measured using the ST subscale of the Professional Quality of Life scale (ProQOL), the Secondary Traumatic Stress Scale (STSS) and the Assessment of Secondary

Traumatic Stress (ASTS). Several studies reported on CF using the ProQOL, which includes subscales of burnout and ST.

3.3.2. Additional factors/variables

Many of the studies explored how other variables, including personal characteristics and work-related factors, may relate to burnout, ST and CF. Most studies used established questionnaires to collect this data, although some studies used their own questionnaires.

4. Quality appraisal

4.1. Quality appraisal tools

Quality appraisal of the studies was carefully considered and used to guide the review in terms of the weight given to study findings. Although it was acknowledged that cross-sectional and longitudinal designs have different aims and offer different levels of interpretation, all studies reported on correlations. The critique was therefore guided by the 'Quality Appraisal Checklist for Quantitative Studies reporting Correlations and Associations' (NICE, 2012a), which determines ratings for internal and external validity. Caution was taken when considering the weight of unpublished findings compared to those reported in peer-reviewed journals. Although not separate studies, two of the studies included qualitative components. These sections were evaluated by drawing on the 'Quality Appraisal Checklist for Qualitative Studies' (NICE, 2012b) (Appendix A) which determines an overall quality rating.

Although ratings of varied, many of the studies received low quality appraisal ratings. Despite this, it was decided that all papers would be included, given the exploratory aim of the review. Throughout the review and when drawing conclusions, more weight was given to findings from studies that achieved better quality appraisal ratings, for example in terms of internal/external validity (see Appendix A for appraisal scores).

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4.2. Population/Sample

Several foster carer studies were conducted in the UK and involved large sample sizes, which may enhance the generalisability of the findings. Although the gender and ethnic diversity of participants in these studies were limited (the majority were white females), this demographic profile reflects the diversity typically found within UK foster carer populations (Ofsted, 2020). However, overall, many of the studies received low ratings of external validity. Many did not report on basic demographic information and so it was unclear if participants were representative of their 'source population'. Furthermore, the findings from studies conducted in different countries may be limited in terms of their applicability to UK carers. It is likely that social care practices (and thus carer roles, responsibilities and attitudes) differ substantially between countries and cultures.

Inclusion/exclusion criteria differed across studies. Winstanley and Hales (2015) only included RCWs who had experienced aggression/threatening incidents related to caring for LAC, which may not represent the experiences of all carers. Furthermore, as Bridger et al. (2020) did not distinguish between foster carers and RCWs in their analysis, this may have confounded the interpretation of the findings. These factors may therefore limit the generalisability of the findings.

4.3. Design/method and analysis

As the majority of studies were cross-sectional surveys, only associations, rather than causal relationships, could be established between variables. Some studies employed a longitudinal design to address this; Kind et al. (2018) measured data on burnout (and other variables such aggression) over four annual sampling points. However, findings about cause and effect were limited as participants who experienced more aggression also reported higher burnout at study entry. As with all correlational studies, additional factors such as life stressors/health, which were not controlled for, could have influenced the results.

Some studies included smaller samples (Barford & Whelton, 2010; Blanchette, 2011; Carew, 2017). Insufficient power, and the use of multiple comparisons (without conservative adjustments), may have increased the risk of type 1 errors. Results and effect sizes could therefore be inflated, which impacts upon the interpretation of the findings.

Bridger et al.'s (2020) and Ottaway and Selwyn's (2016) qualitative components added depth to the findings about the experiences of CF. However, the qualitative methods and analysis were not sufficiently clear and the data itself was not considered to be 'rich'. This resulted in low quality appraisal ratings.

Many of the studies were rated as having low internal validity due to potentially confounding variables and sources of bias. The method of recruitment/selection in the survey studies may have influenced the type of respondent, which may have resulted in an unrepresentative sample (i.e. selection bias). It may be that those with greater interest in/more experience of burnout, ST or CF were more likely to complete the survey. However, it could also be that those with higher levels of burnout, ST and CF were less likely/able to complete the survey. With low response rates and no information about non-responders, it was hard to establish how representative the samples were. It is important to acknowledge therefore, that the rates of burnout, ST and CF found in this study cannot be taken as 'prevalence' rates since they were based on (potentially biased) samples rather than whole populations. Furthermore, despite relatively high retention rates, the loss of data at several time-points in the longitudinal studies, may have contributed to withdrawal bias.

4.4. Outcomes

Different measures of burnout, ST and CF were used across studies. Many of the measures were reliable and valid, reporting high internal consistency. However, these had often been validated on other caring professionals and had not previously been used with foster carer or RCW populations. Carew (2017) reported addressing this by adapting the ST

measure and piloting this prior to the main study. However, many studies relied on the previously established norms to make comparisons. Furthermore, Carew (2017) and Barford and Whelton (2010) used questionnaire subscales that had low reliability, and others created their own non-standardised measures (Carew, 2017; Kind et al., 2018; Whitt-Woosley et al., 2020). These factors may limit the internal validity of the findings.

All studies relied on self-report questionnaires which may have introduced bias relating to recall and social desirability. Alongside questionnaires measuring burnout, one study included a physiological measure of stress, which may have offered more objectivity. However, measures of stress and burnout reflected different timeframes, which limits the interpretation of the findings. Similar differences were found across questionnaires, with some assessing current levels of burnout, ST or CF, and others reflecting more long-term timeframes. It may have been that different aspects of these constructs were being investigated across the studies (Bride et al., 2007).

5. Synthesis of key findings

5.1. Incidence of burnout, ST and CF

Some studies reported on rates of burnout, ST and CF in foster carers and RCWs. Several found that these levels were higher than rates previously reported in reference samples. The largest UK survey on foster carers reported that approximately three-quarters experienced ‘moderate’ or ‘high’ CF (Ottaway & Selwyn, 2016). A significant proportion of foster carers (15-20%) reported levels of ST that were above the clinical ‘cut-off’, with some reporting symptoms that would meet some or all of the PTSD criteria (Carew, 2017; Hannah & Woolgar, 2018, Whitt-Woosley et al., 2020). However, many studies which were also rated as having high internal validity, found that many foster carers also reported ‘low’ levels of CF and high CS (Bridger et al., 2020; Hannah & Woolgar, 2018; Ottaway & Selwyn,

2016). One large study also found low levels of foster carer burnout (Whitt-Woosley et al., 2020).

For RCWs, several studies reported that approximately 20% experienced high levels of burnout (Kind et al., 2020; Steinlin et al., 2017; Zerach, 2013). Steinlin et al. (2017) also reported clinical symptoms indicative of PTSD. Barford and Whelton (2010) found that RCWs reported particularly high levels of emotional exhaustion. Importantly, however, a significant proportion of RCWs did not report burnout (Kind et al., 2020; Steinlin et al., 2017), and some reported lower depersonalisation and higher personal accomplishment compared to reference samples (Barford & Whelton, 2010).

5.2. Experiences and impact of burnout, CF and ST

Ottaway and Selwyn's (2016) large qualitative component offered insight into some of the experiences and impacts of CF for foster carers. Many reported being emotionally exhausted, likening this to being a "punch bag with no stuffing left". Some reported ST symptoms and increased anxiety. Many commented on how CF impacted on the care they were able to offer LAC (feeling unable to meet their needs or respond sensitively) and the emotions they felt for the child (e.g. guilt, dislike). Foster carers also reported that CF has wider impacts on relationships with friends/family. No qualitative data regarding these experiences were available for RCWs, however.

5.3. Factors that may influence the experiences of burnout ST and CF

All studies explored variables that may influence the experience of burnout, ST and CF. These varied across studies and included individual, role, systemic, and child related factors.

5.3.1. Individual characteristics

The majority of studies reported on variables related to individual personality, disposition, experiences or capacities.

Foster carers. Factors such as lower levels of resilience, empathy, and forgiveness were found to predict burnout (although not ST) in foster carers, whilst higher levels were related to CS (Blanchette, 2011; Bridger et al., 2020). One study that was rated as having high internal validity, reported that burnout was the biggest predictor of ST (Bridger et al., 2020). Lower emotional wellbeing and higher levels of personal distress were related to higher CF (Blanchette, 2011; Ottaway & Selwyn, 2016). Hannah and Woolgar's (2018) study, which was rated as having both high internal and external validity, found that foster carers exhibiting more avoidant cognitive styles, with higher levels of psychological inflexibility and thought suppression, had higher burnout and ST. Carew (2017) found that higher levels of personal trauma were related to lower ST scores, although a study that was rated as having more internal validity reported no significant relationship (Whit-Woosley et al., 2020). Some studies pointed to a negative relationship between CS and ST/burnout and suggested that, along with other factors, CS may help to mitigate negative impacts of ST (Hannah & Woolgar, 2018, Ottaway & Selwyn, 2016; Whitt-Woosley et al., 2020). However, Bridger et al. (2020) found that higher CS was related to higher ST. Finally, low levels of self-care (e.g. exercise/health and social support) were found to have a significant indirect effect on ST, via the impact on both burnout and CS (Bridger et al., 2020).

RCWs. Demographic variables such as being younger, female, and having children were associated with higher ST symptoms/scores (Kind et al., 2018; Steinlin et al., 2017). Personality characteristics including low agreeableness and high neuroticism were related to experiences of burnout, particularly higher depersonalisation and lower personal accomplishment (Barford & Whelton, 2010). A higher 'sense of coherence' was found to be related to lower ST and burnout symptoms in both cross-sectional and longitudinal studies (Barford & Whelton., 2010; Kind et al., 2020; Steinlin et al., 2017). Zerach et al. (2013) found that high spirituality scores were associated with lower levels of burnout. Two studies

found that carer attachment style was associated with burnout and ST. Sochos and Aljasas (2020) found that avoidant attachment styles moderated the impact of child behavioural problems on burnout; Zerach et al. (2013) found that attachment anxiety was positively related with ST. Finally, like foster carers, high levels of physical self-care (e.g. maintaining health/exercise) or 'work-related self-care' (e.g. maintaining boundaries by saying no/taking breaks) in RCWs was associated with lower burnout and ST scores (Steinlin et al., 2017). The relationship between self-care and burnout was also found in higher quality longitudinal analyses over three years (Kind et al., 2020).

5.3.2. Role characteristics

Several studies examined factors relating to the specific roles of foster carers or RCWs, and their influence on the experiences of burnout, ST and CF.

Foster carers. Ottaway and Selwyn (2016) reported that foster carers found the caring task "relentless" due to the blurred work/home boundaries. The process of caring for LAC in their homes, and the "permanent lack of physical and emotional space", contributed towards experiences of CF. Furthermore, foster carers reported that feeling under-appreciated by social workers about their professional role, despite holding high levels of responsibility/accountability for the children, can result in fostering feeling like a "thankless task" and contribute towards burnout and CF.

Whitt-Woosley et al. (2020) and Carew (2017) reported that a significant majority (approximately 80%) of foster carers were regularly exposed to the details and effects of the LACs' trauma, for example, through interactions with the child and through child report. One study which was rated as having high internal validity, found that greater exposure to the LACs' trauma was associated with higher ST scores, indicating that the 'dose' of exposure may be a significant risk factor for the development of ST (Whitt-Woosley et al., 2020). Ottaway and Selwyn (2016) found higher ST scores in those who had been in their fostering

role for longer periods of time, which may be due to increased exposure; however, Whitt-Woosley et al. (2020) found that more experience in the role moderated the relationship between dose of exposure and ST.

Some studies found that incidents of primary trauma that foster carers had experienced in their fostering role (from physical assaults/abusive behaviour towards themselves/their family) were common (Bridger et al., 2020; Hannah & Woolgar, 2018, Ottaway & Selwyn, 2016). Bridger et al. (2020) found that such experiences predicted ST symptoms. The incidence of primary trauma was also correlated with years of fostering, suggesting it may be the result of cumulative exposure.

RCWs. Barford and Whelton (2010) highlighted that RCWs who had a poor understanding of the role and experienced role ambiguity had higher ST and burnout (particularly regarding emotional exhaustion and depersonalisation). High work pressure and role overload also correlated with high emotional exhaustion scores.

Several studies found that the majority of RCWs (approximately 80%) reported experiencing serious physical assault/threatening behaviour from LAC in their role (Sochos & Aljasas, 2020; Steinlin et al., 2017; Winstanley & Hales, 2015). Some studies explored the relationship between exposure to aggression and experiences of burnout. Kind et al. (2018) found that exposure to verbal and physical aggression significantly increased the risk of care workers developing burnout three years later, particularly in terms of increased emotional exhaustion, cynicism and depersonalisation. In addition to this, these carers also had higher levels of HCC, an indicator of chronic stress exposure and burnout. This study found higher burnout scores in those who had longer careers as RCWs, which may speak to the amount of exposure over time. Similarly, Winstanley and Hales (2015) found that carers who reported moderate-high levels of aggression had higher levels of emotional exhaustion and

depersonalisation than those reporting no aggression. Authors noted that as the exposure to assaults/threats increased, so did the levels of burnout.

5.3.3. Systemic factors

Many studies also reported on the influence of systemic factors (including support from others and organisational characteristics) on burnout, ST and CF.

Foster carers. Level of support was found to be related to experiences of ST and CF. Those reporting higher levels of support had lower levels of ST and CF (Whitt-Woosley et al., 2020), although the type of support was not always specified (Carew, 2017). The two studies that included a qualitative component reported that high levels of support from social workers, and also informal support from family/friends/other foster carers, contributed to lower levels of ST and CF (Bridger et al., 2020; Ottaway & Selwyn, 2016). Ottaway and Selwyn (2016) found that foster carers from independent fostering agencies had lower burnout and ST scores (and higher levels of CS) than those from a local authority. However, no other studies investigated differences at this organisational level. Hannah and Woolgar (2018) found that those with lower job satisfaction reported higher ST and burnout.

RCWs. Similar to foster carers, higher levels of support from significant others and superiors were found to be associated with lower burnout and ST scores for RCWs (Barford & Whelton., 2010; Steinlin et al., 2017). Lower communication and transparency within the organisation, as well as fewer institutional resources, was also associated with higher burnout (particularly emotional exhaustion and depersonalisation) and ST scores.

5.3.4. LAC factors

Although less common, one longitudinal study examined the relationship between child attachment and burnout in RCWs (Sochos & Aljasas, 2020). It found that child attachment style moderated the impact of child behavioural problems on staff burnout; lower burnout was reported in staff caring for children with more avoidant attachments. Child

attachment style was also found to moderate the impact of staff attachment on staff burnout; RCWs with more avoidant attachments experienced greater burnout when caring for avoidant children, whereas those with anxious attachments experienced greater burnout when caring for anxious/ambivalently attached children. However, the low ratings of external validity for this study may cast doubt on the generalisability of these findings.

6. Discussion

This paper reviewed 13 studies that examined burnout, ST and CF in foster carers and RCWs. Although findings varied, the review highlighted that burnout, ST and CF are not uncommon experiences for those caring for LAC. Whilst comparisons with previous data should be interpreted with caution, the rates in foster carers and RCWs were often higher than those reported in reference samples of caring professionals (Stamm, 2010), but similar to those reported in social care/child welfare professionals (Decker et al., 2002; Eastwood & Ecklund, 2008). It may be that working with LAC, in a variety of capacities, presents unique challenges and thus has similar impacts on psychological wellbeing. Although the research is still in its early stages, the findings of this review nevertheless present a concerning picture and draw attention to the psychological impact of providing direct care to LAC.

One study, which included a substantial qualitative component, emphasised the experiences of burnout, ST and CF and the effects on foster carer wellbeing, placement stability, and quality of care given to LAC. These findings extend our understanding about the psychological impact of caring for LAC and build on previous research which highlighted the stresses and strains associated with fostering (Pickin et al., 2011; Wilson et al., 2000).

This review identified several factors that may be associated with experiences of burnout, ST and CF. Most studies reported on a combination of both individual- and work-related factors. These findings are consistent with the literature on social care/child welfare professionals (McFadden et al., 2014; Molnar, 2020), and older research on RCWs (Seti,

2008). One study highlighted that child relational factors such as attachment style may also play a moderating role. Taken together, these factors correspond to the core 'work', 'personal' and 'client' components suggested in Stamm's (2010) model of ProQOL.

Many studies identified factors relating to the specific roles of foster carers and RCWs which may contribute towards burnout, ST and CF. Whilst difficulties with role ambiguity and stress have also been reported in studies of social care professionals (Molnar et al., 2020; Weiss-Dagan et al., 2020), these may represent different experiences to those who are involved in providing more direct/intensive daily care to LAC. Role related factors were particularly pertinent to the experiences of CF in foster carers, whose unique role involves a lack of space between home and work. This finding is consistent with research that has examined the challenges associated with foster carers serving as both a parent and a professional to meet the needs of LAC (Farmer & Lippold, 2016; Schofield et al., 2013).

Geoffrion et al. (2016) argued that role identity theory (Stryker, 1987) should be incorporated into our understanding of CF. The authors suggested that one's sense of professional identity within a role may influence the development of (or protection from) CF, because it influences the subjective appraisal of (and meaning given to) work-related stressors. A lack of 'fit' between identity and the tasks required, may produce role conflicts that can lead to CF. It may be that those roles that have lower professional status yet are associated with high levels of responsibility/accountability, as is the case with foster carers and RCWs, experience greater role conflict, which may contribute to CF.

Several studies found that foster carers and RCWs were frequently exposed to the details of LACs' traumas, and many reported regularly managing serious incidents of aggression/threatening behaviour. Dose of exposure was found to predict levels of burnout, ST and CF. The frequency and intensity of interactions with LAC, and thus the risk of cumulative and prolonged exposure to traumatic material and behaviours that challenge, may

render foster carers and RCWs at particularly high risk for developing negative psychological consequences (Ludick & Figley, 2017; Meyers & Cornille, 2002). This may have important implications for those carers who support significant numbers of LAC.

It is important to acknowledge however, that whilst frequent experiences of aggression and behaviours that challenge may contribute towards ST, these experiences may also be traumatising in themselves. Whilst some studies examined primary trauma, there may have been some conflation between the measurement of this and ST, given the overlap in symptoms. It is important to consider the presence of both primary and secondary trauma in foster carers and RCWs, and thus measures that delineate between the two constructs are needed (Bridger et al., 2020).

As well as external factors, several internal characteristics such as personality and coping styles were also related to the experiences of burnout, ST and CF. This suggests that the negative impacts of working with LAC may not be exclusively a product of environmental factors.

Although previous studies suggest a positive relationship between personal trauma and ST (Bride et al., 2007; Sprang et al., 2007), findings from this review were mixed. In some cases, personal experiences of trauma may help carers to prepare for the role and reduce the likelihood of ST. It may also be that factors such as the type of trauma and similarity to the child's experiences influence the impact of personal trauma on ST (Hensel et al., 2015). However, the measures of personal trauma used in these studies (i.e. dichotomous yes/no variables) may not have been sensitive enough to capture the complexity of the relationship. Even if not directly related to ST, having an awareness of a carers' personal traumatic history may be important, so that they can be sufficiently supported in their caring role and be alert to potentially activating experiences.

Many studies highlighted that carers with more support reported lower levels of burnout, ST and CF. Some identified the need for different types of support, including emotional and practical support from professionals, as well as peer and social support. These findings are consistent with research that suggests that support can have a 'buffering' effect when working with people who have experienced trauma (Harrison & Westwood, 2009; Hensel et al., 2015; Michalopoulos & Aparicio, 2012). Research suggests that foster carers' support needs are often unmet (Murray et al., 2011; Octoman & McLean, 2014). Improving the quality of support therefore seems to be a significant priority to reduce risks of burnout, ST and CF.

Additionally, several studies found that higher levels of self-care (e.g. regular exercise/eating well, spending time with others and maintaining boundaries by taking breaks) were related to lower levels of burnout, ST and CF in both foster carers and RCWs. These findings are similar to previous research which found that practices that involve taking time to focus on oneself had ameliorative influences on CF for RCWs (Eastwood & Ecklund, 2008). It may be that different types of self-care are important for different emotional experiences; Hricova (2020) suggested that whilst focusing on physical self-care (rest/looking after self) may reduce emotional exhaustion in helping professionals, maintaining positive/supportive relationships may help with depersonalisation. The positive impact of social support and self-care is consistent with Ludick and Figley's (2017) model, which describes mechanisms through which 'CF resilience' may be increased.

It could be, as suggested by Bridger et al. (2020), that self-care has an indirect effect on ST through its effect on burnout and CS. Self-care may therefore moderate experiences of burnout and CF, as has been found in nurses (Itzhaki et al., 2015). This is in line with the theory of resource conservation/depletion (Hobfoll, 1989), which suggests that exposure to stressors can deplete a range of resources that one might usually rely on to cope. Shoji et al.

(2015) suggested that when caring professionals experience burnout, they have fewer resources to cope with exposure to traumatic material, which means they are more likely to develop ST symptoms. The authors concluded that burnout may act as a potential 'gateway' outcome, which increases the risk of ST. Although the type of self-care practise is likely to be personal and specific to the individual's emotional experience, the findings point to the need for developing self-care and coping strategies among foster carers and RCWs. Monitoring and improving levels of CS may also help to negate some of the negative effects of burnout, ST and CF (Ludick & Figley, 2017).

6.1. Implications

This review offers some evidence regarding the presence of (and factors that may influence) burnout, ST and CF in foster carers and RCWs. Although findings are consistent with literature on social workers, the limited research and methodological concerns limit the conclusions that can be drawn. The following implications should therefore be considered.

6.1.1. Research implications

Larger longitudinal studies would help to establish more accurate prevalence rates of burnout, ST CF and CS. They would also help to confirm factors that influence the likelihood of negative or positive psychological outcomes and enhance our understanding about the direction of these effects. It may be helpful to explore how additional factors relating to LAC and the system around LAC, relate to burnout, ST and CF. Further analyses might also enable a better understanding of the interactions between variables.

Further qualitative research would extend current findings and provide a richer understanding about the experiences and potentially wide-ranging effects of burnout, ST and CF. It may be that experiences of role conflict, which may be influenced by carers' professional identity, contribute towards the development of CF (Geoffrion et al., 2016). Given the growing emphasis placed on foster care (Narey & Owers, 2018) and the unique

blurring between professional and home life, further exploration of the foster carer role would be highly relevant. It would be important for qualitative research to clearly describe the methodology and analysis used to ensure quality and validity.

Many of the studies in this review were conducted outside the UK. Whilst there may be some similarities, child welfare systems can differ substantially across countries/cultures (Burns et al., 2016). Future research should aim to embed studies within UK social care settings to enhance external validity and thus generalisability to current foster carer and RCW roles.

Research could focus on developing interventions that may target burnout, ST and CF in foster carers and RCWs. Established interventions that focus on promoting self-care in nurses or social care staff (Craigie et al., 2016; Griffiths et al., 2019) could be adapted to the needs of this population. Single Case Design research may offer a viable way of evaluating the efficacy of these adapted interventions within foster/residential care settings (Lobo et al., 2017). Understanding the impact at an individual level might improve how support is given to foster carers and RCWs.

6.1.2. Clinical implications

Although further research is needed, the findings nevertheless suggest important implications for clinical practice. Given the rates of burnout, ST and CF in foster carers and RCWs, regular screening (e.g. from supervisors) would be an important priority. Early recognition and support may support carer wellbeing, retention and placement stability which might have implications for the quality of care that LAC receive. However, it would be important for services to recognise that carers may be reluctant to be open about their experiences, particularly if they feel their expertise/professional competence is under-recognised.

Given the increasing collaboration between social care and mental health services, clinical psychologists could provide training to social care staff, as well as foster carers and RCWs, on the impacts of trauma, and signs/management of burnout, ST and CF. As research on child welfare workers found, this may help to improve 'trauma-informed self-care' (which involves learning to become aware of one's own emotional experiences and implementing coping strategies) and lower rates of burnout/CF (Salloum et al., 2015). With key skills in formulation and consultation, clinical psychologists could also offer ongoing support on key issues such as responding to behaviour that challenges or managing placement difficulties (British Psychological Society, 2018), which may help to reduce the impact of burnout, CF and ST.

The demanding nature of the caring task means that RCWs, and foster carers in particular, experience little physical or emotional space/separation from LAC and their traumatic experiences. As strict confidentiality processes around LAC can prohibit discussion about the content of traumatic incidents in wider networks, specific support spaces, such as reflective practice groups, may enable foster carers and RCWs to process difficult experiences and reflect on the impact of their caring role (Onions, 2018; Ruch, 2007). With an understanding of psychological theory, clinical psychologists may be well placed to support carers with this.

As fostering is a unique experience, more informal support, through peers and fellow carers may also be particularly valuable for increasing foster carer wellbeing and resilience. New models of foster care such as the Mockingbird Family Model (The Fostering Network, 2020), which is a peer-support, relationship-focused initiative currently being piloted in the UK, may be beneficial. This model involves one foster home acting as a 'hub' (offering short breaks, peer support and social activities) to a constellation of other fostering families. These

community-based approaches might empower families to provide resources between them and have positive impacts of carer wellbeing and placement stability.

7. Limitations of the review

A number of limitations should be considered. The broad scope of the review meant that several psychological phenomena (burnout, ST and CF) were examined across two different populations (foster carers and RCWs). This heterogeneity, combined with the variability in design and quality of the studies, makes it more difficult to compare and synthesise findings and draw specific conclusions. However, as the literature in this area is in its infancy, this broad approach has been helpful in highlighting several avenues for future research.

Some argue that burnout, ST and CF are highly correlated constructs and not easily distinguished from one another (Devilly et al., 2009; Stamm, 2010). Such conceptual ambiguity may have conflated results. However, the decision to include all three concepts was guided by the broad scope of the review and the observation that much of the literature uses the terms interchangeably. Focusing on just one of the constructs may therefore have missed important data. Future research may wish to explore each construct independently and/or the relationships between them.

The majority of studies in the review were correlational. Whilst valuable, particularly at this early stage, this greatly limits the conclusions that can be drawn about causal relationships.

8. Conclusion

This review explored the presence of burnout, ST and CF in foster carers and RCWs, as well as factors that may be related to these experiences. The correlational designs, methodological quality and heterogeneity of the included studies greatly limit the conclusions

that can be drawn. Nevertheless, the results of this review suggest that a significant number of foster carers and residential workers may experience burnout, ST and CF. Several factors (particularly relating to work/role characteristics and individual variables) were found to be associated with these experiences, which is consistent with previous research on social care/child welfare workers. Findings extend our understanding about the impacts of caring for LAC and highlight several implications for clinical practice. These include acknowledging role related challenges, increasing levels of support and promoting self-care. Future research could further develop our understanding of these experiences for foster carers and RCWs and evaluate appropriate interventions. This may have important implications for improving the quality of care given to LAC.

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Section B: Empirical paper

MEGAN HOLLETT BSC Hons

Foster caring as 'professional-parenting': A grounded theory of the relationships between parent and professional in long-term foster care

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Abstract

Background and aims: Foster care can improve outcomes for looked after children (LAC). Whilst it has been suggested that fostering involves being both a parent and a professional, little is known about how foster carers manage these roles. This study aimed to develop an explanatory theory and model of the processes involved in caring for LAC, and the relationship between the roles of parent and professional.

Method: Ten long-term foster carers and five social care professionals from one local authority in south-east England were interviewed. Data were analysed using Grounded Theory.

Results: A preliminary model was developed, which depicts the journey of becoming a 'professional-parent'. The relationship between the two roles was found to change and blend over time. Training and external support were highlighted as important facilitators of this process.

Conclusion: The findings extend our understanding of the foster carer role and how the relationship between parent and professional may change over time. The results are discussed in relation to role theory and existing research. Clinical implications relating to the support and training of foster carers, particularly at the early stages of the fostering journey, are highlighted. Suggestions for further research with more diverse samples are discussed.

Keywords: foster care, parent, professional, grounded theory, looked after children

1. Introduction

1.1. Looked after children

Recent figures suggest there are 78,000 looked after children (LAC) in the United Kingdom (UK); a 30% increase over the last decade (Department for Education [DfE], 2020). Most LAC enter the care system due to experiences of abuse or neglect (Baginsky et al., 2017; Greeson et al., 2011). It is well documented that such early adversity can have harmful impacts on child development (Leeb et al., 2011) and lead to poorer educational, emotional, behavioural and social outcomes (Baldwin et al., 2019; Ford et al., 2007; Jones et al., 2011; Oakley et al., 2018). Given the high level of need, providing LAC with appropriate care has become a significant priority (NICE, 2015; NSPCC, 2021).

1.2. Foster care

Whilst placement types can vary, 72% of LAC in the UK are currently in foster care (DfE, 2020). The high numbers reflect the growing recognition that long-term foster placements can help to mitigate some of the negative outcomes associated with early adversity (Baginsky et al., 2017; Baldwin et al., 2019; Biehal et al., 2010; Fisher, 2015; Forrester et al., 2009). Recent years have seen an increase in spending on fostering services (Narey & Owers, 2018) and research on foster care (Blythe et al., 2014).

Despite the recognised need, there is often a shortage of foster carers or available/appropriate placements for LAC. Recent data suggests that the number of LAC outweighs the number of fostering households/carers (Ofsted, 2020). Furthermore, difficulties with placement breakdown and carer retention are common, with many studies citing the management of complex behaviour and amount of support as influencing decisions to continue fostering (Randle et al., 2017; Rock et al., 2013). Many long-term foster carers also report high stress, strain and compassion fatigue which may impact on their ability to care for LAC and continue in their role (Adams et al., 2018; Hannah & Woolgar, 2018).

1.3. The foster carer role

Foster carers as parents. Traditionally, the foster carer role has been understood as providing care to LAC within a nurturing family environment (Schofield, 2003). It has been suggested that, by embedding LAC into the family, long-term foster care can help to facilitate attachment development and enable a sense of belonging, which can promote positive long-term outcomes (Biehal, 2014; Schofield & Beek, 2005). Thus, it has been argued that "much of the 'work' of fostering is carried out in and through the family" (Kirton, 2007, p.13). Foster carers are also responsible for the day-to-day care of LAC. This has led many to suggest that the ability to act as a parent to LAC is central to the foster carer role, with many foster carers strongly identifying with this parental identity (Blythe et al., 2013; De Wilde et al., 2019; Farmer & Lippold, 2016; Schofield et al., 2013; Warde, 2008).

Professionalisation of foster care. Conceptualisations of the foster carer role have shifted over the years. There has been an ongoing trend towards professionalisation (Kirton, 2007; Wilson & Evetts, 2006) as a result of the growing demands/responsibilities being placed on foster carers. For example, they are expected to manage increasing levels of complex behaviour, participate in formal tasks such as meetings, manage birth family contact and contribute to care planning. Whilst a move towards professionalisation has been prompted 'from above', it also appears to have been requested 'from below' (Wilson & Evetts, 2006). Some foster carers have called for greater professional status, due to regularly feeling under-recognised, excluded, and overlooked by professionals (Baginsky et al., 2017; Kirton et al., 2007; The Fostering Network, 2016). It has been argued that foster carers should be acknowledged as a critical part of the child's 'workforce' (Baginsky et al., 2017; The Fostering Network, 2017). This is in line with social pedagogic approaches to fostering, which emphasise foster carers being at the heart of the child's care team (McDermid et al., 2016; Petrie, 2007).

Not all foster carers welcome the move towards professionalisation, however, and some struggle to identify themselves as professionals (Blythe et al., 2013; Warde, 2008). Furthermore, there are divergent beliefs/expectations about the role across stakeholders. Whilst some research suggests that both social workers and policy makers view the foster carer role as a professional 'job' (Hollin & Larkin, 2011), the most recent national fostering stocktake for England (Narey & Owers, 2018) stated that foster carers were not professionals (although recognised they should be treated with the same respect). Despite hoping to alleviate tensions within fostering, attempts to formalise the role may have inadvertently contributed towards greater confusion.

Dual role and identity. It has been argued that a 'delicate balance' is needed, such that the professionalisation of foster carers does not compromise the crucial parental/familial aspects of the role (Kirton, 2007). The idea of foster carers possessing a 'dual' role/identity has therefore received considerable attention (Blythe et al., 2014; Farmer & Lippold, 2016). Whilst many studies have emphasised that some long-term foster carers primarily identify as parents (Blythe et al., 2013; De Wilde et al., 2019; Warde, 2008), others have illustrated how foster carers might also identify with the professional role (Schofield et al., 2013; Wubs et al., 2018). For instance, one narrative study of four foster carers in the Netherlands, highlighted the need to be affectionate and emotionally invested 'mothers', whilst maintaining 'professional' physical/emotional distance (Wubs et al., 2018).

1.4. Role theory

Concepts from traditional role and identity theories may be particularly relevant to foster carers. Role theory concerns how people learn about and behave within social roles (Biddle, 1979). It presumes that people hold certain expectations about behaviour (Biddle, 1986). As social roles provide meaning to people's lives, they can be connected to the construction of identity (Stryker & Serpe, 1982). In line with symbolic interactionism, the

roles/identities that people 'perform' may evolve, as they are shaped through interaction and negotiation with others (Goffman, 1959; Serpe & Stryker, 2011).

For foster carers, the roles of parent and professional are likely to be associated with a particular set of expectations, which may be understood differently across contexts/stakeholders. Problems may arise when there is a lack of 'consensus' between expectations about the role (Biddle, 1986). Such conditions may therefore result in 'role ambiguity' (Biddle, 1986). Indeed, research has revealed that some foster carers experience ambiguity, which can result in feelings of powerlessness and anxiety (Pickin et al., 2011; Schofield et al., 2013).

Furthermore, given the need to manage multiple roles, foster carers may experience 'role conflict' (Biddle, 1986; Kahn et al., 1964). One study, which thematically analysed data from 40 foster carer interviews, found that whilst some firmly identified themselves in one role (and resisted the other), others could embrace both roles and 'move between' them (Schofield et al., 2013). The authors suggested that whilst the former group may have experienced 'role conflict' (and created inflexible boundaries between roles to cope with this), the latter group may have experienced 'role enrichment' such that the two roles positively influenced each other. Similar findings have been found in studies of parents balancing competing work and family roles (Cooklin et al., 2015; Greenhaus & Powell, 2006; Grönlund & Öun, 2010).

1.5. Rationale for current study

Given the importance placed on foster care, and the unique overlap between home and work, more research is needed to understand the foster carer role. Whilst some foster carers relate to both the parental and professional roles and appear to be able to 'move between' them, it is not clear how they might be doing this. Further research, which moves beyond thematic and narrative descriptions of the role, and instead aims to develop a theoretical

explanation of the processes involved in fostering, is needed. Within this, it would be helpful to understand how the roles of parent and professional are managed and explore the relationships and interactions between these roles. Given that the foster carer role may be dynamic and influenced by the wider social care context, the inclusion of social care professionals' perspectives might allow for a more comprehensive understanding of the role.

This research may enable tailored support to be given to prospective, new and long-term foster carers in relation to how they negotiate/manage the parent and professional roles when caring for LAC. In line with national guidance for LAC (NICE, 2015), and NHS values of 'improving lives' and 'commitment to quality of care', supporting foster carers may lead to more effective care and thus improved outcomes for LAC.

1.6. Research questions

This study aimed to develop an explanatory theory and model of the processes involved in fostering/caring for LAC, and the relationships between the roles of parent and professional. The main research questions were therefore:

- How, and through what processes, are the roles of parent and professional managed?
- What individual, relational and systemic factors/processes influence these roles?
- What is the relationship between the roles of parent and professional and how do these roles interact?

2. Method

2.1. Design

The study used a qualitative research design to enable in-depth exploration of participants' experiences. Grounded Theory (GT) was used as the methodology (Urquhart, 2013). This approach can be helpful when little is known about the phenomena in question,

when the phenomena involves a process, and when the research aims to develop a new theory to explain the phenomena (Birks & Mills, 2015; Payne, 2016; Urquhart, 2013).

2.2. Epistemological position

Although debated, it has been argued that GT is associated with 'epistemological neutrality' (Urquhart & Fernández, 2013) and as such, can be appropriated by researchers from different epistemological positions (Birks & Mills, 2015; Charmaz, 2006). This research was based within a critical realist stance, which suggests that an objective reality exists but that this is "open, fluid, and shaped by how people interpret (construct meaning in) it" (Timonen et al., 2018, p.3). GT has been argued to be highly compatible with critical realist tenets and particularly well suited to social care research (Oliver, 2011).

2.3. Participants

Sample. In line with GT, sample size was not determined prospectively. Part purposive and part opportunistic sampling was initially used to collect data. Later participants were recruited through theoretical sampling (see Appendix B for further explanation about the sampling process). 15 participants were recruited in total: 10 foster carers and five social care professionals. Table 1 presents demographic information and order of recruitment. Social care role descriptions can be found in Appendix B.

Table 1.

Participant demographic information and order of recruitment

Participant	Role	Gender	Age	Ethnicity	Education level	Length of time in this role	Age(s) of current child(ren)
1	Foster carer (FC)	F	63	White British	School	8 years	10
2	Foster carer (FC)	F	44	White British	Degree	9 years	Recent placements 11-20.
3	Foster carer (FC)	F	52	White European	Did not answer	10 years	9, 14, 18

4	Foster carer (FC)	F	63	White British	Adult college	10 months	10
5	Foster carer (FC)	M	63	White British	School	5 years	9
6	Foster carer (FC)	F	54	White British	Diploma	1.5 years	6, 8
7	Foster carer (FC)	F	63	White British	Diploma	6 years	13, 18
8	Supervising Social Worker (SSW)	F	52	White British	Degree	8 years	N/A
9	Supervising Social Worker (SSW)	F	57	White British	Degree	9 months as a SSW (4 years as a LAC SW)	N/A
10	Outreach worker (O/W)	F	55	White British	Did not answer	3 years	N/A
11	Senior practitioner (SP/SSW)	F	54	White British	Degree	1.5 years as a SP (7 years as a SSW; 8 years as a foster carer)	N/A
12	Senior Practitioner (SP/SSW)	F	46	White/ European/ Asian	Degree	3 years as a SP (18 years as a LAC SW)	N/A
13	Foster carer (FC)	F	75	White British	Degree	20 years	Recent placements 5-20 years.
14	Foster carer (FC)	F	66	White British	Diploma	12 years	14, 16
15	Foster carer (FC)	F	31	White British	School	6 months	8

Recruitment. Foster carers and social care professionals were recruited from several fostering teams within one local authority (LA) social care department in the south-east of England. The researcher made email contact with the fostering service manager (following initial contact made by the project supervisor who had an established relationship with the service). Following this, the researcher contacted the chair of the local foster carer panel, who disseminated the information about the research project (Appendix C) to foster carers via their monthly newsletter. Later in the process, following attendance at a virtual meeting with a fostering team manager, information about the research was circulated to social care professionals via email (Appendix D). To support later theoretical sampling, social care staff also identified eligible foster carers and shared the study information with them. Interested participants contacted the researcher to express interest in participating.

To be included in the study, foster carers were required to have fostered for at least six months to ensure sufficient experience (Blythe et al., 2013; Warde, 2008). Foster carers were also required to have been caring for LAC aged between 6-18 on intended long-term placements. The rationale for this was that fostering much younger children or within temporary/short term contexts may involve different tasks/experiences. Full inclusion/exclusion criteria are shown in Table 2 and 3.

Table 2.

Inclusion and exclusion criteria for foster carers

Inclusion	Exclusion
- Minimum of six* months experience	- Less than six* months experience
- Currently caring for LAC (or within the last six months)	- Not cared for LAC within the last six months
- The primary caregiver of LAC	- Not the primary care giver of LAC
- Caring for (at least one) LAC aged between 6-18* at the time of interview	- Only caring for LAC aged between 0-5 or -19+ at the time of interview
- Caring for LAC without severe disabilities	- Only caring for LAC with severe disabilities

- Caring for LAC on intended long-term placements	- Only caring for LAC on short term/respite/emergency placements
- Supervising social worker based within one of the teams within the designated LA (where ethical approval has been granted)	- Supervising social worker based outside of the designated LA/ in another locality/team

Note. * Denotes inclusion/exclusion criteria that were changed (with ethical approval from the University Ethics Committee) throughout the study to support recruitment and accommodate theoretical sampling. More information can be found in Appendix B.

Table 3.

Inclusion and exclusion criteria for social care professionals

Inclusion	Exclusion
- Social care professionals that have at least six months experience of working with foster carers and LAC	- Social care professionals with under six months experience of working with foster carers and LAC
- Based within one of the teams in the designated LA (where ethical approval has been granted)	- Social care professionals based outside of the designated LA/in another locality

2.4. Ethical considerations

Approval was obtained by the University Ethics Committee (Appendix E) and the LA's research governance department (Appendix F). The research complied with ethical codes of conduct from the British Psychological Society (BPS) (2018a) and Health and Care Professionals Council (2016). Potential ethical issues, including safeguarding, risk, and confidentiality were considered carefully. Information sheets (Appendices C and D) were sent to participants in advance so that they could give informed consent. Consent was gained through consent forms (Appendix G) and checked verbally at the beginning of interviews. Participants were debriefed after interviews and invited to discuss their experiences or concerns.

2.5. Procedure

Following consultation with an independent foster carer, a semi-structured interview schedule was devised for foster carers (Appendix H). A similar interview schedule was created for social care professionals (Appendix I). Interviews began with orientating questions, followed by open-ended questions to allow for exploration of the participants' experiences. Questions were flexible and guided by the participants' responses. Appropriate prompts were offered throughout. If the foster carer was caring for several LAC of different ages/abilities/timeframes, they were asked to focus their responses on their experiences with those that met the inclusion criteria. Whilst the core questions remained constant, the interview schedule was later modified to reflect the emerging themes (Appendix J). Due to Covid-19 restrictions, interviews took place via telephone or video call. Interviews lasted between 30–90 minutes.

2.6. Data analysis

Analysis was based on the methods of Glaserian GT (Glaser, 1978; Glaser, 1992) as described by (Urquhart, 2013). This flexible, inductive approach emphasises 'emergence' (Glaser, 1992), with more abstract theoretical analysis occurring in the later stages. As with all GT methodologies, data collection and analysis were a simultaneous process. This involved 'constant comparison' (instances of data were compared against previous codes/categories) and 'theoretical sampling' (later data collection was influenced by the emerging analysis) (Payne, 2016; Urquhart, 2013). Data analysis began after the second interview and was conducted following every subsequent interview. Interviews took place until theoretical sufficiency (Dey, 1999) was achieved. At this point, no new codes relating to the research question were suggested by the data.

Table 4 illustrates the data analysis process. Although presented linearly, the process was often iterative.

Table 4.

Stages of data analysis

Analysis stage	Description
Open coding	Interviews were audio recorded and transcribed. Open coding (Glaser, 1978; Urquhart, 2013) involved 'fracturing' and 'staying open' to the data line by line (Birks & Mills, 2015; Chun Tie et al., 2019; Payne, 2016; Urquhart, 2013). 'In vivo' codes were used where possible to preserve meaning/authenticity, provide analytic insights into the participant's world, and prevent premature closing of developing concepts (Urquhart, 2013). Codes were constantly compared with previous data, across and between interviews. Line by line coding was completed for the first eight interviews (see Appendix N for examples of open coding).
Focused codes	Open codes were then refined into focused codes (see Appendix N for coded transcript example and Appendix P for data analysis process). Whilst not a feature of Urquhart's/Glaser's approach to GT, focused codes were used to help with synthesising and refining the large amount of data generated in interviews to capture those that were relevant to the research question (Birks & Mills, 2015).
Selective coding	Selective coding was then conducted which involved organising focused codes into initial conceptual categories and subcategories (see Appendix P for examples).
Theoretical sampling	Additional participants were recruited based on what had emerged in earlier interviews. This helped to 'densify' categories and follow the 'emerging theoretical storyline' (Urquhart, 2013). (See Appendix B for further explanation about theoretical sampling and participant selection).
Theoretical coding	Theoretical coding involved developing theoretical ideas about the connections and nature of relationships between categories (see Appendix P for examples). Considering how categories relate to one another is seen as a key step in 'weaving' and developing an explanatory theory (Glaser, 1978; Urquhart, 2013). The boundaries between selective and theoretical coding were often permeable.
Memos and diagrams	Memos (Glaser, 1978) were used throughout analysis to capture tentative thoughts, observations, reflections and patterns during coding, as well as elaborate on increasingly abstract ideas about category relationships (see Appendix O for example memos). These helped to track the analytic processes. Diagrams (Birks & Mills, 2015; Strauss, 1987; Urquhart, 2013) also supported the theorising process (see Appendix P for examples).

2.7. Quality assurance

Several guidelines (Appendix K) were used to ensure quality and credibility (Mays & Pope, 2000; Williams & Morrow, 2009; Yardley, 2000). In line with the critical realist stance, the researcher's beliefs and experiences were viewed as having an influence on the research process and analysis. To promote reflexivity, the researcher completed a bracketing interview prior to the study (Appendix L) and a research diary throughout the research process (Appendix M). The bracketing interview helped to draw attention to gaps in the researcher's knowledge. Within the research diary, particular consideration was given to how the researcher may have influenced data collection and the possible power differentials that may have existed between researcher and participants (Karnieli-Miller et al., 2009; Yardley, 2000). Supervision was used to consider biases and 'blind spots', particularly in relation to the researcher's personal experiences of occupying professional and parental roles, and how these may have influenced the interpretation of data. Memoing also brought awareness to the researcher's 'cognitive processes' during data analysis (Payne, 2016).

One project supervisor independently coded sections of data. Minor discrepancies and category labels were discussed with both supervisors until consensus was reached. This supported the development of a 'useful' and 'accessible' model that emphasised 'goodness of fit' (categories that were consistent with the data and were not forced) and 'work' (the emergent theory explained the phenomena under investigation) (Payne, 2016).

Data collection and analysis were clearly recorded (see Appendices N, P and Q) which supported the integrity of the research. Corresponding quotes helped to illustrate the fit between 'participant meaning and researcher interpretation' (Williams & Morrow, 2009) and increase the transparency of the research process.

3. Results

The analysis produced 137 focused codes, which created 11 subcategories under four main categories. Table 5 summarises these (corresponding focused codes are presented in Appendix Q). Figure 1 presents the findings in a preliminary model. The model depicts a process/journey that foster carers go through in relation to their roles as parents and professionals. It depicts this journey as occurring over time, involving several stages, and being influenced by several internal and external factors.

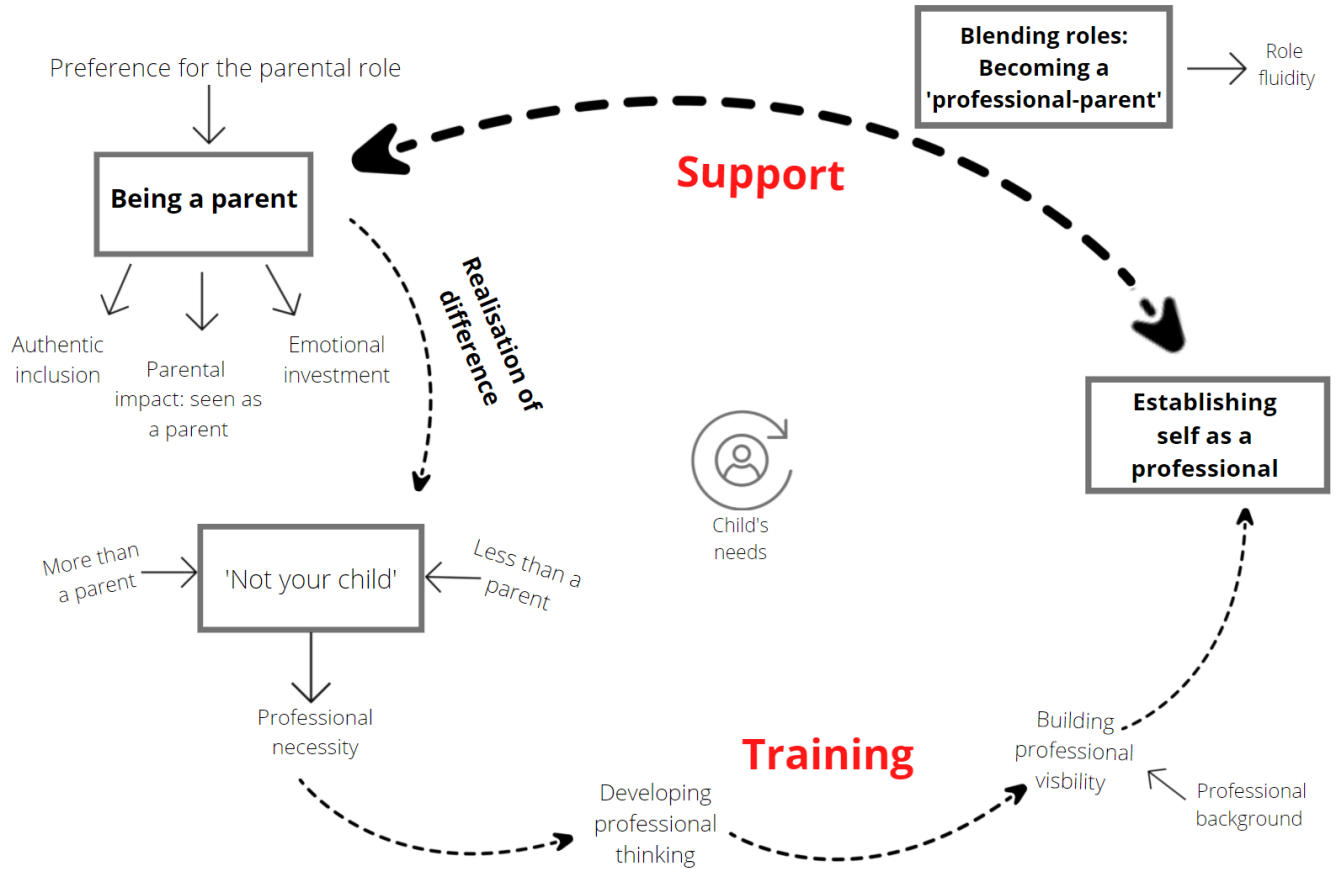
Table 5.

Developed categories and subcategories.

Category	Subcategories
Being a parent	Preference for the parent role
	Authentically including LAC in the family
	Being emotionally invested
	Impact of parental role: seen as a parent
Realisation of difference: ‘Not your child’	Less than a parent
	More than a parent
Establishing self as a professional	Developing professional thinking
	Building professional visibility
Blending of roles: Becoming a ‘professional-parent’	Merging of roles
	Blending develops over time
	Possessing role fluidity

Figure 1.

A preliminary theoretical model representing the journey to becoming a 'professional-parent'.



Key. The dashed arrows represent process (with the bigger/thicker line representing the key blending process that occurs later in the foster carer journey). The simple (non-dashed) arrows represent outcomes or influences of particular stages.

3.1. Overview of the model

The model highlights how foster carers closely identified with the parental role, which was associated with authentically including LAC in the family and being emotionally invested. New foster carers appeared to exist primarily within this parent role (although they recognised that separate professional aspects may be required). Findings suggested that, over time, foster carers became repeatedly exposed to experiences which challenged the idea of being a parent. Needing to be both more than and less than a parent led to a 'realisation of difference' that LAC were not their children. It seemed that this prompted the recognition of the need to also be a professional, although many felt overlooked, and only seen/treated as a parent. Foster carers engaged in ways that developed their professional thinking (e.g., through training). This learning helped them to behave and establish themselves professionally and thus gain visibility. Previous relevant professional experience seemed to facilitate this process. Findings suggested that a process of blending (as indicated in the model by the larger/thicker arrow) occurred between the parental aspects of the role and the increasing professional knowledge. Over time, this resulted in foster carers becoming a 'professional-parent'; both roles became interconnected with one another, rather than experienced as separate/distinct. Both informal (peer support) and formal support (supervision from social workers) supported this process. It seemed that with experience, foster carers developed fluidity in being able to emphasise different aspects of the roles when needed.

The categories (in bold) and subcategories (underlined) are described below, along with quotations. Not all quotations could be included; further examples are presented in Appendix Q.

3.2. Being a parent

This category referred to the finding that foster carers showed a preference for the parental role, often closely identifying with and acting within this role. This was influenced by internal factors, such as the role coming naturally to them, as well as external factors such as being told to act this way by social workers. Parental actions involved authentically including LAC in the family and being emotionally invested in them. This resulted in foster carers frequently being seen/viewed as parents, by professionals and sometimes by LAC.

Most foster carers emphasised a preference for the parent role, with many believing this was their primary role:

"I think, the role of parent comes out more, irrespective, you know, which is what I like, because to me that is fostering" [FC; P1]

"So the parent is always there…that is our main thing, for us…this is what we do…we are parents to the children" [FC; P14]

The parent role was described as coming naturally to foster carers:

"I think we just naturally just take on the parenting role…that's the natural part of the job to us" [FC; P5]

"…It's that motherly instinct…or that fatherly instinct…it kicks in…" [O/W; P10]

There was a sense that many foster carers arrived at the fostering role as parents and relied on their parenting experience to support LAC. One new foster carer emphasised her parental position:

"…I know I will probably become more professional…but at the moment, where it is very new to us…it's more the parenting side at the moment…" [FC; P13]

Alongside internal preferences, foster carers were expected to prioritise the parental role:

"My expectation of my carers is that they would treat them the same way as they would treat their own children" [SWW/SP; P11]

Both foster carers and social care professionals identified that authentically including LAC in the family was a key part of the parent role:

"…they have to feel completely embedded in the family…you have to ensure that they feel they are a real part of the family and this is where they belong…" [FC; P7]

It appeared that foster carers became emotionally invested in LAC, experiencing parental emotions such as love and acceptance; pride; wanting the best for them; worry/desire to protect; parental guilt and inadequacy; as well as pain when rejected and a sense of loss when they move on:

"…And that parental feeling of almost feeling that I've got to do everything that I can to protect this child" [O/W; P10]

"She wasn't telling other professionals what was really going on in the house because she was feeling…I suppose then, in her parenting role, as lots of parents do, you feel guilty if you have an unruly child…you feel like it's your fault…" [SSW; P9]

The impact of the parental role was widespread. LAC developing a sense of belonging was identified as an important consequence:

"These children don't have that [belonging]…that is the biggest thing I would say with foster caring. So that the child feels loved, feels wanted, feels part of something…" [O/W; P10].

Whilst some LAC appeared to accept the parent role, others rejected the idea of foster carers being parents:

"And you know, he even used to talk to them about them helping him buy his first car (laughs). But do you know what I mean, to him they were his parents" [SSW; P8]

"…You live in a family home, so you are trying to treat them like your kid but they don't want to be your kid… just sort of caring from a distance, cos you can't parent her" [FC; P4]

Foster carers were often seen and treated as parents by those in the wider system:

"…But most of the time, I would say, especially the schools, it is you are seen and treated as the parent" [FC; P1]

3.3. Realisation of difference: 'Not your child'

Foster carers identified several experiences that contributed towards a realisation that caring for LAC was different to caring for their own children. The idea of 'being a parent' was therefore challenged. They described being unable to do things that parents do, alongside completing tasks that went beyond typical parenting. Although this was not a complete surprise, it seemed that along the journey of fostering, it became more apparent that they needed to be something different.

Foster carers described times where they were <u>less than a parent</u>. They were expected to care for LAC in the absence of parental authority and autonomy, which was experienced as limiting and frustrating:

"…On one hand you are the parent, you are looking after this child, but you are only looking after them to a certain extent…you can't go beyond that" [FC; P14]

Many referred to needing to ask permission, with their decisions often being over-ruled by social workers.:

"As a parent…you'd discuss it with your partner…and come to a decision, about what, yeah, they can do that, but then with LAC you've got to ask the social worker and they'll come in with reasons why they can't or why they shouldn't" [FC; P1]

Social care professionals recognised the ambiguity and difficulty associated with what was required of foster carers vs. what was possible:

"I guess it can be quite confusing in some ways…they don't have parental responsibility, but they are doing everything for that child while they are placed with them…So I do think we put

our carers in quite difficult positions…you know, treat them as your own…but actually no you can't do that in this situation" [SP/SSW; P12]

A particular challenge for many foster carers was not being able to show the same affection to LAC, despite being told to treat them like family. It appeared that foster carers had to carefully navigate close/physical contact with LAC, due to fears of allegations.

"…So I sit right down on the end of the bed, I won't sit next to her, um, we do the story. She likes to have a hug from me, just before she goes to sleep, but again, it's carefully done" [FC; P5]

Furthermore, foster carers spoke about acknowledging LACs' birth families. This highlighted that despite foster carers' parental intentions, they accepted that they could not and would not wish to replace their birth parents.

"Yeah, we've grown to accept that obviously…the birth family will always be number one to the children". [FC; P5]

Foster carers described having to engage in tasks that went beyond typical parenting. Being more than a parent involved record-keeping, managing/supervising birth family contact, attending meetings and trainings, liaising with professionals and abiding by 'safer caring' principles:

"*Cos when you become a parent naturally, you don't have lots of training and you don't have to keep filling out forms or go to lots of different meetings" [FC; P14]*

Foster carers described a heightened sense of responsibility and accountability in their role:

"…You've got to keep them safe, but it's like, they are not my children and I think you've got that in the back of your mind if anything happened…it's like wrapping them up in cotton wool, although you can't do that, it is something that I feel I want to do" [FC; P6]

"They are accountable to parents, they accountable to social care, they are accountable to so many different people, you know" [SP/SSW; P11]

Foster carers often experienced high levels of scrutiny from the wider system, particularly when new to the role:

"I think in the beginning I felt I was on show, when social workers would come round. I had one who I felt was always looking for something to tell him I wasn't doing it right" [FC; P14]

One supervising social worker, who had also previously been a foster carer, described the experience as:

"It's like living in a goldfish bowl cos you have got everyone watching you…so everyone is judging them on their success. [SP/SSW; P11]

Foster carers worried about getting things wrong and the implications this would have:

"…You can't relax, cos you know, you've got to think of every last thing that you say and do so you are on egg shells all the time…you are making sure, you don't want to put a foot wrong and you don't want to get in trouble…" [FC; P4]

Some felt that for LACs' needs to be met, foster carers needed to be more than just parents. They indicated a professional necessity to the role:

"It's like an Amazon delivery…Loving that piece of furniture is great. But if you haven't got a clue of how to put it together and what tools to use to put it together, you're doomed" [FC; P2]

3.4. Establishing self as a professional

It seemed that, despite recognising the need to be professional, foster carers had to establish themselves as professionals so they could be taken seriously. Learning about trauma and developing professional thinking supported this process.

There was a sense that foster carers' views were often overlooked when discussing LACs' needs:

"It depends on the social worker's approach to them…Because sometimes I think that they can be overlooked. And they can be almost treated like they are not professionals" [SSW; P8]

Foster carers explained how attending training helped them to advance their theoretical understanding of trauma and attachment. By developing professional thinking foster carers were better able to respond to LACs' behaviour:

"I did every course I could do, every single course…I understand so much more now. I understand why they, why these children behave like they do…" [FC; P7]

"I more analyse it now, and then, it's like, you sit… and you think, right, I could do this, and maybe I'll get this response, or I could that and I could get that response [FC; P3]

One foster carer described doing personal research to deepen her understanding and provide professional support to LAC:

"…It made me go and get every single book I could about attachment and trauma and read them…so that I could understand…so that I could be a professional [FC; P7]

Foster carers described how over time, with their increasing professional knowledge, they felt better equipped to stand up to/disagree with professionals and advocate for LAC.

"Sometimes you have to go against, and you have to stand up to social workers because you don't believe they are making the right decisions, you want something different for this child" [FC; P7]

"Oh you know, I ditched my slippers, put on shoes with high heels when I next saw her" [social worker]" [FC; P2]

Demonstrating their professional understanding helped foster carers to build professional visibility and have their concerns/views taken seriously:

"I needed to be able to speak their language. And show them that I wasn't just a parent in trouble, that there was a problem here, these are the words I am using to explain it. And once I started to do that a bit more, then people started to realise there was a problem here" [FC; P7]

Being acknowledged and listened to by other professionals seemed to be an important factor in supporting foster carers to be able to continue to advocate and act professionally:

"I think other professionals listening to them. And them feeling they are being listened to. Them feeling that their views and opinions matter…I think that helps them in that professional role. Other professionals treating them…seeing them as professionals" [SP/SSW; P11]

"Going to meetings and actually standing up for the child and saying things…and then you were taken notice of…so that gives you a bit more confidence then to go on and express in other ways" [FC; P14]

Both foster carers and supervising social workers felt that when foster carers were able to understand LACs' behaviour and advocate for their needs, this often led to improved outcomes for LAC:

"So she has managed to speak up in a meeting, and say look this is really not working…Umm, we need to the carers to be able to understand the child's behaviour and to be able to explain that…to get the right support for the child…" [SSW; P9]

Interestingly, it appeared that those foster carers who had previously worked with children in professional settings, such as those who had been teachers, found it easier to establish their professional visibility:

"I don't feel intimidated by meetings…and I think a lot of people do…it might be because I was a teacher beforehand and that helped, I don't know, because I expected it to be a professional thing and therefore it was" [FC; P13]

3.5. Blending the roles: Becoming a 'professional-parent'

Compared to new foster carers who appeared to approach the task of fostering as involving two separate/distinct roles (with a particular emphasis on the parent role), experienced foster carers came to see the parent and professional roles as being entirely connected (residing within one role). There was a sense of these roles becoming blended together over time, with the professional learning becoming integrated into the parenting role, and vice versa. With experience, came fluidity and the ability to emphasise certain aspects of the combined role over others, based on the needs of the child or the situation.

Foster carers described a merging of roles, such that the parent and professional roles became one:

"It's yeah, they work together, it works together, there is no, yeah, there isn't a left is professional and right is parent and you swing from one to the other, it all…it just merges" [FC; P3]

Foster carers articulated the complexity of their position; whilst they needed to be both parental and professional, they were also neither parents nor professionals in the traditional sense. Instead, foster carers saw themselves as being something different. They described a synthesis of these two roles which involved them becoming a 'professional-parent':

"I don't see myself as a professional…Oh no, actually, do you know what, I don't see myself as professional in so much that I don't see my role in anyway like a social worker. I actually think of myself as a professional-parent". [FC; P7]

Becoming a 'professional-parent' was seen as a journey that involved the blending of roles over time. It seemed that foster carers' increasing professional knowledge and experience became integrated into their established parenting role, and then, through time, both roles went on to mutually influence each other:

"Yeah...you're not doing it separately, it's got to work its way into your sort of natural parenting…And it has become more natural over the years to integrate the roles so our natural parenting now is mostly more professional than previously…" [FC; P5]

"…the professional side of things grow and then…they [parent and professional roles] kind of mingle together and then they carry on growing…" [OW; P10]

It seemed that this process took several years:

"I don't think I was…I know is wasn't a professional-parent when I was parenting my own children and I wasn't a professional-parent when I first started this but I think I am now. And I think that, over the last two years, I would feel confident in saying I am a professional-parent" [FC; P7]

"It takes them a while for them to build up this professional persona…to get them to a place where they see it's not just about the parenting…for the two of them to actually come together". [SP/SSW; P11]

The blending process was supported by social workers, for example through supervision:

"...I think a part of my role is being a sounding board…being that person who helps them to think…why is he doing that…Think about what the behaviour represents for that young person. Bringing my professional knowledge to the situation, so they can take it on". [SP/SSW; P11]

Social workers recognised that new carers required more support, so that the professional aspects of the role were introduced slowly, to aid later integration:

"I would think yeah, the loving role comes first. Then they need to learn the professional side. And I suppose that's why with new carers we need to really be holding them a bit more and supporting them more, to enable them to do that". [SSW; P9]

One new foster carer described how having the opportunity to complete a respite placement prior to her first long-term placement, helped to prepare and manage expectations about the parental and professional aspects of the role:

"We did respite initially…And it did introduce us to the idea of being a parent but there is also a professional side to it cos we had to write things in a log, like when he hurt his back…so it helped us to get used to those sorts of things…" [FC; P15]

Peer support and learning from other foster carers (e.g. from attending support groups) also seemed to facilitate the blending process:

"…Listening to other foster carers of their experience, of how they've handled things and how they're able to use both sides of the parenting and the professional side". [FC; P1]

"…Support each other and come up with ideas, voice their experiences, provide each other with tips and tools…so that carers that are in this difficult situation are able to go away and try some different ideas and integrate that into the parenting" [OW; P10]

For many foster carers, there was a sense that they had not explicitly thought (or been asked) about the relationship between or the development of the parental and professional roles. Many described 'just doing it' and struggled to articulate how this happened. It seemed that the merging process occurred almost unconsciously, rather than being a deliberate, considered integration.

"…So I guess yeah it is a professional parent if you think about it like that…I hadn't thought about it like that before now I must admit… I just do it (laughs)" [FC; P13]

"It's a very slow process and you don't actually realise it is happening…so yeah it happens over time and it is not always conscious" [FC; P14]

It seemed that an advanced stage of becoming a professional-parent involved role fluidity, where certain aspects of the blended role could be emphasised over others, if needed. There was a sense that this fluidity came from experience and involved a higher level of

awareness. Social workers commented on times they saw experienced foster carers adapting their role or wearing different 'hats' in response to different situations:

"I think sometimes in school meetings…then the professional comes in…And that can be quite interesting (laughs), you know, when you see your carer and you're like ok she is taking that hat off and now she's got this hat on…" [SP/SSW; P11]

"So they have to know when to draw back and then put themselves back in that role again…So it's like a toing and froing…So it's about knowing when that professional has to kick in more or when it has to come in less" [SP/SSW; P11]

Some foster carers described being able to accentuate or conceal certain parts of the 'professional-parent' role, in response to LACs' needs. There were times when foster carers were said to emphasise the parental side of the role (and hide the professional) to help LAC feel more at ease:

"…But will only show the mum side. Because they are not living with a social worker" [FC; P2]

"…They actually find it quite hard to see their foster carer in their secondary professional role, because they have been parenting them all this time…cos it reminds them then that they are LAC…It suddenly makes the LAC think oh well they are getting paid to look after me…" [SP/SSW; P11]

An experienced foster carer described times when she might show more of her professional side to LAC, such as when supporting them with their mental health, as this can be reassuring and comforting:

"I think it makes them more at ease…Because…I will say to them, I do understand that you're doing that because of you know…Once he knew that I knew what I was talking about, about the anxiety…And it's that isn't it, if you can explain it to them so they can understand it, then they get that eureka moment…" [FC; P3].

4. Discussion

The preliminary model, which depicts the journey of becoming a 'professional-parent', offers a possible theoretical explanation of the foster carer role and how relationships between parent and professional may change over time.

Links to theory and research

The finding that foster carers strongly identified with the parental role is consistent with previous research (Blythe et al., 2013; Schofield et al., 2013; Warde, 2008). It seemed that in this study, both internal preferences to be a parent, as well as external expectations from social care to treat LAC as if they were their own, influenced this view. Role theory suggests that having 'consensus' between role expectations can support those enacting the role (Biddle, 1986).

Similar to previous research, the roles of parent and professional were found to be highly inter-related (De Wilde et al., 2019; Schofield et al., 2013; Wubs et al., 2018). However, this study suggests that the relationship between the roles may evolve over time. It seemed that whilst new carers may experience the roles as distinct (primarily acting within a parental role, whilst holding a peripheral professional role), more experienced foster carers develop a new blended role (in which both roles become merged into one over time). It may be that the fluidity experienced in the advanced blended 'professional-parent' role corresponds to those foster carers in Schofield et al.'s (2013) study who were reported to be able to 'move between' the two roles. The explanatory model therefore extends our understanding about how foster carers may manage these roles over time.

It seemed that repeated experiences of needing to be both 'more than' and 'less than' a parent contributed to the realisation that foster carers also needed to be professionals. They emphasised that learning about trauma helped them to develop professional ways of thinking,

which enabled them to respond more effectively to LACs' behaviour. Similar findings have been reported in studies evaluating foster carer training on trauma (Lotty et al., 2020a; 2020b)

Despite the need to be professional, foster carers frequently reported needing to increase their professional visibility in response to being overlooked. Lack of recognition/acknowledgment of the foster carer role has been consistently reported (Baginsky et al., 2017; Kirton et al., 2007). Developing the ability to speak the same 'language' as professionals, helped foster carers' concerns to be taken seriously. Repeated experiences of being listened to enabled foster carers to feel more confident in their professional role and better able to advocate for LAC. Research suggests that acknowledgement from social workers about the complexity, importance and expertise of the foster carer role can help foster carers to manage their role and provide better care to LAC (Murray et al., 2011; Schofield et al., 2013). The dynamic nature of the parent and professional roles is therefore congruent with symbolic interactionism, where roles are seen to evolve through interactions with others (Goffman, 1959; Serpe & Stryker, 2011).

The development of a blended role may have enabled experienced foster carers to overcome/resolve role conflict that may be present at earlier stages of the fostering journey (Biddle, 1986; Kahn et al., 1964). Consistent with Hall's (1972) model of coping with role conflict, foster carers may have internally accommodated to role conflicts by adjusting their attitudes and behaviour towards needing to also be professional, in order to meet the demands of their complex role. It is also possible that, through the ongoing process of blending, the roles came to enrich/complement one another, as suggested in role accumulation theory (Kulik et al., 2015; Schofield et al., 2013; Sieber, 1974).

Given that experienced foster carers came to see themselves as developing a new blended role as a 'professional-parent', theories of role acquisition may also be relevant. Birenbaum (1984) argued that when old roles become redundant, and demands for new ways

of behaving emerge, a process of ‘re-keying’ must happen to align to the new role proffered. It was suggested that that when new roles are acquired gradually but regarded as permanent/long-term, a process of ‘integration’ is most likely to occur. This may help to explain how, over time, the roles of parent and professional became merged/integrated, following the realisation that they could not just be parents to LAC.

Support from other foster carers and social care professionals was suggested to facilitate the blending of the ‘professional-parent’ role. This type of support has been consistently reported to improve foster carer wellbeing, retention and placement stability (Blythe et al., 2014; Murray et al., 2011; Samrai et al., 2011). It may be that support groups enable foster carers to learn from each other (either explicitly/consciously or implicitly/unconsciously) about how to enact their role and resolve potential role conflicts.

4.1. Clinical implications

It may be helpful to offer new carers additional supervision/input to facilitate later blending between parent and professional roles. This idea is supported by research that suggests allocating more resources to foster carers in the early stages supports later independence and professionalism (Maclay et al., 2006). Specific support around role development might bring greater awareness to the complex processes involved in fostering. Conversations that alert carers to the possibility of role conflict could also support foster carer wellbeing and may help to reduce experiences of compassion fatigue (Geoffrion et al., 2016). Furthermore, policy/guidance on foster carer support/supervision (NICE, 2015; DfE, 2011) could be updated to reflect the specific needs of foster carers at different stages of the fostering journey.

It would be important to recognise, however, that foster carers may be reluctant to share difficulties with their supervising social workers, particularly if they already feel scrutinised, or a pressure to appear professionally competent. Enabling access to (and

emphasising the importance of) support groups or buddy systems would be an important priority for fostering services.

With increasing collaboration between social care and mental health services (BPS, 2018b), clinical psychologists could provide specialised/tailored training on trauma-informed care (Fratto, 2016), which may help to give foster carers a theoretical framework from which to blend the parent and professional roles. Co-producing and co-delivering training with experienced foster carers may help to increase relatability and collaborative partnership working (Octoman & McLean, 2014). Direct and consultation work (Golding, 2004), supporting foster carers with their emotional wellbeing, and/or the management of LACs' behaviour, may enable them to cope with the complexity of their role and provide better care to LAC.

Sharing the findings of this study within foster/social care networks may help to develop a shared understanding of the role and establish expectations between stakeholders. The findings may also validate foster carers' experiences of taking on a role that has historically been poorly defined or acknowledged, thus helping them feel recognised and valued. By drawing on the principles of social pedagogic practice (McDermid et al., 2016; Petrie, 2007), where foster carers are positioned as central figures within the care team, fostering services might help to promote systemic shifts in the way that the foster carer role is perceived.

4.2. Strengths and limitations

The inclusion of separate participant groups (and thus different perspectives) enabled a broader exploration of the foster carer role, with particular insights into how the role might be shaped and supported by others. However, practical difficulties (compounded by the study timeline, Covid-19 context and recruitment of participants from a sparse pool), meant that theoretical sampling was not possible throughout the whole study. Without this core element

of GT methodology (Weed, 2017), it may be more appropriate to consider this study an 'abbreviated' version of GT.

As some participants were identified by the social care team, this could have introduced selection bias. Social workers could have identified foster carers who they felt had specific or profound experiences or would be more likely to take part in the study. It is important to acknowledge how potential power relations between foster carers and social workers (McGregor et al., 2021) could have also influenced recruitment/participation.

Although qualitative research does not aim to generalise findings, it is worth highlighting the homogeneity of the sample in this study (mostly white British females). Whilst this reflects the typical profile of UK foster carers (Ofsted, 2020), findings may not be applicable to those outside of this demographic. For instance, different cultural backgrounds/beliefs may influence experiences and perceptions of the parent and professional roles (Rochat et al., 2016). Furthermore, participants were recruited from one LA. Experiences of the role may differ between LAs, or across fostering services, due to differences in the organisational culture and the emphasis placed on training (Wilson & Evetts, 2006).

As this study was conducted within the context of Covid-19, different/atypical experiences relating to foster carers' parent/professional roles may have been captured. Whilst the researcher attempted to address this during the interviews, caution should be taken when considering the relevance of the results beyond this context.

4.3. Future research

Further research could build on this study by including more diverse samples (in terms of ethnicity, gender, and type of fostering service/agency) to explore experiences of a wider range of foster carers. Inclusion of additional perspectives such as those of LAC social

workers, mental health professionals/clinical psychologists, and LAC themselves, may provide further insight into the explanatory processes described in the model.

Other research designs, including longitudinal studies that track foster carers' experiences over time, might further investigate factors that influence the blending between parent and professional roles. Future research may also wish to explore how support from social workers and other foster carers may affect experiences of role conflict, accumulation or acquisition, and the possible impact on carer wellbeing. This may provide further evidence for the usefulness of support spaces and their prioritisation in fostering services.

Clinical psychology may have an important role in supporting the development, implementation and evaluation of initiatives such as trauma-informed training or social pedagogic practice to improve experiences for foster carers and outcomes for LAC.

5. Conclusion

This study sought to develop a theoretical explanation of the processes involved in fostering, and the relationship between the roles of parent and professional. The preliminary theory/model depicted the journey of becoming a 'professional-parent'. Whilst parental aspects of the role were emphasised, foster carers appeared to develop as professionals in order to gain visibility and advocate for LACs' needs. Over time, the roles became merged; the blending process was supported by training and external support from social workers and other foster carers. The findings build on previous research and are consistent with several theories of role conflict/acquisition. The results extend our understanding of the foster carer role and suggest important implications for the support of foster carers and thus the care of LAC.

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Section C: Appendices

Appendix A – Quality appraisal checklist used to evaluate studies

Quality Appraisal Checklist for Quantitative Studies reporting Correlations and Associations (NICE, 2012)

Study design key: (CS)=Cross sectional; (LG)= Longitudinal	Blanchette 2011 (CS)	Bridger 2020 part 1 (CS)	Carew 2017 (CS)	Hannah & Woolgar 2018 (CS)	Ottaway & Selywn 2016 part 1 (CS)	Whitt-Woosley 2020 (CS)	Barford 2010 (CS)	Kind 2018 (LG)	Kind 2020 (LG)	Sochos & Aljasas 2020 (LG)	Steinlin 2017 (CS)	Winstanley & Hales 2015 (CS)	Zerach 2013 (CS)
Section 1. Population													
a. Is the source population well described? (to whom the study aims to represent)	+	+	+	+	+	+	+	+	+	+	+	+	+
b. Is the eligible population representative of source population? Recruitment well defined?	+	+	+	++	+	+	+	+	+	-	+	+	+
c. Do selected participants represent the eligible population? % of individuals agreed to participate; sources of bias; sufficient detail of demographic information	-	-	-	-	-	-	-	-	-	-	-	-	-
Section 2. Method													
a. Selection of exposure (and comparison) group. Was selection bias minimised?	-	-	-	-	-	-	-	-	-	-	-	-	-
b. Was the selection of explanatory variables based on a sound theoretical basis?	+	+	+	+	+	+	+	+	+	+	+	+	+
c. Was contamination acceptably low?	NA	NA	NA	NA	NA	NA	NA	-	NA	NA	NA	NA	NA

d. How well were likely confounding factors identified and controlled?	-	-	-	-	-	-	-	-	-	-	-	-	-
e. Is the setting applicable to the UK?	-	++	+	++	++	+	+	-	-	-	-	+	-
Section 3. Outcomes													
a. Were outcome measures and procedures reliable?	-	++	-	++	++	+	+	-	+	+	+	-	+
Used subjective or objective outcome measures?													
b. Were outcome measures complete?	+	+	+	+	+	+	+	+	+	+	+	+	+
c. Were all important outcomes assessed?	+	+	+	+	+	+	+	+	+	+	+	+	+
d. Was there similar follow up time in exposure and comparison groups?	NA	NA	NA	NA	NA	NA	NA	+	NA	NA	NA	NA	NA
e. Was follow up time meaningful?	NA	NA	NA	NA	NA	NA	NA	+	++	+	NA	NA	NA
Section 4. Analyses													
a. Was the study sufficiently powered to detect an effect (if one exists)	-	+	+	++	++	++	-	+	+	+	+	+	+
b. Were multiple explanatory variables considered in the analyses?	+	+	+	+	+	+	+	+	+	+	+	+	+
c. Were the analytical methods appropriate?	-	+	+	+	+	+	+	+	+	+	+	+	+
d. Was the precision of association given or calculable?	+	+	+	+	+	+	+	+	+	+	+	+	+
Is association meaningful?													
Section 5. Summary													
Total + (external validity; section 1)	2	2	2	3	2	2	2	2	2	1	2	2	2
Total – (external validity; section 1)	1	1	1	1	1	1	1	1	1	2	1	1	1
Summary rating for external validity (i.e. are the findings generalizable to source population?)	-	-	-	+	-	-	-	-	-	-	-	-	-

Total + (internal validity; section 2-5)	5	11	8	12	12	10	8	9	10	9	8	8	8
Total – (internal validity; section 2-5)	6	2	3	2	2	2	3	5	3	3	3	3	4
Summary rating for internal validity (i.e. was the study unbiased/minimize sources of bias?)	-	+	-	+	+	+	-	-	+	-	-	-	-

Key for completing NICE (2012) checklist:

Individual rating key:

++ Indicates that for that particular aspect of study design, the study has been designed or conducted in such a way as to minimise the risk of bias.

+ Indicates that either the answer to the checklist question is not clear from the way the study is reported, or that the study may not have addressed all potential sources of bias for that particular aspect of study design.

- Should be reserved for those aspects of the study design in which significant sources of bias may persist.

NR Should be reserved for those aspects in which the study under review fails to report how they have (or might have) been considered.

NA Should be reserved for those study design aspects that are not applicable given the study design under review (for example, allocation concealment would not be applicable for case control studies).

Overall EV and IV rating key:

++ All or most of the checklist criteria have been fulfilled, where they have not been fulfilled the conclusions are very unlikely to alter

+ Some of the checklist criteria have been fulfilled, where they have not been fulfilled, or not adequately described, the conclusions are unlikely to alter

- Few or no checklist criteria have been fulfilled and the conclusions are likely or very likely to alter

Excerpt from guidance notes on completing checklist:

1.1 Is the source population or source area well described?

Was the source population or area described in sufficient detail? For example, country (developed or non-developed, type of healthcare system), setting (for example, primary school, community centre), location (urban, rural) and population demographics.

This question seeks to determine the study's source population or area (that is, to whom or what the study aims to represent). The source population is usually best identified by referring to the study's original research question. It is important to consider those population demographic characteristics such as age, sex, sexual orientation, disability, ethnicity, religion, place of residence, occupation, education, socioeconomic position and social capital[14] that can help to assess the impact of interventions on health inequalities and may help guide recommendations for specific population subgroups.

1.2 Is the eligible population or area representative of the source population or area?

Was the recruitment of individuals, clusters or areas well defined (for example, advertisement, birth register, class list, area)? Was the eligible population or area representative of the source or were important groups under-represented?

To determine if the eligible population or area (for example, smokers responding to a media advertisement, areas of high density housing in a particular catchment area) are representative of the source population (for example, smokers or areas of high density housing), consider the means by which the eligible population was defined or identified and the implicit or explicit inclusion and exclusion criteria used. Were important groups likely to have been missed or under-represented? For example, were recruitment strategies geared toward more affluent or motivated groups? (For example, recruitment from more affluent areas or local fitness centres.) Were significant numbers of potentially eligible participants likely to have been inadvertently excluded? (For example, through referral to practitioners not involved in the research study.)

1.3 Do the selected participants or areas represent the eligible population or area?

Was the method of selection of participants from the eligible population well described? What percentage of selected individuals or clusters agreed to participate? Were there any sources of bias? Were the inclusion or exclusion criteria explicit and appropriate?

Consider whether the method of selection of participants or areas from the eligible population or area was well described (for example, consecutive cases or random sampling). Were any significant sources of biases likely to have been introduced? Consider what proportion of selected individuals or clusters agreed to participate. Was there a bias toward more healthier or motivated individuals or wealthier areas?

Also consider whether the inclusion and exclusion criteria were well described and whether they were appropriate given the study objectives and the source population. Strict eligibility criteria can limit the external validity of intervention studies if the selected participants are not representative of the eligible population. This has been well-documented for RCTs where recruited participants have been found to differ from those who are eligible but not recruited, in terms of age, sex, race, severity of disease, educational status, social class and place of residence

(Rothwell 2005). Finally, consider whether sufficient detail of the demographic (for example, age, education, socioeconomic status, employment) or personal health-related (for example, smoking, physical activity levels) characteristics of the selected participants were presented. Are selected participants representative of the eligible population?

Quality Appraisal Checklist for Qualitative Studies (NICE, 2012)

Study identification: Ottaway & Selwyn (2016) = O&S Bridger et al. (2020) = B		
Theoretical approach		
1. Is a qualitative approach appropriate? For example: • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	**Appropriate** O&S, B Inappropriate Not sure	Comments:
2. Is the study clear in what it seeks to do? For example: • Is the purpose of the study discussed – aims/objectives/research question/s? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	**Clear** O&S, B Unclear Mixed	Comments:
Study design		

3. How defensible/rigorous is the research design/methodology? For example: • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible Indefensible **Not sure** O&S, B	Comments:
Data collection		
4. How well was the data collection carried out? For example: • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	**Appropriately B** Inappropriately **Not sure/inadequately reported** O&S	Comments:
Trustworthiness		
5. Is the role of the researcher clearly described? For example: • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clearly described Unclear **Not described** O&S, B	Comments:
6. Is the context clearly described? For example: • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances • Was context bias considered	Clear Unclear **Not sure** O&S, B	Comments:

7. Were the methods reliable? For example: • Was data collected by more than 1 method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable Unreliable **Not sure** O&S, B	Comments:
Analysis		
8. Is the data analysis sufficiently rigorous? For example: • Is the procedure explicit – i.e. is it clear how the data was analysed to arrive at the results? • How systematic is the analysis, is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous Not rigorous **Not sure/not reported** O&S. B	Comments:
9. Is the data 'rich'? For example: • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well has the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich **Poor** O&S, B Not sure/not reported	Comments:
10. Is the analysis reliable? For example: • Did more than 1 researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data if possible and relevant? • Were negative/discrepant results addressed or ignored?	Reliable Unreliable **Not sure/not reported** O&S, B	Comments:
11. Are the findings convincing?	Convincing	Comments:

For example: • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Not convincing **Not sure** O&S, B	
12. Are the findings relevant to the aims of the study?	**Relevant** O&S, B Irrelevant Partially relevant	Comments:
13. Conclusions For example: • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this enhance understanding of the research topic? • Are the implications of the research clearly defined? **Is there adequate discussion of any limitations encountered?**	Adequate Inadequate **Not sure** O&S, B	Comments:
Ethics		
14. How clear and coherent is the reporting of ethics? For example: • Have ethical issues been taken into consideration? • Are they adequately discussed e.g. do they address consent and anonymity? • Have the consequences of the research been considered i.e. raising expectations, changing behaviour? • Was the study approved by an ethics committee?	**Appropriate** O&S, B Inappropriate Not sure/not reported	Comments:

Overall assessment		
As far as can be ascertained from the paper, how well was the study conducted? (see guidance notes)	++ + − O&S, B	Comments:

Guidance notes on completing checklist:

Section 1: theoretical approach
This section deals with the underlying theory and principles applied to the research.
1. Is a qualitative approach appropriate?
A qualitative approach can be judged to be appropriate when the research sets out to investigate phenomena which are not easy to accurately quantify or measure, or where such measurement would be arbitrary and inexact. If clear numerical measures could reasonably have been put in place then consider whether a quantitative approach may have been more appropriate. This is because most qualitative research seeks to explain the meanings which social actors use in their everyday lives rather than the meanings which the researchers bring to the situation.
Qualitative research commonly measures:

- personal/lives experiences (for example, of a condition, treatment, situation)
- processes (for example, action research, practitioner/patient views on the acceptability of using new technology)
- personal meanings (for example, about death, birth, disability)
- interactions/relationships (for example, the quality of the GP/patient relationship, the openness of a psychotherapeutic relationship)
- service evaluations (for example, what was good/bad about patients experiences of a smoking cessation group).

2. Is the study clear in what it seeks to do?
Qualitative research designs tend to be theory generative rather than theory testing; therefore it is unlikely that a research question will be found in the form of a hypothesis or null hypothesis in the way that you would expect in conventional quantitative research. This does not mean however that the paper should not set out early and clearly what it is that the study is investigating and what the parameters are for that. The research question should be set in context by the provision of an adequate summary of the background literature and of the study's underpinning values and assumptions.
Section 2: study design
Considers the robustness of the design of the research project.
3. How defensible is the research design?
There are a large number of qualitative methodologies, and a tendency in health to 'mix' aspects of different methodologies or to use a generic qualitative method. From a qualitative perspective, none of this compromises the quality of a study as long as:

- The research design captures appropriate data and has an appropriate plan of analysis for the subject under investigation. There should be a clear and reasonable justification for the methods chosen.
- The choice of sample and sampling method should be clearly set out, (ideally including any shortcomings of the sample) and should be reasonable. It is important to remember that sampling in qualitative research can be purposive and should not be random. Qualitative research is not experimental, does not purport to be generalisable, and therefore does not require a large or random sample. People are usually 'chosen' for qualitative research based on being key informers.

Section 3: data collection

4. How well was the data collection carried out?

Were the method of data collection the most appropriate given the aims of the research? Was the data collection robust, are there details of:

- how the data were collected?
- how the data were recorded and transcribed (if verbal data)?
- how the data were stored?
- what records were kept of the data collection?

Section 4: trustworthiness

Assessing the validity of qualitative research is very different from quantitative research. Qualitative research is much more focused on demonstrating the causes of bias rather than eliminating them, as a result it is good practice to include sections in the report about the reflexive position of the researcher (what was their 'part' in the research?), about the context in which the research was conducted, and about the reliability of the data themselves.

5. Is the role of the researcher clearly described?

The researcher should have considered their role in the research either as reader, interviewer, or observer for example. This is often referred to as 'reflexivity'. It is important that we can determine: a clear audit trail from respondent all the way through to reporting, why the author reported what they did report, and that we can follow the reasoning from the data to the final analysis or theory.

The 'status' of the researcher can profoundly affect the data, for example, a middle aged woman and a young adult male are likely to get different responses to questions about sexual activity if they interview a group of teenage boys. It is important to consider age, gender, ethnicity, 'insider' status (where the interviewer/researcher is part of the group being researched or has the same condition/illness, for example). The researcher can also profoundly influence the data by use of questions, opinions and judgments, so it is important to know what the researchers' position is in that regard and how the researcher introduced and talked about the research with the participants.

6. Is the context clearly described?

It is important when gauging the validity of qualitative data to engage with the data in a meaningful way, and to consider whether the data are plausible/realistic. To make an accurate assessment of this it is important to have information about the context of the research, not only in terms of the physical context – for example, youth club, GP surgery, gang headquarters, who else was there (discussion with parents present or discussion with peers present are likely to cause the participant to position himself very differently and thus to respond very differently) – but also in terms of feeling that the participants are described in enough detail that the reader can have some sort of insight into their life/situation. Any potential context bias should be considered.

7. Were the methods reliable?

It is important that the method used to collect the data is appropriate for the research question, and that the data generated map well onto the aims of the study. Ideally, more than 1 method should have been used to collect data, or there should be some other kind of system of comparison which allows the data to be compared. This is referred to as triangulation.

Section 5: analysis

Qualitative data analysis is very different from quantitative analysis. This does not mean that it should not be systematic and rigorous but systematicity and rigour require different methods of assessment.

8. Is the data analysis sufficiently rigorous?

The main way to assess this is by how clearly the analysis is reported and whether the analysis is approached systematically. There should be a clear and consistent method for coding and analysing data, and it should be clear how the coding and analytic strategies were derived. Above all, these must be reasonable in light of the evidence and the aims of the study. Transparency is the key to addressing the rigour of the analysis.

9. Are the data rich?

Qualitative researchers use the adjective 'rich' to describe data which is in-depth, convincing, compelling and detailed enough that the reader feels that they have achieved some level of insight into the research participants experience. It's also important to know the 'context' of the data, that is, where it came from, what prompted it and what it pertains to.

10. Is the analysis reliable?

The analysis of data can be made more reliable by setting checks in place. It is good practice to have sections of data coded by another researcher, or at least have a second researcher check the coding for consistency. Participants may also be allowed to verify the transcripts of their interview (or other data collection, if appropriate). Negative/discrepant results should always be highlighted and discussed.

11. Are the findings convincing?

In qualitative research, the reader should find the results of the research convincing, or credible. This means that the findings should be clearly presented and logically organised, that they should not contradict themselves without explanation or consideration and that they should be clear and coherent.

Extracts from original data should be included where possible to give a fuller sense of the findings, and these data should be appropriately referenced – although you would expect data to be anonymised, it still needs to be referenced in relevant ways, for example if gender differences were important then you would expect extracts to be marked male/female.

12–13. Relevance of findings and conclusions

These sections are self-explanatory.

Section 6: ethics

14. How clear and coherent is the reporting of ethics?

All qualitative research has ethical considerations and these should be considered within any research report. Ideally there should be a full discussion of ethics, although this is rare because of space limitations in peer-reviewed journals. If there are particularly fraught ethical issues raised by a particularly sensitive piece of research, then these should be discussed in enough detail that the reader is convinced that every care was taken to protect research participants.

Any research with human participants should be approved by a research ethics committee and this should be reported.

Section 7: overall assessment

15. Is the study relevant?

Does the study cast light on the review being undertaken?

16. How well was the study conducted?

Grade the study according to the list below:

++ All or most of the checklist criteria have been fulfilled, where they have not been fulfilled the conclusions are very unlikely to alter.

+ Some of the checklist criteria have been fulfilled, where they have not been fulfilled, or not adequately described, the conclusions are unlikely to alter.

– Few or no checklist criteria have been fulfilled and the conclusions are likely or very likely to alter.

Appendix B – Sampling process and rationale for participant selection

This offers further explanation about the sampling process, participant selection and order of participants.

Aimed to recruit foster carers in first instance. Information about the study was sent to foster carers (via foster carer panel chair).
↓
Recruited 3 x foster carers. Analysis began after second interview and then occurred after every subsequent interview following this.
↓
Following this, I struggled to recruit further foster carers. This was during first Covid 19 lockdown and I wondered if this was impacted on foster carers' ability to engage in research. After some time, wondered if I should broaden my inclusion criteria to widen the pool of potential participants to help with recruitment difficulties. Discussed in supervision – agreed to submit amendment.
↓
Applied to ethics, made an amendment which allowed the recruitment of foster carers who had less experienced (changed from 12 months to 9 months experience) and foster carers who were caring for children for children of a wider age range (changed from children aged 6-12 to children aged 6-18)
↓
Recruited 4 x foster carers who met this new criteria. These foster carers expressed interest in participating in the research at similar times. Although I thought that I should be thinking about theoretical sampling, I didn't feel I had enough leads in data to do so yet. Discussed this in supervision with research supervisor and decided to go ahead with all four interviews, to prioritise data collection, particularly as Covid might be having a significant impact on recruitment, which might then facilitate later theoretical sampling.
↓
The influence of social care workers on the foster carer roles appeared to be a consistent theme/code during initial coding of the completed foster carer interviews. In order to expand on this, I decided to sample supervising social workers (SSWs; who provide direct support and supervision to foster carers) at this point in the study. As I had initially intended to include social care professionals' perspectives in the research, the timing of their inclusion (rather than the decision to include them) was theoretically indicated. Study information was disseminated to social workers across all teams within the fostering service (following contact with fostering manager).
↓
Recruited 2x supervising social workers (SSWs). Following the first interview with a SSW, the interview schedule was amended reflect the emerging codes about the influence of social care professionals on the foster carer role (more information on this can be found in Appendix I and J).

↓
Following these interviews, a few further codes were produced regarding support. In line with constant comparison, I went back to the other interviews to compare these instances. Following this, I wondered about other forms of professional support which might influence foster carers in their role. I thought this might help with expanding and building on emerging concepts and theory about how others influence the foster carer role and offer support within the process. With this rationale, I made further contact with the team fostering manager who circulated information to a wider pool of social care professionals, including outreach workers (who closely supported foster carers) and senior practitioners (who supervise both SSWs and foster carers).
↓
Recruited 1 x outreach worker. Following this interview, I made amendments to the interview schedule (more details in Appendix I and J) to include more specific questions about the process of integrating/blending the roles of parent and professional (this had been indicated from previous interviews).
↓
Recruited 2 x senior practitioners
↓
Following the coding of these interviews, I had developed some stronger hypotheses about the relationships between the parent and professional roles. Codes relating to the roles developing over time seemed particularly significant. Following discussion in supervision, I decided to theoretically sample more participants based on the length of time they had been fostering. I wondered, if this is a journey that foster carers go through, are those who had been doing this for a short/long time at different places along this journey? I wondered if they were therefore experiencing these roles differently? To help with answering these questions, I adapted the interview schedule again (see appendix J for more information).
↓
Applied to ethics, made an amendment which allowed the recruitment of foster carers who had less experience (changed from 9 to 6 months experience) to facilitate theoretical sampling. Information about the study was disseminated again to foster carers, but this time it specified looking for participants who either had under 6 months' experience or had over five years of experience as a foster carer.
↓
Recruited 1 x experienced foster carers (20+ years). A couple of new codes produced, but I wondered if this was because the fostering landscape had changed drastically in 20 years (e.g. in terms of tasks required). This foster carer was also a teacher prior to fostering. I thought it might be helpful to recruit another foster carer who was experienced but had not been doing it *as long* as this foster carer and who did not necessarily have a child/educational professional career prior to fostering. Also wanted to contrast this to a foster carer who was new to fostering.
↓

Made contact with fostering team manager to recruit further participants. They identified eligible participants. Participants made contact with me if they wished to participate.
↓
Recruited 1 x experienced foster carer (12 years of experience) and 1 x new foster carer (6 months of experience)
↓
Theoretical sufficiency (Dey, 1999) achieved.

Social care role descriptions

Supervising social workers (SSWs) are social workers allocated to support and supervise foster carers (note, these are distinct from LAC social workers).

Senior practitioners (SPs) are senior supervising social workers who hold a more managerial role, and support/supervise both SSWs and foster carers.

Outreach workers (OWs) are involved in supporting foster carers in their role. They provide practical and emotional support. The outreach worker in this study helped with facilitated the support group for foster carers.

Appendix C –poster and information sheet for foster carers

Canterbury Christ Church University

ARE YOU A FOSTER CARER?

Would you like to contribute to a new research study about foster care?

What is the research about?

We are interested in understanding the processes involved in caring for children who are in foster care. We are particularly interested in how the roles of 'parent' and 'professional' are managed.

Can I take part?

Yes, if you are a foster carer (or have recently been a foster carer) for a child between the age of 6-18.

What would I need to do?

Being part of the research would involve talking to a researcher in a confidential and anonymised discussion. This would last approx. 1 hour and can be arranged at a convenient time for you.

* Please note, all interviews will likely take place over the phone/zoom for the foreseeable future.

Do I get anything for taking part?

You will be given a £10 voucher as a thank you for taking part. Your travel expenses (up to £10) will also be covered.

If you would like more information on taking part simply return the attached form to the researcher or contact the researcher directly, Megan Hollett, at m.hollett891@canterbury.ac.uk

Information about the research

Understanding the processes involved in caring for looked-after children: the roles of parent and professional

Part 1

My name is Megan Hollett and I am a Trainee Clinical Psychologist at the Salomons Institute of Applied Psychology, which is part of Canterbury Christ Church University (CCCU). I am being supervised by Professor Alex Hasset and Dr Virginia Lumsden. We would like to invite you to take part in this research study. Before you decide, you need to understand why the research is being done and what it would involve for you. Please take time to read this information carefully.

Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you would like to take part.

What is the research about?

The research aims to understand the processes that are involved in caring for children in foster care. In particular, we are interested in how foster carers manage the roles of 'parent' and 'professional'.

Why is this research being done?

Very little research has been done on this topic before. We want to understand the care process of children in foster care. We hope that this will give us a better understanding and may help to provide better support to those involved in the care of looked-after children.

Who can take part?

Foster carers who are currently (or were recently) caring for a child between the age of 6-18 years old. Some social care staff who work with foster carers will also take part separately.

Do I have to take part?

It is up to you to decide. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This would not affect you or your family in anyway and will not affect the standard care/support you receive.

What will be involved in the study?

You will be asked to take part in an individual interview with me, which will last for approx. one hour. This will involve being asked questions about the processes involved in caring for a looked-after child and your role within this. Importantly, there are no right or wrong answers to these questions; I am interested in your experiences. Due to Covid-19 restrictions, this interview will take place over skype/zoom or telephone for the foreseeable future. You may also be invited to take part in a short follow-up interview after the initial interview. This may happen if I need to clarify something with you or if it would be interesting to discuss some points further. This will help me to refine the analysis of the data.

Expenses and payments
You will receive a voucher worth £10 as a thank you for taking part in the interview. You will also be given up to £10 to cover any cost of travel, if you need to travel to the interview.

What are the possible disadvantages and risks of taking part?
You can choose what you talk about in the interview and you do not have to answer any questions if you do not want to. As this can sometimes be a sensitive topic, there is a chance that you may become upset during the interview. I will approach such issues very sensitively and will make it clear that you only need to talk about what you feel comfortable with. You are free to stop the interview at any time or take a break. I will be available to answer any of your concerns after the interview, and sign post you to further support, if you feel you need it.

What are the possible benefits of taking part?
You will have an opportunity to contribute to research about foster care. You may find it interesting and beneficial to talk about your experiences. It is hoped that the findings of the research will help to inform ways to offer support to foster carers and young people.

What if there is a problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

Will information from or about me from taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. What you say in your interview will remain confidential and private. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

This completes part 1. *If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.*

Part 2

What will happen if I don't want to carry on with the study?
If you decide you do not want to carry on with the study, you are free to withdraw at any time. You have the choice to withdraw your data up to two weeks after interview, after which it will no longer be possible to remove it.

What if there is a problem?
If you are unhappy with the research project or have a concern about any aspect of the study, please get in contact with me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave your name and a contact number and say that the message is for me [Megan Hollett] and I will get back to you as soon as possible. Alternatively, you can email me on m.hollett891@canterbury.ac.uk

Concerns and Complaints
If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology – fergal.jones@canterbury.ac.uk.

Will information from or about me from taking part in the study be kept confidential?

All information about you, including the contents of the interview, will remain confidential and private. This means I would not talk about what you said with anyone who is not in the research team. The only reason I would speak to anyone else outside of the research team is if I was worried about your safety or wellbeing or the safety or wellbeing of someone else. In this case I may have to contact professionals involved with your family. Prior to involvement in the study, you will be required to share contact details of professionals (e.g. social workers) involved in your (and the child's) care.

All interviews will be recorded. This is so they can be transcribed and analysed. In the transcripts, all names and identifying features will be anonymised. Your name and contact details will be stored separately to the printed copy of the interview. The recordings will be deleted after the transcription has taken place. All transcriptions will be stored electronically on an encrypted memory stick and password protected computer. The data may be retained for use in future studies supervised by Professor Alex Hassett. The data will be kept for 10 years before being removed.

All participants have the right to check the accuracy of personal data held about them and correct any errors. Participants can contact the researcher to request this.

What will happen to the results of the research study?

Once the study is complete, you will be sent a brief summary of the findings of the study in 2021. XXX Children and Families Social Care team will also be sent a summary of the findings of the study. The research study will be written up as an article and submitted to an academic journal for publication. The study will also be published on the University's website. Participants' names and other identifying information will not be included in any dissemination of the results. I may want to quote something you had said to me but this will be anonymous and no-one will be able to tell that it was you who said it. The data collected in this study may be made available for use in future studies supervised by Dr Alex Hassett.

Who is sponsoring and funding the research?

This research is funded by Canterbury Christ Church University and is being completed as part of a Doctorate in Clinical Psychology.

Whilst XXX Children and Families Social Care are involved in recruitment for the study, they are not involved in the research and remain separate from the study and its findings. All participant information is confidential from XXX Children and Families Social Care.

Who has reviewed the study?

All research in social care is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given approval by the Salomons Ethics Panel, Salomons Institute for Applied Psychology, Canterbury Christ Church University.

Deciding whether to participate

If you would like to speak to me and find out more about the study or have questions about it, please get in contact. Deciding whether to participate or not will not affect your family's support from XXX Children and Families Social Care will not be affected in any way.

Contact details: Megan Hollett (Trainee Clinical Psychologist)
Email: m.hollett891@canterbury.ac.uk

Appendix D – poster and information sheet for social care professionals

Canterbury Christ Church University

ARE YOU A SOCIAL CARE PROFESSIONAL WHO WORKS WITH FOSTER CARERS?

Would you like to contribute to a new research study about looked-after children in foster care?

What is the research about?

We are interested in understanding the processes involved in caring for children who are in foster care. We are particularly interested in how the roles of 'parent' and 'professional' are managed by foster carers.

Can I take part?

Yes, if you work in social care and have experience of working with foster carers and looked-after children.

What would I need to do?

Being part of the research would involve talking to a researcher in a confidential and anonymised discussion. This would last approx. 1 hour and can be arranged at a convenient time for you.

* Please note, all interviews will likely take place over the phone/zoom for the foreseeable future.

If you would like more information on taking part contact the researcher Megan Hollett, directly at **m.hollett891@canterbury.ac.uk**

Information about the research

Understanding the processes involved in caring for looked-after children: the roles of parent and professional

Part 1

Introduction

My name is Megan Hollett and I am a Trainee Clinical Psychologist at the Salomons Institute of Applied Psychology, which is part of Canterbury Christ Church University (CCCU). I am being supervised by Professor Alex Hasset and Dr Virginia Lumsden. We would like to invite you to take part in this research study.

Before you decide, you need to understand why the research is being done and what it would involve for you. Please take time to read this information carefully.

Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you would like to take part

What is the purpose of the study?

The research aims to understand the processes that are involved in caring for children in foster care. In particular, we are interested in how foster carers manage the roles of 'parent' and 'professional'.

Who can take part?

Social care staff (e.g. social workers, support workers, therapists, psychologists, mental health workers) who work with foster carers and looked-after children. Foster carers will also take part separately.

Do I have to take part?

It is up to you to decide whether to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This would not affect you or your role/job at XXX Social Care in anyway.

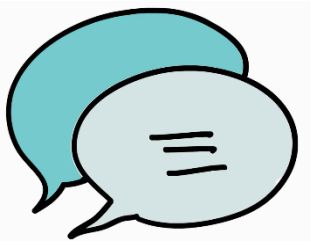
What will be involved in the study?

You will be asked to take part in 1 individual interview with me, which will last for up to an hour. This will involve being asked questions about the processes involved in caring for a looked-after child and your view on the foster care role within this. Importantly, there are no right or wrong answers to these questions; I am interested in your experiences. Due to Covid-19 restrictions, this interview will likely take over the phone or on skype/zoom for the foreseeable future. You may also be invited to take part in a short follow-up interview after the initial interview. This may happen if I need to clarify something with you or if it would be interesting to discuss some points further. This will help me to refine the analysis of the data.

What are the possible disadvantages and risks of taking part?

You can choose what you talk about in the interview and you do not have to answer any questions if you do not want to. As this can be a sensitive topic, you may find that you become upset during the interview. You are free to stop the interview at any time or take a break. I will be able to answer and questions or concerns you might have about the study.

What are the possible benefits of taking part?



You will have an opportunity to contribute to research about foster care and looked-after children. You may find it beneficial to talk about your experiences. It is hoped that the findings of the research will help to inform ways to offer support those involved in caring for looked-after children.

What if there is a problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

Will information from or about me from taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. What you say in your interview will remain confidential and private. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

This completes part 1. *If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.*

Part 2

What will happen if I don't want to carry on with the study?
If you decide you do not want to carry on with the study, you are free to withdraw. You have the choice to withdraw your data up to two weeks after interview, after which it will no longer be possible to remove it.

What if there is a problem?
If you are unhappy with the research project or have a concern about any aspect of the study, please get in contact with me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave your name and a contact number and say that the message is for me [Megan Hollett] and I will get back to you as soon as possible.

Concerns and Complaints
If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology – fergal.jones@canterbury.ac.uk.

Will information from or about me from taking part in the study be kept confidential?
All information about you, including the contents of the interview, will remain confidential and private. This means I would not talk about what you said with anyone who is not in the research team. The only reason I would speak to anyone else outside of the research team is if I was worried about your safety or wellbeing or the safety or wellbeing of someone else. In this case I may have to contact your manager. Prior to involvement in the study, you will be required to share contact details for your manager.

All interviews will be recorded. This is so they can be transcribed and analysed. In the transcripts, all names and identifying features will be anonymised. Your name and contact details will be stored separately to the printed copy of the interview. The recordings will be deleted after the transcription has taken place. All transcriptions will be stored electronically on an encrypted memory stick and password protected computer. The data may be retained

for use in future studies supervised by Professor Alex Hassett. The data will be kept for 10 years before being removed.

All participants have the right to check the accuracy of personal data held about them and correct any errors. Participants can contact the researcher to request this.

What will happen to the results of the research study?
You will be sent a brief summary of the findings of the study in 2021. The XXX Children and Families Social Care team will also be sent a summary of the findings of the study. The research study will be written up as an article and submitted to an academic journal for publication. The study will also be published on the University's website. Participants' names and other identifying information will not be included in any dissemination of the results. I may want to quote something you had said to me but this will be anonymous and no-one will be able to tell that it was you who said it. The data collected in this study may be made available for use in future studies supervised by Dr Alex Hassett.

Who is sponsoring and funding the research?
This research is funded by Canterbury Christ Church University and is being completed as part of a Doctorate in Clinical Psychology.

Whilst XXX Children and Families Social Care are involved in recruitment for the study, they are not involved in the research and remain separate from the study and its findings. All participant information is confidential from XXX Children and Families Social Care.

Who has reviewed the study?
All research in social care is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given approval by The Salomons Ethics Panel, Salomons Institute for Applied Psychology, Canterbury Christ Church University.

Deciding whether to participate
If you would like to speak to me and find out more about the study or have questions about it, please get in contact.

Contact details:
Megan Hollett (Trainee Clinical Psychologist)
Email: m.hollett891@canterbury.ac.uk

Appendix E – Ethical Approval from University Ethics Panel

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Appendix F – Research Governance Approval from Local Authority

Removed from electronic copy

Appendix G – Consent forms

Foster carers:
Participant Identification number for this study:

CONSENT FORM

Parent and professional: Understanding the caring process of looked-after children in foster care

Name of Researcher: Megan Hollett

Please initial box

1. I confirm that I have read and understand the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw from the study without giving any reason, without my care/support from XXX Children and Families Social care being affected. I can withdraw my data up to two weeks after the interview. ☐

3. I understand that data collected during the study may be looked at by the research team and supervisors [Dr Alex Hassett and Dr Virginia Lumsden]. I give permission for these individuals to have access to my data. ☐

4. I agree to providing contact details of professionals (e.g. social workers) involved with my family. ☐

5. I agree that anonymous quotes from my interview and other anonymous data may be used in published reports of the study findings. ☐

6. I agree for my anonymous data to be used in further research studies ☐

7. I agree to take part in the above study. ☐

Name of Participant_____ Date of Birth_____

Today's Date_____ Signature _____

CONTACT DETAILS: _____

Name of Person taking consent _____ Date_____

Signature _____

Social care professionals:
Participant Identification number for this study:

CONSENT FORM

Parent and professional: Understanding the caring process of looked-after children in foster care

Name of Researcher: Megan Hollett

Please initial box

1. I confirm that I have read and understand the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw from the study. I can withdraw my data up to two weeks after the interview. ☐

3. I understand that data collected during the study may be looked at by the research team and supervisors [Dr Alex Hassett and Dr Virginia Lumsden]. I give permission for these individuals to have access to my data. ☐

4. I agree to sharing the contact details of my manager or a senior figure within XXX Social Care ☐

5. I agree that anonymous quotes from my interview and other anonymous data may be used in published reports of the study findings ☐

6. I agree for my anonymous data to be used in further research studies ☐

7. I agree to take part in the above study. ☐

Name of Participant_____ Date_____

Signature _____

CONTACT DETAILS: _____

Name of Person taking consent _____ Date_____

Signature _____

Appendix H - Foster carer interview schedule

Checklist

- Introduce self, supervisors, project.
- Explain procedure and interview
- Briefly recap confidentiality.
- Ensure they have signed consent form. Gain additional verbal consent (for those who had been unable to sign electronically but had emailed their consent).
- Ensure demographic information was collected.
- Ask if they have any questions

Example blurb:

'We are interested in gaining an understanding about your experiences of being a foster carer– in particular, the processes involved in caring for a LAC and the relationship between 'parent' and 'professional'. I will be asking you some questions as I am interested in your views; there are no right or wrong answers. The interview will last for about 1 hour. Your responses will be kept confidential. This means I would not talk about what you said with anyone who is not involved in the research. The only reason I would speak to anyone else is if I was worried about your safety or wellbeing or the safety or wellbeing of someone else'.

1. **Introductory questions**

- **'Could you tell me a little bit about your journey as a foster carer so far'?**

Prompts: How long have you been a foster carer for in total? What made you want to become a FC? (i.e. motivation for becoming a FC). What is it like for you? What does the role mean to you?

- **'Could you tell me a little bit about the child/children you are fostering'?**

Prompts: How old is the child/young person? What does he/she like? How long have you been fostering this child/these children?

2. **Understanding what processes are involved in fostering a LAC**

- **'Before we get to talking about the parent and professional roles, are you able to talk generally about what caring for a LAC is like for you'?**

Prompts: As a foster carer, what sorts of things do you do to care for X/a LAC? In what ways do you provide care? What does this involve? What might this look like on a day to day basis? How do you provide this care? What do you need to do? What happens when you provide this care?

3. **Introducing the parent and professional roles**

- **Foster carers sometimes talk about 'parent' and 'professional' roles - I wonder if you've come across that, and what that is like for you?**
  (Make it clear that I will ask about each separately in a minute (and also how they interact later)– this is more to set the scene and get a general consensus/familiarity of the topic.

Prompts: Have you come across the role of parent and/or professional in relation to your role as a foster carer? Has this come up much for you? What is that like for you? Do you ever think about this? In what ways are these roles familiar to you? Do you relate to the idea of these roles? How often have

you come across these roles? If unfamiliar, can you see what these roles might be referring to/why these two roles might be applied to foster carers at times?

4. **<u>Focusing more on each role</u>** (*can be flexible about which role to discuss first):

<u>PARENT ROLE</u>

- **As a foster carer, what does this 'parent' role look like?**

Prompts: Can you relate to this role? Could you walk me through examples of when you may have taken on a 'parent' role? What does this parent role look like for you like for you? Do you have any recent experiences of this? What sorts of things does this role involve doing? What happened? What did you do? What happened next?

- **How easy/difficult is it to take on this role?**

Prompts: How do you find this role? Do you find this easy/difficult? Are there any difficulties/challenges associated with this role? Do you find there are challenges when you take on a parent role? What might these be? Can you give examples of when this role can be challenging as a foster carer? What gets in the way of doing this role?

- **What kinds of things influence you taking on this role?**

Prompts: Do certain things influence you taking on this role? In what situations might you take on this parent role? Are there any individual factors (related to own views/opinions), relational factors (e.g. other people), systemic factors (e.g. services/professionals), that influence you taking this role? Anything else? How do these things influence the parent role? In what ways? Can you give specific examples? What happens when…?

- **What impact does this role have?**

Prompts: What effect does this role have? On who? How does this role impact on…? (e.g. You as a foster carer, the child you are fostering, your relationship with the child, the system and the professionals around the child etc). What happens? What is the impact of that? Impact on feelings, thoughts, motivations? Are there specific examples that you would like to tell me about?

<u>PROFESSIONAL role</u>

- **As a foster carer, what does this 'professional' role look like?**

Prompts: Can you relate to this role? Do you feel like you act/your behaviour fits within this role? Could you walk me through some examples of when you may have taken on a 'professional' role? What might this role might look like for you like for you? Do you have any recent experiences or examples where you have felt like you were acting within a professional role? What sorts of things does this role involve doing? What happened? What did you do? What happened next?

- **How easy/difficult is it to take on this role?**

Prompts: How do you find this role? Do you find this easy/difficult? Are there any difficulties/challenges associated with this role? Do you find there are challenges when you take on a professional role? What might these be? Can you give examples of when this role can be challenging as a foster carer? What gets in the way of doing this role?

- **What kinds of things influence you taking on this role?**

Prompts: In what situations might you take on this professional role? Are there any factors e.g. individual factors (related to own views/opinions), relational factors (e.g. other people), system factors (e.g. services/professionals), that influence this role? Anything else? How do these things

influence the professional role? In what ways? Can you give specific examples? What happens when…?

- **What impact does this role have?**

Prompts: What effect does this role have? On who? How does this roles impact on…? (e.g. You as a foster carer, the child you are fostering, your relationship with the child, the system and professionals around etc). What happens? What is the impact of that? Impact on feelings, thoughts, motivations? Are there specific examples that you would like to tell me about?

5. **Relationship between parent and professional**

Thinking about these two roles as a foster carer:

- **What is the relationship between these two roles?**
- **How do these roles interact with each other?**

Prompts: How do these two roles relate to one another? Do they interact, and if so, how? What does this look like? Can you give examples of how they interact? How do they impact each other? How are they connected? How are these two roles separate? How does this play out in the foster carer role?

- **How do you manage these two roles?**

Prompts: What sorts of things do you do to manage the two roles? How do you navigate between the roles? How do you negotiate these roles? How do you balance the demands of both roles? How do you do it? How does this work? Can you give specific examples? What happens? Is it easy / difficult to manage? How? Is one role easier than the other? What is it like? Are there any things that help or hinder this process? Do you have specific examples?

6. **Closing thoughts**

- **Is there anything we have missed in our conversation that you feel is important to tell me about?**

7. **Debrief**

   Check in with how they are feeling after the interview. Ask if they have any questions. Enquire as to who they would be able to speak to about issues raised if needed. Advise to speak to their supervising social worker if they feel they need to discuss issues further.

Please note that an amendment was made to this interview schedule for the final three foster carers. More information about this is described in Appendix J.

Additional notes for interviews

Following supervision in April, a few pointers were raised about the interviews:

- Don't summarise or reassure, instead ask more about their experience

- Ask some questions about how they made sense of their experiences (a bit like IPA questions)

- When talking about what they are doing, remember to hold in mind 'process' - ask how/what questions e.g. how did you do that? What kinds of thing did you do? Then what happened?

- Remember to go back to an earlier point if needed – e.g. You mentioned that…could you tell me what that was like for you/walk me through what that was like for you? Can you describe that in more detail?

- Make reference to and ask about impact of Covid-19 – e.g. is the current situation changing things? How? What does this look like? And what impact does this have? On whom? How do you make sense of this? What does that mean to your role? What were you doing before that you aren't doing now? What are you doing now that you weren't do before?

Debrief form

Salomons Institute for Applied Psychology
One Meadow Road, Tunbridge Wells, Kent TN1 2YG

www.canterbury.ac.uk/appliedpsychology

Thank you!

Thank you very much for taking part in this study. We hope that this study will help us to understand more about the caring processes involved in caring for children in foster care, and the relationships between the roles of 'parent' and 'professional' for foster carers. It is hoped that the findings will help to inform ways to offer support to those involved in caring for children in foster care.

Next steps:

I will transcribe (type up) the interview within two weeks of interview. I will analyse the data that I obtain. There is a possibility that I will invite you to take part in a short follow up interview. This helps to refine the analysis. I will make contact with you if this is necessary.

Once the study is complete, you will be sent a brief summary of the findings of the study in 2021.

Anonymity and confidentiality:

In the transcripts, all names and identifying features will be anonymised. Your name and contact details will be stored separately to the printed copy of the interview. The recordings will be deleted after the transcription has taken place. All transcriptions will be stored electronically on an encrypted memory stick and password protected computer. The data will be kept for 10 years before being removed. Only myself and two research supervisors will have access to the anonymised transcripts of the interviews.

Withdrawing data:

You have the choice to withdraw your data up to two weeks after interview, after which it will no longer be possible to remove it.

Questions:

Please do contact me if you have any questions Contact details: Megan Hollett (Trainee Clinical Psychologist): Email: m.hollett891@canterbury.ac.uk; Phone: 01227 927070 (leave a message for Megan and I will call you back).

In need of more support?

If you feel that the interview has raised issues for you and you feel that you are in need of more support, please contact your supervising social worker or the lead social worker within the team.

Thank you once again for participation. I will be in touch to arrange the £10 voucher.

Many thanks,

Megan Hollett

Trainee Clinical Psychologist

Appendix I - Social care staff interview schedule

Checklist

- Introduce self, supervisors, project.
- Explain procedure and interview
- Briefly recap confidentiality.
- Ensure they have signed consent form. Gain additional verbal consent (for those who had been unable to sign electronically but had emailed their consent).
- Ensure demographic information was collected.
- Ask if they have any questions

Example blurb:

'We are interested in gaining an understanding more about foster carers– in particular, the processes involved in caring for a LAC who are in foster care and the relationship between 'parent' and 'professional'. I will be asking you some questions as I am interested in your views as a social care professional who works closely with foster carers; there are no right or wrong answers. The interview will last for about 1 hour. Your responses will be kept confidential. This means I would not talk about what you said with anyone who is not involved in the research. The only reason I would speak to anyone else is if I was worried about your safety or wellbeing or the safety or wellbeing of someone else'.

1. **Introductory questions**

- **Could you tell me a little bit about your journey as a [social worker/working in social care]?**

Prompts: How long have you been in this role? What does your role involve? What made you want to work with looked-after children and foster carers? How closely do you work with foster carers?

2. **Understanding what processes are involved in caring for a LAC in foster care**

- **'Before we get to talking about the parent and professional roles, are you able to talk generally about what the foster carer role involves?**

Prompts: What is your understanding about the role of foster carers in caring for looked-after children? What sorts of things do foster carers do to care for a LAC? In what ways do they provide care? What types of thing fall under their care? What does this involve? What might this look like on a day to day basis? How do they provide this care? What do they need to do? What happens when they provide this care?

3. **Introducing the roles of parent and professional**

- **Foster carers sometimes talk about 'parent' and 'professional' roles - I wonder if you've come across that?**
  (Make it clear that I will ask about each separately (and also how they interact) later – this is more to set the scene and get a general consensus/familiarity of the topic.)

Prompts: Have you come across the role of parent and/or professional in relation to the foster carer role? Do you ever think about this? In what ways are these roles familiar to you? How often have you come across these roles? Do foster carers talk about these roles? If unfamiliar, can you see what these roles might be referring to/why these two roles might be applied to foster carers at times?

4. **<u>Focusing on one role at a time</u>** (can be flexible about which role to discuss first):

<u>PARENT role</u>

- **What does this role look like for foster carers?**

Prompts: Could you walk me through examples of when foster carers take on a 'parent' role? What does this parent role look like for them? Do you have any recent experiences of this? What sorts of things does this role involve foster carers doing? What happened? What did they do?

- **How easy/difficult do you think it is for foster carers to take on this role?**

Prompts: How do they find this role? Do they find this easy/difficult? Are there any difficulties associated with this role? Do you think there are challenges for foster carers in taking on a parent role? What might these be? Can you give examples of when this role can be challenging for a foster carer? What gets in the way of foster carers when doing this role?

- **What kinds of things influence foster carers taking on this role?**

Prompts: In what situations might foster carers take on this parent role? Are there any factors e.g. individual factors (related to own views/opinions), relational factors (e.g. other people), system factors (e.g. services/professionals), that influence this role? Anything else? How do you think these things influence the parent role? In what ways? Can you give specific examples? What happens when…?

Amendment 1: Added: Do you think your role as SSW/OW/SP influences this parent role? How does it influence this role? (See Appendix J).

- **What impact do you think this role have?**

Prompts: What effect does this role have? On who? How does this role impact on…? (Foster carers, the child they are fostering, their relationship with the child, the system around, you as a professional etc). What happens? What is the impact of that? Impact on feelings, thoughts, motivations? Are there specific examples that you would like to tell me about?

Amendment 1: Added: What impact does the parent role have on the professionals in the LAC system, including yourself? How does this impact the other professionals/you? (See Appendix J).

<u>PROFESSIONAL role</u>

- **What does this role look like for a foster carer?**

Prompts: Could you walk me through some examples of when foster carers may have taken on a 'professional' role? What might this role might look like for foster carers? Do you have any recent experiences or examples where you have seen foster carers acting within a professional role? What sorts of things does this role involve foster carers doing? What happened? What did they do?

- **How easy/difficult is it for foster carers to take on this role?**

Prompts: How do they find this role? Do they find this easy/difficult? Are there difficulties associated with this role? Do you think there are challenges for foster carers when they take on a professional role? What might these be? Can you give examples of when this role can be challenging for a foster carer? What gets in the way of doing this role?

- **What kinds of things influence foster carers taking on this role?**

Prompts: In what situations might foster carers take on this professional role? Are there any factors e.g. individual factors (related to own views/opinions), relational factors (e.g. other people), system factors (e.g. services/professionals), that influence this role? Anything else? How do you think these things influence the professional role? In what ways? Can you give specific examples? What happens when…?

Amendment 1: Added: Do you think your role as SSW/OW/SP influences this professional role? How does it influence this role? (See Appendix J).

- **What impact do you think this role has?**

Prompts: What effect does this role have? On who? How does this role impact on…? (Foster carers, the child they are fostering, their relationship with the child, the system around, you as a professional etc). What happens? What is the impact of that? Impact on feelings, thoughts, motivations? Are there specific examples that you would like to tell me about?

Amendment 1: Added: What impact does the professional role have on the professionals in the LAC system, including yourself? How does this impact the other professionals/you? (See Appendix J).

5. **Relationship between parent and professional**

Thinking about these two roles for foster carers:

- **What is the relationship between these two roles for foster carers? How do these roles interact with each other?**

Prompts: How do you think these two roles relate to one another? What is their relationship to one another? Do they interact with each other? How do they interact and what does this look like? Can you give examples of how they interact? How do they impact each other? How are they connected? How are they separate? What does this look like? How does this play out in the foster carer role? Can you draw on any experiences you have had with foster carers?

Amendment 2: Added: Is there a development of the relationship between the roles over time? How do foster carers become both parents and professionals? What happens before? What is the journey/development like? What helps them, do you think? (See Appendix J)

- **How do foster carers manage these two roles?**

Prompts: What sorts of things do foster carers do to manage the two roles? How do they navigate between the roles? How do they negotiate these roles? How do they balance the demands of both roles? How do they do it? How does this work? Can you give specific examples? What happens? Is it easy / difficult for them to manage? How? Do you think one role easier than the other? What do you think it is like? Are there any things that help or hinder this process? Do you have specific examples? How would you explain the processes involved?

Amendment 1: Added: Do social care professionals such as yourself support foster carers to manage these two roles? How does this happen? What does it look like? (See Appendix J).

6. **Closing thoughts**

- **Is there anything we have missed in our conversation that you feel is important to tell me about?**

7. **Debrief**
   Check in with how they are feeling after the interview. Ask if they have any questions. Enquire as to who they would be able to speak to about issues raised if needed, for example their manager.
   SEND DEBRIEF FORM.

Additional notes for interviews

Following supervision in April, a few pointers were raised about the interviews:

- Don't summarise or reassure, instead ask more about their experience

- Ask some questions about how they made sense of their experiences (a bit like IPA questions)

- When talking about what they are doing, remember to hold in mind 'process' - ask how/what questions e.g. how did you do that? What kinds of thing did you do? Then what happened?

- Remember to go back to an earlier point if needed – e.g. You mentioned that…could you tell me what that was like for you/walk me through what that was like for you? Can you describe tha tin more detail?

- Make reference to and ask about impact of Covid-19 – e.g. is the current situation changing things for foster carers? How? What does this look like? And what impact does this have? On whom? How do you make sense of this? What were foster carers doing before that they aren't doing now? What are they doing now that they weren't do before?

Debrief form

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Next steps:

I will transcribe (type up) the interview within two weeks of interview. I will analyse the data that I obtain. There is a possibility that I will invite you to take part in a short follow up interview. This helps to refine the analysis. I will make contact with you if this is necessary.

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Withdrawing data:

You have the choice to withdraw your data up to two weeks after interview, after which it will no longer be possible to remove it.

Questions:

Please do contact me if you have any questions Contact details: Megan Hollett (Trainee Clinical Psychologist): Email: m.hollett891@canterbury.ac.uk; Phone: 01227 927070 (leave a message for Megan and I will call you back).

In need of more support?

If you feel that the interview has raised issues for you and you feel that you are in need of more support, please contact your team manager or the service lead.

Thank you once again for participation.

Many thanks,

Megan Hollett

Trainee Clinical Psychologist

Appendix J - Changes made to interview schedule

As the interview questions were broad and exploratory, the interview schedule remained similar for many of the initial participants. However, the interview questions were adapted at later stages to help to explore hypotheses about the emerging theory. The table below describes the changes made and the process in which this happened.

The first seven foster carer interviews were based on the original interview schedule outlined in Appendix H.
↓
Following this, social care professionals were recruited and interviewed. After the first interview with a supervising social worker (participant 8), the original interview schedule was adapted slightly, in light of the themes/codes that had emerged in the previous interviews about the influence of social care (e.g. their expectations) on the foster carer role. **The first amendment** was made to the social care professional interview schedule specifically to ask more about (see appendix I, in red): - whether/how social care professionals influence foster carers taking on the parent and the professional role - what impact the foster carer parent/professional role had on social care professionals and other professionals in the system - whether/how social care professionals support foster carers to manage both roles This amended interview schedule was used for participant 9 and 10.
↓
Following the interview with participant 10, a further amendment was made to the interview schedule. This reflected the themes/codes that had emerged from the previous interviews, which pointed to the idea that there was a process of blending or integrating the roles over time. **The second amendment** was made to specifically ask more about (see appendix I, in red): - Whether there is a development of the relationship between the roles over time. - How foster carers might get to the point of blending/integrating, and what helps them to do this. This amended interview schedule was used for participants 11 and 12.
↓
Following the interview with participant 12, it was decided that I would theoretically sample more foster carers who were very experienced and also foster carers who were very new to the role, to better understand how the relationship between parent and professional changes over time, and more about the process of blending. A significant change was

therefore made to the interview schedule. The changes and questions were discussed in supervision.

A third amendment (made to the foster carer interview schedule) specifically focused on the relationship between the parent/professional role and how this changed over time. The questions were more focused than the original interview schedule. Described in more detail below.

Foster carer interview schedule for participant 13, 14 and 15:

Introduction:

- Introduce self, supervisors, project.
- Give some context about how I had spoken to several foster carers (and social care professionals) about the parent and professional role and how they saw these as interacting.
- Explain that I want to ask more about how these roles may change over time, and what their experience had been.
- Emphasise that there are no right or wrong answers.
- Briefly recap confidentiality.
- Ensure they have signed consent form. Gain additional verbal consent (for those who had been unable to sign electronically but had emailed their consent).
- Ensure demographic information was collected.
- Ask if they have any questions.

Experienced foster carers
Start with some exploratory questions such as:
- How would you describe the relationship between the two roles?
- Would you say the relationship between the two roles has changed over time? How has this relationship changed?
If needed, could move towards more focused questions:
- Some people have described a change in the roles over time, from the roles being quite separate in the beginning and then coming together over time.

General prompts: Would you say that fits with your experience? Is your experience different, if so, how? Are you able to tell me more about your journey? What did it look like before? What does it look like now? How did the professional role develop? What helped the roles come together? How would you describe the role now? Are you able to give examples of this? How did the roles come together? What helped? How would you describe the role now? Are you able to give examples?

For new foster carers
Start with some exploratory questions such as:
- How would you describe the relationship between the two roles?
- Do you think the relationship between the two roles will change over time?

If needed, could ask more focused questions such as:
- Some people have described a change in the roles over time, from the roles being quite separate in the beginning and then coming together over time.

General prompts: Would you say that fits with your experience? Is your experience different, if so, how? What does the role look like now for you? Are you able to give examples? How do you experience the role? What do you think it will look like in several years time? How do you think the professional role will develop? How might the blending occur? Are you able to give examples?

Appendix K - Quality assurance criteria

Mays and Pope (2000) criteria – from 'Assessing quality in qualitative research'

Triangulation – comparing results from two different data sources, looking for convergence. However, triangulation may be better see as a way of ensuring comprehensiveness and encouraging a more reflexive analysis of the data than as a pure test of validity

Respondent validation – includes techniques in which the investigator's account is compared with those of the research subjects to establish level of correspondence between the two sets, which is then incorporated int the findings. However, it may be better to think of respondent validation as part of a process of error reduction which also generates further original data, which in turn requires interpretation.

Clear exposition of methods of data collection and analysis – clear account of process of data collection/analysis is important. It should be possible to provide a clear account of how early, simpler systems of classification evolved into more sophisticated coding structures and then into clearly defined concepts and explanations for the data collected.

Reflexivity – sensitivity to the ways in which researcher and research process may have shaped the collected data, including role of prior assumptions and experience

Attention to negative cases – search for and discuss elements in the data that contradict or seem to contradict the emerging explanation of the phenomena under study, which helps to refine the analysis until it can explain all or the vast majority of cases under scrutiny.

Fair dealing – ensure that research explicitly incorporates a wide range of different perspectives so that the viewpoint of one group is never presented as if it represents the sole truth about nay situation.

Relevance – whether research adds to knowledge or increases confidence with which existing knowledge is regarded. Involves the extent to which findings can be generalised beyond the setting in which they were generated.

Questions to ask a qualitative study:

• Worth or relevance—Was this piece of work worth doing at all? Has it contributed usefully to knowledge?

• Clarity of research question—If not at the outset of the study, by the end of the research process was the research question clear? Was the researcher able to set aside his or her research preconceptions?

• Appropriateness of the design to the question—Would a different method have been more appropriate? For example, if a causal hypothesis was being tested, was a qualitative approach really appropriate?

• Context—Is the context or setting adequately described so that the reader could relate the findings to other settings?

• Sampling—Did the sample include the full range of possible cases or settings so that conceptual rather than statistical generalisations could be made (that is, more than convenience sampling)? If appropriate, were efforts made to obtain data that might contradict or modify the analysis by extending the sample (for example, to a different type of area)?

• Data collection and analysis—Were the data collection and analysis procedures systematic? Was an "audit trail" provided such that someone else could repeat each stage, including the analysis? How well did the analysis succeed in incorporating all the observations? To what extent did the analysis develop concepts and categories capable of explaining key processes or respondents' accounts or observations? Was it possible to follow the iteration between data and the explanations for the data (theory)? Did the researcher search for disconfirming cases?

• Reflexivity of the account—Did the researcher self-consciously assess the likely impact of the methods used on the data obtained? Were sufficient data included in the reports of the study to provide sufficient evidence for readers to assess whether analytical criteria had been met?

Williams, Nutt & Morrow (2009) – 'Achieving trustworthiness in qualitative research: A pan-paradigmatic perspective'. Key points summarised below:

- Integrity of data - refers to the adequacy or the dependability of the data.

Researchers should
- clearly articulate and reference design or analytic strategy.
- present some evidence that sufficient quality and quantity of data have been gathered.
- present evidence as to how the interpretations fit the data.

- Balance Between Participant Meaning and Researcher Interpretation

- bracketing and journaling
- asking for feedback from participants
- use of a team of researchers and external auditors

- Clear Communication and Application of the Findings

- interpretations should be easily understood by reader and supported by participant quotes
- show evidence of answering the research question
- social validity
- discuss current theory and practice and tie results to existing literature

Yardley (2000) criteria – from 'Dilemmas in qualitative health research'

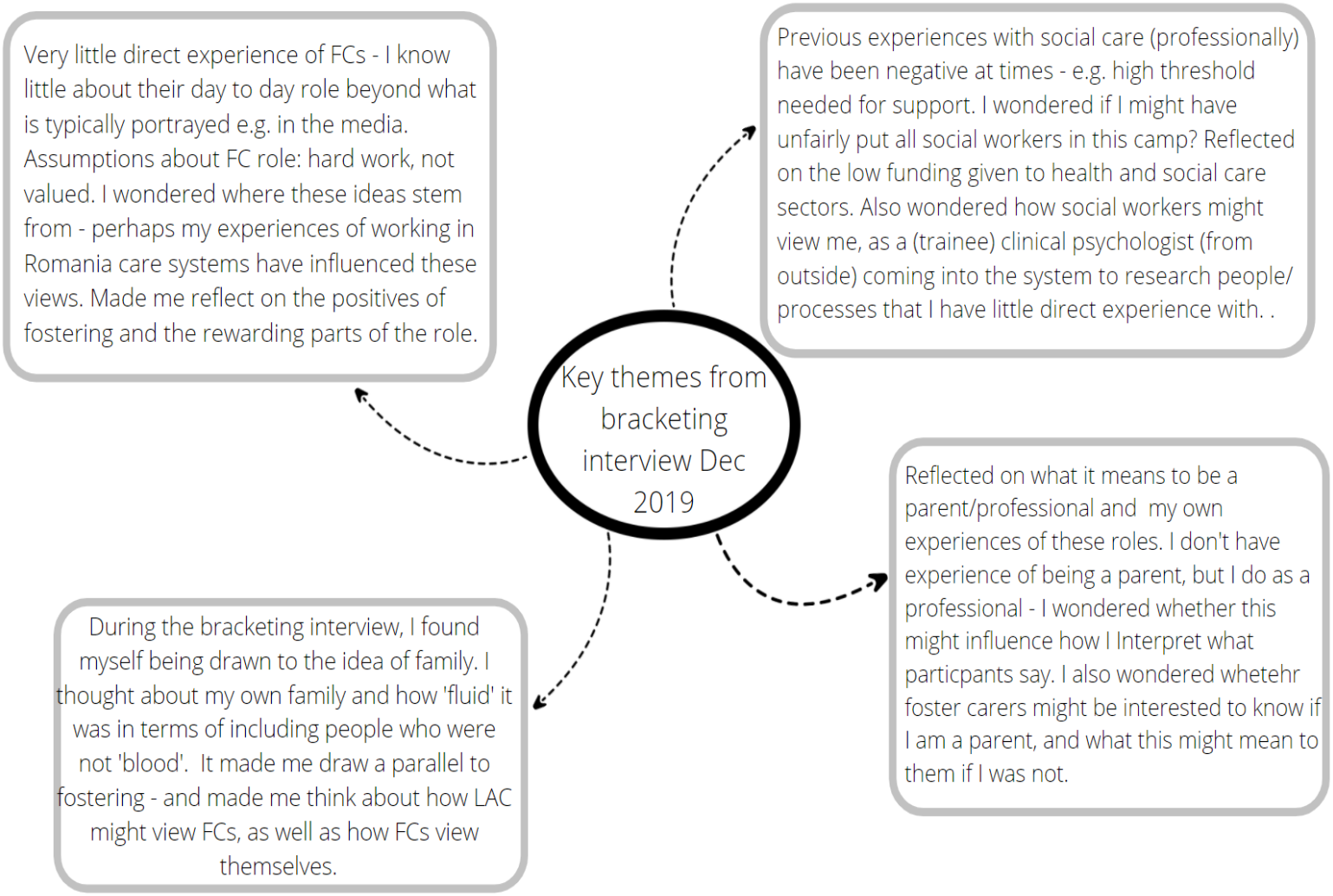
- Sensitivity to context - is the analysis and interpretation sensitive to the data, the social context, and the relationships (between researcher and participants) from which it emerged?
o What was the nature of researcher's involvement (prolonged engagement, immersion in data)?
o Does the researcher consider how he or she may have specifically influenced participants' actions (reflexivity)?
o Does the researcher consider the balance of power in a situation?

- Completeness of data collection, analysis and interpretation Commitment and rigour
o Is the size and nature (comprehensiveness) of the sample adequate to address the research question?

o Is there transparency and sufficient detail in the author's account of methods used and analytical and interpretive choices (audit trail)? Is every aspect of the data collection process, and the approach to coding and analyzing data discussed? Does the author present excerpts from the data so that readers can discern for themselves the patterns identified?
o Is there coherence across the research question, philosophical perspective, method, and analysis approach?
- Impact and importance
o Is the research important – will I have practical and theoretical utility?

- Reflexivity – does the researcher reflect on his or her own perspective and the motivations and interests that shaped the research process (from formulation of the research question, through method choices, analysis and interpretation).

Appendix L – Bracketing interview – key themes and reflections



Appendix M – Excerpts of research diary

January 2019 Meeting with interval supervisor. We discussed the need to think about psychological theory when considering research options. We both felt that the project exploring the foster carer role might lend itself nicely to role theory or role identity theory. This wasn't something that I knew much about or come across before but sounded like an interesting place to start thinking about. It made me think about the multiple different roles we all occupy in life and how the balance of these can sometimes consume us. Being relatively new to the course, I had begun thinking about my personal and professional role (or student and professional) and how these might be different or at times intertwined. I thought about how my experiences might be similar or different in some ways, including in the overlap of roles.

April 2019 Met with both supervisors. We discussed qualitative methodologies and what would help to most appropriately answer the questions about foster carers' roles. We all agreed that IPA felt like a good option and would help to answer how foster carers make sense of their experiences in their role. I thought about how, as psychologists, we are often making sense of how other people make sense of their difficulties. This felt very new to me, but also I was looking forward at going into depth about foster carers' experiences and how they understand them. I thought this would be a really valuable way of gaining insight into their role. I spent some time thinking about my epistemological position and how I understand how knowledge is constructed. I resonate with a critical realist position (although not really a 'middle ground' between realist and constructivist positions, it is perhaps more of a mixture of the ideas that 'truth' is external, and truth is constructed).

June 2019 Review panel didn't go as well as I had hoped! They were very critical of the methodology (IPA) – they were concerned that an IPA study would not add enough clinically – they were concerned with the 'so what' question. They also explained that they had recently had some critical feedback from examiners in the 3rd year viva's about IPA and so felt this approach should be avoided unless strongly suggested by the research question. Whilst I was a little taken aback by the meeting, upon reflection, I could understand their points. They had suggested that a Grounded Theory may be a better option for this study, although that would need more thought. They left it up to me to decide - but a decision is needed within 4 weeks time. Essentially, if I choose to stick with IPA, I only had to do minor corrections to make to my proposal (a few typos, extra justifications etc) but I would have to resubmit a new/revised proposal if I go with GT. Decided I would discuss in supervision, although we could not have a meeting for several weeks due to my supervisors being away.

July 2019 My initial response to the feedback from the proposal review meeting was to be really self-critical. I kept thinking maybe I had not done enough to justify my choice of methodology or perhaps I didn't actually know enough. After some thought I came to realise that this feedback was ultimately a good thing as it allows me to be clear on things going forward. It has really made me think about the different qualitative methodologies. I considered their feedback and thought that perhaps a Grounded Theory approach could work, as it would enable more of an understanding of the 'process' of how FCs manage or integrate the two (parent and professional) roles, if that is what they do, rather than just understanding how they make sense of their experience. When meeting with both supervisors, we talked about the importance of feeling confident in the project and also the pros and cons of certain qualitative methodologies.

Given that in GT you are trying to develop new model or theory (in this case of the caring process for children who are in the care of foster carers), this opens up the possibility of including other participants in the study e.g. the social workers will have a view on this as may other workers and

people in their lives. GTM makes use of multiple perspectives to get to an understanding of this process. Felt that this was a real strength of this methodology.

I thought about my epistemological position and also the different strands of GT. Supervisor suggested a few books, including a general qualitative book to get my head around the development and evolution of the GT method, as well as Cathy Urqhart's book on grounded theory, which emphasises Glaser's method. Reading Urqhart's book, I found the GT 'myths' section really interesting, particularly in relation to the misconception about the researcher being a blank slate/neutral (which is practically impossible), and also how it often believed that GT has an inherent philosophical and epistemological position. She argues that the fathers of GT made no claim about the correct epistemology, and so she suggests that GT as a research method is "orthogonal not only to the type of data used but also can be appropriated by researchers with different assumptions about knowledge and how it can be obtained" (Urqhart & Fernandez, 2006). I really liked the flexible approach that she described, which emphasises emergent concepts and theory construction rather than verification and technical coding procedures. I felt this fitted with my position and felt that the process of doing GT was well described within Urqhart's book, which made me feel at ease.

August 2019 Through personal connections, I was able to contact a foster carer who was interested in discussing the project with me, with the aim of her consulting on the idea and also on my draft interview schedule. We had a really helpful conversation. I was able to hear some of her thoughts on the project, which were mainly positive, but also some of the difficulties and nuances of the role, which I felt put me in a better position speaking to foster carers in the future, such as the challenges with navigating birth family contact, decision making for the child, and the impact on the wider family. She thought that open ended questions would be the most helpful, given that each foster carer is likely to have had slightly different experiences. One thing I did notice throughout our discussion was that this foster carer would often talk about the challenges and her frustrations with the LAC system – it made me think that I need to have a careful balance between allowing foster carers to talk about their experiences and frustrations openly whilst also maintaining the focus of the interviews. I'm conscious that it could turn into a social care 'bashing' session, which although would help me to understand some of their views and experiences, would not necessarily help to answer the research question.

November 2019 Following some email communication from a social worker manager at, it became apparent that accessing foster carers through our original route (via social workers) was not going to be possible due to their current work pressures. This felt like really disappointing news, particularly as those in higher positions within the social care department had expressed how keen they were for the research to go ahead. However, I understood that service pressures might present challenges to participating in additional tasks outside of the usual workload. I noticed I went into problem solving mode after hearing this news, thinking of other potential options for recruiting participants elsewhere. However, when I spoke with supervisor, he thought that there may be an alternative way of recruiting foster carers – through the foster carer forums (rather than involving social care staff), which I found reassuring. Supervisor enquired about the contact details for the foster carer forum and I was able to make contact with the chair of this, who was very happy to share the details with foster carers, through their newsletter. I felt quite relieved about this and it made me think about how difficult recruitment for research can be, particularly in the context of current service pressures. I also felt better about accessing foster carers directly as this felt like a simpler route. I thought about how this might have benefits – e.g. me talking to foster carers and foster carers coming forward themselves rather than having to rely on social workers in the middle of this process.

December 2019 After some confusion around what ethics panel I should apply to, it was agreed that I would apply for Salomons ethics, as well as the local research governance panel for Social Care. There had been a lot of confusion in the cohort about ethics panels and I had picked up

on some of the anxiety about the process. I was relieved when this was simpler than had been first anticipated. I was also offered a much earlier slot (in Jan rather than March), which I felt happy about as my ethics application was ready to go. Supervisor gave me some helpful feedback. We discussed making changes to the interview schedule to make the questions clearer and more open ended. We also thought about respondent validation – I had initially thought about using this but after our conversation about how much it actually adds to theory development/vs creating more data, I took it out. I clarified in my proposal that although I wouldn't take the theory back, I would go back to participants if connections or hypotheses that were emerging form the data needed clarifying.

April 2020 I conducted my first interview with a foster carer at the End of March 2020. It felt like a really strange time; the UK had gone into lockdown due to Covid-19 and people were told to work from home wherever possible. I had been surprised by how interested and willing foster carers had been to take part in this research, despite the current context. The interviews were moved to taking place over the phone or video call (which had always been a contingency plan). I was aware that their role, as a foster carer, may have been impacted by this, particularly as the children would be at home rather than at school during the day. It felt important to acknowledge the context in the interviews, so after speaking with my supervisor, I agreed to ask about this in the introduction section of the interview schedule, and also make reference to it in terms of the parent and professional roles, if it felt relevant and appropriate to do so.

I noticed I felt quite nervous during the interview, but wanted to appear competent. I think this lead me to do a bit too much summarising, rather than questioning about the foster carer's experiences. I think completing the interview over the phone, made it difficult to know how and when to interrupt at times, or keep the conversation focused. When I transcribed the interview, I noticed this even more. I think I felt quite distracted by the act and process of interviewing (and how this is very different to being in 'therapist mode' that I wasn't as fully present in the interview as I would have liked). I was able to send this transcript to my supervisor, who offered some comments. In particular, he advised that I go deeper into their experiences – ask them more questions about what they meant by things and how they made sense of things (which although might seem like IPA style questions) to understand what was going on. I developed an additional page of prompts in my interview schedule – to remind myself to ask these types of questions.

I found it helpful to also reflect on possible power differentials between myself and foster carers and think about how me being a professional might impact on what they say to me in interviews. It felt important to stress that interviews were confidential (unless safeguarding issues arose) to try to address possible influences of power.

May 2020 I have conducted two interviews now. Am beginning to code (line by line, open coding). I have been reading Urquart's book but still feel very unsure about the process of this. But thought I would give it a go, and try to not overthink it too much at this stage! After this, I jotted down some thoughts/reflections (not really theoretical memos at this point, but helped me to organise my thinking) or things that struck me as possible 'leads' in each interview. Again, I wasn't really sure I was doing this right, but felt that getting something down was more helpful than not.

July 2020 So far I have conducted three interviews – and I have another scheduled next month. I'm still feeling my way around the process of simultaneous data collection and data analysis – it seems to go against what I have done before. I am beginning to get used to how long it takes me to transcribe interviews and code them (a long time!!), and whilst it still feels quite alien, I am enjoying getting into the data. I have been trying to engage in 'constant comparison' between the first three interviews, comparing what is coming up in each, and have started to observe some common codes– I have begun to make a note of these, although I'm aware these will be constantly chopping and changing, as it is an iterative process.

August 2020 A conversation with a foster carer touched on race. The foster carer was a white woman, whereas the young person she was caring for was black. This carer had been through several processes with social care after the young person had accused her of being racist. Although now resolved, I could tell there was a lot of emotion surrounding this, and the foster carer specifically said this was something she would like to talk about in the interview. Contextually, this felt like a very relevant topic, given the recent murder of George Floyd and the very current Black Lives Matter movement. I noticed my own position in this conversation, as a white woman, and noticed the foster carer looking for reassurance about what she had said to the young person. I had to think carefully in this moment about how to respond, making my stance of antiracism clear, yet also understanding the feelings that the foster carer was left with and trying to think about this in the context of her role for the purpose of this interview. Although I'm aware that grounded theory does not try to make assumptions about generalisability and external validity of findings, it made me think more generally about the demographics (particularly ethnicity) of foster carers (the majority - approx. 80% - are white) and how representative this foster carer's experiences might be. It also made me think more widely about the impact this might have on a relationship with young people, and the role of both overt and covert racism.

I became aware that this was the first time that race had come into a conversation with a foster carer and I reflected on why this may be. I brought this to supervision and I thought about whether I should be trying to increase diversity in my sampling of foster carers. We reflected on the importance of this, but felt it was perhaps beyond the scope and timescale of the project (we also reflected on the typical demographic profile of foster carers – white, older women). It was important to acknowledge that this project is very ethnically and geographically specific, but how at this stage, this was ok, given that I am aiming to get to a tentative model or framework of fostering from this sample of foster carers.

I also got the sense from this conversation that the foster carer wanted to vent about her experiences of allegations. I found it hard to balance this with also making sure we were focusing the interview on the parent and professional roles. I would often link back into the roles and ask how it has affected them now, but the foster carer often got caught up in wanting to tell me about the details. I thought about how I could've been more assertive in this, but was also aware of the emotional impact of these events and how fresh they were in her mind. I thought about how I might prevent this in the future – maybe I could say at the beginning of interviews that I may have to bring us back to topic if needed, and also make it clear that I am specifically interested in the parent and professional roles.

September 2020 In the midst of moving back and forth between stages of analysis – collecting data and analysing. Finding this very difficult. So much data!! I'm learning to sit with the messiness (I think?!) but going back and forth is hard, and confusing at times. I'm trying to keep an awareness of both what the data is saying and also how I might be impacting on the analysis of the data. Also struggling at times to move beyond descriptive codes (i.e. making them more analytical) – my supervisor made a comment that some of the codes weren't necessarily making sense on their own, which helped me to think about rewording them. Holding in mind the idea of emergence and not trying to become impatient with labelling the data.

October 2020 Time to start thinking about including social care professionals – I feel now is a good time because I have got a substantial amount of data and it would be good to extend some of my 'hunches' or theoretical ideas – particularly in terms on how the wider system, including social care professionals may be influencing the roles. Was intending to include them – so not necessarily theoretical sampling – but I guess the timing of inclusion of social care professionals is theoretical and is helping to extend theoretical ideas nonetheless.

November 2020 Supervision. Conversation about how the study has progressed and how 'proper' theoretical sampling hasn't been possible all the way through. Suggested that this study would be more in line with a GT 'lite' or modified GT. We reflected on how it wouldn't have been possible to do everything (as you might do in a typical PhD programme) as need to balance time and ability to write this up to an acceptable standard. We talked about the importance of just being transparent about this. It made me think about dropping some of my perfectionism tendencies – which is harder than I realised!

December 2020 Watched recorded GT coding journey lecture– helpful, although slightly scary. SO much data. And doing more just seems to be creating more and more. A lot of the codes and categories are overlapping. But helped me to think about my own data and the analysis process. Would have been helpful to hear this before I started coding etc but nevertheless helpful!

Also am now in the process of finalising my draft for Part A – what a piece of work that has been! Will be good to get some comments on it from supervisors. It is also very over the word count.

January 2021 Have interviewed a few social workers now, including one who had also been a foster carer – really interesting to get both perspectives (although acknowledged that her fostering experience is a bit of out of date). But this helped me to understand how the foster carer role had changed over the years. She noted that they are expected to be more professional now (they used to just 'do' rather than 'think'). Stressed the idea that everyone is going to have a slightly different perspective on parent and professional role – and how everyone's life experiences is going to affect this (e.g. own parenting experiences, childhood experiences, professional experience). Thought this was really helpful, because although I have been holding that in mind (and aware that GT doesn't aim to generalise) it's good to actually name this, which reminds me that the model I am developing isn't the absolute truth, but more of a preliminary way of thinking about things.

This interview also made me think more about my earlier thoughts on the power differentials that might exist between foster cares and supervising social workers (and how I fit into this). Whilst this foster carer was able have a perspective from both sides (which influenced her current interactions with foster carers), I wondered how power might still present itself and influence the foster carers' roles. I also wondered whether this might be different for other types of workers, such as outreach workers, who don't have such a supervisory role on foster carers, yet are still considered a part of the social care team.

Feb 2021 Data collection is finished. Am finding now that I am further along the analysis process that I am drawing lots of diagrams etc (realising I am such as visual person!). This is really helping me to just play with ideas and also think about how codes and subcategories might be connecting.

March 2021 Reflecting on how exhausting this whole process has been, on top of travelling to/staying at placement, whilst also having to navigate the impact of Covid-19. Feeling quite proud that I have got to this point, and lucky that things have worked out along the way. Got to keep the momentum up for writing now…Final push!

Appendix N – Sections of anonymised transcripts

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Appendix O – Selection of memos

Below are a sample of a large number of memos that I wrote during the different stages of the data analysis. Some of these memos illustrate thinking around coding, others are around developing categories, whilst some develop the theory that was emerging. I often broke off from the coding process to write down thoughts, reflections, questions, ideas. Later in the analysis process, the memos helped to develop/refine the theory/model.

Code: Being visible?

It seems as if, in certain situations, she needs to ?prove herself as a professional. There is a sense that the parent side of role is perhaps ?de-valued (a 'silly parent') and this requires her to 'remind' others that being a foster carer isn't just about being a parent. She also commented on raising concerns about the child and how, when she was positioned as a parent talking to the school these concerns were dismissed, but when she was seen as a professional in a meeting she was 'listened' to. There may be something about the status of a professional – that the foster carer doesn't always have access to, but wants to so that she can be taken seriously?

Lack of both parental and professional authority

I got the sense that foster carers are asked to be both a parent and a professional at times, yet they hold little authority in either role. This foster carer neither has the parental authority (like she does/did have with her own children) or the professional authority (like a social worker) to make decisions regarding the LAC. Her response to dealing with this lack of authority seems to change over time – in her early fostering days she would constantly ask social workers what she should do (she described coming across as 'needy'), whereas now she makes those decisions anyway, but justifies this by immediately documenting it, to cover herself. I wonder whether this sense of confidence to 'do it anyway' comes with experience? Is she acting out of professional experience here, that she's accumulated over time, about what is best for LAC? Or does she just feel more comfortable in acting parentally now than she used to?

Showing different sides of the role

Despite wanting to 'show' more of the parent side to the child, she suggested wanting to 'show' the professional side to other professionals/social workers when she was concerned about a child. For example – 'I ditched the slippers, put on my shoes with high heels when I saw her [social worker]' and 'I gathered evidence, and with other professionals around me saying, no, no, she's right…'. Is this her wanting to prove herself/ensure she is taken seriously by other professionals? Could link to participant 1 and how a professional status might be associated with more respect? Again, perhaps there is a sense of needing to be visible as a professional because typically they are just seen as parents?

I noted, however, that this foster carer didn't really talk about the social worker dictating her role like the previous foster carer (participant 1). I am going to hold on for a bit, and see if this comes out in future interviews, before possible exploring further or inviting social workers to interview.

Code: Lack of conscious awareness?

She talked about the roles just flowing and merging together – and how knowledge is accumulated over time, but is perhaps inexplicable to some extent – like she doesn't really know how to describe how the knowledge integrated into her role and how she is able to be a foster carer – she likened it

to a mother learning to breast feed – where you just learn to (without having an awareness of how you necessarily learnt to). Perhaps this taps into this idea of implicit or instinctual learning?

I also noticed how she struggled to answer some of the questions – often just saying 'oh I dunno' or struggling to answer (lots of ers and ums) or just saying it was 'nice'. I wondered if this was because she hadn't thought about the roles in this way? I think there was a sense of 'I just do it' – which made me think – do foster carers ever get a chance to stop, think and reflect?

I wonder if others might also have difficulty describing the process – it will be good to keep an eye on this as I go.

A foster carer who had never been a parent

I was intrigued by this interview with a foster carer who had not had experience of being a parent before (all of the others so far have previously been parents). When she first explained this, I thought that this might bring up a different perspective, seeing as a lot of the other foster carers have talked about how they have drawn on their 'natural' parenting ability and the experiences they had with their own children. However, what seems interesting is that she still wanted to be that parent figure, despite being met with rejection from the child. She described having 'so much to offer' and not understanding why the child didn't want that. I wondered whether her lack of parenting experience and her newness to the fostering role contributed towards a naiveite? She seemed to have an awareness of the young person's trauma but didn't seem to be able to integrate this to make sense of why the child might reject her – she talked about feeling 'hurt'. This foster carer's response seems to be different to other interviews, where there seemed to be an acknowledgement that the child may not want to be parented given their previous experiences (e.g. interview 2 – the foster carer talked about being whoever the child needed them to be, rather than being someone they wanted to be).

It made me think, I wonder if a professional understanding of the trauma and the child's behaviour will come over time? So with more training and learning, might this foster carer come to appreciate why the young person does not want to be parented?

Unconscious integration?

This idea of the process being unconscious is cropping up again (links to earlier memo). It seemed as if this foster carer was saying there was almost an unconscious ?integration of the parent and professional role over time. Perhaps this unconscious integration is why he said he doesn't think of these roles as separate and why he said he can't easily identify where one ended and the other started?

It made me think about the research project – perhaps these concepts and processes are actually far more unconscious than we first realised? Is it hard to foster carers to tap into something that they feel 'just is'??

I think I initially thought that these two roles would be quite separate and foster carers would be moving between them, and I had wanted to understand more about this 'moving between', but perhaps they are not moving between them at all; instead, the two roles might be merging together, which makes it hard to describe how this might happen.

I'll be interested to see if this is how other foster carers talk about the process.

A 'professional-parent'

Again, this foster carer used this term 'professional parent' to describe what they have become. It seems this is almost like a synthesis of the two roles, producing a whole new role?

I was also struck by the struggle with the language in this interview – she described not feeling like a professional yet also reflecting that she is a professional-parent, and also 'everything' at once to the child. I think this seems to reflect a common thing that is coming up in the interviews – that we are trying to describe a process with current language that we have, however this doesn't really fit or 'do it justice'. We are using words such as parent and professional because they are the only words we have, yet they seem rather inadequate in the face of the foster carer role – a professional-parent seems like the best way they have to describe it now, for lack of another way. Perhaps this reflects the overall language used within the care system too – as this foster carer picks up on – e.g. looked-after child, respite, and even 'foster carer' etc etc. It's almost as if we need a total revamping or 're-marketing' of the role!

Influence of social workers?

This interview also seemed to confirm the previous ideas that social workers influence the role foster carers take. This foster carer also alluded to the idea of being 'judged' for her approach to fostering, perhaps suggesting that even if social workers don't directly influence the foster carer role by saying 'you must be X', they might indirectly influence foster carers through their judgement or scrutiny e.g. 'you shouldn't be Y'.

It would be interesting to sample some supervising social workers at this point. I wonder if they would agree about their influence on the foster carer role? Might they see it differently?

Asking social workers

The social worker seemed to confirm that social care professionals encourage foster carers to take on a parent role and treat the LAC like they would their own children. However, she acknowledged that this is different to parenting your own children and there is a need to be professional. This idea of difference is coming up a lot – that foster carers need to come to a place where they recognise these differences in order for them to successfully foster. The SSWs acknowledged this was a 'big ask' of foster carers and was might be seen as confusing. I think this really taps in to that ambiguity – you need to be both but you're neither. I'm struck by how much of a 'big ask' this is – they're asking them to be 'exceptional parents' (p8) when they are not even parents to the children.

This interview is also making me wonder about the power differentials that might exist between foster carers and supervising social workers – and how this is bound to be influencing the role that foster cares are taking. Do foster carers have a choice? Are they allowed to take on a role that is at odds with their social workers' expectation? How might power be playing out in different environments, e.g. in meetings. I also wonder if other professionals (e.g. outreach/support workers) had the same effect and whether there might be differences in power?

More than a parent; less than a parent

Building on some of the ideas in the previous memo, this idea of foster carers being treated as less than parents at the same time as being expected to be more than parents really seems to be at the crux of it. They are not able to be parents – e.g. physical affection, having authority/autonomy, birth family etc, whilst also expected to do more than a typical e.g. go to meetings, supervise contact, manage difficult behaviour hold huge accountability.

I think this is an important subcategory – and I think it is perhaps a product of acknowledging this 'difference'. I'm wondering about the wording of more and less – it sounds a bit crude/basic, but I think it captures it quite well. I'll play around with wording as I go.

The parent role - coming natural rather than intentionally prioritising?

I was originally thinking about the parent role being prioritised by foster carers, but actually I'm wondering if this isn't as intentional as I first thought – instead perhaps it just comes naturally to them so they are able to do this with ease, and that's why it's such a prominent part of the role, particularly in the beginning. I think perhaps social workers are asking them to prioritise the role but foster carers aren't actually consciously doing this themselves. I'm wondering if the category 'Prioritising the parent role' needs to broadened to reflect this – perhaps 'Preference for the parent role' is more appropriate? – I think this better captures how foster carers are naturally being parents and the idea that this is what they come with (although they are also encouraged to emphasise that role).

This helps me see a link from the natural parent, to being more than a parent at the same time as being less than a parent – because foster carers are naturally preferring the parent role, but when they are doing this, they realise that it doesn't work, they need to do something different. So there seems to a conscious realisation or acknowledgement that they are not their parent – almost like they get caught out. So it's a process of realising – that this attempt at 'normal parenting' just 'isn't'. I wonder if this 'realisation' is a subcategory, or if actually it is a overarching category?

It's making me think about that idea of when you are doing something that you've been doing for ages (and it now comes naturally to you) but then you get stopped in your tracks because doing that suddenly doesn't work anymore. That is when you might think about it more, and then perhaps start to change your behaviour. It's reminding me of the systemic concept – the solution to the problem has become the problem – i.e. being a parent has become the problem, so something different is needed – i.e. professional necessity. I wonder if this links to role acquisition theories at all – I haven't read around much of this, but it's making me think about how we acquire and move through roles.

Progression over time

Speaking to social workers (particularly the senior practitioner who was also previously a foster carer herself), has further illuminated the process of role progression. This had been alluded to with the foster carer interviews (roles changing over time, starting with parent role) but I think speaking to social workers, who are external to the foster carer and able to watch and observe them, helped to understand more about this process from the outside. It seems as if foster carers do start the role in a parental mindset and then move towards professional role through learning and supervision, later being able to integrate the two. After gaining these insights, I've gone back through the data (through the process of constant comparison) to notice if this trajectory is evident – it is.

This particular senior practitioner spoke about how she can tell new carers (from more experienced ones) just by the way that they talk and act – they are very much talking and acting like a parent, without much professional knowledge, because they are at the beginning of the journey and haven't yet learned how to integrate the professional side into the parenting side. This really reminded about P4 who was quite new to fostering. I went back to this data set, with this role progression/development in mind, and it seemed to confirm this idea that newer foster carers might be 'stuck' in earlier phases, not yet able to integrate professional knowledge because they are still learning this side of things.

Theoretical sampling – New and experienced foster carers

Now it would be good to sample some new and experienced carers – to see if this journey makes sense and whether it fits with their experience. I wonder, if this is a journey that foster carers go through, are those who had been doing this for a short/long time at different places along this journey? I wondered if they were therefore experiencing these roles differently?

Blending vs. integration

I had a thought about the merging of parent and professional roles to become a 'professional-parent'. I had initially been thinking about foster carers 'integrating' the roles. However, I had this realisation that it doesn't seem like the foster carers do actually 'integrate' the roles together (integration, to me, sounds quite conscious and deliberate); instead they seemed to describe a process of blending/merging (which seems much more 'haphazard' and less intentional). I'm thinking that this links to them describing it as 'just happening'. I got the sense that foster carers were glad that they did merge the roles, but the actual process of merging was not clear and deliberate. I wonder if the category would be more appropriately named 'blending' to better capture the foster carers' experiences than 'integrating' – even if 'integrating' perhaps sounds nicer and less 'messy'?

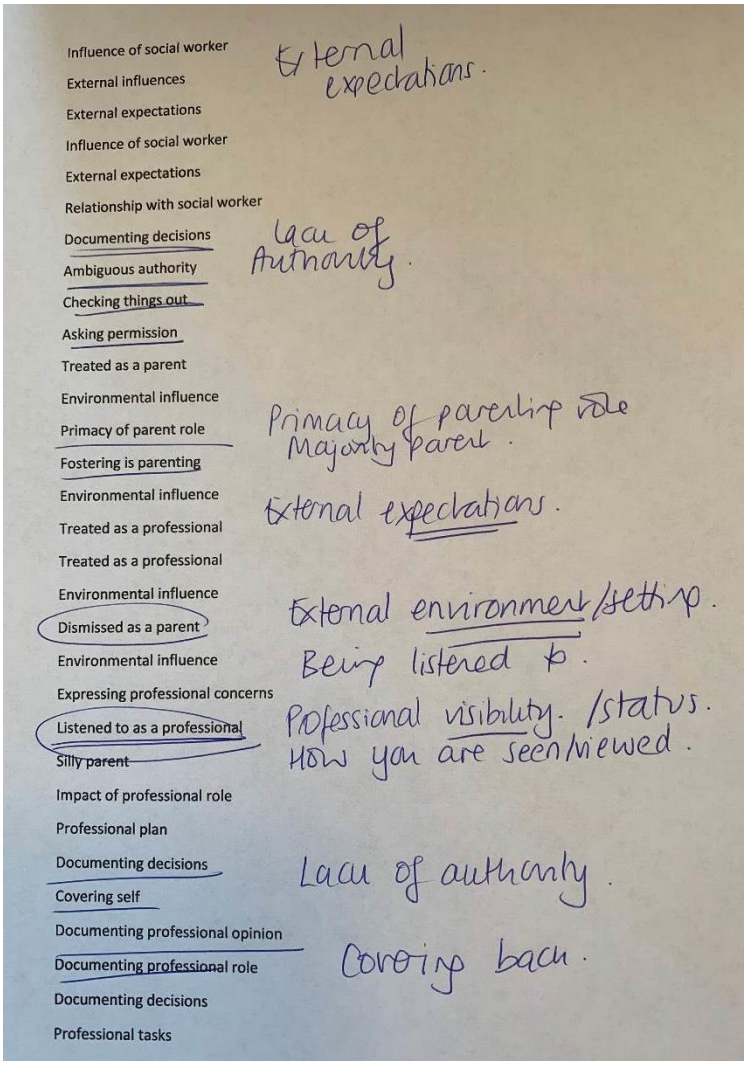
Appendix P – Audit trail – stages of the data analysis process

i) Open coding/focused coding

Due to volume of open codes, not all are presented. However, some examples of open codes are given below. These were refined into focused codes. These were continually revised during the data analysis process.

Examples of open codes	Became	Focused codes
OC: Including LAC in family events OC: Inclusion in all aspects of family life OC: Emphasis on family OC: Part of the family OC: Embedding LAC into the family OC: Seen as part of the family OC: Treating the same as birth/grandchildren OC: Parity of care among all children OC: Developing sibling relationships OC: Inclusion in the family OC: Integrating LAC into the family OC: Treating LAC if they are family OC: Desire for LAC to have natural life OC: Wanting LAC to have a normal life OC: Equal treatment to birth children OC: Treating LAC the same as own children OC: Trying to include them OC: Aiming for LAC to see them as family ……	→	Authentically including LAC Embedding LAC in family life Acting like a normal family Providing equal treatment to birth children
OC: Being given authority for some decisions OC: Having decisions questioned OC: Being unable to make simple decisions OC: Confusion around authority OC: Not having parental authority OC: Being questioned even when have designated authority OC: Designated authority different to parental authority OC: Keeping a paper trail of decisions OC: Documenting decisions OC: Documenting professional opinions OC: Recording conversations OC: Covering self OC: Protecting self OC: Need to record everything OC: Recording events OC: Lack of spontaneity ……	→	Holding reduced authority Ambiguous authority Having less autonomy Needing to cover self Asking permission

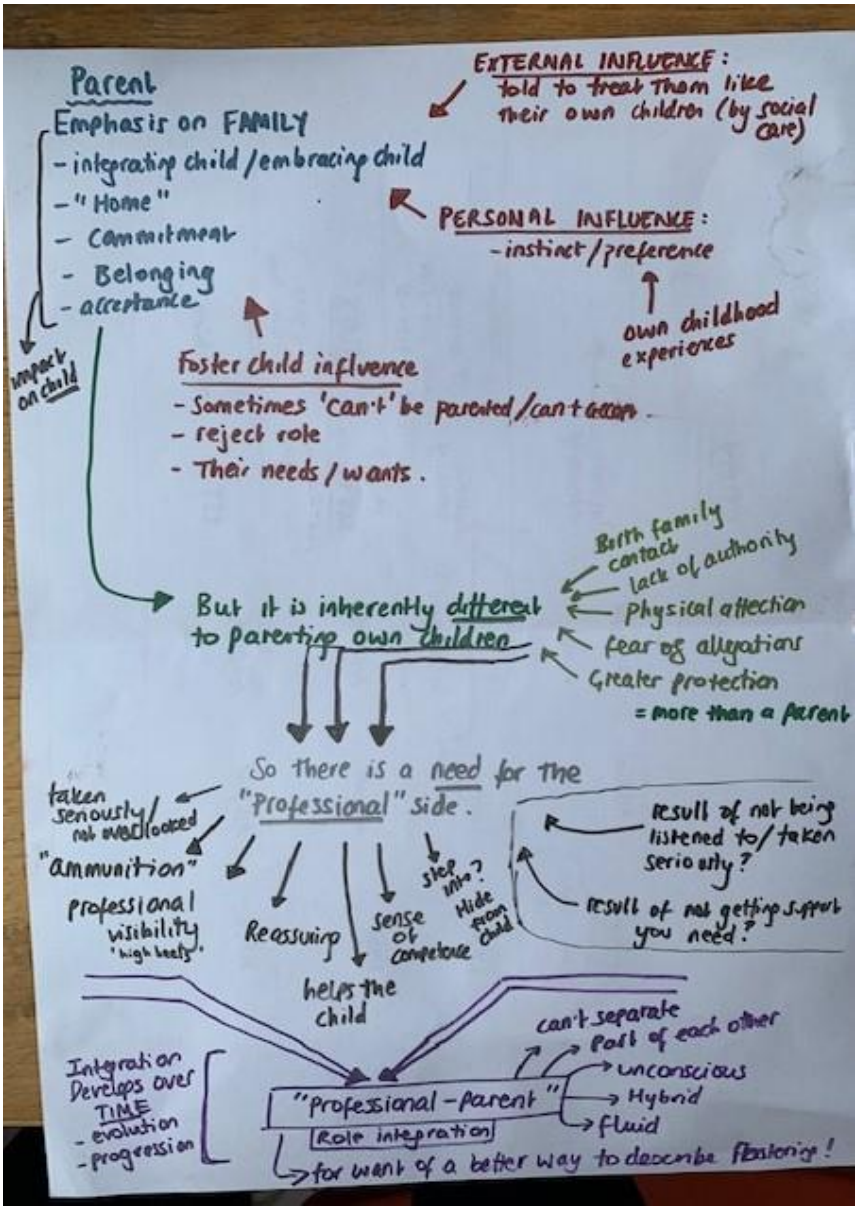
Initial process of refining open codes into focused codes:



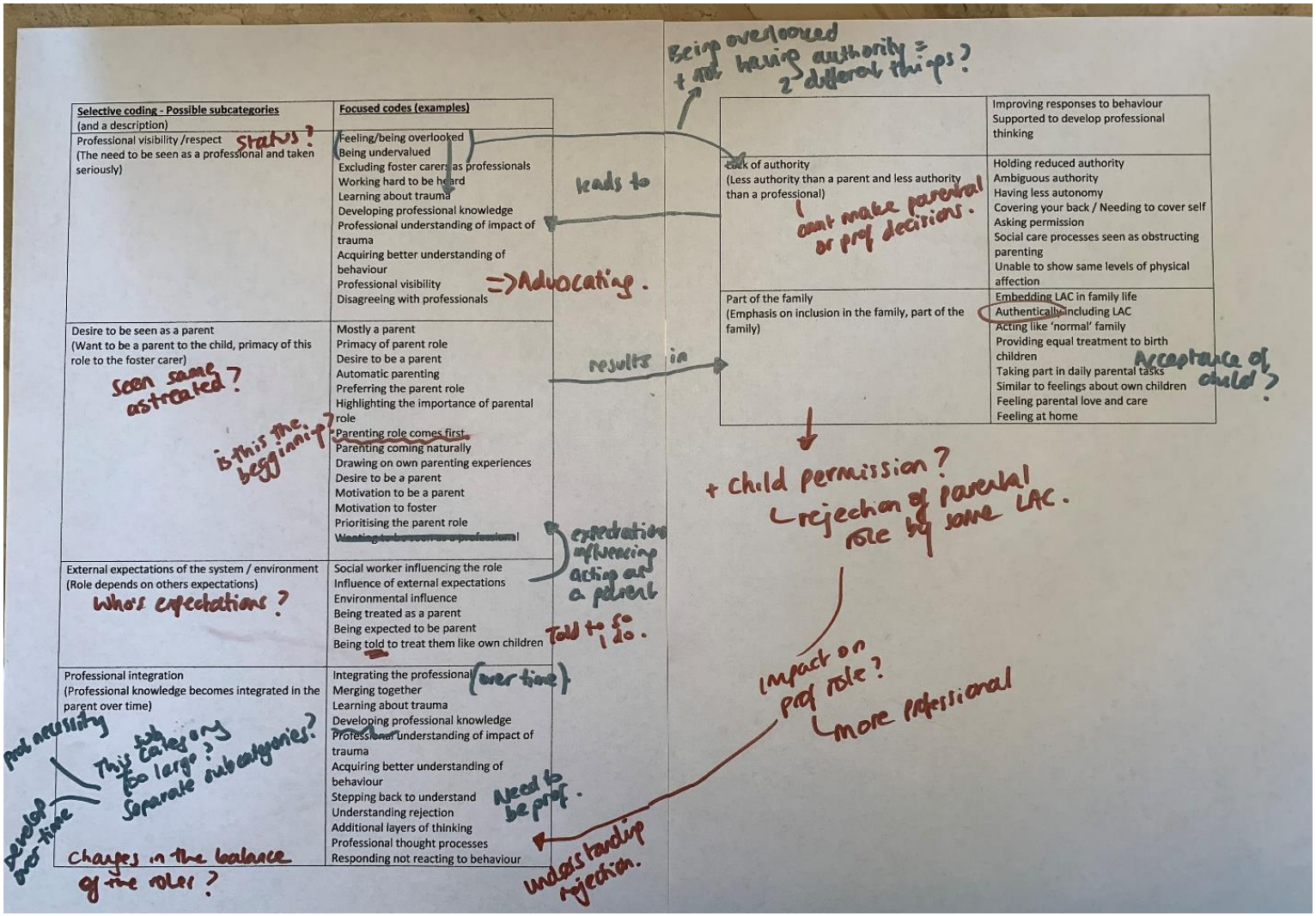
ii) Selective coding

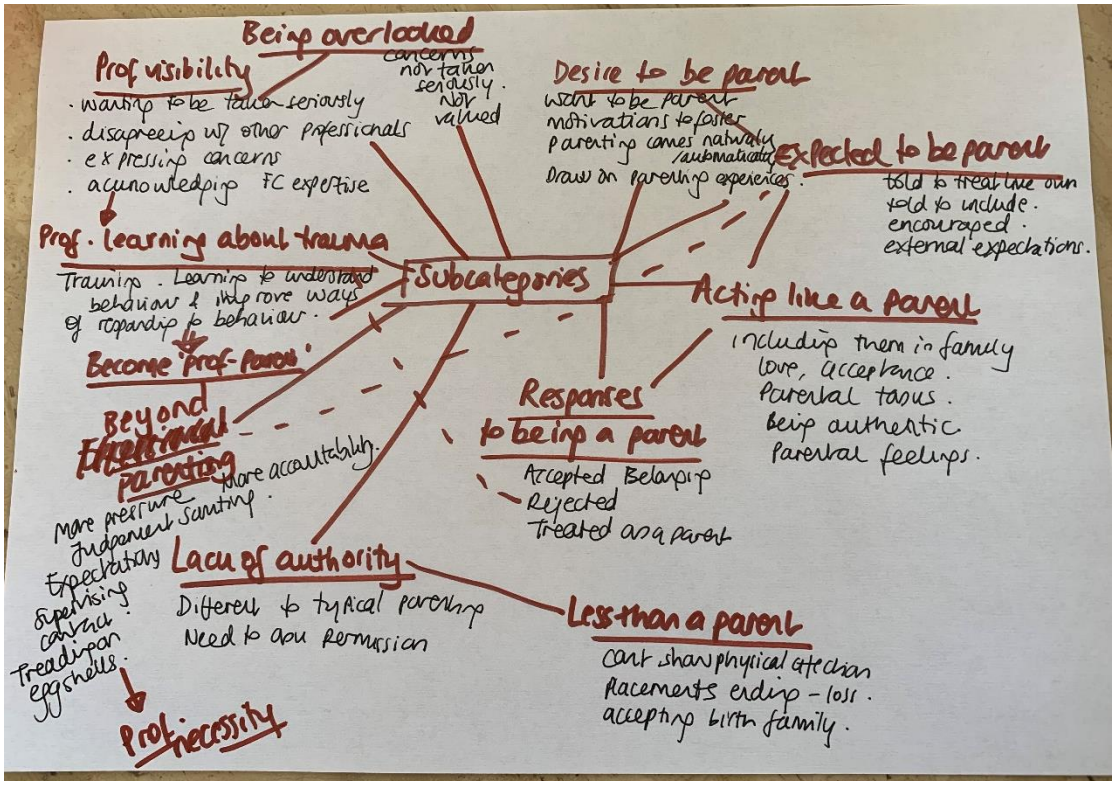
The process of selective coding involved organising focused codes into initial conceptual categories and subcategories. This was an iterative process, changing substantially throughout the analysis.

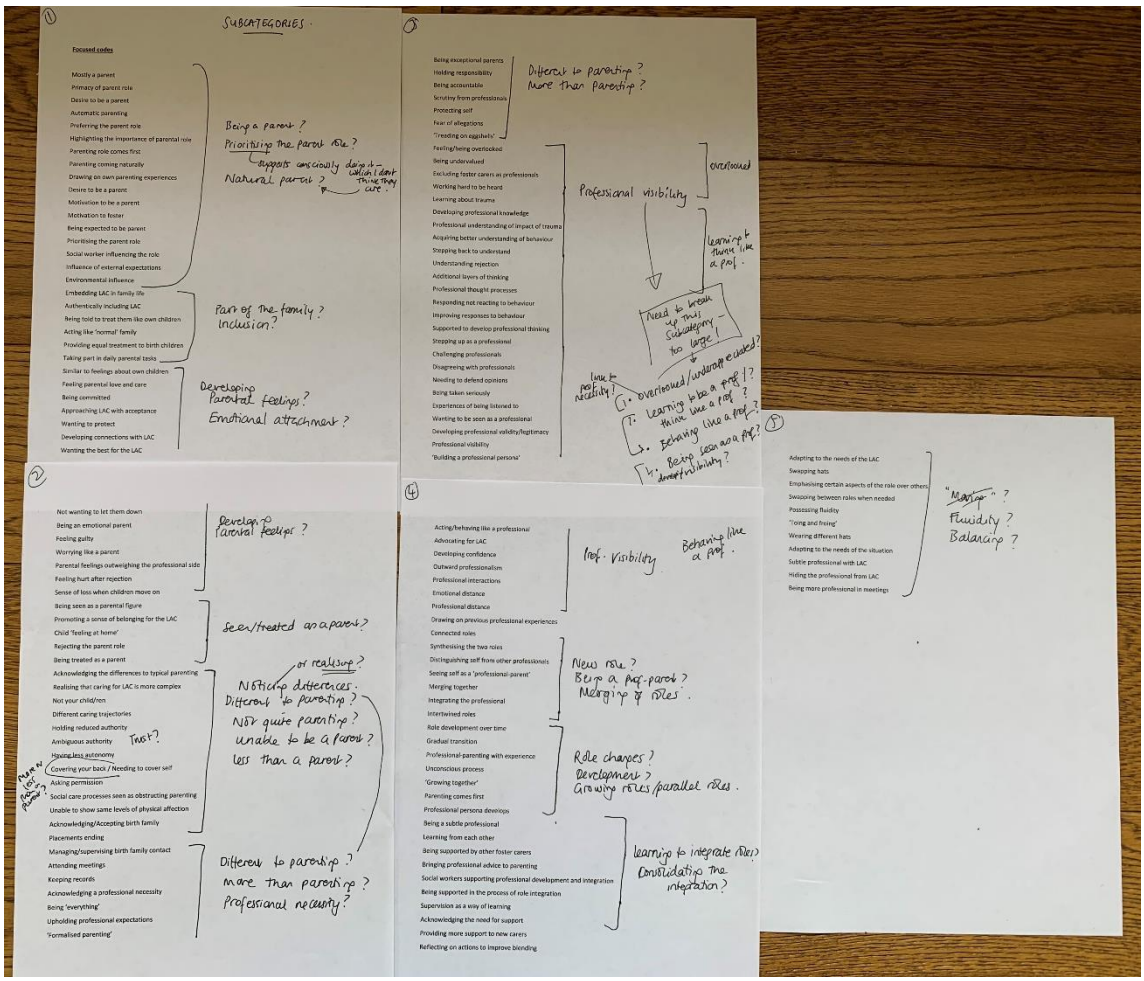
Some of the early stages of the selective coding phase are shown below with drawing and tables.



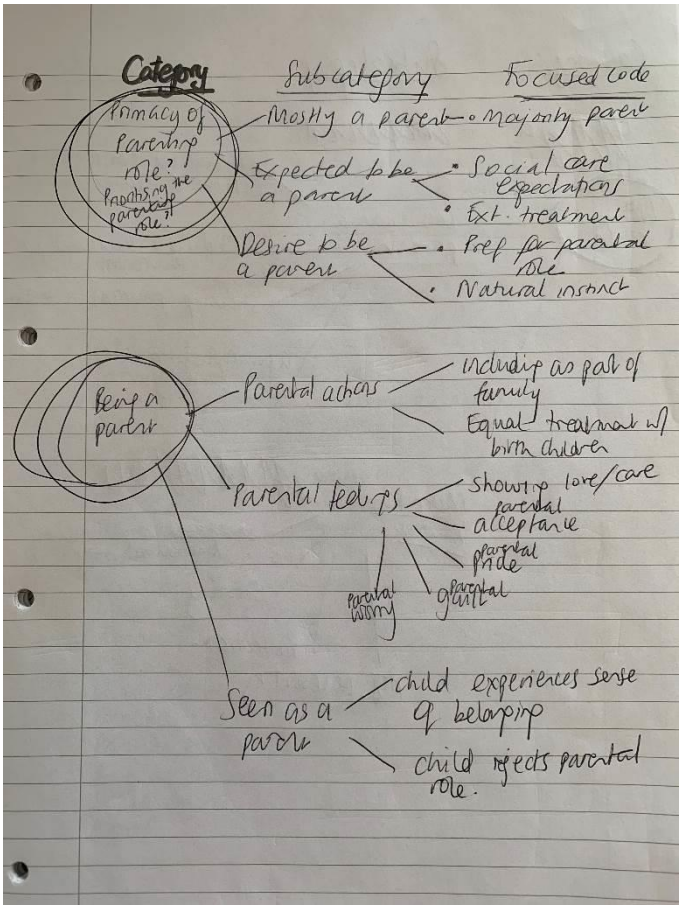
Subcategory formation development

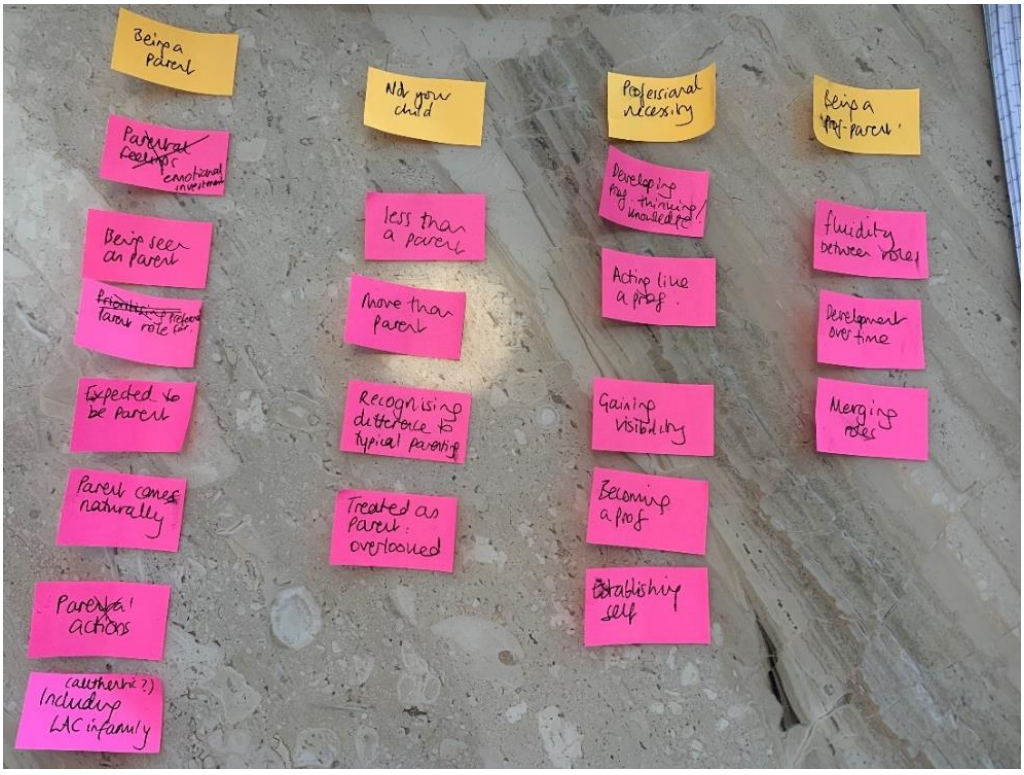


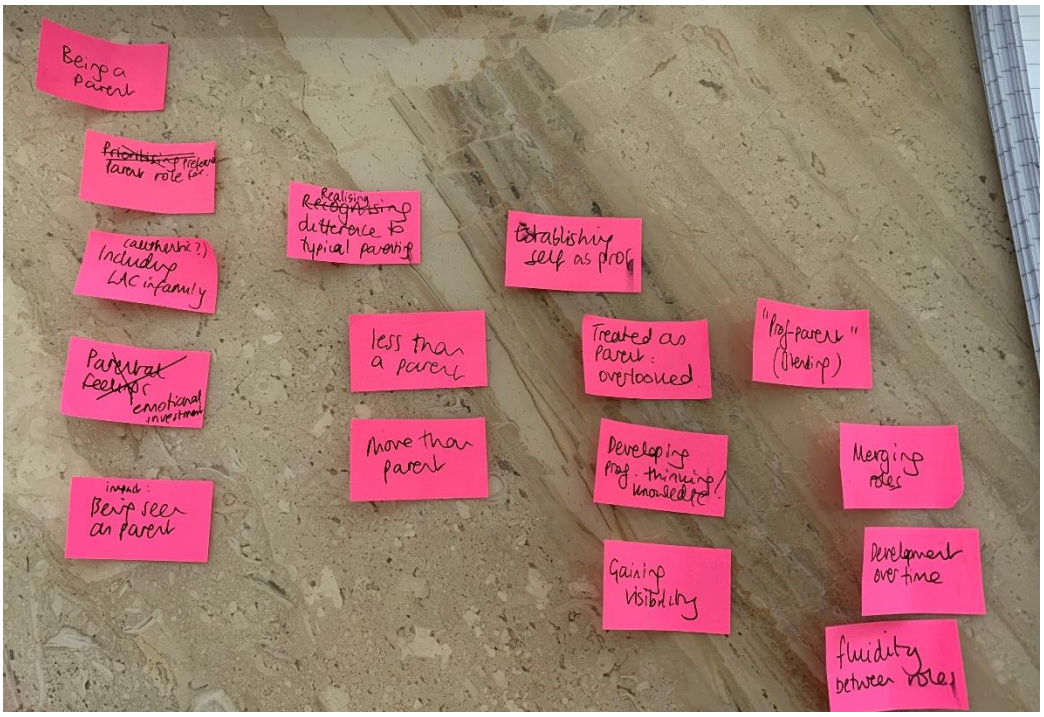

Being overlooked
concerns not taken seriously. Not valued
Prof visibility
· wanting to be taken seriously
· disagreeing w/ other professionals
· expressing concerns
· acknowledging FC expertise
Desire to be parent
want to be parent
motivations to foster
parenting comes naturally /automatically
Draw on parenting experiences.
Expected to be parent
told to treat like own
told to include.
encouraged.
external expectations.
Prof. learning about trauma
Training. Learning to understand behaviour & improve ways of responding to behaviour.
Subcategories
Acting like a parent
including them in family
love, acceptance.
Parental status.
Being authentic.
Parental feelings.
Become Prof-Parent
Beyond Emotional parenting
more accountability.
more pressure
Judgement
Sanctions.
Expectations
Responses to being a parent
Accepted
Belonging
Rejected
Treated as a parent
Lack of authority
Different to typical parenting
Need to ask permission
Expertising
Caring
Tread on eggshells.
Less than a parent
Can't show physical affection
Placements ending - loss.
accepting birth family.
Prof necessity


SUBCATEGORIES
Focused codes
Mostly a parent
Primacy of parent role
Desire to be a parent
Automatic parenting
Preferring the parent role
Highlighting the importance of parental role
Parenting role comes first
Parenting coming naturally
Drawing on own parenting experiences
Desire to be a parent
Motivation to be a parent
Motivation to foster
Being expected to be parent
Prioritising the parent role
Social worker influencing the role
Influence of external expectations
Environmental influence
Being a parent?
Prioritising the parent role?
Natural parent?
Embedding LAC in family life
Authentically including LAC
Being told to treat them like own children
Acting like 'normal' family
Providing equal treatment to birth children
Taking part in daily parental tasks
Part of the family?
Inclusion?
Similar to feelings about own children
Feeling parental love and care
Being committed
Approaching LAC with acceptance
Wanting to protect
Developing connections with LAC
Wanting the best for the LAC
Developing Parental Feelings?
Emotional attachment?
Being exceptional parents
Holding responsibility
Being accountable
Scrutiny from professionals
Protecting self
Fear of allegations
'Treading on eggshells'
Different to parenting?
More than parenting?
Feeling/being overlooked
Being undervalued
Excluding foster carers as professionals
Working hard to be heard
Learning about trauma
Developing professional knowledge
Professional understanding of impact of trauma
Acquiring better understanding of behaviour
Stepping back to understand
Understanding rejection
Additional layers of thinking
Professional thought processes
Responding not reacting to behaviour
Improving responses to behaviour
Supported to develop professional thinking
Stepping up as a professional
Challenging professionals
Disagreeing with professionals
Needing to defend opinions
Being taken seriously
Experiences of being listened to
Wanting to be seen as a professional
Developing professional validity/legitimacy
Professional visibility
'Building a professional persona'
Professional visibility
overlooked
learning to think like a Prof.
Need to break up this subcategory - too large
Not wanting to let them down
Being an emotional parent
Feeling guilty
Worrying like a parent
Parental feelings outweighing the professional side
Feeling hurt after rejection
Sense of loss when children move on
Developing Parental feelings?
Being seen as a parental figure
Promoting a sense of belonging for the LAC
Child 'feeling at home'
Rejecting the parent role
Being treated as a parent
seen/treated as a parent?
Acknowledging the differences to typical parenting
Realising that caring for LAC is more complex
Not your child/ren
Different caring trajectories
Holding reduced authority
Ambiguous authority
Having less autonomy
Covering your back / Needing to cover self
Asking permission
Social care processes seen as obstructing parenting
Unable to show some levels of physical affection
Acknowledging/Accepting birth family
Placements ending
Managing/supervising birth family contact
Attending meetings
Keeping records
Acknowledging a professional necessity
Being 'everything'
Upholding professional expectations
'Formalised parenting'
Noticing differences.
Different to parenting?
Not quite parenting?
unable to be a parent?
less than a parent?
Different to parenting?
more than parenting?
Professional necessity?
Acting/behaving like a professional
Advocating for LAC
Developing confidence
Outward professionalism
Professional interactions
Emotional distance
Professional distance
Drawing on previous professional experiences
Connected roles
Synthesising the two roles
Distinguishing self from other professionals
Seeing self as a 'professional-parent'
Merging together
Integrating the professional
Intertwined roles
Role development over time
Gradual transition
Professional-parenting with experience
Unconscious process
'Growing together'
Parenting comes first
Professional persona develops
Being a subtle professional
Learning from each other
Being supported by other foster carers
Bringing professional advice to parenting
Social workers supporting professional development and integration
Being supported in the process of role integration
Supervision as a way of learning
Acknowledging the need for support
Providing more support to new carers
Reflecting on actions to improve blending
Prof. visibility
Behaving like a Prof.
New role?
Being a Prof-parent?
Merging of roles.
Role changes?
Development?
Growing roles/parallel roles.
Learning to integrate roles?
Consolidating the integration?
Adapting to the needs of the LAC
Swapping hats
Emphasising certain aspects of the role over others
Swapping between roles when needed
Possessing fluidity
'Toing and froing'
Wearing different hats
Adapting to the needs of the situation
Subtle professional with LAC
Hiding the professional from LAC
Being more professional in meetings
"Merging"?
Fluidity?
Balancing?

Category development



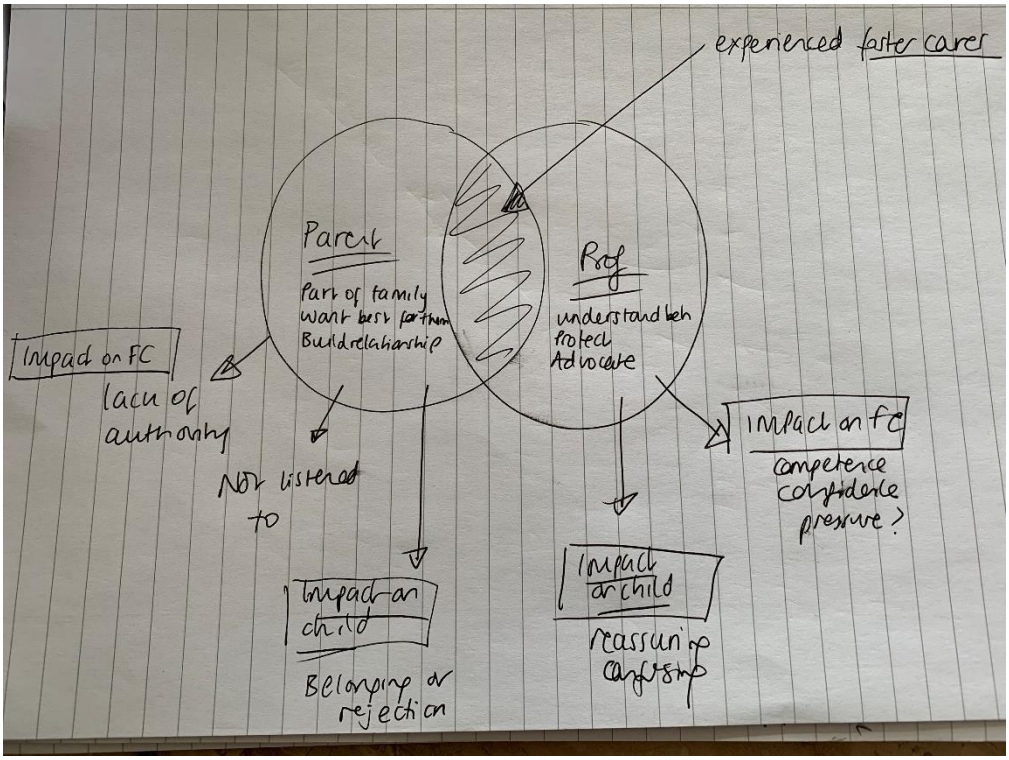



Being a parent
~~Prioritising~~ Preferred favour role etc.
(authentic?) including LAC in family
Parental ~~feelings~~ emotional investment
imposed: being seen as parent
Realising ~~Recognising~~ difference to typical parenting
less than a parent
more than parent
~~Establishing~~ self as prof
Treated as Parent: overlooked
Developing prof thinking/ knowledge
Gaining visibility
"Ref-parent" (lending)
Merging roles
Development over time
fluidity between roles

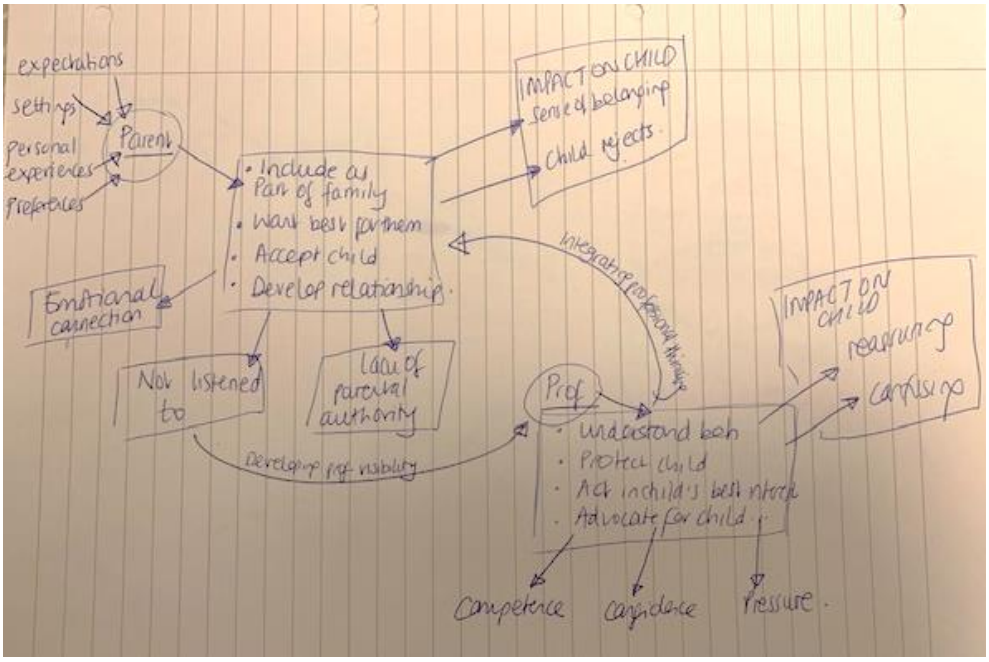
iii) Diagram/theory development

Earlier diagrams:

Static portrayal of the blended role – i.e. the experienced foster carer

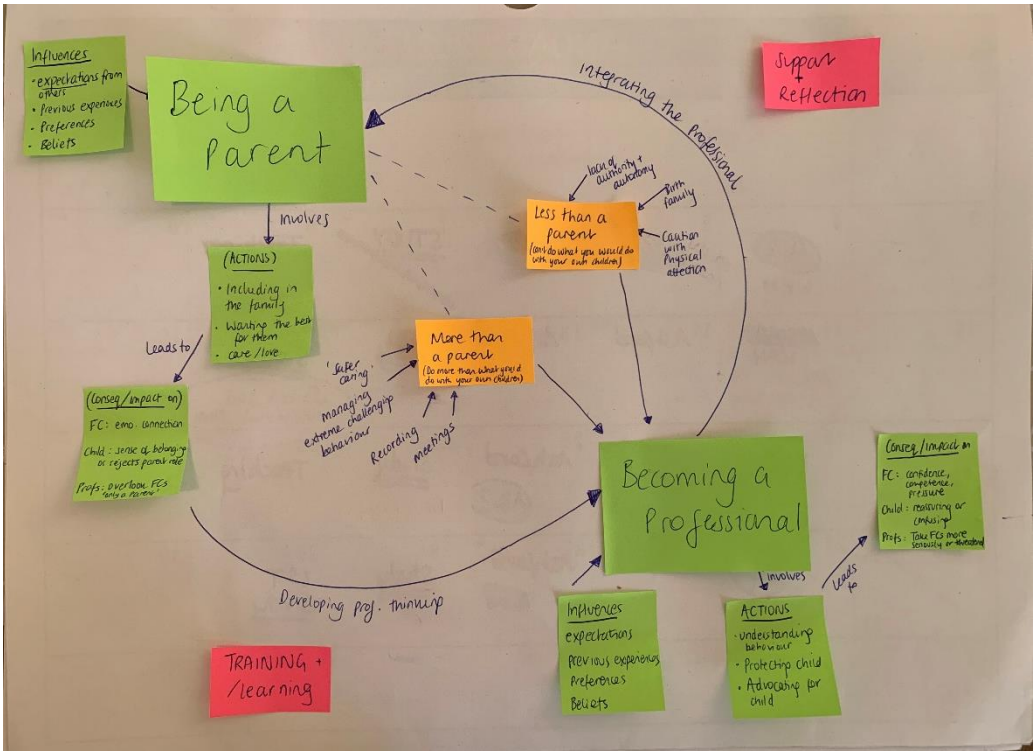


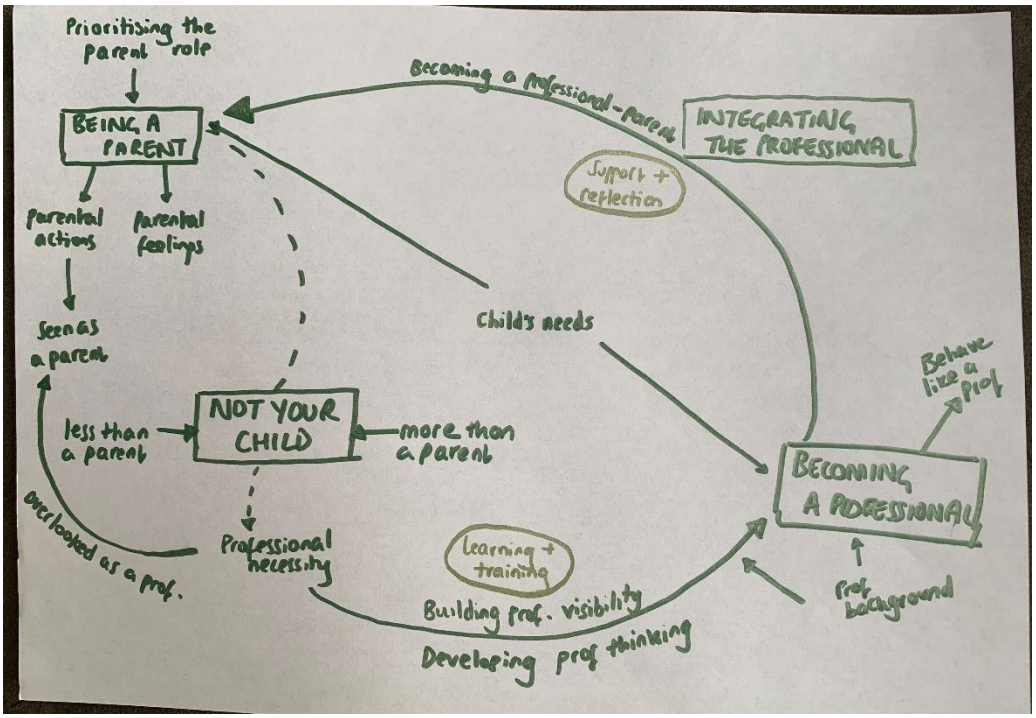
Considering the process of becoming a blended role



Later diagrams:

Theory development





Appendix Q – Categories, subcategories, focused codes and selected corresponding quotes

Category	Subcategory	Focused codes	Selection of quotes
Being a parent	*Preference for the parent role*	Mostly a parent Primacy of parent role Desire to be a parent Automatic parenting Preferring the parent role Highlighting the importance of parental role Parenting role comes first Parenting coming naturally Drawing on own parenting experiences Desire to be a parent Motivation to be a parent Motivation to	*I think we are always a parent. I think we're always a parent….the parenting role encompasses most of it, doesn't it, because we put in boundaries, I mean, we try and nurture, we try and discipline, we try and parent, all of that is included [FC; P7]* *Well, they're my children. Full stop. You come into my house, you're under 18, you're my child. [FC; P2]* *So the parent is always there…we are parents…that is our main thing, for us…I know we get paid for it…but this is what we do…we are parents to the children. [FC; P14]* *I think most foster carers don't think of it about as being a parent and a professional…I think most think about it as a parent [FC; P14]* *I always say to them, I'm not your mum, and [husband] is not your dad, but while you're here, that's how we'd like you to treat us, and us to treat you cos we're there for you [FC; P1]* *Yeah, I mean, for me I try and have it as the parent role as much as possible [FC; P1]* *I think, the role of parent comes out more, irrespective, you know, which is what I like, because to me that is fostering [FC; P1]* *but what I want to be in this house, is a mother. You don't have to be blood to be, you know, to have that relationship, if you see what I mean [FC; P3]* *Well, I much prefer to be the parent. I, I really hate having to go to all of these meetings and things [FC; P3]* *cos what they see in themselves is I am a parent…I am looking after this child…that is my role…to care*

		foster Being expected to be parent Prioritising the parent role Social worker influencing the role Influence of external expectations Environmental influence on role	*and nurture and love [SP/SSW; P11]* *So, the parenting side of it is your instinct side I think… [FC; P1]* *I think we just naturally just take on the parenting role. But that's the natural part of the job to us [FC; P5]* *So yeah I would say that the caring side of things is what generally comes naturally, the parent side…the want to provide a loving home for a child [SSW; P9]* *and that parental feeling of almost feeling that I've got to do everything that I can to protect this child from every feeling these feelings again…it's that motherly instinct…or that fatherly instinct…it kicks in. And it almost surrounds that child or those children immediately [OW; P10]* *I would say, sort with the foster carers I supported, that would be a normal thing you would see. It was more a parent role than a I'm your foster carer role… I never had any carers that I can recall that were very much I am your foster carer, no….it was very much a parent role [SSW; P8]* *I say the normal things, but the things you'd expect of someone caring for a child…So yeah, it's…from my perspective, it's basically what you would do for your own children [SSW; P8]* *she has taken the children into her home and she is very much wanting to treat them as her own children. And we do encourage foster carers to do that [SSW; P9]* *So we do advocate to carers that…the expectation is for a foster carer to treat that child as their own… [OW; P10]* *My expectation of my carers is that they would treat them the same way as they would treat their own children [SWW/SP; P11]* *most of the time, you want them to think of you as the parent [FC; P1]*

	Authentically including LAC in the family	Embedding LAC in family life Authentically including LAC Being told to treat them like own children Acting like 'normal' family Providing equal treatment to birth children Taking part in daily parental tasks	*So, it doesn't matter…they are just part of our family. And the few of them that have left, they still keep in contact [FC; P1]* *We were family, we're not a bed and breakfast…Our approach was, er, you are a family member, we're looking after each other [FC; P2]* *Because we want her to feel like a normal kid in a normal home with a normal life…[FC; P4]* *you live in a family home, so you are trying to treat them like your kid…we still try and make it to be like a normal family [FC; P4]* *… they are just totally immersed in the family, they are not treated any differently [FC; P5]* *our main aim is to try and treat them like our family, join them in [FC; P6]* *the reviewing officer said no, let her sit on your lap, let him sit on your lap, so we can, you know, cos we're told to treat them, as much as we can, as family [FC; P6]* *Whether it's right or wrong, to me, I kiss my grandchildren, I kiss everyone goodbye so it's a normal thing for me to do, and if I am supposed to treat them like my family, then that's what I will do [FC; P6]* *I sort of say, you know, we're just an ordinary family living an ordinary family life but we've got kids that are a bit more interesting than other people, you know [FC; P6]* *but we tried to get him to understand that he was…whatever had happened in the past, he was now part of this family. He didn't have the same surname as us but as far as we were concerned he was family [FC; P7]* *very inclusive…they are part of the family and they are treated as part of the family [SSW; P8]* *probably the fundamental thing about foster caring is to…(pause) embed that child into your family… [outreach worker; P10]*

			and they have bought him into the home and they have absolutely smothered him in love and affection in every way they can…the way they parented their own children. And this little boy now is regarded as the little brother…end of [OW; P10] *And I do have a lot of my children…they are long term…who do call them mum and dad, you know. Who will go to school and say oh mum is collecting me later [SP/SSW; P11]* *He was age 5 when he came to us, so for us it feels as though he is our son [FC; P14]* *so she's definitely part of the family …cos we are treating her like family and we love her…[FC; P15]* *Because I am not ready to have (pause) you know, to lead a life for a foster child guided by social worker, and then a different life with my own children, that is just completely impossible [FC; P2]* *all the kids that come into our house are treated like members of the family, you know…we have a really strong sort of family relationship with people coming and going, different children and grandchildren and these children are just included in that… [FC; P5]* *And apparently, she says I am going to walk her down the aisle in some point in the future, um, so yeah, they are just totally immersed in that, they are not treated any differently [FC; P5]* *we do our upmost to treat them the same as the (grand)children [FC; P6]* *If you had gone into the homes not knowing that they were looked-after children, and they had birth children as well, I wouldn't have noticed any difference in their approach at all [FC; P8]* *The normal things…I say the normal things, but the things you'd expect of someone caring for a child…So yeah, it's…from my perspective, it's basically what you would do for your own children, it's an all-round caring role [SSW; P8]* *they need to be provided with the same things…the same standard as the other children…so that level of care is on a par with their own children [SSW/SP; P9]*

			the affection you would show your own children needs to be replicated towards the foster children [SSW/SP; P9] *And I am thinking about a scenario about a carer who had looked-after a young person for over five years, so they have come to almost think of him as their own son…and when social workers would go and visit, you know, he fitted in with the family, you wouldn't doubt that that wasn't their teenage son [SSW/SP; P12]*
	Being emotionally invested	Similar to feelings about own children Feeling parental love and care Being committed Approaching LAC with acceptance Wanting to protect Developing connections with LAC Wanting the best for the LAC Not wanting to let them down Being an emotional parent Feeling guilty	*Cos I am not letting this kid down…the parent inside of me, no he's getting a Nintendo switch, I don't care how he is getting it, he's getting his Nintendo switch… [FC; P1]* *We had destructions, theft, we had, but we love him… This one, behaviour wise, is the most extreme. It's also the one who we love the most (laughs) [FC; P2]* *But yeah he came to us for, for, a bit of respite, and we, we, utterly fell in love with each other [FC; P2]* *It's [fostering] something you are ready to do in your heart and your soul…If you are not generous enough to take somebody's entire universe on board, without any wish or desire to change them, but to accept it as it comes…you are doomed. [FC; P2]* *If you accept a placement, you need to happily take the worst, and the best, from that placement. [FC; P2]* *We won't be able, our heart will still be full of [foster child 6 name], we won't be able to give somebody [foster child 6 name]'s room straight away. It's not going to happen [FC; P2]* *I suppose I wanted to find a connection. I really wanted a, that connection and, no matter how nice, how kind, how good, it doesn't make any difference [FC; P4]* *Because everything you do is all centred around the kid. And she comes first. No matter how horrible, no matter how hard, she comes first… we don't want to give up on her. And push her from pillar to post to someone else [FC; P4]*

		Worrying like a parent Parental feelings outweighing the professional side Feeling hurt after rejection Sense of loss when children move on	*It's been hard. It's been really hard for me… The rejection, you know, it's been awful… You know it's just rejection for me… Intense rejection all the time… because all we have been is nice, normal, kind and caring and you get slapped in the face for it [FC; P4]* *Because it has put us through hell and back and my nerves have been in absolute shreds. It's affected my mental health [FC; P4]* *It's horrible. Especially when she is nice to my other half and not nice to me. What's my other half doing, what am I doing wrong? [FC; P4]* *unconditional acceptance, total unconditional acceptance, is what a child has got to have, if possible [FC; P7]* *you've really got to find a way to be able to accept them, and this is what they are like and finding a way of dealing with it [FC; P7]* *cos you know, …We made that commitment to him…That commitment hasn't stopped [FC; P7]* *but I love [child 3], I love her, I can honestly tell you that I love her as much as I loved any of my birth children. [FC; P7]* *But I cared, well you know I still do, I care really deeply and I want a good outcome for him [FC; P7]* *You do want them to be able to show love and affection and empathy. [SSW; P9]* *and that parental feeling of almost feeling that I've got to do everything that I can to protect this child from every feelings these feelings again…it's that motherly instinct…or that fatherly instant…it kicks in. And it almost surrounds that child or those children immediately [Outreach worker; P10]* *You know, all these challenges, it can be heart breaking cos all they want to do is love this child…protect this child…and all that child wants to do is go away [Outreach worker; P10]* *Being interested in the child and wanting to know…wanting the child to just be able to be the best that*

			they can be. [SSW/SP; P11] *But I do think that that love, that nurture, that care that all children need, you know. And to feel passionately about them, you know. [SP/SSW; P11]* *Well that love and that caring…that nurturing, you know. Not the hands-off approach, you know… [SP/SSW; P11]* *Having that…having those high aspirations that you would for your own children [SSW/SP; P11]* *that really hurt the foster carers and they talked about how it was a real dig in the heart [SP/SSW; P12]* *And then ones that they do become more attached to, is obviously when they go…I would say that has got to be the hardest thing…[SSW; P8]* *well we care for her so much, we care about her future…and we want the best for her [FC; P15]* *I went to the parent show at Christmas. And all he done was a three-minute sketch with his class, but I was crying [FC; P1]* *Which as a parent, its silly little things, as a parent, that you're proud of [FC; P1]* *Yeah and I think if you've had the parenting side with it with the young people, when they go it continues [FC; P1]* *when they move on it must be tough, it's a bit like your own birth children, yes it is tough when they move on…And I think then you still feel that you're sort of the parenting side of things continues [FC; P1]* *You know…little Jonny has been a nightmare for god knows how long and then all of a sudden comes home with star child of the week from school. I know that impacts on them…it's down to them…they've dealt with the tantrums…sat up all night talking to them…the reassurance…the…you can do this, you've got this, constantly…and then he gets star of the week…wow…all that was worth it. Cos he's achieved that. So I think there's a great sense of pride, with any foster carer [Outreach worker; P10]*

			she wasn't telling other professionals what was really going on in the house because she was feeling…I suppose then, in her parenting role, as lots of parents do, you feel guilty if you have an unruly child…you feel like it's your fault [SSW; P9] *she started to feel inadequate…that as a parent she wasn't able to address the child's behaviour or able to help the child more [SSW; P9]* *And when she left her, she was homeless for a long time, and the carer found out that she was homeless and she actually went out looking for her on the streets of [location], never found her. She never stopped worrying about her and what had happened to her, you know… It's similar to how a parent might worry about a child [SSW; P8]* *And I get that I probably will be um bruised in this, and I have been bruised, I have been bruised, there have been a number of times when I have been very bruised [FC; P7]*
	Impact of parental role: seen as a parent	Being seen as a parental figure Promoting a sense of belonging for the LAC Child 'feeling at home' Rejecting the parent role Being treated as a parent	*And yeah, it seemed as if something happened in that moment, as if, oh you're there for me, as a parent [FC; P1]* *Like it's their room, rather than a foster room, if you see what I mean, yeah…Yeah, cos I want them to feel at home [FC; P3]* *And he had been with us for quite some while. And then one day, he shouted, and I said, [child's name] you're home and that was it… all of a sudden, you know, he's actually been able to, yeah, open and up and be able to shout [FC; P3]* *The only way it worked for him, and I think this is true for all children or the majority of children is, they have to feel they belong, and they have to feel completely embedded in the family, and I know it takes time I'm not saying that happens overnight obviously, but to make a difference to a child's life, you have to ensure that they feel they are a real part of the family and this is where they belong [FC; P7]* *they have to feel they belong, and they have to feel completely embedded in the family…you have to ensure that they feel they are a real part of the family and this is where they belong…I want them to be*

			totally embraced by the family [FC; P7] *And I really passionately believe that unless a child feels secure and belonging, then there's no where to go for them, they, you have to have that as a firm base for everything [FC; P7]* *Well I don't think a child can first of all how can they ever start to heal whatever trauma they have had unless they start to feel that they are settled and belong [FC; P7]* *it can be very good and inclusive for them…it can be good in that aspect because they feel part of something…part of that family [SSW; P8]* *But to him now, they are his parents…So you know, that was a great connection as well. And you know, he even used to talk to them about them helping him buy his first car (laughs). But do you know what I mean, to him they were his parents, or they are his parents. [SSW; P8]* *These children don't have that…that is the biggest thing I would say with foster caring. So that the child feels loved, feels wanted, feels part of something…when you are in care and you go and live with a family…it gives that child that opportunity to feel that. And that is probably the biggest thing about foster caring [outreach worker; P10]* *I talk to my carers quite a lot about how you need to be talking about the future…Talk about things that are going to be going on in your lives that are future-based so that children then get the message that you know, they are talking about Christmas…I am still going to be here. We are talking about my birthday, which is in six months time, but you know, to give them that sense of belonging [SP/SSW; P11]* *Sometimes the child won't let you [be a parent]…if a child doesn't want to get close to you [FC; P1]* *you live in a family home, so you are trying to treat them like your kid but they don't want to be your kid [FC; P4]* *Some of them, like our one, doesn't want all the love and kindness that we've got to give. She doesn't want it [FC; P4]*

			The very thing that I want to be and want to do is the very thing she don't like [FC; P4] *So it's just really, it's so hard, cos we're just having to basically keep a roof over her head and make sure she's sort of, you know, get her everything she needs, and just sort of caring from a distance, cos you can't parent her. You can't parent her. [FC; P4]* *you're just getting rejection all the time… you're having to do everything at a distance [FC; P4]* *she'll pull right away, she shrinks away from you. You can't even get near here or anything [FC; P4]* *Um, to some extent it is a new experience to her. I don't think these children understand what a parent is… So um, it takes a while for them to actually get used to it and to be able to allow themselves to accept it, to feel worthy of having it, um, and to take it on as being the sort of new normal in their lives. Um, yeah. I think it takes them a while and, you know, for them to actually, to use a training word, to actually attach with their carers, is a long process. [FC; P5]* *[Child 1]…he would not be parented… we'd never been able to parent him really [FC; P7]* *that can be detrimental because they don't…they know it is not their family and they don't want to be part of that family, so they can reject them and say you're not my mum…you know, you're not my mum, you're not my dad [SSW; P8]* *…but he may be feel uncomfortable about that. He may not want to fit in with their family. He may be missing his own family and thinking well I want to have a family night with my family and not with your family [SSW; P9]* *I guess the challenge comes when they get a child who is traumatised and rejects their approached and the love and care they want to provide that child, and the child is not used to that. They don't want the hugs, they don't react like your own children do [SSW; P9]* *Cos a lot of children, when they come into care, they don't know what it is…it's almost alien to them…so every time they try and you know give the child a hug or try and reassure them…they reject constantly. [SSW; P9]*

			they may reject them and they may kick and scream and swear at them. [SSW; P9] *Cos a lot of children, when they come into care, they don't know what it is…it's almost alien to them…so every time they try and you know give the child a hug or try and reassure them…they reject constantly. [Outreach worker; P10]* *then they can sometimes really push back against the carers with that…so it might not even be said but their view is you're not my parent, I've got a mum and dad or I've got a mum…so it depends I think sometimes on how those children come into care, and I guess what role they have taken at home [SP/SSW; P12]* *these children could decide that they don't want to be there, that they could vote with their feet and make those decisions that they don't want to return to the placement and that they want to be with family [SP/SSW; P12]* *…But most of the time, I would say, especially the schools, it is you are seen and treated as the parent [FC; P1]* *It depends on who is leading the meeting as to how they are treated…. But it also depends on the training that is given to professionals on the importance of the foster carer role. They often see them as this parent…[SP/SSW; P11]*
Realisation of difference: 'Not your child'	*Less than a parent*	Acknowledging the differences to typical parenting Realising that caring for LAC is more complex Not your child/ren	*it is like an Amazon delivery isn't it, not a piece of furniture that you have thought through and totally put together and worked on, it's not a labour of love [FC; P2]* *When you are parent and give birth to your child and you grow with your child don't you? And your child grows with you. Well, foster children and foster carers don't have that privilege don't they, do they? [FC; P2]* *And then obviously, the social worker has to come along and visit um, and make sure everything is fine, and um, it's a kind of, interference, it kind of breaks it up, it kind of cracks the family and then, it is only for, you know, maybe half an hour or whatever, maybe a bit longer, it's not for long… But yeah, it just*

		Different caring trajectories Holding reduced authority Ambiguous authority Having less autonomy Needing to cover self Asking permission Social care processes seen as obstructing parenting Unable to show same levels of physical affection Acknowledging /Accepting birth family Placements ending	*kind of, yeah, kind of, cracks the yeah, the environment [FC; P3]* *but you realise, you've got to realise, it's not just like bringing up your own children. And I think that is because you've not had them from birth and brought them up [FC; P5]* *We know that we are not their mum and dad, we are treating them as parents would, but we are not their mum and dad. [FC; P5]* *so we were trying to bring them up as our own kids and to our values but we've got to accept that the children we are getting have got their own values and their own things and you know, they've got the genes of their parents… and you know, sometimes we feel frustrated, but we think well yeah but you know, these aren't our own children and they may have different values and this may just be built into their psyche, that you know, whatever and however well we do this, we are not going to affect that you know. [FC; P5]* *You know, they are not your own children so it's different.[SSW; P8]* *Yeah, because it's not like parenting your own children. While I expect them to treat them like they would their own birth children it is not like parenting your own children. There are more layers to it and to our young people than birth children… A looked-after child, when they walk through the door, you haven't got a clue. Carers are perpetually looking for little clues…it's not instinctive until you really get to know them. [SP/SSW; P11]* *I'll get a call and I'll think, ah, it's probably, yes, probably did the role of a foster carer stroke parent, and then, you will probably have designated authority to do something and then you do it, and then you get an email, oh I would rather you hadn't have done that without telling me…well hang on a minute, it was half past eight at night, they've asked me to sign the form whilst I'm at the school, I've got the designated authority to do that… And while I was signing the form, I was actually emailing you and telling you I was doing it…[FC; P1]* *if its borderline designated authority stuff, then I'll, I will say to the person, well hang on a minute, I need to check this through with the child's social worker [FC; P1]*

			I will always follow it up with an email to say look we've had this conversation this morning, am I right in thinking I am ok to do this, or am I right in thinking you would like this done…So there's always a paper trail of things as well [FC; P1] *I always make sure I cover myself, so I, the day I spoke to the school about this, I made sure in my log book, or in my log, that it stated that, but I also did an email to say I have spoken to the school about this…[FC; P1]* *and its making sure that the young person, when they ask you something, if it's something you can't make a decision on, you need to make it clear to them that you are not not making the decision cos you don't want to…That you need to check it out before you do…Which I find quite hard, cos I feel like I'm not being spontaneous with them…[FC; P1]* *as a parent… you'd discuss it with your partner, your husband, or whoever, and come to a decision, about what, yeah, they can do that, but then with looked-after children you've got to ask social worker and they'll come in with reasons why they can't or why they shouldn't [FC; P1]* *…I would probably still say to the social worker, I'm taking them to see this film, or I'd like to take them to see this film, is it ok? [FC; P1]* *I am very limited in the decisions I can take on my own regarding the foster children. Whatever I think is best for them, I will have to run it past a social worker of some kind. When I don't have to do that with my children [FC; P2]* *you're not completely autonomous in the way you care for them. [FC; P5]* *So it is different. So although you are supposed to treat them like your family and everything, it is different really. It is different, because it's like, my grandson his mum would probably let him watch Fornite when he is 12/13 or whatever, but I can't let him do that [FC; P6]* *when we took [child 1] to [country] we needed a letter, like from the council agreeing to take him out of the country [FC; P6]*

			So they don't have parental responsibility. So that's still maintained by the local authority and shared with the parents …I guess it can be quite confusing in some ways, because like I say, they don't have parental responsibility, but they are doing everything for that child while they are placed with them [SP/SSW; P12] *But whereas they can make those decisions independently for their own children, for looked-after children we are kind of saying well actually they should go back to school…with their own children they can make that decision…but with looked-after children it is a blanket no, you cannot take them out of school. So I do think we put our carers in quite difficult positions at times…between that, you know, treat them as your own and do with them like you would do with your own…but actually no you can't do that in this situation. [SP/SSW; P12]* *Cos we have delegated authority, there are things we can just do, cos of that, but there are also things we can't do. So on one hand you are the parent, you are looking after this child, but you are only looking after them to a certain extent…you can't go beyond that. So I think that is sometimes very difficult to work with. [FC; P14]* *but I couldn't do that, I wasn't allowed to do it. So you do get this bit where you are a parent but you are not a parent…and that was very difficult [FC; P14]* *I mean particularly with me being male and her being a girl, I was very careful for quite a period of time, on showing physical affection to her. Um, and I waited for her to come up to me and I sort of, I'm always careful about, if I give her a hug, how I give her a hug, sort of come in sideways (laughs). You know, it's ridiculous but… it's understandable and it's something you have to do. [FC; P5]* *so I sit right down on the end of the bed, I won't sit next to her, um, we do the story. She likes to have a hug from me, just before she goes to sleep, but again, it's carefully done [FC; P5]* *But also, we have to be careful because of allegations…with my grandchildren I put my arms around them and hug them and everything, but with them I ask them, can I put my arms around you, can I kiss your forehead…I said can I give you a cuddle because I am so proud of you and he went if you want (laughs). You know, it's things like that, you have to think and be mindful… [FC; P6]*

			the affection you would show your own children needs to be replicated towards the foster children…But…again, you need to actually acknowledge…well I suppose that would be where a difference might occur…because it depends on how much affection the foster child wants. Lots of carers want to smother the children and give them hugs and some children just can't cope with that. So yeah. There's often subtle differences. [SSW; P9] *if a carer's own child is unsettled they may stay in bed with them at night but with a looked-after child I'd probably advise the foster carer for the child to be on the bed and they lie on the floor…or something like that, so you haven't got as much close physical contact [SP/SSW; P12]* *Yeah, yeah, so even though he's been with me for nearly half his life… And actually he was in another, he was with someone else before me as well… So it's not like he's spent much time at all with mum… It's strange isn't it… And I've learned, it's a really strange concept, no matter what, mum is mum. No matter what. [FC; P3]* *Yeah, we've grown to accept that obviously, and it should be that way, that the birth family will always be number one to the children. You can never ever replace the birth family and you shouldn't try to [FC; P5]* *[Child's name] has pictures of her birth family and her step father up on the wall in the bedroom, and her brother, um, and we talk quite openly about them and, you know, we always do our best to maintain contact with them. [FC; P5]* *So we have, responsibility is to their birth family as well, with things like contact and all the rest of it [FC; P5]]*
	More than a parent	Managing/supervising birth family contact Attending meetings Keeping records	*I think the professional side is always there, and, you always have to be mindful that it is a professional role [FC; P1]* *Well I think we are also acting professionally all the time [FC; P5]* *So I suppose, there has to be a professional side…there has to be a professional side in some of the care that the kids need. [FC; P5]*

		Acknowledging a professional necessity Being 'everything' Upholding professional expectations 'Formalised parenting' Being exceptional parents Holding responsibility Being accountable Scrutiny from professionals Protecting self Fear of allegations 'Treading on eggshells'	*…It's pretty much flat packed with no instructions. Loving that piece of furniture is great. But if you haven't got a clue of how to put it together and what tools to use to put it together, you're doomed [FC; P2]* *And I guess it is hard cos we are also always expecting them to be professional…[SP/SSW; P12]* *So yeah, foster carers need to be…I don't know… exceptional parents in a way [SSW; P9]* *But my background, in my head, will be a very solid professional… [FC; P2]* *And it might be that the parenting turns majority, but the professional is not far…But I will always be a professional. [FC; P2]* *So just being the mummy doesn't quite work…that's when the professional kicks in [FC; P2]* *Being a parent is not enough [FC; P2]* *… Um, you can sort of love 'em and nurture them as much as you want, but at the end of the day, they are still looked after children, you know? [FC; P5]* *it's sort of the parenting we did with our own children but you know, maybe formalised because of the, because of the fact that we've had physical training on it, rather than doing it by the seat of your pants as a parent (laughs). [FC; P5]* *This record keeping… it's not the sort of thing you would do as a normal parent with your birth children. [FC; P1]* *You know, so, yeah, it's just, that's the thing isn't it, not wanting to make a mistake [FC; P2]* *so that's why I say you can't relax, cos you know, you've got to think of every last thing that you say and do so you are on egg shells all the time…you are making sure, you don't want to put a foot wrong and you don't want to get in trouble so [FC; P4]*

			And then of course, you're having to watch everything you do because of the allegation lark. [FC; P4] *So you try and do your absolute best by your kid, and by your best by social services and the best by ourselves…And you can't, it's not right, it's still not enough, what more can I do, what more can I do. [FC; P4]* *but we have responsibilities because they are not our kids at the end of the day you know [FC; P5]* *obviously children that have come into the care system are living with professional people, in the sense that there are rules and regulations that foster carers have to abide by…they are there to protect not only the child but also themselves. [Outreach worker; P10]* *you do worry because they are not your children [FC; P6]* *I work 24 hours, 7 days a week. In my home. And at all times I am responsible for those children. [FC; P7]* *But, you always have to remember that you have to monitor and record things as well, so that's always sort of lurking in the background… You have to record and monitor everything. [FC; P5]* *But there has to be slight differences doesn't there, because they are accountable to parents, they accountable to social care, they are accountable to so many different people, you know. [SP/SSW; P11]* *But in terms of day to day, I mean, when children are placed with them, then day to day, they are taking on the responsibility for everything for that child. In terms of, you know, liaising with school, other health professionals… [SP/SSW; P12]* *well everybody fosters in different ways. And I have been criticised by people for the way that I foster [FC; P7]* *Now, I've had, well when I say criticised, no one has ever sort of said oh you're doing it wrong, this isn't the way to do it, they don't do that, they wouldn't do that. But you can tell that there are social workers that don't like my style. [FC; P7]*

			But obviously they are not your child and you will have professionals coming into your house, you will have reviews for them, er, and you are scrutinised, really [SSW; P8] *It's like living in a goldfish bowl when you're a carer…cos you have got everyone watching you…everyone. And carers do feel that everyone is judging them on their success. [SP/SSW; P11]* *this whole other network of professionals watching you and observing you and asking about what you are doing in your practice, and kind of poking here there and everywhere. So they might be brilliant at the day to day care of the children, but then we are asking them to sit in a meeting with 20 people and talk about what they are doing with the child, and it's quite scary really… [SP/SSW; P12]* *I suppose at first it does feel a bit like you are looking after the child but someone is telling you oh well you're not doing that right, you know. [FC; P14]* *And then you have these other people coming in telling you what you should or shouldn't do…and I think it was quite difficult to get used to [FC; P14]* *…I need to be able to talk to social workers and say the right things and not say the wrong things…[FC; P14]* *I think in the beginning I felt I was on show, when social workers would come round. I had one who I felt was always looking for something to tell him I wasn't doing it right. But it's just things like that…in the beginning I did feel like they were checking up on everything we did. Which now I can see that that is probably a good thing because obviously you are looking after this vulnerable child …but it is very intimidating…you don't know what you can say [FC; P14]* *But my background, in my head, will be a very solid professional…Because I need to make sure I protect my family [FC; P2]* *you've got to keep them safe, but it's like, they are not my children and I think you've got that in the back of your mind if anything…it's like wrapping them up in cotton wool, although you can't do that, it is something that I feel I want to do [FC; P6]*

			Yeah, actually, with safe caring, there has got to be. You know, safe caring for the whole household, for them and also for the child. That professional part does have to come across because it's not like the same as you would go in and bath your own children…You know, things like having doors open…you might have your own children back from school and they might shut the doors, and you wouldn't necessarily think anything of it but yeah, with looked-after children that wouldn't be approrpiate. [SSW; P8] *It's like, even in the summer, when it was hot obviously, you know, it was, you got to put a dressing gown on, but obviously if it was just my grandchildren I wouldn't have my dressing gown on, I'd just have my night shirt [FC; P6]* *…it's drummed into foster carers about safer care, about not leaving themselves open to perhaps allegations such as a carer touched me inappropriately, or they did this…So you would have to parent them in very different ways to ensure that safer care and ultimately to protect the child and the carer. [SP/SSW; P12]* *I think what would come naturally, you almost need to stop yourself and think well ok, they are a looked-after child, I can't do that, what's the next best thing that I can do to keep them safe and to help them through this. But it wouldn't be the same as what you would do for your own children [SP/SSW; P12]* *And then contact as well, depending on how often the child would have contact with birth parents…they would obviously be responsible for generally taking the child, sometimes it will be waiting there…it depends on the individual circumstance, but at the moment a lot of the contact is taking place virtually so again it is a lot of responsibility on our carers to have that contact in their own home. And although it is still managed by the contact team who might supervise it, that foster carer still has to be around to support the child if the become upset or distressed, or help them to be focused if they are running around not really engaged. [SP/SSW; P12]* *But we also expect the foster carer to be able, in some instances, to liaise directly with the parent…they might have the foster carers number and they might be making contact arrangements between the two of them rather than involving the social worker as well. So the foster carer takes on a very professional role there, because they're having to be mindful of keeping to the agreement of how often the child can*

			see the parent or have the contact with the parent.[SSW; P9] *But I guess during lockdown, it's come more into the carer's home because we've had like video calls…so to keep that professional side, they have been having to be mindful of using a specific room in the house and having boundaries around what they are happy with, what they are comfortable with the birth family seeing of their home. And foster carers have had to be supervising those too. So sometimes a carer might have to stop a telephone call if the the parent…so I suppose one example is the dad was talking to the child quite inappropriately, so the carer then had to stop the call…so the foster carer had to act professionally then to say that the dad wasn't being appropriate as he was starting to talk about when the child would be coming home but there were no plans for the child to be going home… So the foster carer had to put boundaries in place and say no this is not appropriate, I am ending the call now [SSW; P9]* *She had a phone call with her birth parents and it didn't go too well and that is when I was kind of like, well as a professional, I don't think she should be spoken to like that so I cut it off….Cos as a professional I'm like she needs that but she shouldn't have to be spoken to the way she was spoken to…that shouldn't have been happening in that conversation. [FC; P15]* *well with the phone calls I am being more professional than parent cos I am sitting there and making sure the call is going well [FC; P15]* *So some things, yeah we are doing things, like all meetings, college, education, everything to do with health [FC; P4]* *Network meetings, conference things. Yeah we have to do a lot of those kinds of things… [FC; P4]* *Oh and the amount, the sheer amount, they say to you the first year is the hardest, the sheer amount of meetings…it's full on [FC; P4]* *you've always got a meeting coming up with their social worker, or we've got our meeting coming up with our social worker, or there's a PEP meeting or a IRO meeting, or a LAC meeting, you know [FC; P5]* *the slightly unnatural part maybe is the more formal side. Um, you know, sort of, all the paperwork and*

			all the meetings that go on with it. [FC; P5] *I mean there are obviously different meetings, there are PEP meetings where it is all about the schooling and all that side of things, looked-after-child meetings which are about generally everything, health and wellbeing and all the rest of it, um, IRO is obviously the independent reviewing officer, so that's someone from outside over looking everything. So yes, you have to deal with all of these professionals, you have to give them all of the information they need to be given, so before the meetings we'll jot down anything information that we have to give over that we know we are going to be asked about just from experience [FC; P5]* *Cos when you become a parent naturally, you don't have lots of training and you don't have to keep filling out forms or go to lots of different meetings [FC; P14]* *I mean, they have to take on more professional roles with the meetings. So say, the placement planning meetings, LAC reviews, as well, they can be, I'd say the most professional role they will take on, or one of the most professional roles they will take on [SSW; P8]*
Establishing self as a professional	Being overlooked	Feeling/being overlooked Being undervalued Excluding foster carers as professionals Working hard to be heard	*Because the social worker would not believe me [FC; P2]* *I think it depends how they are treated as well. It depends on the social workers approach to them…and our approach to them…because they are professionals, what they do. Because sometimes I think that can be overlooked. And they can be almost treated like they are not professionals [SSW; P8]* *We are encouraging them to be professionals but then not including them in professionals meetings. [SSW; P8]* *Me telling them that he was stalking wasn't enough, me trying to explain to them what I was fearful of in terms of the consequences of this stalking wasn't enough for them… [FC; P7]* *nobody took any notice of us…we needed something more…we needed something… [FC; P7].* *And the carer was just phoned up and told that was happening…there was no kind of discussion…and she was really upset, really, really upset. And I was talking to her for hours about it. And she felt like she*

			wasn't valued. She felt like what she was saying about this young child who she had cared for wasn't being taken into account…Yeah, but the social worker overruled that because of her position [SSW; P8] *You know, if one more person told me to do a reward chart, I would've shoved it up their arse because it was ridiculous. These children are traumatised. A reward chart, come on, she didn't understand what a reward chart was…[FC; P7]*
	Developing professional thinking	Learning about trauma Developing professional knowledge Professional understanding of impact of trauma Acquiring better understanding of behaviour Stepping back to understand Understanding rejection Additional layers of thinking Professional thought processes Responding not reacting to behaviour	*And I think, its with training, its with training and experience, that you learn to step back and say hang on a minute this isn't personal to you [FC; P1]* *I mean we do loads of training and um, one of the best ones we did was on impulsive behaviour…So it gives you more of an understanding of why and more ammunition to deal with it [FC; P5]* *Like learning about the brain and how different things can react, and how even why when they are in the mum's womb it can still have the effect. It just, it helped me. It made me reflect on knowing what he had been through. [FC; P6]* *I did every course I could do, every single course, I would do it, every single course I could…I understand so much more now. I understand why they, why these children behave like they do, generally I understand why these children are behaving like they do. And I also now know, through the training and through putting it into practice, what will work… [FC; P7]* *but now I am able to pick my battles and I'm able to step back and think right, what was the trigger for this behaviour [FC; P1]* *it's having the knowledge to be able to do that… And having the knowledge that if they're going to start banging their head against the wall…you've got to understand that they're doing it for a reason [FC; P3]* *it's learning how to look for triggers [FC; P3]* *It's learning to step back and see it, rather than panic and react to it [FC; P3]* *Well it's training isn't it, it's learning, it's understanding why they are doing what they're doing. You*

		Improving responses to behaviour Supported to develop professional thinking	*know most people think they are doing it for attention, but they're not, they're doing it, they're doing it because of something that has happened [FC; P3]* *I more analyse it now, and then, it's like, you sit… and you think, right, I could do this, and maybe I'll get this response, or I could that and I could get that response [FC; P3]* *So if a child self-harms…I think the average Jo mother, would probably go, oh my god, and you know, do the jazz hands things, I call it, you know when they start waving their hands and whatever, but I know that…that's not what the child is all about. What the child needs to release is the pressure that's inside them and that's why they self-har…So, obviously I am going to concerned, but I am not going to be panicking about the situation [FC; P3]* *And having the knowledge that if they're going to start banging their head against the wall, that you're not, you know, that you're going to make sure they're going to do it safely. [FC; P3]* *And I also now know, through the training and through putting it into practice, what will work, um, I mean one of the best things I do, well we all do I'm sure, is praise good behaviour and ignore bad behaviour. Instead of confronting bad behaviour all the time, we just ignore it now. Unless we really can't ignore it, we tend to ignore it… [FC; P7]* *I remember we had a young boy…he said he needed help in the toilet…he pulled out his poo and gave it to me…and I think my training then kicks in…and tells me not to stress out, and I said oh okay, you just put it in the toilet… [FC; P14]* *Training is good, um, and listening to and talking to other carers listening to how they have dealt with other situations…I mean we do loads of training and um, one of the best ones we did was on impulsive behaviour. Cos we had a kid that was just so impulsive it was unbelievable but yeah, you go to these training sessions and they're saying because of this you can get this behaviour and because of this you can get that, and we're sat they're going yep, yep, yep, yep, you know (laughs). Yeah we tick all of those. So it gives you more of an understanding of why and more ammunition to deal with it [FC; P5]* *Now, what foster carers, what we need to do, and I'm not saying I get it right all the time… you must look beyond the child and look at the trauma… this wasn't his fault. This was the result of his upbringing*

			and his trauma [FC; P7] *we're working through it, and that's mainly because I've done a lot of research with the help of my daughter… it made me go and get every single book I could about attachment and trauma and read them and read them so that I could understand, and speak the language, so that I could be a professional [FC; P7]* *So yeah, because of the training I can think, ah yes there is a reason he is doing this [FC; P14]* *So these are things we have to sort of think of, what a child might be thinking and um, I don't know, perhaps try and overthink and think ahead about what a child might be feeling and thinking. So yeah, and that comes with the foster carers' role. They need to be doing that... So they need to learn that professional thought process I suppose. [SSW; P9]* *When they go on these courses and look at the way they parent, then it allows them to have a look at different options, rather than put a child on the naughty step, let's unpick and look at why that child has done what they have done and then maybe deal with it a bit differently afterwards [Outreach worker; P10]* *So it's with the training…you know the attachment training that they get…there is that constant understanding of how a traumatised child could potentially behave…so you kind of go…ah yeah, they said about this…ok… [Outreach worker; P10]* *And it's the professional understanding that helps you understand why they are like that. There is always a reason at the end of the day…it's just a case of finding it. [FC; P13]* *cos you are having to think…oh yeah my training said this…you know keep calm and understand why he is doing it. [FC; P14]* *I suppose if you have the knowledge about something it makes it easier to be more professional cos you stand there and say it with confidence…if you have the facts then you can say it [FC; P14]* *Whereas, with my kids I didn't have to be thinking about the professional side cos I didn't need to. And I*

			think that takes a bit of getting used to, cos it is someone else's child…[FC; P14] *If I take a parenting role to a child who has had to be a parent for their whole life…we are bound to clash, that's not going to work…If I take a parenting role when fostering a child that has never had a parent, that is going to be so foreign to them…that I am going to antagonise them…If I take a parenting role to a child that has had a loving parent, I'm going to sort of betray their loyalty to that parent [FC; P2]* *unless you do this learning, and have more an understanding of what the child is going through, you can't help them [FC; P7]*
	Building professional visibility	Stepping up as a professional Challenging professionals Disagreeing with professionals Needing to defend opinions Being taken seriously Experiences of being listened to Wanting to be seen as a professional Developing professional validity/legitim	*he's having help with this now, um, and that only came about by me banging and banging the desk and saying look this boy is on the way to becoming a paedophile if you don't do something [FC; P7]* *sometimes you have to go against, and you have to stand up to social workers because you don't believe they are making the right decisions, you want something different for this child. [FC; P7]* *I quite like my carers to challenge…challenge other professionals…to challenge decision making because…to help other people think [SP/SSW; P11]* *But it wasn't until we actually went into the PEC and we had a LAC at the same time… And I happened to say, look, this is one of my concerns. And the tables sort of turned. Well hang on a minute, we need to listen to this woman…She knows what she's doing. So I suppose, that's where it was more, oh hang on, there's a professional side of things, and not the silly parent that was worrying over something that was, something they shouldn't have been worrying about [FC; P1]* *Oh you know, I ditched my slippers, put on shoes with high heels when I next saw her [social worker] [FC; P2]* *it made me go and get every single book I could about attachment and trauma and read them and read them so that I could understand, and speak the language, so that I could be a professional I think that is probably quite key here, I needed to be able to speak their language. And show them that I wasn't just a*

		acy Professional visibility 'Building a professional persona' Acting/behaving like a professional Advocating for LAC Developing confidence Outward professionalism Professional interactions Emotional distance Professional distance Drawing on previous professional experiences	*parent in trouble, that there was a problem here, these are the words I am using to explain it. And once I started to do that a bit more, then people started to realise there was a problem here. [FC; P7]* *Yeah, and on the occasion with [child 5 name], there was a big discrepancy between what I could see in [child 5 name] and what the social worker could see… But I gathered evidence, erm, and with other professionals around me saying no, no, she's right, eventually we got where we wanted [FC; P2]* *think other professionals listening to them. And them feeling they are being listened to. Them feeling that their views and opinions matter. Even if professionals don't agree with them, and things don't happen the way that carers want them to, just that message that people have…and thinking ok I know that can't happen but you listened to what I said, you took on board what I said, you've taken a little bit on board of what my advice was…I think that helps them in that professional role. Other professionals treating them as professionals. Other professionals seeing them as a professional. [SP/SSW; P11]* *going to meetings and actually standing up for the child and saying things…and then you were taken notice of…so that gives you a bit more confidence then to go on and express in other ways how you feel…[FC; P14]* *in the beginning I felt quite intimidated…all these people seemed to know exactly what they were talking about…whereas it is quite nice going to a meeting now and know that you do have an idea of what is going on and you can put forward your point of view and it is not sort of dismissed as such…you can go in there knowing you are going to be taken seriously. [FC; P14]* *Now we are seen as professionals and we are told that a lot of the time…and you are told that a lot more too [FC; P14]* *When I feel my back is against the wall and I have got to justify what I am asking for. And fight for something, yeah, without a doubt. You know I've got to…but isn't that part of being a professional anyway? I've got to step up to the plate, you know, this is my role, …But yeah definitely, if I am pushed into a corner, um, then I want the ammunition to be able to justify what I am asking for…[FC; P7]* *I had to work hard, and putting a point across that was sound, you know, and well grounded, sometimes I had to work really hard at it [FC; P2]*

			But I gathered evidence, erm, and with other professionals around me saying no, no, she's right, eventually we got where we wanted [FC; P2] *The social worker suggested I try this. So I didn't come out and hit her with a sledgehammer with it, but I said, you know when you said you regretted a bit how you treated your sisters, and she went yeah, and I said well maybe you could think about that with [children] and she didn't say anything but she did say mmm, you know. So just introduce it in that way. [FC; P5]* *Because obviously they are not their children and there's got to be that…it sounds awful…and I don't know how they do it…that emotional cut off, to a point…that professional distance [SSW; P8]* *The professional is…sort of more of a change of…a more um…an objective way that they will be talking. Not that they are talking about the child as an object…but it will be that removing, or trying to remove from the emotional part of it [SSW; P8]* *they've got to keep a bit of a professional distance as well… It is something…it is a skill they have to learn. [SSW; P9]* *And I would say the training side of things is phenomenal. It gives them to tools to develop their professional capacity [Outreach worker; P10]* *but over time I have seen her blossom as she is able to put across how she is feeling, you know, and become actually a really good advocate and a professional [SP/SSW; P11]* *But I think it's more about having a guard where you become more of a professional…put a bit of a barrier up [FC; P15]* *I find we will advocate for these children, you have to advocate. You have to be their voice, um, particularly with [child 1] because he was so avoidant. I mean, he was selectively mute when he first came here, for a whole year he didn't speak, so um, so we had to advocate for him, and that's with everybody, with his social workers, that was with school, particularly school [FC; P7]*

			They might be advocating for the child, saying that…how difficult it is for the child…and difficult to cope with. They may speak up and say how it is for the child and say, you know, this is even damaging for the child. [SSW; P9] *So she has managed to speak up in a meeting, and say look this is really not working. So I guess that has had an impact on him, because they've now separated the contact out. So she's been able to advocate for him... Umm, we need to the carers to be able to understand the child's behaviour and to be able to explain that, in a meeting…to get the right support for the child…so I suppose to act as an advocate for the child will get better support for the child. So yeah, that would be the impact. [SSW; P9]* *I think it [the professional role] makes them [LAC] more at ease…Because, I, you know, I will say to them, I do understand that you're doing that because…You know, so it's, it's, the reassurance that, and actually now, he knows that if I say something that um, I'm sure about, he'll understand that… He'll take it, you know. Once he knew that I knew what I was talking about, about the anxiety [FC; P3]* *And again it is sometimes their background…if they have come from a teaching background or more of an office background it is more natural…So maybe some of it is dependent on you as a person and your background and how you have come into fostering as well. [SP/SSW; P12]* *And it might be because I was a teacher beforehand and that helped, I don't know, because I expected it to be a professional thing and therefore it was. [FC; P13]* *I don't feel intimidated by meetings…and I think a lot of people do. I think a lot of it was to do with the training I had in the first place quite frankly…or being a teacher…or maybe it is my personality, I don't know [FC; P13]*
Blending the roles: Becoming a 'professional-parent'	*Merging of roles*	Connected roles Synthesising the two roles Distinguishing self from other professionals	*Yeah, very much connected yeah. [FC; P1]* *So my professional competence is completely part of my parenting [FC; P2]* *For me, one role doesn't go without the other [FC; P2]* *It's yeah, they work together, it works together, there is no, yeah, there isn't a left is professional and*

		Seeing self as a 'professional-parent' Merging together Integrating the professional Intertwined roles	*right is parent and you swing from one to the other, it all, it just merges [FC; P3]* *we very very rarely have bold lines between the two [roles], we just sort of float on into them I suppose… it's difficult to say where each thing kicks in [FC; P5]* *well I think it's just something you just have to be able to do. Um, you can't do one without the other. Um, you know, it's part of the ball game. [FC; P5]* *Yeah, yeah, no, it is yeah, you're not doing it separately, it's got to work its way into your sort of natural parenting [FC; P5]* *it is 24/7 and you know, you don't get up and go to work and come home from work and have your tea, it's just all the time, um, so again, trying to sort of separate professional and parent, well yes there is two different sides to it but they just come along as they come along, you just deal with them [FC; P5]* *I don't see myself as a professional…Oh no, actually, do you know what, I don't see myself as professional in so much that I don't see my role in anyway like a social worker. I actually think of myself as a professional-parent. [FC; P7]* *I do actually see myself as a professional-parent. [FC; P7]* *You can't separate them. How can you separate them? You can't. I mean, a social worker is a very clearly defined role. You know, they work between 9 and 5 between that time and they have a lunch break and between those times they um, they are responsible for a caseload of children. I work 24 hours, 7 days a week. In my home. And at all times I am responsible for those children. I can't…I don't understand…I don't see how you can separate them in anyway at all. [FC; P7]* *that needs to be interlinked completely because um…that has to be...as a professional role with the therapeutic caring…they need to weave into that their empathy, their love within that role. So it has to be completely interlinked, the professional role and the parenting role [SSW; P9]* *And I think this is where I also think the parent and the professional come together. So whilst they are parenting, we also ask them to have a professional head on and to be thinking about this child and what*

			has gone on…so not necessarily thinking like a normal child…but thinking what has gone on for this child. And I think the parent and the professional have to go side by side in carers. [SP/SSW; P11] *It's a fine balancing act isn't between parent and a professional, because actually what we want them to do is re-parent our children but in a professional way [SP/SSW; P11]* *So I think that parent and professional is so intertwined, because they have to be both all at the same time [SP/SSW; P11]* *Yes it's very intertwined and quite complex…when the parent and when the professional comes out…and when they are both playing together. [SP/SSW; P11]* *Yeah I just think of it as both…not one of the other…so just seeing it as both parent and profession coming together. [FC; P13]* *I suppose yes, in a way, it is like we are a professional parent…well if you think about it that is what we are…we are getting paid for being a parent but you have got the training as well…so I guess yeah it is a professional parent if you think about it like that…I hadn't thought about it like that before now I must admit… I just do it (laughs). [FC; P13]* *Well they come together most of the time really. I am always a professional parent. [FC; P13]* *Yeah, I think it's true that we are a professional-parent, it is true. It may sound a bit mercenary, but it is true. [FC; P13]* *is part of my being a professional-parent…But a professional parent is a horrible phrase, I really don't like it [FC; P2]*
	Blending developing over time	Role development over time Gradual transition	*And it has become more natural over the years to integrate the roles so our natural parenting now is mostly more professional, than previously…so we're able to integrate that professional, yeah [FC; P5]* *I don't think I was, I know is wasn't, I wasn't a professional parent when I was parenting my own children and I wasn't a professional parent when I first started this but I think I am now. And I think that,*

		Professional-parenting with experience Unconscious process 'Growing together' Parenting comes first Professional persona develops Being a subtle professional Learning from each other Being supported by other foster carers Bringing professional advice to parenting Social workers supporting professional development and integration Being supported in the process of	*over the last two years, I would feel confident in saying I am a professional-parent. [FC; P7]* *I would think yeah, the loving role comes first. Then they need to learn the professional side. And I suppose that's why with new carers we need to really be holding them a bit more and supporting them more, to enable them to do that. Yeah. And hopefully through the training process, the recruitment process, we would hopefully be giving them a bit of an insight into how much of a professional role they need to have. [SSW; P9]* *it starts to grow within them from the time they go to the roadshow and decide actually this is what I can do…I can do this…I can provide a loving and a safe home to the child. It's almost like a growth thing…it grows over time.* [outreach worker; P10] *you are a professional person and there is lots and lots of training, and meeting your SSW and meeting up with other carers…that's the professional side…and then that marries into your ethos as a parent…so it kinds of blends and just carries on growing…the professional side of things grow and then and then … they kind of mingle together and then they carry on…I think that's the way it goes… it's a mixture of both that grow and then they blend together and then they carry on growing. Um, and then that grows even more with different placements* [outreach worker; P10] *that blending is an ongoing project that never stops. And it will take on different ways, if you like, like a tree, with different branches, depending on the placement.* [outreach worker; P10] *I would say, after about two to two and half years, carers sort of become more confident in this role of being parent and professional. It takes about two and a half, sometimes three years, for you to go yeah, you are just getting there now. To be everything. To be everything that you need to be, you know. [SP/SSW; P11]* *Many of them lean on that parent side of things initially, yeah the parent [SP/SSW; P11]* *Come in as very much a parent…really a parent…you know they have parented their own children, it has been successful, they have not really had any real major issues…it takes them a while for them to build up this professional persona…to get them to a place where they see it's not just about the parenting…so it takes a while for the two of them to actually come together. [SP/SSW; P11]*

		role integration Supervision as a way of learning Acknowledging the need for support Providing more support to new carers Reflecting on actions to improve blending	*You know, I would say, in the ten/eleven years I have been doing this role, I have never had a carer come in and say, you know what, and be able to do both roles instantly…you know. Or they have if they have come from an independent agency and they have transferred over to us, but then they've been a carer before, they come in and they've got that. But people don't just come in fresh and slot into this…they don't just slot into having both sides of it. [SP/SSW; P11]* *It's a very slow process and you don't actually realise it is happening…[FC; P14]* *but I don't think you do it consciously…so yeah it is over time that happens and it is not always conscious [FC; P14]* *I think it's so hard at the beginning of the journey…I know I will probably become more professional…So I can definitely see it probably becoming that, but at the moment, where it is very new to us…so it's more the parenting side at the moment…so I'm just getting used to that professional side [FC; P13]* *but also listening to other foster carers of their experience, of how they've handled things and how they're able to use both sides of the parenting and the professional side. [FC; P1]* *supervising social worker, to help them to learn that balance. Help them to either learn it or yeah, work out how to juggle that. [SSW; P9]* *So yeah, that's primarily what the support is…it is to support each other and support each other and come up with ideas, voice their experiences, provide each other with tips and tools…so that carers that are in this difficult situation are able to go away and try some different ideas and integrate that into the parenting. [Outreach worker; P10]* *And it's almost like things rub off…they see or meet another carer and the professional part comes from there [Outreach worker; P10]* *but they talk openly about a situation that they are experiencing to ask other carers if they have had that similar experience and how they may have dealt with it… like oh I've had a child that did that, this is what I did and they go oh okay…so they go away with some tools. [Outreach worker; P10]*

			So I think a part of my role is being a sounding board…being that person who helps them to think…why…why do you think he is not allowing you to do it…what do you think…I'm wondering why…why is he doing that…you know. Getting them to be curious…think about it. Think about what the behaviour represents for that young person. Bringing my professional knowledge to the situation, so they can take it on. [SP/SSW; P11] *What we have found is with new carers, we do now try and…once they have taken on a placement, we try and keep in touch with them once a week and I've found that really helpful because we kind of recognised that more recently, we've noticed that our new carers have struggled a little bit [SP/SSW; P12]* *And obviously at the moment we are still very new in this and I don't think she's very pushy with us (laughs)…she's helping us to settle in our role and stuff. And I think she will help us in becoming more professional but I think she just supports us in what stage we are now. [FC; P15]* *What we do try and do with them is…and I've done it with a few of my new carers…is rather than plunge them straight into a new placement, is to do carer to carer respite placements first….So they would then get used to talking to the social worker, they get used to the forms that they need to fill in for that child in terms of recording their logs, and any expenses…and then after that they have a bit of breathing space to think about how was that…but it is not intense as going straight into a main placement and then they are there for a longer period of time when you are having to do meeting after meeting. [SP/SSW; P12]* *We did respite initially…I think it did help us in taking in someone else child so it was good to have that week as an example…and we got to talk about things and we thought about what we would do differently and things we noticed and things like that…And it did introduce us to the idea of being a parent but there is also a professional side to it cos we had to write things in a log, like when he hurt his back doing gymnastics…and he come home and said oh my back is hurting so we had to write that up…whereas normally, we would just spray it on our kids and then see ya later (laughs). So we had to write it down…so it helped us to get used to those sorts of things. So it's bringing in the professional part. [FC; P15]*

			Cos, it makes you think, whether you've done, could you have done it differently, would you have done it differently, um, but then you've also got to be careful cos otherwise you will end up analysing every part of your day [FC; P3] *And you can often think and sit afterwards and think I could have handled that differently, I could have done this or done that. Well, then you can store than in your memory bank and maybe that will come more naturally to you next time, or maybe you will think of a strategy so that if this ever happens again, I've got to try this strategy [FC; P5]* *We talk about what happened and how we dealt with it, how we could have dealt with it, and why it possibly happened and then suddenly, one of us have a lightbulb moment where you go oh yeah well of course, you know, in her background this would have happened and that would've happened and this could be a, this could be a behaviour that is coming because of, you know. We're always running it over. [FC; P5]* *we had a row the other day where it was escalating and our parental instinct was to, we sort of had to lets say win the argument, because we had to, whereas our professional role was we shouldn't allow this to keep escalating, we should let it dissipate and come back to it later on…if we've acted in maybe what we describe of as more of a parental role, we then realise afterwards that maybe it wasn't the most professional way to act, then we'll try to monitor that and then we did actually have another row, then the next time we had another row we managed to dissipate it, rather than let it escalate. So we do learn from situations. [FC; P5]*
	Role fluidity	Adapting to the needs of the LAC Swapping hats Emphasising certain aspects of the role over others Swapping between roles	*I think they're very much connected but you must be mindful of both and make sure that they are used in the right areas [FC; P1]* *you just swap…it's like a different hat isn't it [SWW; P8]* *So they have to know when to draw back and then put themselves back in that role again…So it's like a toing and froing…right so now I've opened the door, we're going to contact, right ok…So it's about knowing when that professional has to kick in more when it has to come in less. [SP/SSW; P11]* *I think sometimes in school meetings…then the professional comes in…you know, for some of my carers,*

		when needed Possessing fluidity 'Toing and froing' Wearing different hats Adapting to the needs of the situation Subtle professional with LAC Hiding the professional from LAC Being more professional in meetings	*they leave the foster carer at the doorstep and they have come in as like right, this is what I'm coming in for, as a professional. And that can be quite interesting (laughs), you know, when you see your carer and you're like ok she is taking that hat off and now she's got this hat on…she's come here for a purpose and she's not leaving until she's got it. And then, every now and again, that parent comes back in through the school door, and you see that caring part, where they start talking about the child they look after and then that persona goes out again and they are back on with the other professional hat. [SP/SSW; P11]* *So as long as they see me as somebody safe to start off with, what we make together, as time goes, is whatever they need me to be…we said darling, what do you want us to be? Erm, what do you want me to be?... [FC; P2]* *you have to be very flexible as to where they're at, there and then… And from one minute in the day to the next, that might change drastically [FC; P2]* *And then, yeah, and actually changing to be um, what they need… What each child needs [FC; P3]* *well, you don't want to kind of keep on pushing the fact that they are in care…Well they know that we have professional things to do and she's pretty accepting of it, but as I've said before, it just reminds them that they are children in care so we try and keep it from her if possible [FC; P5]* *Well, we keep that professional side away from the children, so, so, it we have meetings then we will try and have them while they are at school unless they are involved in the meetings…we'll do that either when they've gone to bed or when they are at school or when we've got free time. So we keep the two things fairly separate, apart from what the child needs to know because they're involved in it [FC; P5]* *And you know, lots of the meetings, apart from the much older children, the meetings go on whilst the children are at school so they don't see all of, you know, all of the bureaucracy or whatever you want to call it, about them being in care. I mean, obviously they have visits with their social worker. But unless they are older, they are kind of protected from that professional bit. [SSW; P8]* *So yeah, a lot of the professional side is actually kept away from them. And the reviews that take place with older children present have been much more, I say jovial, that sounds wrong…but more relaxed…a*

			more relaxed feel [SSW; P8] *for children…those older children who are involved in their own looked-after children reviews…they actually find it quite hard to see their foster carer in their secondary professional role, because they have been parenting them all this time and they go into this meeting and they are talking in more of a professional way. And I think for those children, it is actually quite hard, cos it reminds them then that they are a looked-after child…It suddenly makes the looked-after children think oh well they are getting paid to look after me…I think things like that should probably be kept away from the child [SP/SSW; P11]* *…but will only show the mum side. Because they are not living with a social worker.[FC; P2]* *I think you are professional when you go into a meeting…you put your different hat on [FC; P14]*

Appendix R – Summary letter to University Ethics Panel

Dear Professor Margie Callanan,

Foster caring as 'professional-parenting': A grounded theory of the relationships between parent and professional in long-term foster care

I am writing to you, as chair of the Salomons Ethics Panel, to inform you that the above Major Research Project is now complete and will be submitted for marking. I have attached a summary of the findings.

Yours sincerely,
Megan Hollett
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Cc: Professor Alex Hassett (supervisor)

Study summary

Foster caring as 'professional-parenting': A grounded theory of the relationships between parent and professional in long-term foster care

Background: Foster care can improve outcomes for looked-after children (LAC). However, the foster carer role is complex. Whilst it has been suggested that fostering involves being both a parent and a professional, little is known about how foster carers manage these roles. This study aimed to develop an explanatory theory and model of the relationship between the roles of parent and professional.

Method: Ten foster carers and five social care professionals from one local authority in South East England took part in interviews, which were transcribed and analysed using Grounded Theory. The research complied with ethical codes of conduct from the British Psychological Society (2018) and Health and Care Professionals Council (2016).

Findings: A preliminary model was developed, which depicted the journey of becoming a 'professional-parent' (see Figure 1). Whilst parental aspects of the role were emphasised, foster carers appeared to develop as professionals in order to advocate and meet the needs of LAC. Over time, the roles became merged; the blending process was supported by training and external support from social workers and other foster carers.

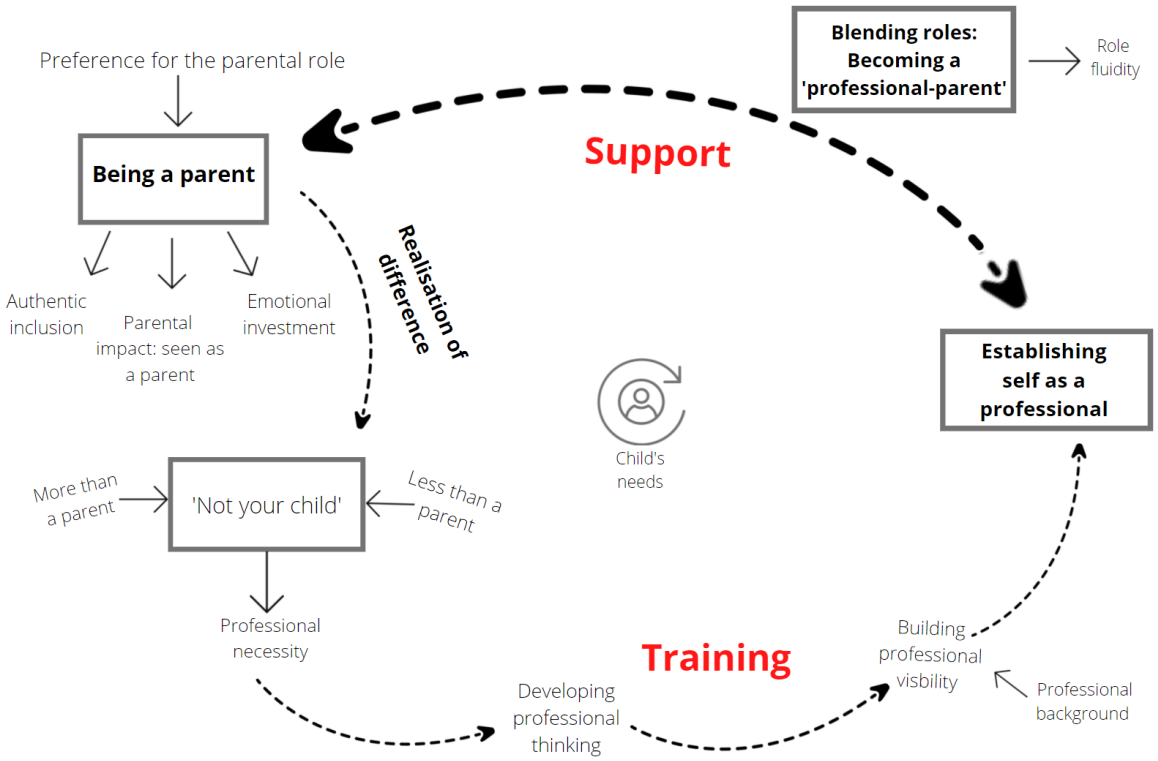
The findings contribute towards a theoretical understanding of the foster carer role and how relationships between parent and professional may change over time. The results build on previous research and are consistent with several theories of role conflict and acquisition. Limitations included possible selection bias and lack of diversity within the sample.

Implications: Clinical implications were suggested relating to the support and training of foster carers, particularly at the early stages of the fostering journey and to support later role blending. In line with NHS values of 'improving lives' and 'commitment to quality of care', improving support given to foster carers may lead to more effective care and thus improved outcomes for LAC. Future research, involving more diverse samples and perspectives from LAC social workers, mental health professionals, and LAC themselves, may provide further insights into the explanatory processes identified in this study.

Feedback about the study findings will be disseminated to all participants and relevant stakeholders.

Figure 1.

A preliminary theoretical model representing the journey to becoming a 'professional-parent'



Appendix S – Summary report for participants/stakeholders

Summary report

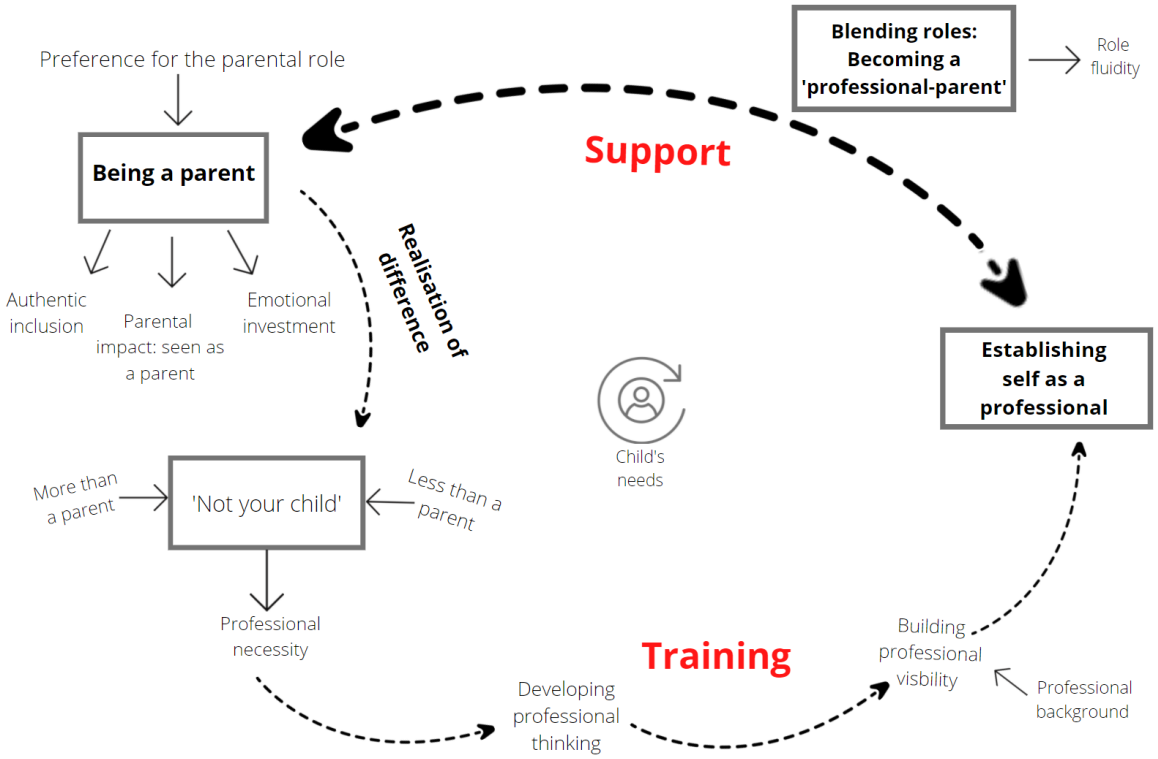
Foster caring as 'professional-parenting': A grounded theory of the relationships between parent and professional in long-term foster care

Background: Foster care can improve outcomes for looked-after children (LAC). However, the foster carer role is complex. Whilst it has been suggested that fostering involves being both a parent and a professional, little is known about how foster carers manage these roles.

Aims: This study aimed to develop an explanatory theory and model of the relationship between the roles of parent and professional.

Method: Ten foster carers and five social care professionals took part in interviews, which were transcribed and analysed using Grounded Theory.

Results: The relationship between the two roles was found to change and blend over time. A preliminary model was developed, which depicted the journey of becoming a 'professional-parent':



Model description: Many foster carers identified with 'being a parent', which involved authentically including LAC in the family and being emotionally invested. This came naturally (with new foster carers existing primarily in this role) and was encouraged by social workers. However, repeated experiences of being both 'less than' and 'more than' a parent prompted foster carers to realise that caring for LAC was different to typical parenting, and that they also needed to be professionals. As foster carers described being overlooked, they increased their professional visibility in order to advocate for LAC. Training helped them to develop professional thinking and establish themselves professionally. Foster carers who had previously worked with children in professional settings (e.g. as teachers), found this easier. Over time, a process of blending occurred where both roles became merged into one, rather than experienced as separate/distinct. Support from supervising social workers and other foster carers supported this. With experience, foster carers developed fluidity in being able to accentuate or conceal different aspects of the roles when needed.

The findings contribute towards a theoretical understanding of the foster carer role and how relationships between parent and professional may change over time.

Implications:

- Offering new carers additional support (e.g. around role development) may facilitate later blending between parent and professional roles.
- Alerting carers to possible role conflict might support their wellbeing and reduce compassion fatigue.
- As foster carers may be reluctant to share difficulties (particularly if they already feel a pressure to be professionally competent) enabling/maintaining access to support groups or buddy systems would be an important priority.
- Developing specialised/tailored training on trauma-informed care may give foster carers a theoretical framework from which to blend the parent and professional roles.
- Sharing the findings of this study within foster/social care networks may help to develop a shared understanding of the role and establish expectations between stakeholders.
- The findings may validate foster carers' experiences of taking on a role that has historically been poorly defined or acknowledged. This might help them to feel recognised and valued.
- Applying principles of social pedagogic practice (where foster carers are positioned as central figures within the care team) might help to promote systemic shifts in the way that the foster carer role is perceived.
- Further research, including more diverse samples and perspectives from LAC social workers, mental health professionals, and LAC themselves, may provide further insights.

Appendix T - Notes for submitting to Adoption and Fostering: SAGE Journals

Manuscript Submission Guidelines:

Adoption & Fostering is the only quarterly UK peer reviewed journal dedicated to adoption and fostering issues. Edited by Roger Bullock (Fellow, Centre for Social Policy, The Social Research Unit at Dartington), it also focuses on wider developments in childcare practice and research, providing an international, inter-disciplinary forum for academics and practitioners in social work, psychology, law, medicine, education, training and caring.

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   - 1.1 Aims & Scope
   - 1.2 Article types
   - 1.3 Writing your paper
2. Editorial policies
   - 2.1 Peer review policy
   - 2.2 Authorship
   - 2.3 Acknowledgements
   - 2.4 Funding
   - 2.5 Declaration of conflicting interests
   - 2.6 Research ethics and patient consent
   - 2.7 Clinical trials
   - 2.8 Reporting guidelines
   - 2.9 Data
3. Publishing policies
   - 3.1 Publication ethics
   - 3.2 Contributor's publishing agreement
   - 3.3 Open access and author archiving

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