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When carers end foster placements: Exploring foster carers’ experience of adolescent foster placement breakdown.

Authors

Daniella Valentine was a trainee Clinical Psychologist at the Universities of Coventry and Warwick when conducting this research and now works as a Clinical Psychologist in South East Wales, UK.

Fiona MacCallum is an Associate Professor at the University of Warwick, West Midlands, UK.

Jacky Knibbs is a Consultant Clinical Psychologist and Clinical Tutor at Coventry University, West Midlands, UK.

Abstract

Aims: Foster carers experience the rewards and challenges of parenting vulnerable and complex adolescents, but some of these foster placements break down. Compared to research into the impact of placement breakdown on looked after children (LAC), there are relatively limited reports on foster carer experience. The aim of the present study was to provide an exploratory account of foster carers’ lived experience of ending adolescent foster placements. Methods. Nine participants from seven foster families in the United Kingdom were recruited. Semi-structured interviews were conducted and analysed within an Interpretative Phenomenological Analysis (IPA) framework. Results. Exploration of foster carer lived experience identified four superordinate themes, two of which are relevant here: ‘emotional aftermath’ and “we’re only human”. Conclusions. Following ending a placement, foster carers identified varied emotions including joy, relief and sadness. A grieving process was also identified which
involved coming to terms with loss and accepting the termination of the relationship. This study suggests foster carers are likely to experience shame and guilt as a consequence of placement breakdown.

**Key words**
Foster placement, foster breakdown, fostering challenges, disenfranchised grief, phenomenological.

Word count (excluding references): 6604

**Introduction**

Background: Caring for challenging young people

Foster carers have a significant responsibility in looking after vulnerable adolescents (Fostering Network, 2016). Foster care placements can offer stability, a sense of belonging and connectedness (Schofield, Beek and Ward, 2012). Whilst foster placements can end for a number of reasons such as reunification with birth family, a significant proportion of these placements break down, resulting in the child moving to another care arrangement (Leathers, 2006; OFSTED, 2016).

Many looked after children (hereafter LAC) have experienced inconsistent nurture and caregiving. Within the literature this is often defined as complex trauma – developmental experiences wherein the child is traumatised by their caregiver (Hughes, 2004). Developmentally traumatised children are at higher risk of difficulties within the areas of: attachment, affect regulation, dissociation, cognition, self-concept and behavioural control (Golding, 2007; Van der Kolk, 2017). As a result, it is unsurprising that children in care are four times more likely than their counterparts to experience mental health problems (Bazalgette, Rahilly and Trevelyan, 2015), as well as being at risk of behavioural, social and academic difficulties (Munro and Hardy, 2007) and poorer general health outcomes (Rock, Michelson, Thomson and Day, 2015).

Specific challenges of caring for adolescent LAC

Adolescence is a crucial developmental period and can account significantly for the successfulness of transition into adulthood (Cicchetti and Rogosch, 2002). In the year ending March 2012, the 13 to 17-year-old age range of LAC within the United
Kingdom had the highest annual proportion of 3-5 placement moves (Department for Education, 2013). Farmer, Moyers and Lipscombe (2004) reported that factors related to the foster carers’ capacity to parent adolescents, as well as difficulties such as the impact on other children in the family, made fostering adolescents particularly challenging. Further, the pertinence of low self-esteem and a fractured understanding of their earlier life experiences might be key for teenage LAC (Schofield and Beek, 2009).

Given the early adversity encountered by LAC, and reports that adolescents experience the highest frequency of placement breakdown, understanding the impact of caring for this complex cohort is paramount.

Foster carers’ experience of ending a placement

Whilst there is research reporting the negative impact of foster placement breakdown on LAC, there is limited research reporting on the lived experience of foster carers during these difficult times. It has been reported that increased challenging behaviour presented by LAC is significantly associated with an increase in the stress, anxiety and depression experienced by foster carers (Morgan and Baron, 2011). Research has also extended to include factors foster carers consider important to placement success, such as hope, resilience and persistence (Oke, Rostill-Brookes and Larkin, 2011). There is also limited research reporting on the experiences of foster carers after placement breakdown. A recent study did report that some foster carers experience grief when a placement ends and that this impacts upon the choice to stay in the profession (Hebert, Kulkkin and McClean, 2013). Findings also indicated that foster carers can become distressed when expectations of foster placements are invalidated (Broady, Stoyles, McMullan, Caputi and Crittenden, 2010).

It is perhaps simplistic to present that foster carers’ experience of placement breakdown is impacted only by the complex needs of LAC. In commentary discussing the movement of foster carers to Independent Fostering Agencies (IFAs), Bawden (2018) reported that systemic factors such as feeling disillusioned or undervalued within the role and a lack of financial and emotional support contribute towards local authority foster carer retention (Bawden, 2018). This provides some indication of the pertinence of systemic factors. Further, foster carers have personal circumstances related to factors such as health and close relationships may deteriorate or improve. Research into the influence of systemic factors suggests foster carer support is imperative in managing
difficult emotions that can arise when a foster child moves out of the home (Samrai, Beinart and Harper, 2011).

Rationale for current study

In a review of the literature, Rock et al. (2015) recommended further research exploring experiences within the foster home environment by differentiating factors such as the child’s age and gender. Studies have employed surveys (Hendrix and Ford, 2003), focus groups (MacGregor, Rodger, Cummings and Lescheid, 2006), postal questionnaires (Hudson and Levasseur, 2002) and telephone interviews (Brown and Calder, 2000; Brown and Campbell, 2007). There are limited studies within this area reporting an in-depth exploration into foster carer experience.

Fostering is referred to as the gold standard of care for LAC (OFSTED, 2016). However, the Fostering Network (2016) report that in 2015 12% of foster carers retired or left fostering, whilst the number of LAC increased. Therefore, there is an increasing pressure to ensure an adequate volume of foster carers, especially for adolescents, where the availability of foster carers is particularly low (Fostering Network, 2016). It is reported that early life adversity and subsequent foster placement breakdowns confer LAC a double disadvantage (Silver, Golding and Roberts, 2015). However, placement stability is not only advantageous for LAC, but for foster carers too. Existing research details the experience of loss and grief when a foster child leaves the foster home (Hebert et al. 2013). Thus it is recognised that an exploration into foster carer experience is required in order to understand, and to intervene to support foster carers to continue fostering.

Study aim

The present study aims to address some of the methodological and research gaps by exploring the following central research question: What are foster carers’ experiences of terminating foster placements involving LAC placed in later childhood (11-18 years)?

Methods

Research Design

Interpretative Phenomenological Analysis (IPA, Smith, Flowers and Larkin, 2009) posits humans are “sense-making creatures”, this necessitates researching the
individual’s representation of the experience (Smith et al., 2009, p. 33). The aim of the present study is to understand the meaning that foster carers have of placement breakdown. IPA is applicable to this aim as it has been demonstrated as an appropriate method for exploring a specific context, focused on a sample of people who have significant lived experiences (Brocki and Wearden, 2006; Reid, Flowers and Larkin, 2005).

Participants

IPA challenges the notion that the quality of research is directly related to the number of participants recruited (Reid, et al., 2005). In a review of IPA literature, Smith (2004) noted that studies typically report sample sizes between five and 10. To balance time-specific constraints and the requirement for richness in data, a sample size of seven was recruited.

Table 1. Participant inclusion and exclusion criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Registered foster carers who hold approved foster carer status</td>
<td>Kinship carers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special guardians</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other care arrangements</td>
</tr>
<tr>
<td>Placement</td>
<td>Foster carer terminated foster placement</td>
<td>Experience of foster placement breakdown outside of foster carers’ control</td>
</tr>
<tr>
<td>breakdown</td>
<td></td>
<td>Care plan meant placement was intended to be short-term</td>
</tr>
<tr>
<td>Time frame</td>
<td>Foster carers with experience of foster placement breakdown within approximately 6 months and 3 years ago.</td>
<td>Short-term placements</td>
</tr>
<tr>
<td></td>
<td>Considered on an individual basis</td>
<td>Placement breakdowns that occurred historically</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carers with limited memory of their experience of foster placement breakdown</td>
</tr>
<tr>
<td>Gender</td>
<td>Male and female foster carers with experience of male or female placement breakdowns</td>
<td>N/A</td>
</tr>
<tr>
<td>Age</td>
<td>Foster child aged 11 or above at the time of the placement breakdown</td>
<td>Experience of placement breakdown involved primary</td>
</tr>
</tbody>
</table>
As noted above, existing literature reports core foster carer features that are relevant to the present study; thus purposive sampling is relevant as it is a form of non-probability sampling describing a systematic method of specifying and selecting participants from a population consisting of targeted features (Barker, Pistrang and Elliot, 2016; Myers and Hansen, 2011). Inclusion criteria are expanded upon in Table 1.
Table 2. Participant characteristics

<table>
<thead>
<tr>
<th>Participant number</th>
<th>Pseudonym</th>
<th>Foster carer age range</th>
<th>Family composition</th>
<th>Years as approved foster carer</th>
<th>Fostering agency type</th>
<th>Child age at time of breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Joan</td>
<td>45 - 64</td>
<td>Couple</td>
<td>8</td>
<td>Independent fostering agency</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>Christine</td>
<td>45 - 64</td>
<td>Couple</td>
<td>7</td>
<td>Independent fostering agency</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>Simon</td>
<td>35 - 44</td>
<td>Couple</td>
<td>6</td>
<td>Independent fostering agency</td>
<td>14</td>
</tr>
<tr>
<td>4</td>
<td>David</td>
<td>45 - 64</td>
<td>Couple</td>
<td>7</td>
<td>Independent fostering agency</td>
<td>13</td>
</tr>
<tr>
<td>5</td>
<td>Jane</td>
<td>65+</td>
<td>Couple</td>
<td>13</td>
<td>Local authority</td>
<td>15</td>
</tr>
<tr>
<td>6</td>
<td>Amanda &amp; John</td>
<td>45-64</td>
<td>Couple</td>
<td>18</td>
<td>Local authority</td>
<td>14</td>
</tr>
<tr>
<td>7</td>
<td>Sally &amp; Peter</td>
<td>45 - 64</td>
<td>Couple</td>
<td>20+</td>
<td>Local authority</td>
<td>14 - 18</td>
</tr>
</tbody>
</table>

All identifiable participant information removed to protect anonymity
Participant characteristics can be found in Table 2. Participants were invited to engage on their own or with their partner/spouse. Research participants 6 and 7 both took part as a couple, with both partners identified under the same participant heading given that they shared their experiences of the same child, foster home and placement breakdown. Consideration was given to the length of time that has passed since the placement broke down, with particular attention paid to ‘rawness’ of breakdown and ability to recall relevant details. The pilot study indicated the unhelpfulness of rigid inclusion criteria in relation to time elapsed since placement breakdown. Therefore, this was discussed with participants and gatekeepers with a focus on case by case eligibility to meet the study aims.

Procedure
Ethical procedure

The existential nature of IPA, that is asking participants to reflect on and vocalise what happened, may in itself be distressing (Pietkiewicz and Smith, 2014). The risk of harm to participants was duly considered when developing and administering the research materials in keeping with The British Psychological Society Code of Human Research Ethics (2014). Ethical approval was sought from the relevant University Ethics Committee, and the fostering agencies’ respective research committees/board of directors. All participants were provided with an information sheet beforehand, to duly consider what engaging with the research would entail. All participants were provided with a debrief sheet including information about support services. After the interview concluded, participants were provided time with the researcher to discuss their experience of taking part in the research.

Interview procedure

Participants were informed about the purpose and nature of the research, anonymity, confidentiality and withdrawing consent. Participants were provided with multiple opportunities to ask questions prior to engaging with the research. Interviews were recorded and transcribed. There was significant focus on building rapport and maintaining an empathic approach to support participants to disclose their experience (Willig, 2013). At the end of the interview, participants were provided with a debriefing sheet and opportunity to debrief.
Materials

In keeping with IPA methodology, a semi-structured interview schedule was designed to afford a space for participants to share their experience and collaboratively provide a rich and reflective account (Reid et al., 2005). The research aims were explored through an interview guide structured around themes delineated from the literature review: expectations of the foster carer (Broady et al., 2010); foster carer experience of forming an attachment to the foster child (Golding, 2007); foster carer views on parenting LAC and their experience of challenges within the placement (Morgan and Baron, 2011); foster carer emotional wellbeing following the placement breakdown (Edelstein, Burge and Waterman, 2001; Hebert et al., 2013).

Pilot study

The research design was piloted through interviewing a married couple with a shared experience of placement breakdown (participant code 0). An anonymised transcript of the pilot interview was discussed with the research team. There were no identified points for change found with the interview schedule. Inclusion criteria pertaining to the time elapsed since the breakdown were highlighted for consideration and updated accordingly, as noted above.

IPA has been utilised as a methodological approach for sampling couples and groups (i.e. Harris, Pistrang and Barker, 2006; Smith, 2004). It has been argued that if the researcher supports an interview context wherein both participants feel able to discuss differences without fear of criticism, couple interviews provide an integrated picture of a shared experience, even if participant views differ markedly (Harris et al., 2006). In light of the existing research couples were recruited and interviewed together. The implications of interviewing couples together were revisited as part of analysis and during research team discussions.

2.3.5 Recruitment

Three fostering organisations (2 independent fostering agencies, 1 local authority) were gatekeepers to participants with the inclusion criteria delineated above. Participants were emailed the information sheet and offered a telephone conversation to discuss any questions about participation with the principal researcher following which a suitable interview date and time was arranged.
Analysis

IPA data analysis steps have been outlined by Smith et al. (2009). Central to IPA data analysis is the focus on verbatim extracts of participant dialogue (Reid et al., 2005). Further, the researcher is required to immerse themselves in the data and to aim for depth of analysis rather than completing a surface level interpretation (Smith et al., 2009; Pietkiewicz and Smith, 2014).

Study credibility

The credibility criteria outlined by Elliott, Fischer and Rennie (1999) are pertinent to qualitative research and have been adhered to. Anonymised transcripts and themes were discussed with researchers with expertise in the area; queries and corrections were integrated where appropriate. Further, six local authority foster carers attended a group feedback session. These foster carers reported that the initial superordinate themes connected with their experiences of foster placement challenges and breakdown.

Researcher’s position

It is acknowledged that the researcher is key to understanding the participants’ world and that researcher knowledge, experience and perspective of the investigated phenomenon cannot be entirely separated from the research project (Fischer, 2009). A bracketing interview was conducted prior to data collection in order to offer a curious and non-judgmental space to explore and discuss the researcher’s feelings about the area of research. This reflexive process was supported through maintenance of a reflective journal, and reflective discussions within the research supervision team.

Results

Table 3. Superordinate and subordinate themes

<table>
<thead>
<tr>
<th>Superordinate themes</th>
<th>Subordinate themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional aftermath</strong></td>
<td>Holding mixed emotions</td>
</tr>
<tr>
<td></td>
<td>Ripples of loss</td>
</tr>
<tr>
<td><strong>“We are only human”</strong></td>
<td>“You’ve developed, it’s different”</td>
</tr>
<tr>
<td></td>
<td>Meaning making</td>
</tr>
<tr>
<td></td>
<td>Moving on</td>
</tr>
</tbody>
</table>
Data analysis identified four superordinate themes, two of which related more generally to foster placement challenges. The present article focuses on the remaining two themes that are more relevant to placement breakdown: emotional aftermath and “we are only human” (Table 3). The superordinate themes seem to reflect a journey from starting fostering to placement breakdown. However, given that participants reported a number of factors such as ‘sticking it out’, self-doubt and some attempts at reunification, the journey does not appear to be a linear one.

Emotional aftermath

In account of their experiences of foster placement breakdown, participants described a range of immediate difficult feelings and longer-term emotional consequences.

*Holding mixed emotions*

Most participants described feeling relieved accompanied by other difficult emotions. David felt being sad and relieved at the same time represented an “emotional rollercoaster”. Joan described relief in not “having all the trauma every day”. Similarly, Simon described the relief as grounded in the absence of on-going worry and stress “on me”. Most participants described this sense of relief following placement breakdown as a “cruel” and “horrible” thing to say, indicating a sense of shame around positive feelings, as Jane’s description highlights:

Jane: I was overjoyed. I don’t mind admitting that.
Interviewer: Mmm.
Jane: I am absolutely honest about that, I probably felt the biggest weight had left off and took off my shoulders that I had never been so relieved to see the back of a child.

Jane’s language of “honesty” indicates uncertainty about the acceptability of her feelings. This implies Jane perceived the potential to be criticised but also indicates an internal view of herself as ‘wrong’ or ‘bad’ for the admission of those feelings. Christine noted an overall sense of herself as “bad”, with increasing reassuring thoughts to herself that she is a “good foster carer” in spite of her decision to end the placement. Simon too
noticed that by “admitting defeat”, there was an element of questioning his capacity as a foster carer, particularly as he felt judged by others. Similarly, David attempted to reassure himself by stating “no one in their right mind would put up with this”. David indicates he was creating commonality with others as a means to alleviate shame. David also offers this as a statement, suggesting some finality in his reflections, perhaps indicating a long process of circularity of his thinking between blame and reassurance. In spite of feeling relieved, participants also noted sadness:

It... it broke my heart it really did <pause>. I don’t cry often but I did that day.

David’s description of his heart as broken seems to symbolise the experience of placement breakdown as distressing. David further illuminates this by describing that immediately after the breakdown he was “in a slump”, feeling “awful, really awful”.

**Ripples of loss**

Most participants identified grief as a consequence of the placement ending, either through the labelling of their immediate emotional experience or identifying ripples of ‘loss’ that continued longer-term. David identified that his family continue to miss the young person. Joan and Simon reflected the same but caveated this with the notion that they cope by focusing primarily on the positive memories which served to remind them that they had not failed. Most participants talked about how grieving the placement breakdown had led to or at least involved acceptance. It seemed to resonate with participants that the ending of a close relationship is likely to lead to loss regardless of the circumstances, further indicating the longer-term emotional impact of placement breakdown.

“We’re only human”

This theme helps develop understanding of a complex mixture of reflections from across the interviews; the self and the family are changed in light of placement breakdown.

“You’ve developed, it’s different”

Some participants contrasted a current view of self to that before fostering in explaining the personal impact of the foster placement ending. Given that many of the
participants likened the period prior to placement ending as fraught with battles, whether this be within the placement or with the wider system, often the personal impact had been in bolstering the participant’s voice and opening up. For example, David described his transition from shy and reserved to being increasingly opinionated and vocal about his beliefs. Like other participants, he also reflected that the process has “brought a lot out of him”, implying those qualities were always present but had become more prominent following the placement ending. For Jane, it was her husband’s reflections that encouraged her to consider how she had changed:

Years and years back when you first started, fostering was so important that... it was everything but now... you’ve developed, it’s different.

Jane’s extract emphasises the development of self as a journey; in experiencing ending a placement and surviving this, the outcome of which was seemed to be a reduction in fear. Simon describes development within his capacity to share his emotions and to receive support. This indicates an acknowledgement of himself as potentially fragile, only recognised as part of ending the placement. This development was incredibly important to Simon, as he described the opening of opportunities to seek psychological support when the placement ultimately broke down.

**Meaning making**

This theme draws on participants’ experiences of making sense of the placement breakdown. Most participants discussed having tried to sustain the placement, reinforcing to themselves that they couldn’t have done any more and that as Joan said, they had made “the right decision”:

I’m so proud of ourselves because it could have gone the other way, but we made sure it was positive for her, which meant that we didn’t feel as guilty.

Joan’s identification that she acted in the best interests of the young person contrasts with a sense of concurrent guilt. This is characteristic of most participants’ meaning making of what happened, supporting the notion of accepting that it had not worked despite lots of effort. However, Jane’s narrative about the placement breakdown is characterised more positively. She referred to the potential long-term benefit of the placement that broke down:
I think there will always be later on in that kid’s life, something that you might have done.

This suggests a view that amongst the distress and difficulties, the placement was still of worth. This might have served as an important protective factor for Jane; perhaps it is particularly damaging to feel one’s hard work and investment is worthless or rubbished. David reflected on his experience of being “blamed” and feeling “really small”. His meaning making in the aftermath seems to have bolstered his fragile self through accepting that he was not to blame. Jane adds to this interpretation by reflecting that the young person had been so deeply affected by trauma that his “walls had gone up and were never coming down”. This seemed to further protect Jane, by identifying the problem not with her but within an unchangeable past. This is strengthened in other extracts, including Christine’s:

We are only human you know. I learnt not to beat myself up so much about it

By identifying herself as ‘human’, this emphasises that it was important that Christine came to understand she was not to blame. Further, it seems that Christine has wondered whether she could have done more, and that making meaning involved disentangling herself from unreasonable expectations to be ‘superhuman’. Simon reflected that he could not have done any more, but that things could have been different in an “ideal world” – this too links to the notion of readjusting expectations as part of understanding what happened. Overall, meaning making appeared to appease the idea of placement breakdown as their fault; this lessened their sense of guilt and lowered their expectations of what could have been achieved.

Most participants reflected on the strength they had relied upon in their marriages in order to “survive” the placement breakdowns. Amanda, John, Joan and Simon echoed sentiments of their spouses as being their “rock”, this seemed to offer recognition of the positive amongst the negatives.

Moving on
This theme encapsulates coping with grief and moving forward following placement breakdown. David noted this as “a breath of fresh air” and identified a
restored normality wherein he could reconnect with his home as an enjoyable space. Joan reflected that the emotional journey ended with acceptance:

The initial feeling of abandoning someone, did change, because we had to realise we had done and took it as far as we could.

For most participants, acceptance represented a genuine belief that the placement ending was “for the best”, and this was important to moving on. For others this involved processing and remembering that the young person was a child:

I mean after her, you would have thought we would never have had teenagers but as I say, you get to the stage where you think they are still a child.

John’s account indicates that remembering the young person as a child diluted the strength of feeling about the placement breakdown. Overall, the period of coping with the emotional experience associated with placement breakdown, but also in reclaiming the family home, involved re-connection to loved ones, the home environment or to the profession of fostering. Acceptance may mark the end of or a latter part of grieving, and this seemed to provide participants with an ability to acknowledge what has happened in a non-judgemental way.

Discussion

The present study explored foster carer experiences of foster placement breakdown involving older children. A selection of the identified themes pertinent to recent research are discussed in context below.

Emotional aftermath

Grief is a complicated phenomenon of which many people have personal experience (Hebert et al., 2013). A broad view of grief focuses not only on experiences of the death of a loved one, but on feelings that occur when people experience a separation from someone or something important to them (Walsh-Burke, 2012; Worden, 2009). Foster carers felt sadness and sometimes distress marked the end of placements. Although foster carers in the present study acknowledged that the placement ending had
been their choice, often they had experienced being ‘stuck’ without an alternative choice. Resultantly, foster carers questioned what might have been needed in order to prevent the placement breaking down and indicated a sense of guilt. The emotional experience reported by foster carers in the present study is consistent with grief conceptualised as natural, and encompassing many reactions from sadness, anxiety, guilt, physical symptoms and fatigue (Walsh-Burke, 2012; Lynes and Sitoe, 2019).

The in-depth methodology supported further exploration of previous findings offered by Hebert et al. (2013). Hebert et al. (2013) did not specifically explore foster placement breakdown, in fact it was stated that grief may occur regardless of how the placement ends. Whilst the present study did not seek to compare types of placement endings, the findings suggest specific emotional experiences as linked to the process of the placement breaking down rather than simply ending. This is consistent with bereavement literature which recognises grief as unique, and the process as dependent on key aspects, such as the circumstances of the bereavement, characteristics of and relationship with the bereaved individual, the provision and availability of support, and a myriad of sociocultural factors (Stroebe, Schut and Boerner, 2017).

The present study supports broader literature reporting symbolic or psychological losses are significant - as such recognition of the psychological loss as having a grieving process is vital (Doka, 2008). Anecdotally, it has been reported that: “separation from an infant or very young child is obviously more likely to elicit a stronger grief reaction” (Hebert et al., 2013, p.255). In contrast, the present study identified overwhelming distress as a common grief reaction to foster placement breakdown involving adolescents. The literature identifies this as “disenfranchised grief” - a concept defining the experience of grief when it is perceived to be unrecognised, or defined by others as illegitimate (Doka, 2008). Lynes and Sitoe (2019) highlight the detrimental impact of disenfranchised grief. This is particularly important to note in light of findings from the current study that foster carers can grieve adolescents within the context of a suggested narrative about a lack of acceptability of grieving older children. It is a requirement of foster carers to commit to young people in a way that is loving, warm and compassionate yet maintains professionalism. Grieving an adolescent following placement breakdown may be complicated by thoughts about the professionality of one’s own feelings, this could introduce an additional and unique layer for grieving foster carers about the acceptability of their emotional experience.
The present findings are supported by literature from the area of developmental disabilities reporting social support as vital to managing challenges presented by children (Dunst, Trivette and Jodry, 1997) and specifically that parents of children with disabilities experienced increased marital strain (Risdal and Singer, 2004). It is noted from the current study that parenting young people with a complex trauma presentation places unique and specific demands on foster parents that may differ from those of parents with children with developmental disabilities. However, within the present study foster carers strongly identified their partners as significant in terms of providing support throughout the emotional experience associated with foster placement breakdown.

“We’re only human”

Following placement breakdown, foster carers identified the development of a narrative of what had happened, acknowledging the self as changed, resuming normality through reconnecting with the home and family and ‘moving on’. Most foster carers noted acceptance as key to those processes. Within the context of loss, acceptance has been defined as “a sense of inner peace and tranquillity that comes with the letting go of a struggle to regain what is lost or being taken away” (Prigerson and Maciejewski, 2008, p.435). There is debate within the literature regarding the limited empirical support for a stage model of grief, with some authors reporting findings that suggest that disbelief, yearning, anger and sadness may represent aspects of a single underlying psychological construct of grief (Prigerson and Maciejewski, 2008). Whilst the present study cannot clarify this debate, findings do support the suggestion that as grief decreases, acceptance increases. It is also possible that acceptance is part of the grieving process but is more accessible once the raw and sometimes overwhelming emotions of placement breakdown have begun to be processed.

Consistent with other recent research, this study highlighted that foster carers can experience a variety of emotions following a placement ending (Lynes and Sitoe, 2019). Some foster carers noticed that as relief dissipated, other emotions and thoughts emerged. Foster carers doubted decisions they had made, wondered whether they had ‘failed’ the young person and questioned the positive feelings they had felt (such as joy) as a result of the placement breaking down. This implies that processing joy, relief and elation can lead to shame. Shame is described as a negative, exposing and sometimes psychologically painful emotion (Tangney, Stuewig and Mashek, 2007). It describes the
experience of feeling defective, with either a real or imaginary sense of how one’s shortcomings would appear to others, in this sense shame can also encompass the feeling of being worthless or powerless (Tangney, 1995). Overall, shame refers not to only one part of self, but to an overall view of the self through a negative lens (Tangney, 1995). This suggests that the circumstances of the placement ending do have a significant impact on the foster carers’ sense of self. Furthermore, in relation to mental health difficulties, shame has been highlighted as one emotion that can present as a barrier to help-seeking in a number of studies (Jagdeo, Cox, Stein and Sareen 2009; Schomerus, Matschinger and Angermeyer, 2009). At varying points, foster carers perceived that they were judged, not believed, and blamed. Help-seeking is likely to be limited by fear of ‘public stigma’; the experience of being or perceiving to be discriminated against by others (Evans-Lacko, Brohan, Mojtabai and Thornicroft, 2012). Guilt related to perception of self as a failure, or shame related to the experience of positive emotions is also proposed from the present study. This indicates the pervasive nature of shame for foster carers at individual and systemic levels.

Implications

Containing systems: a secure base

As noted, shame can act as a barrier to self-care. Thus it is suggested that foster carers would benefit from an enhanced ethos of self-care, with awareness and encouragement to replenish their own well-being. In caring for vulnerable children, there is an inherent demand of fostering professionals to provide a contribution from the self. It is indicated for fostering organisations to review where and what support or permission there is for foster carers to process and make sense of their experiences when they end placements so that they can integrate this into their development and to then use this as a point of reference and stability. As in psychological models of a ‘secure base’ it is from this reference point that individuals can remain open, engaged, curious and explorative (Biggart, Ward, Cook and Schofield, 2017). Interestingly, this may fit with foster carer reports within the present study that a ‘positive’ of the placement ending had been in regards to their personal development through these difficult experiences.

This ethos of self-care is also relevant to fostering professionals such as social workers and team managers (Biggart, Ward, Cook and Schofield, 2017). Developmental trauma is pervasive and it is well reported that it can influence foster carers, professionals and systems (Emanuel, 2002). If foster carers need this, it is pertinent to
ask where they might seek this support from. Professional systems might offer the space to contain emotional experiences by having mechanisms to slow down, reflect and be thoughtful. There are examples of teams that prioritise the implementation of these types of ideas such as Building Attachments, Security and Emotional Wellbeing (BASE) in South Wales (Cooper, 2018). BASE strive to provide a secure base to social care professionals in order that they can transfer this to the carers and children they support. This highlights the vital preventative role of psychological and therapeutic practitioners to notice, contain and sustain work with the complexities of human relationships and developmental trauma. Similarly, the Gwent Attachment Service highlight in their service information leaflet, the importance of supporting agencies to embed attachment principles into their service planning and delivery (Gwent Attachment Service, n.d.).

*Formal training, supervision and consultation*

This study draws a tentative link between foster carer experience of loss when a placement breaks down and the concept of ‘disenfranchised grief’. It is essential to validate grief through recognition of foster carer experience as ‘legitimate’. The findings presented here are consistent with the conclusion presented by Lynes and Sitoe (2019), as part of which they recommend foster carers are supported not only individually but by the professional context. Professionals interacting with foster carers might benefit from developing a framework of grief and skills in initiating conversations about this complex emotional reaction. However, it is also important that the professional system around foster carers have the capacity to deliver this support. This might include for example, social workers having supervision or consultation to remain open and attuned to foster carers’ emotions.

*Reflective practice*

Findings indicate that foster carers can experience shame as a result of positive emotions when a placement breaks down. Foster carers may benefit from the opportunity to share their genuine emotional experiences within a non-judgmental professional context. This could include normalisation of grief as natural and encompassing many emotional reactions. Anecdotally, foster carers reported that they had valued taking part in the present research not least because it provided a space to openly and honestly discuss their emotional experience. Therefore, as highlighted by Lynes and Sitoe (2019), it cannot be assumed that these narratives are consistently articulated to foster carers in their usual professional conversations – the power of this
should not be underestimated. BASE has clinical psychologists within the team to facilitate reflective practice groups (Cooper, 2018). Reflective practice is recommended as a process to explore conflicting views, repeated patterns of breakdown, uncertainty and poor communication (National Institute for Health and Care Excellence, 2016). In this way psychological practitioners can have a valuable and crucial role in services.

**Psychological formulation**

Psychological formulation is described as “a hypothesis about a person’s difficulties, which links theory with practice and guides the intervention” (British Psychological Society 2011, p 2). This study highlights the role of professionals in developing a shared psychological understanding of the difficulties experienced by adolescents and consideration of support to the placement in meeting the young persons’ human needs (such as, to socialise, connect, be safe). A psychological formulation of the young persons’ presentation may help to inform, or be co-constructed, with carers’ narratives if a placement is ended by a foster carer. Psychological therapists can offer a valuable role in supporting the professional network to develop this shared understanding (Gwent Attachment Service, n.d.), in thinking creatively about responding to difficulties (Cooper, 2018) and perhaps, in making sense of placements ending.

Limitations

Firstly, self-report methods inherently introduce a risk of attribution. It would be pertinent to explore placement breakdown from the perspective of social care practitioners, particularly given the findings that foster carers have felt blamed and even rubbished.

Consideration was given to the methodological implications as well as the relative merits of interviewing individuals and couples. Impressions regarding the interview process and analysis of the content indicated that couples expressed their experiences relatively openly, offered alternative and at times contrasting views. However, research utilising IPA to explore couples’ experiences emphasises the dyad due to the significance of events on the couple rather than only the individual (Antoine, Vanlemmens, Fournier, Trocmé, and Christophe, 2013). The present study provided depth of exploration at an individual level which limited the exploration of lived
experience at a dyadic level – designing a study to this effect would support the emerging body of research in this area.

Findings were identified through the interpretive and reflexive focus of IPA utilising a relatively small sample. This is particularly important to note given that many of the children that foster carers discussed had experienced multiple placement breakdowns. Thus, despite credibility checks and consideration of sample size, findings from the present study would be supported by replication of the research in order to further draw out divergence in experience.

Recommendations for future research

This area of research would benefit from further investigation into foster carer reports of guilt and shame and their experience of being able to share their emotional world, given their concerns about being ‘bad’ and ‘to blame’. This could be further supported by quantitative research exploring subtle indicators of shame. Discourse analysis can also offer further opportunity to explore discourses of shame.

Foster carers regularly reported the significance of the marital relationship in supporting recovery from difficult emotional experiences following placement breakdown. Recruiting single carers to explore their experience of placement breakdown is pertinent in order to consider whether the themes identified here would generalise.

A number of foster carers discussed the impact of family contact on placement stability. Navigating social media, mobile phones and online gaming can place significant strain on placements, particularly as young people may utilise these means to have unsupervised contact with family. Such contact might offer significant positives however some placements may come under strain – for example, despite having a positive experience of foster care, some young people may feel a sense of division of loyalty between foster care and their birth family. Anecdotally, professionals working in this area highlighted that some young people have stated a preference for residential placements, noting the difficulty in residing in a foster family when they are loyal to their birth parent/s. Understandably, this too can impact foster carer experiences of investing in a relationship. Thus it would be pertinent to understanding difficulties specific to adolescent placement endings to explore the views of LAC and adults who are care-experienced.
Conclusion

This UK based study explored foster carer experience of ending foster placements involving older children, and specifically experiences wherein the placement ending was of the foster carers’ control. Grief was identified as a primary emotional experience to process as part of the placement ending. Foster carers made sense of and accepted the placement ending, although ripples of loss remained. Grief was situated amongst a more varied emotional experience, including joy, elation and relief, all of which were suggested to contribute towards a felt sense of shame. Shame may have been exacerbated given that the social care system was perceived to blame and belittle foster carers, and shame is most likely ameliorated by those from whom we have an experience of a warm and non-judgmental approach.

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Notes
Participant identifiable information has been omitted, changed or assigned a pseudonym to protect confidentiality of foster carers and young people.


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