

**Exploring the personal constructs of looked after children
and their foster carers: a qualitative study.**

Emily Cooper

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1 ABSTRACT

Previous research has indicated the unique contribution that the interaction between looked after children and their foster carers might have on young people's behaviour, emotional well-being and subsequent placement stability. Furthermore, there may be differences in the way in which young people and their foster carers view a typical family. Despite this, there is a noticeable absence of studies which have specifically explored the foster carer-child relationship, particularly in terms of how their individual perspectives might be negotiated within their interpersonal relationship. The current study therefore aimed to address this gap.

Three foster carer-child dyads were recruited from a local Child and Adolescent Mental Health Service, with young people aged between 8 and 16 years. A Personal Construct Psychology (PCP) approach was adopted. Participants each completed an individual interview, facilitated by Perceiver Element Grids (PEGs; Procter, 2002) in which interpersonal construing was explored. Looked after children and their foster carers were then interviewed together to share and discuss their completed PEGs. Interview transcripts were analysed using Thematic Analysis and PCP concepts were used to analyse the interactional processes between young people and their carers.

The study highlighted a shared sense of fragmentation across participants' accounts, with both looked after children and their carers reporting a sense of inauthenticity in the way they negotiated their interpersonal relationships. Differences in the way in which 'family' was perceived was also highlighted, with young people expressing a sense of ambivalence regarding their desire to be integrated into their foster family, whilst also retaining a connection to their birth family. These themes were supported in their interactions and co-constructional processes. The findings are discussed in relation to the relevant literature and clinical implications. Methodological limitations and directions for future research are also presented.

2 INTRODUCTION

“No psychologist, I think, is all that he might be until he has undertaken to join the child’s most audacious venture beyond the frontiers of social conventions and to share its most unexpected outcomes” (Kelly, 1969, p.8)

I will open this thesis with some background information about my theoretical position, use of language and the personal significance of this research as I recognise that my research interests have emerged from constructions of the realities which I have experienced.

2.1 My theoretical position

The epistemological stance in which this research is situated is underpinned by a social constructionist framework and this position has not only influenced my theoretical orientation and clinical practice but permeates throughout this thesis.

Social constructionist ideas which challenge the notion of certainty and objective truth have encouraged me to adopt a critical stance towards “the taken-for granted world” (Gergen, 1985, p. 267) and against those assumptions made about and expectations imposed on those within the care system. As this perspective understands that all knowledge is culturally specific and that meaning is socially negotiated through language (Burr, 1995; Gergen, 1985), I was further motivated to consider how this might be co-constructed in interaction with others (Butt and Parton, 2005). The lens through which I conduct this research is therefore informed by both social constructionist ideas and the relational aspects of systemic thinking.

Contrary to positivist perspectives, rather than seeing problems situated within individuals, postmodernist theories, such as social constructionism, consider difficulties as being “constructed in response to, or supported by dominant discourse” (Dickerson, 2010, p.355). Change is therefore viewed as being actualised through conversation pertaining to alternative avenues and opportunities. In the same way, individual identity is viewed as being socially constructed and thus context dependent, resulting in the potential to access a multiplicity of selves (Burr, 1995; Dickerson, 2010).

2.2 My use of language

Consistent with a social constructionist ethos, language within this thesis is posited as a form of social action (Burr, 1995). Contrary to a modernist stance, rather than viewing language as a “passive vehicle for our thoughts and emotions” (Burr, 1995, p.7) social constructionism views language as the means through which the world is constructed and therefore the context in which words are used may alter their meanings and the production of knowledge. In this way, the power of language and the way in which it is used to narrate experiences can have a significant impact, particularly for those marginalised groups such as looked after children.

Given that this research is located in a profession in which terminology can be central to accessing a service and thus resources (Ho, 2004), I consider that it is pertinent to address this from the outset. Much in the same way that psychiatric diagnoses can be used by professionals to impose a particular explanation for individual experience, so could it be true for the political assignment of terms used for children who are placed in foster care. Careful consideration has therefore been given to the language and terminology used throughout this thesis.

2.2.1 The term looked after children

The term ‘looked after children’ was first introduced by the Department of Health (DoH) to describe all children in public care, including those in foster care or residential homes (DoH, 1989). Although this concept is widely used and acknowledged in policy, practice and research, the terminology, its definition and resulting thresholds are subject to continuous change (Department of Children, Schools and Families; DCSF, 2008) and can thus affect service provision (Vostanis, 2010).

It is apparent that there has been a move over recent years, predominantly within disability literature, to ensure that the terminology used by professionals is made explicit (Ho, 2004). Despite an in-depth search of the relevant literature pertaining to young people within the care system and given that the terminology used has recently changed (National Institute for Health and Clinical Excellence; NICE, 2010), no evidence of such a discussion within this arena was found. It further appears that there are certain areas, such as the learning disability field, in which the most appropriate terminology continues to be critiqued and afforded

consideration. In contrast, such conversations about looked after children remain silent and perhaps subjugated. This could be due, in part, to the fact that it is typically the policy makers who make such decisions and therefore determine the importance of the terminology used rather than the recipients of the label themselves.

Many of the changes in terminology regarding this population are based on whether person-first labelling should be used. Person-first labelling identifies the importance of referencing someone most importantly as a person and secondly, and thus less importantly, by a descriptive word or phrase, such as ‘looked after’ (St Louis, 1999). This perspective posits that certain labels can lessen the negative attitudes which society might hold.

In light of this debate, none of the current or previous terms adopted were considered appropriately respectful, but it has been decided that the term ‘looked after children’ will be adopted throughout this thesis in keeping with the terminology used in the most recent government policies (NICE, 2010⁴). Furthermore, it has been argued that for research to be esteemed and to effect political change, the intended message should be communicated in the existing language of the system so that it can be accessed by the widest possible audience (Tracy, 2010).

It is further acknowledged that the language used to describe this client group could be seen to reflect the dominant discourse within society that children exist in a system in which they need to be “looked after, protected and remain dependent on mature, competent professional carers” (Phillips, 2003, p. 70). For this reason, I have decided not to acronym or capitalise this term as I believe that this may serve to reinforce that a shorthand descriptor is acceptable and thus reduce their sense of identity further.

⁴ Although the term ‘looked after children’ is used throughout this thesis following the most recent policy guidance, (NICE, 2010) the terms ‘children looked after’ and ‘children in care’ (Department for Children, Schools and Families, 2008) were adopted throughout the process of gaining ethical approval and during the data collection stage. The term ‘children in care’ is documented on all participant consent forms and information sheets.

2.2.2 Other terminology

The term ‘young people’ will be used in this study to refer to those participants aged between eight and sixteen years. It is acknowledged however, that within British policy the status of being looked after can extend up to the age of 25 years (Dickson et al., 2009). To ensure consistency, the term foster carer is used to refer to the adult participants in this study and those involved in the direct care of looked after children (NICE, 2010).

It is further recognised that the term ‘family’ can encompass a much broader definition than those solely with parental responsibility and thus part of this research is concerned with the exploration of how this term is construed. For this reason, a distinction is made between a foster family/parent and birth family/parent. Although it is felt necessary to operationalise the terms used in the study, it is recognised that some individuals may not agree with or define themselves using these labels.

2.3 Research significance

Consistent with the argument that good qualitative research should be “relevant, timely, significant, interesting or evocative” (Tracy, 2010, p.840), I orientate the reader to the personal and social significance of this research and those factors which have influenced its development.

2.3.1 Social significance of the research

Changes to policies and procedures following the change in government in the United Kingdom in May 2010 are likely to have practical implications for looked after children, although the extent and ramifications are not yet fully clear. Changes to National Health Service (NHS) commissioning have also been announced, the impact of which on outcomes and priorities for looked after children remains uncertain. Given these changes and their, as yet unknown consequences, it is timely and imperative to ensure that issues pertinent to looked after children remain on the political agenda and within research consciousness.

2.3.2 Personal significance of the research

I am not a parent neither do I have direct lived personal experience of the care system. However, the motivation for undertaking this research stems primarily from my extensive professional experience of having worked within the child protection arena. In this role, I witnessed firsthand the direct impact on families as they were separated from one another and the difficulties experienced by many young people in maintaining connection with their birth families whilst also having to negotiate integration into a new and unfamiliar foster family.

Ultimately, I reflect on these experiences as a distant observer, but yet, salient to the implicit nature of this research, I write this as someone who is aware of the strongly held, dominant narratives inherent in my own family. Although I often notice these beliefs permeating throughout my own discourse, I am also aware of their constraining nature and thus the subsequent ambivalence in voicing dissent against a perceived truth.

It is perhaps these experiences which have therefore led me to greatly value the principles underpinning social constructionism as, by affording privilege to multiple truths, it has liberated and validated my own unique perspectives, something which motivates me in my clinical practice. In approaching this research, I am mindful that these personal experiences and values have invariably influenced my own perspectives, in addition to the way in which I might construct this topic and interact with participants.

3 LITERATURE REVIEW

The literature review was initially approached by focusing on search terms intended to extract the main studies under investigation in this research. However, these terms are arguably shaped by dominant discourses and might therefore have neglected to include alternative descriptions. The full details of the literature search strategy are provided in Appendix 1.

I will begin by introducing the reader to the topic of looked after children and will then follow this with a discussion of the literature surrounding the foster carer-child relationship in the wider context of placement (in)stability. The application and value of Personal Construct Psychology to this field is also reviewed. Finally, I will identify the current gaps within the research literature, my rationale for the research and my research questions.

3.1 Definition and epidemiology

The term ‘looked after children’ is a legal construct arising initially from the Children Act (1989) and refers to all children and young people being looked after by the local authority, including those subject to a compulsory care order (Children Act, 1989; s.31) and those looked after on a voluntary basis through an agreement with their parents (Children Act, 1989, s.20). Although encompassing a broad spectrum of care arrangements, it could be argued that utilising such an umbrella term does little to illuminate the heterogeneity of this population, with regards to reasons such as how and why they came to be looked after (Winter, 2006).

The most up to date figures released by the Department for Education (2010) indicate that approximately 64,400 young people are currently looked after in England alone. This represents a 6% increase from the figures released in 2009 (DCSF). Of the young people who became looked after during 2010, 52% initially became involved with social care services due to abuse or neglect; an increase of 15% from 2009.

3.2 The mental health of looked after children

It is well established that young people looked after by the local authority have high prevalence rates of mental health difficulties (Meltzer et al., 2003; Richardson & Lelliott, 2003) and that their outcomes remain considerably worse than those of their peers (DCSF, 2009). There have been numerous research studies which have highlighted these findings;

some have measured wellbeing at the point of entry into care (Dimigen et al., 1999; Sempik et al., 2008), whereas others have considered young people who had been looked after for some time (McCann et al., 1996) or referred to specialist services (Arcelus et al., 1999; Blower et al., 2004). The most extensive source of information regarding the mental health of looked after children was provided by Meltzer and colleagues for the Office for National Statistics (ONS). This report represented the first national survey for young people looked after by local authorities in England and its aims were to produce prevalence rates of mental disorder by child and placement characteristics so as to determine their impact and subsequent service utilisation (Meltzer et al., 2003).

The findings indicated that 45% of the looked after population could be diagnosed with at least one psychiatric diagnosis, rising to 72% for those in residential care (Meltzer et al., 2003) in comparison to around ten percent of the overall British population of young people (Meltzer et al., 2000). The overall proportion of children with a diagnosable mental health disorder remained consistent when these findings were followed up five years later (Green et al., 2005) and was greater among boys than girls (49% compared with 39%), a finding which was also replicated amongst the community samples (Meltzer et al., 2000).

Clinically significant conduct disorders were the most common disorder amongst looked after children (37%), whilst 12% were shown to have emotional disorders (anxiety and depression) with 7% diagnosed as hyperactive. Overall, young people diagnosed with a psychiatric disorder were more likely to be boys, aged between 11–15, be placed in residential care and to have been in their current placement for less than three years.

It is noteworthy that many of the comparative studies only control for gender and age and thus not for other extraneous factors such as social class, ethnicity and family history which might help to determine whether looked after children really are a unique group (Winter, 2006). One such exception however, is that undertaken by Ford et al.(2007). Even when compared to children in a community sample from the most deprived socio-economic groups, looked after children still showed significantly higher rates of mental health disorders.

The very nature of being looked after could render young people at risk of attaining a psychiatric label rather than consideration being afforded to psychosocial explanations

(Rostill and Myatt, 2005). The way in which difficulties are defined and constructed by society is likely to affect the way in which they and those in their surrounding system view the problem and the young person themselves (Brady, 2004). Similarly, by locating the problem as inherent within the young person, the opportunity for change could be perceived as less possible. The way in which these multiple and interfering factors interact to influence an individual's identity and wellbeing is therefore something which the current research aims to untangle by exploring further.

3.2.1 Obstacles to accessing mental health provision

What can be taken from recent government policy is that improving the services which target the mental health of looked after children is now seen as a key agenda priority (Davidson, 2008; DoH, 2009; NICE, 2010). However, despite the reportedly high rate of mental health disorders in looked after children, this group still remains under-represented in Child and Adolescent Mental Health Service (CAMHS) populations (Richardson and Lelliott, 2003).

Studies have continuously shown that looked after children have difficulty accessing appropriate mental health services (Dimigen et al., 1999) and that barriers such as long waiting times, mistrust of professionals, perceived stigma and lack of agreed referral pathways (Blower et al., 2004) could all contribute towards poor service access.

Additionally, those who work exclusively with looked after children may have difficulty recognising problems warranting referral as they have become accustomed to working with disturbed children (Minnis and Del Priore, 2001) and may have low expectations of service availability (Golding, 2010). Similarly, barriers to receiving appropriate provision could be further exacerbated by the fact that referrals into CAMHS for this population are typically of a behavioural or attachment nature (Vostanis, 2010) for which interventions are less specifically determined.

Statutory guidance is becoming increasingly aware that the service user's voice should be positioned at the heart of mental health service design and delivery (DoH, 2009). However, children's concerns may differ from those of their carers, for example Beck (2006) found that looked after children tended to identify internal emotional problems, whereas their carers predominantly focused on externally visible behaviours. Behavioural difficulties are more

likely to be considered problematic for foster carers and therefore those with low mood or anxiety problems could be overlooked.

Given the potential complexities of working with this population, there appears substantial variation in the provision of CAMHS for looked after children, the interventions offered and the disciplines or agencies involved (Minnis & Del Priore, 2001). Recent policy changes and government initiatives (Mental Health Foundation, 2002; DoH, 2004; DfES, 2007) have however, led to the provision of dedicated mental health services for looked after children, which has resulted in an emerging breadth of studies evaluating their development and effectiveness (Callaghan et al., 2004, Kelly et al. 2003; Milburn et al., 2008). Authors have argued for the need for effective inter-agency working with this specialist population (Golding, 2010) and thus the increased risk of mental health difficulties, combined with social disadvantage, has focused attention on joint working across all levels (Callaghan et al., 2004).

In summary, research has highlighted that looked after children are often referred to disparate services to address their difficulties (Minnis & Del Priore, 2001) and typically receive inconsistent provision and resources (Callaghan et al., 2004).

3.2.2 Mental health and placement stability

It is widely recognised that the influence of the interplay between placement instability and mental health difficulties is complex and far-reaching (NICE, 2010). Indeed, both processes are likely to impact cyclically upon one another, with psychological difficulties contributing towards, whilst also being exacerbated by, multiple placement moves (Stanley et al., 2005). Certainly, studies have demonstrated that frequent placement moves may be regarded as an indicator of mental health difficulties, namely conduct disorder, (Beck, 2006) the prevalence of which decreases with the duration in placement (Meltzer et al., 2003).

Premature termination of a placement has also been demonstrated to impact on peer relationships, problems with regulating emotions and poor self-concept (Unrau et al., 2008). These observed difficulties can then form part of a self-perpetuating cycle which could jeopardise future placements. Given these poor outcomes associated with placement breakdown, it is perhaps unsurprising that there has been a heightened focus on the

importance of placement stability within recent government policies (DfES, 2007; DoH, 2009; NICE, 2010).

3.3 Placement stability

This section outlines the current research literature which has focused on aiding understanding of, and eliciting factors associated with, placement stability and placement disruption.

3.3.1 The role of attachment and past experiences

It could be argued that the experience of abuse and/or neglect, in addition to separation from the birth family, multiple placement moves and the subsequent requirement to establish multiple relationships within foster care are likely to have a profound effect on the looked after child. As such, it is probable that looked after children might experience a lack of trust in others, in addition to difficulties in developing enduring interpersonal relationships. Previous experiences of attachment relationships are likely to act as a blue print for individuals in developing internal representations of themselves and others which they can subsequently apply to other relationships (Rostill and Myatt, 2005). Given that children entering the care system are more likely to have experienced weak or disrupted attachments (Howe and Fearnley, 2003), it is perhaps unsurprising that looked after children are at much greater risk of being diagnosed with an attachment disorder (Meltzer et al., 2003).

Bowlby (1969) advocated that early experiences can become internally represented for the infant as a system of enduring beliefs and expectations about relationships. Furthermore, the cumulative effect of past experiences, more specifically others' responses to requests for care and protection, become represented as a working model (Bowlby, 1980). This working model incorporates the view of the self as worthy or not of love and protection and thus whether others can be relied upon to meet these needs.

The concept of the secure base lies at the heart of attachment theory (Bowlby, 1969), in which importance is given to the role of the primary caregiver in order to provide a safe base from which the infant can explore and engage with the world, and to respond sensitively to them so as to help regulate and manage their arousal and distress (Glaser, 2000). It has been argued that if the caregiver fails to perceive or is not emotionally attuned to the young

person's emotional state, they may subsequently fail to develop the capacity to regulate their own emotions or deal reflectively with their own needs. Due to the potential cumulative effect of past experiences, it could be argued that looked after children may be less likely to view the world as safe enough to seek nurturing and support from others which could be presented as anger, aggression or controlling behaviour (Golding, 2003), the result of which can place severe strain on those foster families in which children are placed, which may further render placements more susceptible to breakdown (Farmer et al., 2005; Stanley et al., 2005).

3.3.2 Young person characteristics

A number of studies have explored the association between placement disruption and the characteristics of looked after children (Oosterman et al., 2007; Tarren-Sweeney, 2008). For example, it has been demonstrated that children placed in foster care at an older age are at greater risk of placement breakdown (Barber et al., 2001), with this age effect being moderated by gender, with older girls being more likely to experience breakdown than younger girls and boys in general (Smith et al., 2001). Furthermore, a recent meta-analysis has concluded that when all other risk factors relating to the young person are controlled for, behavioural difficulties consistently remain the strongest predictor of placement disruption (Oosterman et al., 2007). Given that much of this previous research has relied on the severity of behavioural difficulties being determined from a single perspective, namely rated by the foster carer (Strijker et al., 2011), gaining multiple perspectives could therefore be considered an important research avenue to pursue.

3.3.3 Foster carer factors

Studies have demonstrated that social support for foster carers is an important predictor of placement stability (Oosterman et al., 2007), with those carers who have strong ties to their extended families being perhaps more protected from the risk of placement disruption (Walsh & Walsh, 1990, cited in Semanchin Jones, 2008).

Although there are a multitude of factors which could contribute towards placement breakdown, for many foster placements the key to stability appears to often pivot around the foster carer's threshold of tolerance and their understanding and respect for the child's communication of distress (Guishard-Pine et al., 2007). Studies which have therefore

facilitated an increase in foster carer understanding of the behaviour of the children that they care for have been shown to help mediate the risk of placement breakdown (Schofield et al., 2000; Wilson, 2006).

3.3.4 The interaction between foster carer and young person

Although several studies have indicated the importance of exploring the interaction between foster carer and child characteristics (Sinclair and Wilson, 2003), there is a noticeable gap in the research in which this has been explored and evaluated further. Of those studies which have (Doelling and Johnson, 1990), the quality of the relationship between foster carer and young person, in addition to the “goodness of fit” between their characteristics and expectations of the placement, were found to be predictive of the placement outcome. Given the current shortage of foster carers in the UK, this notion of matching based on the unpredictable element of “chemistry” is perhaps unrealistic and difficult to achieve in reality, particularly in the all too common emergency circumstances in which young people are accommodated.

3.3.5 Interventions to address placement disruption

There has been a wealth of studies which have highlighted those factors which might predispose or maintain difficulties within the foster placement, but there has been limited research undertaken on the efficacy of specific interventions with this population. Indeed, the one systematic review found within the literature (Everson-Hock et al., 2009) identified only a small number of relevant studies, most of which were evaluated to be of poor quality or employed small samples. The findings of this review suggest mixed evidence of the effectiveness of foster carer training on both the behaviour and emotional wellbeing of looked after children. Discrepancies appear to exist in the findings between those studies conducted in the United States (US) and those in the UK, with UK studies reporting limited impact of training on these outcomes (MacDonald and Turner, 2005) in comparison to statistically significant benefits in US studies (Chamberlain et al., 2008). Whether the discrepancy in findings is due to the type of training received or to differences between the UK and US care system is unclear, but it is apparent that the US studies were typically of longer duration and recruited carers of infants (Dozier et al., 2002), whereas the UK studies recruited a broader age range encompassing children and adolescents (Minnis et al., 2001).

Since there is a greater likelihood of placement breakdown and behavioural problems in older children (Barber et al., 2001; Oosterman et al., 2007), it could be argued that those older participants recruited in the UK studies may have had more serious behavioural difficulties from the outset.

Despite the reportedly limited impact on outcomes for young people, a number of UK studies have shown that foster carers experienced some personal benefit from training (Minnis et al., 1999), which not only enhanced their perceived capabilities and confidence, but also led to them feeling better supported (Golden and Picken, 2004). The benefits of social support have been consistently highlighted by foster carers (Farmer et al., 2005), which suggests that enhanced support can help to ease the strain of fostering, which arguably could serve to increase coping capacities and help to mediate placement breakdown.

Given that studies have shown that the foster carer's sensitivity towards the young person is an important predictor of placement success (Oosterman et al., 2007) there has been a recent growth in attachment-based interventions focusing on fostering secure attachments within the foster carer-child relationship (Minnis and Devine, 2001; Wilson et al., 2003). Criticisms of this approach however, highlight that the conceptualisation of attachment can lead to the over-diagnosis of attachment disorders which could compound the dominant discourse which places the problem within the child and the responsibility for this on the birth parents, thus rendering the opportunity for change as less possible (Butler and Charles, 1999).

As outlined by the Department for Education (2011), the delivery of standardised interventions such as multi-systemic therapy (Henggeler et al., 2009) and multidimensional treatment foster care (Fisher & Chamberlain, 2000) have been more recently implemented and evaluated with favourable outcomes on foster placements and individual child outcomes. Such initiatives already have a growing evidence base within the US, yet the effectiveness of these programmes over time and with more local populations needs to be more fully established.

Many specialist looked after children teams offer regular consultation to foster carers and social workers, the success of which has received limited systematic research attention. There appears a further paucity in good quality studies which have evaluated the effectiveness of

training and consultation on groups of professionals who work closely with looked after children, such as teachers, social workers and residential staff.

For young people referred to CAMHS, there has been limited research exploring which therapeutic interventions are most efficacious for this group. Arcelus et al. (1999) found that over two thirds of referrals for looked after children were for aggressive behaviour, despite the striking absence of adult carers being present during subsequent therapy sessions. This highlights a challenge for clinicians as interventions advocated for these difficulties might have increased effectiveness when foster carers are also involved.

In summary, there have been a wide range of therapeutic interventions proposed and developed to promote placement stability, yet there is relatively limited evidence regarding their specificity and clinical effectiveness (Everson-Hock et al., 2009). It is evident that the research base largely assumes an individualised focus as studies have evaluated either co-ordinated interventions targeted predominantly at the foster carer as the main agent of therapeutic change (Minnis and De Priore, 2001) or individual therapeutic work with the young person aimed at reducing their presenting problematic behaviour. Although some studies have highlighted the benefit of facilitating insight and understanding of the foster carers' own experiences on their ability to empathise with the young person they care for (Minnis and Devine, 2001), there remains a noticeable gap in the literature which has targeted interventions incorporating multiple perspectives. Additional studies which evaluate joint interventions which focus on the interaction between the young person and their foster carer are therefore needed. This might help develop our understanding of both the individually and socially constructed meanings given to this unique relationship.

3.4 Qualitative studies

Although there has been a rich body of research exploring the risk and protective factors associated with placement breakdown, limited attention has been afforded to the views of looked after children regarding their current foster placement or to that of their foster carers. The published research instead explores a diversity of factors, to include their perspectives on having experienced a placement breakdown (Butler and Charles, 1999; Rostill-Brookes et al., 2011; Unrau, 2007), their experiences relating to specific aspects of the care system (Selwyn et al, 2010; Winter, 2010) in addition to other aspects such as conceptualisation of family

(Gardner, 2004) and inner logic (Singer et al., 2004). The following section summarises the research which has presented the perspectives of looked after children and their foster carers regarding their experience of the care system.

3.4.1 Foster carer perspectives

There appears scant qualitative research which has explored foster carers' perspectives on the fostering process, but of those studies which have been conducted (Dickson et al., 2009; Sinclair et al., 2005), common themes raised have highlighted the discrepancy between their role and responsibilities of being a parent and a professional carer and their complex relationship with their foster children. Despite foster carer perspectives being gained, their accounts still appear to lack a consideration of the contribution that these themes raised might have on the young people themselves, and thus the tension between potentially competing goals and expectations.

3.4.2 Young people's perspectives

Common themes arising from the literature indicate that many looked after children have ambivalent feelings towards being looked after (Selwyn et al., 2010; Sinclair, 2005). Predominantly, studies demonstrated the importance of family connections (Winter, 2006) regardless of the level of contact they received from their birth families. The tension between competing membership to both foster and birth family is however, consistently highlighted throughout the research exploring looked after children's perspectives of the notion of family (Kufeldt et al., 1995; Ellingsen et al., 2011).

In light of this research, evidence overwhelmingly suggests that the facets of care and love remain paramount in the criteria by which looked after children assess families (Anyan & Pryor, 2002). Moreover, research investigating children's perspectives of family highlight that their views do not necessarily conform to stereotypical images of a 'nuclear' family and that distinctions in its conceptualisation can vary according to age (Morrow, 1998). Given the highlighted need for increased exploration of the phenomenology of children's perspectives of family and how these might be re-evaluated following a placement move, in addition to an absence of studies which explore multiple perspectives of this concept, the present study aims to fill this acknowledged gap.

3.5 Personal Construct Psychology (PCP) and looked after children

The literature offering a Personal Construct Psychology (PCP) perspective to looked after children is extremely limited. However, many aspects of PCP can be applied to this field as it has the potential of offering a means of exploring the complexities of both individual and potentially shared construct systems within the foster carer-child relationship. For this reason, a PCP methodology was adopted for the study.

Personal Construct Psychology (PCP) originated from the writings of George Kelly (1955) and is based on the notion that “ a person’s view of reality is formed by his/her perceptions of what s/he sees, hears, thinks, feels and anticipates in his/her world. These perceptions are his/her personal constructs which are unique and real to him/her and actively guide his/her thoughts and actions” (Giles, 2003, p.18). In this way, personal constructs can be seen as a way of making sense of the self and others, and form the basis upon which predictions about the world are made. Moreover, Kelly (1955) advocated that personal constructs are viewed as being bipolar in nature (e.g. ‘happy-sad’) and are unique to the individual.

A fundamental assumption underpinning PCP is the notion of constructive alternativism (Kelly, 1955) which asserts that all constructions are open to reconsideration. In this way, PCP views change as a distinct possibility. The ‘person-as-scientist’ metaphor (Kelly, 1955) is used to illustrate how the individual’s behaviour is seen as a means of continually testing and revising their personal constructs in terms of how well these might offer predictability of the replication of future events. Therefore, one way in which to better understand an individual would be to explore their construct system.

3.5.1 Social constructionism and PCP

Constructivist approaches, such as PCP, argue that individuals “create rather than discover constructions of reality” (Raskin, 2002, p.2), and therefore focus on the unique way in which individuals make sense of their experiences. This contrasts with the social constructionist underpinnings to this thesis, which place greater emphasis on the social context in which reality is negotiated (Burr, 1995). In this way, social constructionists would criticise that PCP places an over-emphasis on intra-personal processes, whereas conversely, it could be argued that social constructionism affords little attention to the more isolated forms of personal knowing which characterise PCP (Raskin, 2002).

The tension between these two potentially contrasting approaches has however, not been overlooked. Given that both approaches have limits to the depth of insights they can offer (Warren, 2004), the present study aims to incorporate both positions in a complementary manner. Similarly to Raskin (2002), I adopt the view that the “commonalities among these approaches outweigh the points of divergence” (p.2).

3.5.2 Personal Construct Psychology and the development of self.

Kelly (1955) proposed that the process by which we make sense of our identity evolves out of discriminations between ‘self’ and ‘others’. Initially, these discriminations are linked to our immediate environment (such as family), but as our environment widens, discriminations can broaden to include other significant figures, such as school friends. These varied relationships are important to allow the young person to modify their perceptions of self and others in light of others’ views (Dalton and Dunnett, 1992). As part of this ‘self-other’ discrimination in the development of our self-concept, PCP asserts that we in turn make assumptions and predictions about others. Therefore, the way in which we view others is likely to impact upon how we subsequently relate to them. This notion could hold particular salience for looked after children as possible changes in foster and educational placements, and thus the significant figures that they might be exposed to, could alter their perception of their ability to anticipate and predict the world.

3.5.3 A PCP explanation of attachment

As attachment theory has been criticised for its predominant focus on care-giver behaviour (Winter, 2006) and for its fixed, deterministic nature, PCP might therefore offer an alternative way of conveying hope and change to looked after children. Recent studies of attachment have shown that looked after children can develop multiple attachments (Ellingsen et al., 2011) and therefore it has been argued that it is not the experience which determines the nature of an attachment but the way in which an individual construes this experience (Sassaroli & Lorenzini, 1992). These authors propose that attachment can be viewed as the context in which a child learns social rules by integrating or rejecting invalidation. Therefore, from a PCP stance, a secure attachment occurs within a context in which the child learns to be tolerant of invalidation and thus is able to integrate these invalidations into their construct system. Conversely, an insecure attachment can be viewed as the context in which the child perceives invalidation as a threat.

From a relational perspective, attachment and care-giving behaviour can be seen as the process by which the parental construct system gives rise to that of the child and the context in which they learn to develop their predictive abilities (Sassaroli and Lorenzini, 1992). Therefore the influence of early relational experiences can be seen as important to the development of personal constructs.

3.5.4 Family constructs

Given that a PCP view of attachment highlights the salience of relational aspects of construing, Procter (1981, 1985) has further extended this notion by proposing that families may negotiate interactions through the use of a shared family construct system. In this way, Procter argues that there may be shared family constructs through which family members make sense of individual behaviour, shaping their constructions of their identity and how they make sense of their experiences. From this perspective, the family can be seen to develop its own unique set of beliefs which govern how family members might interact, which may subsume the individual's personal construing of the world (Procter, 1985; Dallos, 2004).

Similarly, cultural and intergenerational discourses may shape families' perceptions as to what is constituted as acceptable and normal (Dallos and Hamilton-Brown, 2000). For the child residing within an abusive or neglectful family environment, this may well be in contrast to dominant societal views. The development of jointly held family constructs (Procter, 1985) could however, be deemed essential to the young person's identity and sense of family unity and belonging (Dallos and Aldridge, 1987). How this might be impacted upon should they be removed from this environment and placed in a foster family with potentially discrepant family constructs is an area of interest for the present study.

3.5.5 Interpersonal construing

It could be argued that a young person's developmental pathway is determined by their interactions with their environment, to include other individuals (Howe and Fearnley, 2009). Research which has explored interpersonal relationships has demonstrated greater relationship satisfaction in those characterised by higher levels of personal validation (Adams-Webber, 2003; Neimeyer and Hudson, 1985). Validation thus serves to tighten the construct system and thus existing personal constructions. In contrast, disturbed relationships have been shown to generate much higher levels of invalidation (Neimeyer & Hudson, 1985)

and it is thus speculated that repeated invalidation could impact upon the way that other social relationships are anticipated. Such studies are consistent with Kelly's notion of commonality, which is defined as "the extent that one person employs a construction of experience which is similar to that employed by another, his processes are psychologically similar to those of the other person" (1955, p.90). The commonality corollary therefore reinforces the view that we actively seek validation of our world view, seeking those with similar constructions. Given that looked after children are not typically afforded the privilege of choosing their foster families, this highlights a potential area of conflict.

The majority of studies which have investigated construing within interpersonal relationships have focused predominantly on friendships and marital relationships, which arguably differ from parent-child relationships. However, research which has explored how non-resident fathers construe their roles as co-parents demonstrates that individuals are required to reinvent themselves in order to accommodate for this change in role and relationships (Wilson et al., 2003). This finding may therefore hold pertinence for looked after children and their foster carers following transition into foster care. Moreover, Denner-Stewart (2010) found that fathers' beliefs about their sons' behaviour and its causes were influenced by their beliefs about themselves and ways in which they identified with their son. Additionally, sons' understanding and perceptions of their own behaviour were consequently influenced by their relationship with their father and the degree to which they also identified with them. In this way, both adult and young person can be seen to contribute towards the interpersonal relationship. Again, this has pertinence to research involving looked after children and their foster carers.

3.5.5.1 Sociality

Kelly's Sociality Corollary asserts to "the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person" (Kelly, 1955; p.95). This notion implies that for individuals to interact effectively, they are required not to see things similarly, but to hold constructs about how the other might view the world. In the absence of sociality, or mutual understanding, two individuals might operate conjointly, yet would not share a meaningful relationship with each other (Kelly, 1955). It is acknowledged that there has been much research undertaken surrounding this notion of sociality, which can also be compared to and understood from a variety of differing

perspectives, such as ‘theory of mind’ (Baron-Cohen et al., 2000) and mentalisation (Fonagy, 1991).

The Sociality Corollary argues that relating is based on mutual construing of constructs. Poor sociality or the ability to understand another’s perspective has been shown to be associated with Autistic Spectrum Disorders (Procter, 2001) and problems associated with underlying attachment difficulties (Dallos, 2004).

Consistent with a PCP view of attachment, it could be argued that the role of a caregiver is to understand and reflect upon their own and others’ emotional states so that the child can monitor their emotional availability as to whether they can be trusted to offer security and protection. Therefore, those young people who have experienced disrupted attachments, such as looked after children, might not have developed this capacity and therefore not learned to tolerate invalidation. In this sense, when in social relationships, the individual might misperceive another’s intentions due to an inability to accurately infer their thought processes.

Ravenette (1988) argues that in order to enable change, the constructs of those with whom individuals share social relationships should also be explored, and thus accessing each other’s constructs enables a mutual, shared understanding of construing between individuals, which may help to facilitate change. It could therefore be argued that tensions between the foster carer and young person might be better understood and arguably decreased if they are afforded an opportunity to explicitly share their own unique personal constructions of the world.

3.6 Rationale for the study

Despite the unique contribution of the foster carer-child relationship on placement stability, there was a noticeable absence in the review of the literature of the exploration of the multiple perspectives of both looked after children and their foster carers within the same research design. Given the possible impact that a discrepancy in construing might have on the young person’s behaviour and subsequent stability of the foster placement, it was intended that the current study would begin to address this gap.

There also appears to be a paucity of research pertaining to looked after children's perceptions of 'family', and that which exists, typically does not fully capture their meaning of the construct of family and typically considers the young person's view in isolation. The present study therefore intended to gain a more comprehensive understanding of how these young people construe 'family' and how this might compare or contrast to the constructions of their foster carer(s).

Furthermore, no studies were found in the review of the literature which specifically explored looked after children's experience of foster care (and their role within it) using a Personal Construct Psychology approach. Given the possible impact that discrepancies in construing might have on an individual's overall construct system and subsequently, their behaviour and the stability of the foster placement, such a perspective was considered long overdue.

3.7 Aims and research questions

The overall research aim was to explore the ways in which looked after children and their foster carers construe themselves, each other and the concept of 'family'. By interviewing both young people and their foster carers, it was hoped that this might reveal themes common to each dyad and across dyads, which could shed light on the way in which these views are negotiated within their interpersonal relationship. Gaining the views and beliefs of both stakeholders in this interaction could also add a novel dimension to existing research knowledge. It was felt that PCP would provide a useful framework from which this could be explored. Therefore the main research questions were as follows:

1. How do looked after children and their foster carers see themselves and each other?
How are these views similar or different to one another?
2. How do looked after children and their foster carers view a typical family? How are these views similar or different to one another?
3. How are potential differences in the personal constructs of looked after children and their foster carers negotiated within their interpersonal relationship?

4 METHODOLOGY

*“To ask a question is to invite the unexpected”
(Kelly, 1966, p.8).*

This section explains the rationale for the chosen methodology and intends to provide the reader with a transparent account of the research procedure, to include issues relating to ethics, participant recruitment and how research ‘quality’ guidelines were met.

4.1 Design

A number of articles have argued that literature on looked after children tends to lack a theoretical base or cover a diverse range of epistemological paradigms (Holland 2009; Winter, 2006.). This study assumes a social constructionist perspective; an approach that has not been widely used with looked after children.

I further believe that young people are active in constructing how their lives are determined and therefore should be central to research, so that their voices are brought into the public domain to bear influence on those policies and decisions which are made about them. Rather than positioning young people as “the objects of research” (Christensen & James, 2000, p.3), it is hoped that assuming an approach in which the social agency and capacity of children is emphasised will lead to a richer understanding of their perspectives. This position fits well within a social constructionist framework as it emphasises the equally valid perspective that adults and young people hold.

4.1.1 *A qualitative approach*

Building upon previous qualitative research, the present study adopted an overarching qualitative methodology informed by my epistemological stance. Having previously advocated a social constructionist/constructivist approach to this research, I therefore felt that it was important to adopt a methodology which is fitting with this standpoint, in which meaning making could be emphasised.

Consistent with the PCP lens through which this research can be viewed, it has been argued that George Kelly was initially critical of psychometric measures and therefore deemed idiographic studies to be better placed at illuminating the rich diversities of meaning participants have about events in their lives (Pope and Denicolo, 2001). Assuming a

postmodern perspective thus allows focus to be afforded to the subjectivity of individual meaning making and contrasts with the positivist position which holds dominant discourses to be 'known' and 'true'. A qualitative approach utilising personal construct psychology as an alternative framework by which to understand multiple layers of complexity has been adopted successfully in other studies (Maitland & Viney, 2008; Salmon and Faris, 2006).

4.1.2 Choosing the most suitable qualitative approach: Thematic Analysis

When considering the most appropriate qualitative method to analyse the data, a number of options were considered. It was decided however, that Thematic Analysis (TA) would be adopted as it is considered to be atheoretical and therefore can be flexibly applied within differing theoretical frameworks (Braun & Clarke, 2006). Furthermore, TA has been used to analyse meaning-making from a postmodern stance in other recent studies (Maitland & Viney, 2008; Salmon & Rapport, 2005).

4.1.3 Ruling out other qualitative methods

Although Interpretative Phenomenological Analysis (IPA) has been used in several qualitative studies informed by PCP (Denner-Stewart, 2010; Dallos and Denford, 2008) and has previously been combined with quantitative grids (Turpin et al., 2009), it was decided that this method would not be adopted for the current study as it is typically committed to the examination of how people make sense of their major life experiences. As the focus of the current research was not to explore participants' specific lived experiences, IPA was therefore not considered the most appropriate method of data analysis for the study.

Given that discourse analysis shares the same social constructionist underpinnings as my research and as it aims to identify how differing discourses can shape how identities and relationships are negotiated (Starks and Brown-Trinidad, 2007), this approach was initially considered as an appropriate possible means of analysis. However, discourse analysis views speech as an action (Wood and Kroger, 2000) rather than describing a state of mind or experience. It also requires the researcher to make meaning by analysing patterns of speech in the way that participants take turns in conversing with each other. The current research questions focused more on the nature of reported beliefs and perspectives, and for this reason it was ruled out.

Grounded theory could also have been considered for the research, however a distinction can be found between the theoretical underpinnings of both methods. Grounded theory has broader theoretical (Braun and Clarke, 2006) and, arguably, positivist underpinnings which are concerned with generating a theory that seeks to explain the data findings. This therefore conflicted with the post-modern stance underpinning the research and was therefore discounted.

4.2 Participant recruitment

4.2.1 Context

Participants were recruited from two separate National Health Service (NHS) sites, both of which offer specialist support to looked after children and their supporting systems, and are situated within a broader CAMH service. The first is a multi-disciplinary service based in Bedfordshire and was developed in direct response to research highlighting a need for more joined-up and accessible designated mental health services for looked after children (Callaghan et al., 2004; Golding, 2010; Mental Health Foundation, 2002).

The second service is a specialist looked after children team within Hertfordshire. Given highlighted difficulties in recruiting looked after children for research (Gilbertson and Barber, 2002; Heptinstall, 2000) and as I was undertaking a specialist placement within this team, it was felt that widening the geographical parameters would help to facilitate recruitment.

4.2.2 Sample

In total, sixteen young people were identified as being eligible for the study, but only three foster carer-child dyads completed the process, thus constituting six participants in total⁵. Whilst it is recognised that this is a small sample, it has been argued that in-depth, small scale studies with looked after children can provide detailed insights into the complexities of their experiences and the way in which these are expressed in their every-day lives (Holland, 2009; James & Prout, 1997).

Several of the sixteen potential participants were not recruited due to their social worker's reluctance to provide consent. Details pertaining to the reasons provided for consent being

⁵ A fuller description of the participants can be found in the beginning of the Findings section

withheld are addressed further in the Discussion section, but it is noteworthy that only one dyad withdrew from the process after having consented and this was due to the placement becoming more unstable. A diagram illustrating the recruitment process and attrition rate of participants can be found in Appendix 2.

4.2.3 Inclusion and Exclusion Criteria

Participants were purposively selected for inclusion in the study by CAMHS clinicians working in either of the two participating sites. As it was the study's focus to obtain multiple perspectives, the identified young person and their foster carer were both invited to participate in the research.

4.2.3.1 Inclusion criteria

Young people were deemed eligible to participate in the study if they were currently considered 'looked after' by the Local Authority under a voluntary care order (Section 20; Children's Act, 1989) or under a full Care Order (Section 31; Children's Act, 1989). Moreover, it was decided that young people were eligible if they had been looked after for at least one year and in their current placement for at least six months. This decision was made on the basis of research which has demonstrated that the risk of placement breakdown is more likely during the first six months and declines thereafter (Oosterman et al., 2007; Wulczyn et al., 2003). It is therefore acknowledged that the young person's behaviour when first placed might not be representative of their level of disturbance over time (Wilson, 2006).

Given that the research has highlighted that looked after children are often referred to mental health services for interpersonal difficulties (Callaghan et al., 2004) which could contribute towards instability in the fostering relationship, it was required that the young people were referred to CAMHS predominantly due to difficulties which were likely to impact negatively on their social relationships, such as oppositional behaviour and problems with anger management/emotional dysregulation.

It was further considered necessary that the young people would still be receiving care under the CAMHS team from which they were recruited. In this way, all identified young people would have an allocated CAMHS clinician and Social Worker who would be able to offer ongoing care upon completion of the research.

Whilst it is acknowledged that there remains a gap in the research literature involving younger children, particularly those under the age of seven years (Holland, 2009), the current study recruited children aged between eight and sixteen years. This decision was made as it has been evidenced that children over the age of eight years are typically able to demonstrate self-reflection and are more able to verbalise the inner logic of their behaviour (Singer et al., 2004) whereas those younger than this age are less likely to be able to. Additionally, it has been proposed that children over the age of eight are more able to demonstrate sociality (Selman 1976; cited in Mancuso, 2003) as young children, because of their egocentrism, are unable to take another's viewpoint until at least seven years (Piaget and Inhelder, 1963).

4.2.3.2 Exclusion criteria

It was decided that those young people who were placed in residential or kinship care would not be eligible to participate as the study intended to explore the interpersonal relationships between looked after children and a significant carer who is *not* a biological relative to the child.

CAMHS clinicians were asked not to identify young people whose main reason for referral was for a psychiatric diagnosis such as Obsessive Compulsive Disorder (OCD) or major depression. It was felt that such a clinical presentation might not fully capture the scope of the research, which aimed to target the views and beliefs about self and others alongside ongoing difficulties with their social interactions.

Being non-English speaking was also set out as an exclusion criterion, as due to qualitative research relying heavily on language, there was a concern that the richness and meaning of language may have been lost if using a translator. Similarly, as part of the interviews required participants to be able to verbally express themselves and to consider the thought process of another, those who had a known learning disability, including those on the Autistic spectrum, were not approached. Although the diagnosis of a learning disability should not exclude participants from accessing qualitative research, given the time constraints and scope of the research, their inclusion was unfortunately not possible. A pilot study with a young person with mild learning difficulties further highlighted the potential difficulties of doing so.

A specific aim of the current study was to gain an in-depth understanding of the processes by which looked after children and their foster carers make sense of themselves and each other, in addition to how these might be co-constructed within their unique relationship. For this reason, strict inclusion and exclusion criteria were imposed, such as the young person's primary presenting difficulty and the length of time they had spent in their current foster placement. Such criteria were imposed in order to ensure that the scope of the research was fulfilled; in that those young people and their carers would be specifically targeted if difficulties within their interpersonal relationship had been identified, thus potentially placing them at an increased risk of placement breakdown. It is however acknowledged, that by stipulating such strict recruitment criteria, in addition to the requirement of gaining multiple consent, proved that recruiting participants was undoubtedly challenging and thus, only three dyads completed the full study. Although research has identified that recruitment difficulties can be a common limitation for research with looked after children (Richardson and Lelliott, 2003; Selwyn et al., 2010), it is further recognised that the resulting small sample size could represent a threat to the validity of the research (Yardley, 2008), particularly with regards to the generalisability of overall findings.

4.2.4 Recruitment procedure.

Once participants were identified as eligible for the study, it was agreed that the CAMHS clinician would approach the young person's allocated social worker as it was deemed likely they would already have an existing relationship. It was at this point that further clarity was gained from the participating Local Authority as to whether consent should also be obtained from the birth parent(s). This decision was made on a case by case basis due to each participant's unique circumstances. In all cases, information sheets were sent to and consent gained from all of the young people's birth parents.

Once consent had been gained by the social worker and birth parents, the young person and their foster carer were approached. This was done in the first instance by either their CAMHS clinician or their social worker. Prior to consent being provided, all of the participants accepted the invitation to meet to discuss any concerns and/or ask questions relating to the research.

4.3 Data Collection

Much of the guidance aimed at maintaining the ‘quality’ of qualitative research emphasises the importance of transparency in communicating the research process (Marshall & Rossman, 2006; Yardley, 2008), which I intend to achieve by explaining the data collection and analysis procedure further.

4.3.1 Triangulation of measures

The principles of triangulation were adopted in the study, which involves exploring a phenomenon from multiple sources in order to strengthen the credibility of interpretations and to identify commonalities and differences in perspectives (Barker et al., 2002; Tracy, 2010). Two outcome measures were therefore used in order to allow a degree of triangulation by comparing themes generated from the interviews with key findings from questionnaire data. It has been argued that triangulating multiple sources of data can enhance a study’s generalisability through the “act of bringing more than one source of data to bear on a single point” (Marshall and Rossman, 2006; p.202). Rather than being seen as a means by which to acquire ‘truth’, triangulation can instead be viewed as an exploration of the multiplicity of ways that the social world can be experienced. For this reason, the questionnaire data were not utilised for data analysis, but instead were used to corroborate and illuminate findings generated by the interview data.

4.3.2 Demographic data

Two separate demographic questionnaires were developed in order to collect demographic data from the social worker (Appendix 3) and the foster carer (Appendix 4) which were subsequently used to describe the sample.

4.3.3 Measurement of emotional and behavioural difficulties

The self-report and parent/carer versions of the Strengths and Difficulties Questionnaire (SDQ: Goodman, 1997) were administered to provide descriptive data concerning the young people in terms of emotional and behavioural difficulties (see Appendix 5).

The SDQ is a brief screening questionnaire, which can be administered to the parents and teachers of 4-16 year olds and to 11-16 year olds themselves (Goodman et al., 1998). It consists of 25 items, which are categorised into five sub-scales: emotional symptoms;

conduct problems; hyperactivity/ inattention; peer relationship problems; and pro-social behaviour. The total difficulties score is comprised of the total score of the four subscales (excluding the pro-social subscale) with a maximum score of 40. A high score indicates greater difficulties. The SDQ has been used repeatedly in studies with looked after children to assess characteristics of their mental health (Meltzer et al., 2003; Goodman et al., 2004; Ford et al., 2007) and is used widely in clinical practice following governmental guidance that all young people entering care should have their emotional health and well-being assessed (DoH, 2009). This study used clinical cut-off scores recommended by Goodman (2001). The SDQ was chosen for this study for its brevity, ease of administration and its validity.

It has been argued that information gleaned from multiple informants facilitates a diagnosis better than a single source (Young et al., 1987), and therefore the SDQ was completed by both the foster carer and young people, where appropriate. As the self-report version of the SDQ is only appropriate for young people between 11-16 years (Goodman, 2001), those participants under the age of eleven did not complete the SDQs and in such cases the study relied on the SDQs from the foster carer only. Moreover, as defining psychiatric disorder solely in terms of psychiatric symptoms can result in implausibly high rates (Bird et al., 1988), the SDQ was used solely as a means of comparing scores, highlighting possible discrepancies or similarities in perceived difficulties between the dyad.

4.3.4 Measurement of family functioning

The Family Assessment Device (FAD; Epstein et al., 1983) is a well- validated brief screening questionnaire designed to evaluate families according to the McMaster Model of Family Functioning. The FAD has good reliability, internal consistency and validity in distinguishing between non-clinical families and those attending a psychiatric service (Byles et al., 1988). The scale has also been used in numerous studies to assess the family functioning in 'non looked-after' families, (Meltzer et al., 2000) in addition to foster families (Green et al., 1996). There is scant information examining foster families and problematic family functioning, and thus a review of the literature did not uncover any studies which examined the association between foster family functioning, assessed using standardised measures, and looked after children's emotional and social adjustment. However, it was established in the Office for National Statistics (ONS) study that children with a mental

health disorder were twice as likely to live in families rated as unhealthy as children with no disorder (Meltzer et al., 2000).

The FAD is made up of seven scales however in the current study, only the general functioning subscale (Appendix 6) was administered due to its brevity and its recommended utility as a summary score (Ridenour et al., 1999). The General Functioning subscale of the FAD comprises of twelve statements which individuals rate on a four point scale. The clinical cut-off, as stipulated by Epstein et al. (1983) is a mean score of above two, which is considered as being suggestive of ‘unhealthy’ family functioning.

Measures of family functioning were requested from the foster carer and young people over the age of twelve years. Although studies have shown that the FAD can be effectively used with younger children (Bihum et al., 2002), the age range of over twelve years was guided by the norms proposed by Epstein et al.(1983) and from the pilot study, in which a young person of eight years struggled to fully understand the questions posed in this measure.

Multi-informant ratings for both the SDQ and FAD were gained as recent research (Strijker et al, 2011) has shown an association between the discrepancy in carer-child scores and placement breakdown. Exposing possible discrepancies in scores, thus rendering differences more visible, might allow for opportunities to gain a shared perception of difficulties. It was considered that the advantages of using psychometric tests as a supplement to interview data outweighed the potential pit-falls of categorising families as being either healthy or non-healthy.

4.3.5 Qualitative grids (Procter, 2002).

Recent policies and initiatives have consistently highlighted that “services should be delivered in a more sensitive, age-appropriate way that promotes choice” (Mental Health Foundation, 2002, p.6) but research involving looked after children has been criticised for offering a limited scope for “young people’s individual constructs of their experiences to emerge” (Holland, 2009, p. 230). For this reason, it was intended that a methodology would be used which allowed young people’s voices to be accurately represented and which they might be easily able to engage in.

It could be argued that looked after children typically might not be accustomed to having their views taken seriously or indeed they might struggle to verbalise their construing. Moreover, those who have experienced trauma prior to the development of language may struggle to make meaning from those events which they cannot describe verbally (Humphreys and Leitner, 2007). Traditional quantitative repertory grid techniques (Fransella et al., 2004), which typically utilise numerical methods as a means of rating elements in relation to constructs might be perceived as too formalised and constraining for this population. Qualitative repertory grids, in which participants are offered a range of techniques in which they might express their constructs, such as through drawings or by written means, were therefore considered a more appropriate alternative for this client group.

Postmodern theorists typically encourage researchers to engage in qualitative research which has the power to liberate rather than constrain (Marshall & Rossman, 2006). It was therefore felt that using this methodology might allow participants to become less restrained, and through drawing, the power hierarchies between adults and children might also be negated, as children are seen as typically more confident in this domain than their carers (Procter, 2005).

Furthermore, the use of nonverbal methods to elicit an individual's constructs "can provide a new way for people to experience salient constructs... [and] can prevent the launching into the telling of one's tale in familiar terms, along with known implications and labels" (Stein, 2007, p. 104). In this way, it was hoped that drawing might offer an alternative, less threatening means by which connections between core constructs (which relate to the self, and are perhaps less consciously accessible) and more peripheral constructs can be verbally explored.

4.3.5.1 Perceiver Element Grid (PEG; Procter, 2002; 2007)

Perceiver Element Grids (PEGs; Procter, 2002) are one of a number of types of qualitative grid which allow for exploration of inter-personal construing and were utilised within the current study. This method invites participants to write or draw pictures as a way of eliciting constructs and was chosen in order to help elicit information that may not be entirely accessible by verbal means. It was also anticipated that this might be more enjoyable and engaging for participants, especially younger children who might become distracted by a less structured interview format.

In completing the PEG, the names of the foster carer and young person were written down the left-hand side as perceivers and along the top, as elements being perceived or construed. They were then asked to consider how they typically construed themselves and the other, in addition to guessing how they thought the other might construe the self and other. An additional element was also included in the PEG which required participants to consider how they and their foster carer/child might construe a typical family. A template PEG is presented in Figure 1.

Figure 1: Template PEG

Young person's PEG

		Elements		
		Foster Child	Foster carer	
Perceivers	Foster Child	How I see myself	How I see my foster carer	How I view what a typical family is like
	Foster carer	How I think my foster carer sees me	How I think my foster carer sees him/herself	How I think my carer views a typical family

Foster Carer's PEG.

		Elements		
		Foster carer	Foster Child	
Perceivers	Foster carer	How I see myself	How I see my foster child	How I view what a typical family is like
	Foster child	How I think my foster child sees me	How I think my foster child sees him/herself	How I think my foster child views a typical family

Participants completed each box of the PEG sequentially on separate pieces of individual paper, commencing with the invitation to articulate “how I see myself”. This was introduced by asking the following question:

“Imagine that somebody wants to get to know you, but they have never met you before. This person wants to find out the most important things about what you are like as a person. Using this piece of paper, could you draw a picture of yourself, or write something down to describe what you are like as a person?”

Once completed, each box of the PEG was placed together to form a 2x3 grid. The responses generated by the PEG formed the basis of a semi-structured interview, in which prompts were provided to help participants to expand upon their drawings and descriptions. This was done because there is a possibility that the meaning garnered from drawings could become that of the researcher rather than that of the participant (Ravenette, 1990). Rather than making assumptions or drawing potentially inaccurate conclusions, participants were therefore prompted to ascribe their own meaning to their work. This was done by asking participants to describe and discuss their drawings or descriptions, following which they were prompted by questions, such as “you described a typical family as being fun, what kinds of things would a family do, or be like with each other, if they were fun?” For further details regarding the prompts used during the individual interviews, the interview schedule can be found in Appendix 7.

Adopting the PEG as a vehicle for construct elicitation served several functions. Given that looked after children might have relatively poor sociality and that PEGs have been used successfully with children with autism (Procter, 2001) the PEG can be seen as a fun and engaging way of promoting sociality and interpersonal understanding (Butler & Green, 2007).

Although this technique has been used frequently in a clinical capacity, scant research has been undertaken using this methodology. One of the few such studies is that undertaken by Denner-Stewart (2010) in which PEGs were used to explore the interpersonal construing of sons diagnosed with ADHD and their fathers. Finally, completed PEGs provided the basis of a joint interview between the young person and their foster carer.

4.4 Interview procedure

4.4.1 Pilot Study

Pilot studies are often under discussed and under-utilised in qualitative research (Sampson, 2004), yet they can also be useful in guiding the researcher in better understanding their role (Marshall & Rossman, 2006).

Whilst pilots can be useful to refine research instruments (such as questionnaires and interview schedules) they also have a benefit in foreseeing possible obstacles in the data collection process, thus allowing the original design to be modified, if necessary. In the current study, a pilot was completed with an eight year-old boy and his female foster carer. Due to the young person's mild learning difficulties, he was not eligible to take part in the main study, although he was willing to undertake the pilot. Completing the pilot highlighted various issues which had been previously overlooked, for example it was highlighted that the interviews were potentially quite transformative, which required participants to think in a way in which they perhaps were not typically accustomed. Therefore, following feedback from the pilot study, additional time was allocated at the beginning and end of interviews to allow time for these discussions, as well as further thought being given to where participants might be able to access emotional support, should they require it.

4.4.2 Main study

As studies have shown that children, in particular, may respond differently depending upon the setting in which they are interviewed (Thomas and O'Kane, 1998), participants were offered the choice of location for their individual interviews. This ranged from the school, the CAMHS clinic or the foster carer's home. Participants were invited to undertake an individual interview, followed by a joint interview in which their individual PEGs were shared and discussed. The individual and joint interviews lasted approximately 60 minutes each, with breaks being offered in response to the participants' needs.

4.4.2.1 Individual interview

During the individual interview, those participants who were eligible were asked to complete the SDQ and FAD. In addition, foster carers were asked to complete the demographic questionnaire. Semi-structured interviews were then completed with each participant individually, facilitated by the PEG. All interviews were audio-recorded and after the

interviews were completed, participants were given the opportunity to share their reflections of the interview process.

4.4.2.2 Joint interview

Individual interviews were followed by joint foster carer/child interviews, in which both participants were invited to describe and discuss as much or as little as they wished of their individual PEGs with one another. In general, the joint interview was commenced by the researcher offering the following prompt:

“You’ve both had a chance to complete your own grids. Now what I’d like you to do is to look at one another’s grids and to share any thoughts that you might have with each other. Perhaps one of you could start by explaining to the other person what you have drawn or written down.”

The purpose of the joint interview was to explore how individual constructions could potentially impact upon the interaction between the young person and their foster carer, and for them to both reflect on the potential similarities and differences between their PEGs. More specifically, it was intended that the dialogical component of the joint interview might facilitate a shift in emphasis from the personal to joint meaning-making (Loos and Epstein, 1989) which might then allow participants to articulate alternative beliefs and thus, identification of potential avenues for change (Pope and Denicolo, 2001). Arguably, it is the opportunity to engage in an active conversation about oneself that brings about understanding and change. Language can thus be seen as the means by which our social realities are continuously constructed through interaction with others (Parton, 2003).

Although the joint interview was considered an important facet of the research project, it was made clear that participants did not have to share their completed PEGs with one another.

4.4.3 Interview schedule

To address the research aims, participants were interviewed using a semi-structured interview format. The development of the interview schedule (Appendix 7) was guided by that used by Denner-Stewart (2010) and was informed by recommendations gained from the pilot study.

As the interview schedule was generated in line with a PCP methodology, many of the questions were quite specific so as to gain further exploration of participants' construing. For example, the purpose of some prompts was to specifically elicit the bipolarity of constructs that participants had raised about themselves and others. An example of a prompt used for this purpose was "you described yourself as angry, how would you describe someone who wasn't like this?" Participants were also invited to consider which pole of the construct they "would prefer to be". Seeking the contrast and preferred pole for an elicited construct can thus be seen to enhance understanding of an individual's construct system (Butler & Green, 2007).

4.5 Ethical Considerations

Ethical approval for the study was granted by Norfolk Research Ethics Committee (REC) and Research and Development approval was also gained from the appropriate Trusts (Appendices 8-11).

It was advised that it would not be necessary to apply for Social Care ethical approval or from the Association of Directors of Children's Services (ADCS) as review by NHS REC was considered sufficient. Further details can be found in Appendices 12-13.

The ethical approach to this study was informed by guidance developed by the British Psychological Society (BPS) Code of Human Research Ethics (2010).

4.5.1 Research with children and young people

It has been suggested that when children participate in research they should be given clear and detailed information in order to facilitate understanding of its meaning and implications (Winter, 2006). For this reason, several information sheets were developed in which the language reflected the potentially diverse range of cognitive ability amongst participants. Copies of all information sheets can be found in Appendix 14-20.

4.5.2 Research with looked after children

There has been a growth in research with looked after children over the past decade, but review of the literature highlights that ethical issues are typically overlooked in many studies (Holland, 2009) albeit with some exceptions (Beck, 2006).

Despite the increased articulation within governmental policy documents and initiatives that the opinions of looked after children should be sought, (DoH, 2004; DfES, 2007) many are still often excluded from research studies owing to their 'hard to reach' nature (Richardson & Lelliott, 2003). Frequent changes of foster placement and social worker can all contribute to mistrust of services and therefore present challenges to researchers. Furthermore, obtaining appropriate adult consent on behalf of the young person can also prove challenging (Selwyn et al., 2010) and time-consuming. Although research with looked after children is challenging and, as a result, can be overlooked, it was felt that this was not sufficient reasoning for it not to be attempted.

4.5.3 *Informed consent*

Where research involves any young person under the age of sixteen years, consent should be obtained from parents or from those with parental responsibility (BPS, 2010). Furthermore, gaining access to looked after children for research purposes requires obtaining consent from a succession of 'gatekeepers' before being able to approach the young person him/herself (Heptinstall, 2000). In the case of the current study, prior to the young person agreeing to participate, consent was required from their social worker, birth parent(s) and foster carer. Criticisms of the framework on which many looked after children policies are based highlight the tendency to view children as passive recipients of services rather than being active agents in delivering change (Winter, 2006). This issue was therefore afforded careful consideration, however in discussion with the agencies involved and with the local Research Ethics Committee (REC), it was felt that the young persons' ongoing care needs should be prioritised. It was therefore agreed that consent would be required from several sources prior to the young people being approached. In doing so however, it is acknowledged that this could potentially advocate an implicit discourse that young people are unimportant and powerless and may therefore have had the effect of silencing those who would have wanted to participate in the study, yet were excluded by those adults supporting them.

All of the young people who completed the study were accommodated voluntarily (Children Act, 1989, s.20) and therefore written consent was required from their birth parents. This was gained from the young person's birth parents via their social worker. In this way, as they would have no further input into the research, the anonymity of the birth parents from the researcher was retained.

Care was taken to ensure that the language used throughout the consent process was of a level which reflected the recipient's developmental ability. For this reason a variety of information sheets were produced. All consent forms (Appendices 21-25) and information sheets explicitly documented that participants could withdraw from the study at any time and that this would not affect the care that they received from other services.

4.5.4 Confidentiality

Consistent with ethical principles advocated by Thomas and O'Kane (1998), confidentiality was upheld throughout the study. In line with Trust policies, all audio-recordings of participant interviews and their personal details provided via questionnaire data were kept secure within a locked filing cabinet within the NHS site.

Plummer (2001) argues that gaining details of individuals' life experiences often renders participants recognisable and therefore total anonymity cannot be guaranteed when undertaking qualitative research. Despite this, a number of steps were taken to ensure that privacy was afforded whilst also retaining authenticity of data. This included changing names of all participants and of other potentially identifiable details in interviews. Furthermore, any particularly sensitive details provided by participants relating to their past experiences were omitted during the final write up.

Throughout the process of obtaining consent, participants' identifying details were retained by the researcher as initials until all gatekeepers had consented. At this point, participants were initially approached by either their CAMHS clinician or social worker so as their anonymity was not prematurely compromised. If in agreement, it was only at this point that participants' contact details were provided to the researcher so that they could be liaised with directly.

Participants were also reminded of the limits of confidentiality, in that if concerns were raised regarding risk of harm, then this information would be shared with appropriate services. It was further made clear that they could share as much or as little as they wanted during the joint interview and that nothing raised individually would be shared with other professionals or with each other, unless at their explicit request.

4.5.5 Managing potential distress

It was recognised that eliciting perspectives regarding the current foster placement might be experienced as potentially distressing. Although participants were asked to discuss their beliefs about ‘family’, they were not asked explicitly to discuss their own biological family or the events leading to the young person being accommodated, unless they chose to do so voluntarily.

This potential risk of becoming distressed was further minimised as those young people whose placements were deemed currently unstable by their social worker were not taken forward in the study. In this way, gaining consent from the allocated gatekeepers prior to participants being approached provided a further safeguard. Furthermore, following completion of the study, all participants continued to receive ongoing support from their allocated CAMHS clinician and social worker with whom it was hoped that some of the themes raised during the interviews could be discussed and used to inform future therapeutic work. Whilst acknowledging the potential distress to participants as a result of the interviews, these risks were accepted in recognition that this should not prevent such research being conducted, particularly in light of the ongoing support structures that would be in place subsequent to the research ending.

4.5.5.1 Debriefing

Following completion of the interview, participants were afforded an opportunity to discuss any issues which might have been raised either independently or during the joint interview. If it was considered necessary, a management plan was developed with the participant highlighting ways in which they might be able to address potential issues.

4.5.5.2 Potential power relations

Efforts were made to address power imbalances between the child participant and adult researcher and also between foster carer and researcher, whom they might have perceived as “checking up on them”, something which was identified in the pilot study. Similarly, it was acknowledged that some participants might find it more difficult to trust and be open with an independent researcher who would not be able to offer continuity of care. However, for others the prospect of being interviewed by someone unconnected to their lives might make it easier for them to discuss their beliefs. For this reason, time was invested in meeting with

participants prior to interview so that a rapport could be developed in an informal setting. Time was also taken to reassure participants that they could decline to answer any questions and that there were no right or wrong answers. Nonetheless, it is appreciated that it is impossible to fully remove power differentials and therefore acknowledging this fact proved essential in the data analysis.

4.6 Data Analysis

4.6.1 Analysis of outcome measures

Findings from the SDQ and FAD-GF were used to provide descriptive data of the presenting characteristics of the young people and that relating to the general functioning of the foster family, as perceived by both young person and their carer. The data provided by both measures were compared to the findings generated from interview data.

4.6.2 Thematic analysis (Braun & Clarke, 2006)

A total of nine interviews were completed by six participants (three foster carer-child dyads). All interviews were audio-recorded and transcribed⁶.

4.6.2.1 Procedure of Thematic Analysis

It has been argued that ‘good quality’ qualitative research should be transparent regarding the process of analysis (Smith, 1996) and thus in order for the qualitative data to be conducted and outlined in a rigorous and systematic way, Braun and Clarke’s (2006) guidelines were followed.

The process of TA requires several research phases. The first phase requires that the researcher becomes familiar with the data. This is best achieved through reading and re-reading the data, whilst making initial notes of any initial ideas and reflections. The second phase involved generating initial codes from the data by “coding the interesting features of the data in a systematic fashion across the entire data set” (Braun & Clarke, 2006, p.87) and then collating these initial codes into potential themes by gathering all the data relevant to

⁶ A copy of the signed transcription agreement can be found in Appendix 26.

that potential theme. Finally the researcher is required to review the potential themes and assess whether they relate to both the coded extracts and the entire data set.

Braun and Clarke (2006) further advocate for the theoretical position of the TA being made explicit. In this way, the analysis was guided by a ‘contextualist’ method, in that the ways that individuals make sense of their experiences within their social context, whilst “retaining limits of reality” (p.81) were acknowledged.

4.6.2.2 Reliability of codes and themes

As studies typically arise from the researcher’s passion and interests, the researcher’s biases will undoubtedly enter into the study, from the words selected to frame the problem to the description of participants’ actions. For this reason, peer review was undertaken which provided the opportunity to gain alternative interpretations of the data. Criticisms of the process of peer review suggest that it relies on the positivist assumption that there is a fixed, singular truth to which results must compare (Angen, 2000). The purpose of credibility checking within this study was not to obtain an objective truth, but rather to gain multiple perspectives on the same data, thus leading to a richer understanding of its meaning (Tracy, 2010).

The following steps were taken during the peer review process:

1. Data was initially coded by the researcher, in addition to preliminary reflections being recorded upon reading individual transcripts.
2. One participant transcript was analysed by peer review, so as to provide a sense of reliability checking regarding the initial codes developed.
3. Once data had been coded across the whole data set, the analysis was focused to incorporate different codes into broader, overarching themes
4. Potential themes were then assessed as to whether they related to both the coded extracts and the entire data set. This peer review was undertaken by members of my cohort, who are fellow qualitative researchers and one of my supervisors, a Clinical Psychologist specialising in child and adolescent mental health. Both parties agreed that the themes produced could be justified from the transcripts.

5. Regular discussion was undertaken throughout the analysis process with peers who were also undertaking TA research, which enabled the ongoing consideration of alternative interpretations of the data.

4.6.2.3 Seeking member reflections (Tracy, 2010)

There has been much debate in the literature as to whether participants, including young people, should take part in data analysis and it has been argued that without doing so, research can be criticised for not being fully participatory or credible (Thomas and O’Kane, 1998; Tracy, 2010). Seeking member reflections can therefore allow for multiple voices to be heard during the process of data analysis and thus “allows for sharing and dialoguing with participants about the study’s findings (Tracy, 2010, p.844).

Particular consideration was given as to how and if member reflections should be sought from participants as it has been argued that consulting with young people could be considered inappropriate if they are unable to relate to the analysis (Yardley, 2008). Given that it felt important for participants’ contributions to be heard and validated, the opportunity to comment via follow-up interviews was extended to all participants. It was decided that participant feedback would be gained from interviews rather than via written means as it was felt that this would allow for clarification of themes and further discussion. Interestingly, all participants declined to take part in this process, yet requested that themes and dilemmas raised within their joint interview be fed back to their CAMHS clinician, perhaps reflecting a desire to make clinical use of this data whilst also maintaining an emotional distance. Moreover, all participants expressed a wish to be provided with a final summary of the study’s research findings. It may well be that choosing to see themes as part of a shared collective within a final document felt less exposing to participants than having themes identified individually (Dance and Rushton, 2005).

4.6.3 PCP analysis

In addition to the thematic analysis, the study also aimed to augment the findings by examining the interactional processes between the young people and their foster carers. PCP concepts were therefore held in mind during the analysis so as to explore the potential similarities and differences between young peoples’ and foster carers’ construct systems, in addition to ways in which discrepancies in construing might be negotiated within the foster

carer-child relationship. This means of data analysis has also previously been undertaken by Denner-Stewart (2010). The PCP concepts to which particular attention was paid are indicated below.

4.6.3.1 Dilation/Constriction

Within PCP, dilation and constriction are used to describe the broadening and narrowing of a person's perceptual field. Kelly (1955) defined constriction in terms of the process of reducing one's perceptual field, thereby limiting how the world is construed. It could be argued that individuals use constriction to limit their anxiety by reducing a potentially overwhelming world into something more manageable. In this way, looked after children placed within a foster family whose constructs are perceived to be discrepant to their own might constrict their view of themselves and others, in order to make it less threatening. In contrast, dilation is defined by the expansion of one's perceptual field. Arguably, an individual with a dilated construct system might view all problems as inter-related.

4.6.3.2 Loose/tight construing

"Tight constructs are those which lead to unvarying predictions" (Kelly, 1955, p.357). Therefore, individuals might make the same predictions repeatedly, whereas loose constructs are "those which lead to varying predictions but which, for practical purposes, may be said to retain their identity" (p.357). Loose construers may therefore be seen as unpredictable.

4.6.3.3 Validation/Invalidation

From a PCP perspective, validation can be described as an anticipation that turns out the way we expected, or a perceived acknowledgement from others confirming the view that we have of ourselves (Butler and Green, 2007). Invalidation therefore occurs when our constructions or anticipations are discredited. It might therefore be that the foster child's negatively perceived behaviour can be explained in terms of their constructions being invalidated by their current foster family.

4.7 Principles of good practice in qualitative research

Assessing the 'quality' of qualitative research requires different criteria than those for assessing the validity and reliability of quantitative studies (Barker, Pistrang & Elliott, 2002). Although varying guidelines were consulted and contributed towards developing the quality

standards of this research (Elliott et al., 1999; Spencer et al., 2003; Yardley, 2008) as “values for criteria, like all social knowledge, are ever changing and situated within local contexts and conversations” (Tracy, 2010, p. 837), the principles advocated by the most recent guidelines (Tracy, 2010) were followed. Figure 2 (Appendix 27) provides a diagrammatical representation of the reflexive questions which were held in mind throughout the research process.

5 FINDINGS

This chapter will present the findings of the nine interviews completed with three young people and their three foster carers. I will commence this section by introducing each of the participants⁷ to situate their construing within the context of their experiences. An overview of the findings will follow, accompanied by the themes identified when looking across the child-carer groups and within their individual dyads. Additionally, the way in which individual construing is negotiated within the foster carer-child interactions is analysed from a Personal Construct Psychology perspective. This section also includes an integrated discussion about the relevance of these findings to previous literature and theoretical implications. This is in line with examples taken from other TA studies, such as Kitzinger and Willmott (2002).

5.1 Part One: Similarities and differences in participant construing

In this section, the following research questions will be addressed by introducing and linking each participant's SDQ, FAD-GF and PEG data with themes drawn across and between groups:

1. How do looked after children and their foster carers see themselves and each other?
How is this similar or different from one another?
2. How do looked after children and their foster carers view a typical family? How is this similar or different from one another?

⁷These will be presented in the order in which I met participants for interview.

5.2 Participants

Within the total sample, participants formed three dyads, comprising of the young person and their foster carer, details of which are shown in Table 1. Demographic information was gained from questionnaires completed by the social worker and foster carer.

Table 1: Dyad composition of participants

Dyad 1		Dyad 2		Dyad 3	
<i>Young Person</i>	<i>Foster Carer</i>	<i>Young Person</i>	<i>Foster Carer</i>	<i>Young Person</i>	<i>Foster Carer</i>
Luis	Janet	Natasha	Sally	Jenny	Carol

5.2.1 Young people

Three young people currently in foster care, two females and one male, participated in the study. Their demographic details are presented in Table 2.

Table 2: Demographic characteristics and care histories of the young people

Name	Age (years)	Ethnicity	Length of time in care	Length of time in current placement	Care category	Legal Status ⁸	Number of previous placements
Luis	15	Middle Eastern	18 months	18 months	Emotional Abuse	s.20	1
Natasha	8	White British	20 months	15 months	Neglect/Emotional Abuse	s.20	2
Jenny	16	White British	7 years, 6 months	14 months	Neglect/Emotional Abuse	s.20	3

⁸ S.20 refers to a young person being ‘looked after’ by the Local Authority under a voluntary care order (Section 20; Children’s Act, 1989) whereas S.31 refers to a full Care Order (section 31; Children’s Act, 1989).

Self-report and carer-informed scores on the Strengths and Difficulties Questionnaire (SDQ; Goodman et al., 1998) and Family Assessment Device (FAD; Epstein et al., 1983) can be found in Appendix 28.

5.2.1.1 Luis

Luis was a fifteen year-old male of Middle Eastern origin, who had been in his current foster placement for the past 18 months. Although this was considered his second placement, he was initially only accommodated for two weeks prior to being placed with his current foster carers. Luis was initially referred to CAMHS for ‘anger management’.

5.2.1.2 Natasha

Natasha was eight years old and had experienced two placement ‘breakdowns’ in the five months prior to her being placed in her current foster placement, in which she had remained for the past fifteen months. Natasha had been referred to CAMHS by her social worker for “concerns relating to her challenging behaviour and emotional development” and was subsequently receiving weekly therapeutic intervention.

5.2.1.3 Jenny

Jenny was aged 16 ½ years and had been in her current placement for approximately fourteen months. Jenny’s experience of the care system was arguably different to the other young people who participated as overall, she had been looked after for 7 ½ years, most of which time had been spent in residential care. Jenny was referred to CAMHS for difficulties relating to her “challenging” behaviour, which had been recognised to be impacting on the stability of her foster placement.

5.2.2 Foster carers

The three foster carers who took part in the study are described in Table 3. It is noteworthy that all were female and described themselves as White British in origin.

Table 3: Demographic characteristics and fostering experience of the foster carer participants

Name	Age (years)	Ethnicity	Fostering experience	Length of time in current placement	Marital status	Number of other young people in current placement
Janet	56	White British	19 months	18 months	Married	None
Sally	40s	White British	8 years	15 months	Married	Two other looked after children and four birth children
Carol	64	White British	10 years	14 months	Single carer	Two other looked after children

5.2.2.1 Janet

Janet was a White British carer in her 50s. Luis was the first young person that she had looked after. She was married with adult children who no longer resided at the home address.

5.2.2.2 Sally

Sally was a foster carer in her 40s, who at the time of participation in the study, looked after two other young people in addition to Natasha. She was married and had four birth children residing at the same address.

5.2.2.3 Carol

Carol was in her 60s and had been a foster carer for over ten years. She was a single carer and in addition to Jenny, also looked after two other young people.

5.2.2.4 Summary of demographic data

It is noteworthy that all three foster carer's scores on the SDQ (Appendix 28), identify the young people that they care for as having peer problems and pro-social difficulties within the clinical range, even in those cases where other elements of their behaviour were reported as being 'non-clinical'. This finding is consistent with the stipulated inclusion criteria for participation, as well as research suggesting that referrals to CAMHS for looked after children are less likely to be for diagnosable disorders, yet are largely underpinned by

interpersonal difficulties (Vostanis, 2010). The responses provided on the SDQ further reflect those found in other studies (e.g. Callaghan et al., 2004) in which most looked after children scored in the clinical range on both self-reported and carer-rated difficulties and peer relationships were rated as most problematic, followed by conduct difficulties.

Contrary to previous findings in which a greater percentage of boys than girls were rated as having perceived conduct difficulties (Meltzer et al., 2003), scores on the SDQ indicated that both female participants (but not Luis) were rated as being in the clinical range for conduct problems by their foster carers. Given the small sample size of this study, these findings cannot be generalised and perhaps would not be reflected in a larger sample.

5.3 PEG data

The data gained from individual PEGs will be presented within each dyad, in addition to discussion of the similarities and differences between looked after children and foster carer responses. As it was made explicit that participants could choose the way in which they wanted to express and therefore present their construing on the PEG, a variety of methods were demonstrated including drawings, bullet pointed comments, and lengthy written extracts. An example of the varying methods in which PEG data was presented by participants is displayed in Appendix 29.

For the purpose and clarity of data presentation, the key constructs presented in each PEG are summarised in a condensed PEG for each participant. All constructs presented will be those which have been elicited by participants and thus recorded verbatim.

5.3.1 Dyad 1: Luis and Janet

5.3.1.1 Luis's PEG

During Luis' individual interview, it was noticed that he spent a considerable amount of time considering his responses for the PEG, which were therefore very detailed and more reflective of a self-characterisation than other participant responses. The self-characterisation method (Kelly 1955; Jackson, 1988) can be used as a measure of an individual's construing as they are invited to write a personality description of themselves, typically as if written from a third-person perspective. An example of Luis' PEG data is presented in Appendix 30.

Although his PEG extracts could have been analysed further according to the criteria provided by Jackson (1988), given the scope and time constraints of this research, this was considered impractical. Table 4 provides a summary of Luis’ PEG data.

Table 4: A summary of Luis’ PEG data

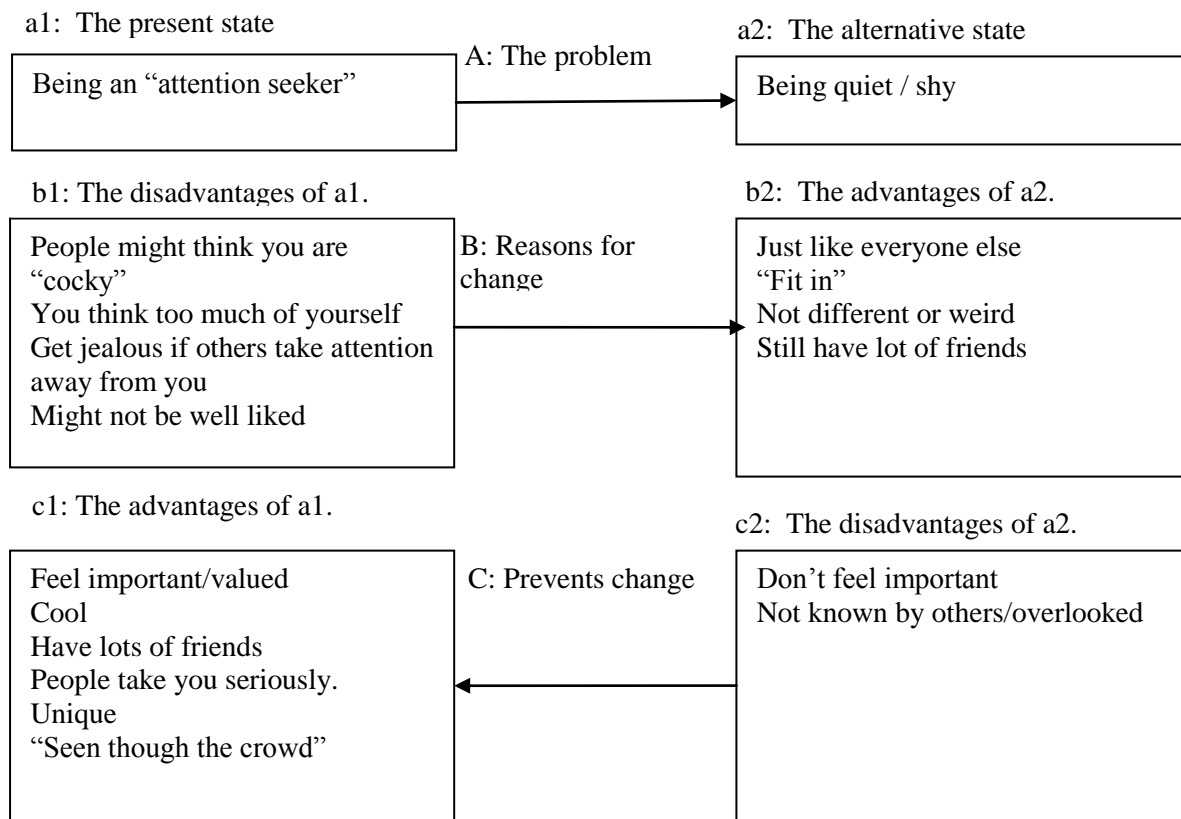
How I see myself	How I see my foster carer	How I view a typical family
Hide my true feelings versus Attention seeker “Off putting” (cranky/has flaws) versus “good side” (Loving/caring) Spoilt (loved by father)	Cares about people/selfless Honest Tiny bit annoying when in a bad mood) Has high expectations for herself	Loving, caring Trust is important. Without trust, families can break down Doesn’t have to be blood relatives Families go the extra mile for each other
How I think my foster carer sees me	How I think my foster carer sees herself	How I think my foster carer sees a typical family
Not as independent and intelligent as I think Concerned about my future Might not have courage to say what’s on my mind Endless energy Needs constant entertainment	Caring Independent Has the right answers High expectations for self Intelligent (perhaps more than she is) Might see herself as lazy	Physically large Diverse Doesn’t need to be blood related

Luis’ meticulous approach to completing the PEG, in particular his care over his choice of wording perhaps reflects his reported tendency for “always making sure that I’m careful as to what I’m saying doesn’t or wouldn’t hurt someone’s feelings...I always try and hide it, which is kind of what I do a lot of the times, hide my true feelings.”

This tendency appears in stark contrast to his reported perception of being the “attention seeker”, thus highlighting an apparent tension between these competing qualities. The reported advantages and disadvantages of being an “attention seeker” were explored further with Luis in his individual interview and are presented in Figure 3, using Tschudi’s ABC method (1977). This method asks the individual to consider both the advantages and disadvantages of a given behaviour as a means of exploring possible factors which could

make it difficult to change the identified behaviour, in Luis' case that of being an "attention seeker."

Figure 3: Luis' view of the advantages and disadvantages of being an "attention seeker", using the ABC technique (Tschudi, 1977).



From his responses, it appears that for Luis, attention seeking serves a vital function, in that it offers a feeling of being valued; an emotional state which he relates to receiving from his birth father, whom he described as "always there, he was always the one, who no matter what would care for me. I was the one true thing that my father loved more than anything". Although he recognised that being an attention seeker might have negative social implications, such as others perceiving him as "cocky" or not being well liked, this appeared overridden by the accompanying perception of being "unique" when you are perceived as "the main focus". As such, Luis identified attention seeking as his preferred pole. This desire to be nurtured and perceived as special and important could hold particular saliency for looked after children and thus could be considered as a motivating factor preventing behavioural change.

Interestingly, Luis' foster carer also acknowledged his potential interpersonal difficulties as she rated his peer problems and pro-social behaviour within the clinical range on the SDQ, despite other scores being rated as being 'normal'. It might also be that Luis' responses on the SDQ and PEG are culturally determined and his desire for uniqueness and individuality could be rooted in his cultural background (Jalali, 2005).

A number of other relevant self-constructs were elicited from Luis, several of which appeared polarised. These are listed below with the preferred poles marked with a (P).

Attention seeker (P) -----Quiet/shy

Flawed/off-putting-----Good side/"the sweet one" (P)

Cranky/OCD-----Loving, caring, funny (P)

Careful what you say (P)-----Use actions rather than words

Impatient/physically violent-----Hide your true feelings (P)

Luis' apparent discrepant self-construing may well exemplify Kelly's Fragmentation Corollary (1955, p.83) which states that "a person may successively employ a variety of construction subsystems which are inferentially incompatible with each other". As his accounts implied an awareness of being judged, it may be that Luis tends to exhibit differences in his construing depending on the context in which he is situated, which may subsequently alter his behaviour.

5.3.1.2 Janet's PEG

Janet's responses on the PEG are summarised in Table 5, below.

Table 5: A summary of Janet’s PEG

How I see myself	How I see my foster child	How I view a typical family
Practical Straightforward Honest Friendly Don’t like confrontation Scary (tenacious/bossy)	Scary (black moods and facially scary) Intelligent Attention seeking Critical of me Chauvinistic Controlling	No typical family exists No gender roles or assumptions Families can be difficult
How I think my foster child sees me	How I think my foster child sees himself	How I think my foster child sees a typical family
Scary Strict Care for him Doesn’t trust me Critical/can be harsh Nag Honest	Intelligent In control (of current situation in care) Popular (socially) Safe now (versus not previously) Actor	Stereotypical (2 parents and 2 children) Gender stereotyped (women as carers, men as providers) Loyal towards family (sense of secrecy) Wants to “call us mum and dad”

A potential dilemma within Janet’s self-descriptions concerned her desire to be seen as honest which she identified as central to her self-identity. She expressed “I don’t like lying, I don’t like people lying to me and I won’t lie to people.” However, it was evident that Janet also perceived that in assuming this position, she was required to be morally upstanding which was subsequently experienced as “tiring and stressful”. Although she identified a preference to be “happy go lucky”, she also acknowledged that in being so, she would “just feel guilty all the time” as this would imply that she “wouldn’t care about what other people think”. For Janet there appeared an inherent conflict between these two polarised alternatives.

5.3.1.3 Summary of Janet’s and Luis’ PEG data

It appears that there were some similarities between Luis and Janet’s construing namely their recognition of the limitations of families in general, that they can be diverse and not consistent with a societal ideal. It is also evident that both Luis and Janet perceived the other

as somewhat critical, which is likely to impact upon the way in which they negotiate their interpersonal relationship.

5.3.2 Dyad 2: *Natasha and Sally*

5.3.2.1 *Natasha's PEG*

Natasha's PEG responses are summarised in Table 6, below.

Table 6: A Summary of Natasha's PEG

How I see myself	How I see my foster carer	How I view a typical family
Happy versus angry Angry, aggressive (shout, fight) Happy (cuddles and kisses)	Angry, aggressive Happy Shouts Beautiful Fun (fun activities together)	Happy (you can talk about anything)
How I think my foster carer sees me	How I think my foster carer sees herself	How I think my foster carer sees a typical family
Good versus naughty	Happy, fun	Loves her children and husband Loves her foster children

Natasha was the youngest participant interviewed and therefore in line with previous research (Gilbertson and Barber, 2002), it was necessary to modify her interview somewhat to make it more flexible and thus accessible to her developmental needs and ability. This was achieved by allowing Natasha to “flit” between different parts of the PEG interspersed with more informal rapport building conversation.

Natasha's view of herself could be seen as being ‘thinly described’ (Epston and White, 1990) as she provides a paucity of descriptors for herself. These relatively ‘thin’ self-descriptors could, however, be due to her young age and thus reflect her developing self-constructions. The constructs which Natasha does provide, offer a somewhat polarised view of herself, such as “happy” versus “angry”, and thus “good” or “bad”. It was noticed that this polarised view extended to her view of others, such as Sally, and that she perceived others' internal states as being inextricably linked to her own (in that when she is happy, so too are others and that they would be more likely to treat her positively). Alternatively, Natasha also perceived

others to deliberately hold polarised emotions to her, as is highlighted in the following extract:

Natasha: “Do you know, Sally has lots of fun with the kids when I’m naughty...like when I’m naughty, she has fun with them kids”

Researcher: “Right, and what’s that like?”

Natasha: “I feel like I’m left out and sad.”

In Kellyian terms, Natasha might be viewed as having a loose construct system, thus resulting in her ‘slot rattling’ between differing internal states depending on the context in which they might be situated. Figure 4 depicts Natasha’s PEG drawing in response to the question “How I see myself”. Names and identifying details have been removed from all drawings.

Figure 4: Natasha’s drawing of ‘How I see myself’



As can be seen from Figure 4, Natasha drew herself in reference to her foster carer, Sally, rather than drawing herself in isolation, perhaps reflective of her internal sense of self. It is noteworthy that this picture was completed on the fourth attempt as Natasha tended to commence a drawing and then screw it up, stating that a mistake had been made, perhaps suggesting that committing herself to paper might feel too threatening. At times, Natasha also used various attempts to control the conversation, perhaps as a way of preventing difficult things being talked about. Although this could be viewed as ‘inattention’, closer inspection of the transcript highlighted that often these off-topic comments were made immediately following the disclosure of a potentially salient construct. As indicated above, Natasha’s

construct system could be deemed as relatively ‘loose’ and therefore these offhand remarks could serve as a safe means by which they might be tested for possible validation and invalidation. An example highlighting this is taken from her individual interview:

Natasha: “If I speak to you, that means you look and listen. I’m so lucky.”

Interviewer: “You’re so lucky, why are you so lucky?”

Natasha: “Not saying...you can look now, but you’re not allowed to chat to me”

5.3.2.2 Sally’s PEG

Sally’s responses on the PEG are summarised in Table 7.

Table 7: A summary of Sally’s PEG

How I see myself	How I see my foster child	How I view a typical family
Caring/loving A wife, mum, nan, foster carer, friend Strong values (right/wrong) Non-judgmental Happy/contented	Very angry 1:1 is never enough (suffocating) I don’t see her as being happy Happy-guilt-naughty-attention	Respecting each others’ views/differences Accepting them for who they are Give guidance Loving, happy Support one another
How I think my foster child sees me	How I think my foster child sees herself	How I think my foster child sees a typical family
Nice, fun, safe, happy, caring, loving, kind AND Angry Mean, controlling	Happy Grown up (like her mum) Nice hair Finds things academically difficult	Ideal, presented view: Happy, love (kisses and hugs) Real view: Unsafe, anger, conflict

Inspection of Sally’s PEG highlights self-constructs involving overall themes of structure and order. She described herself as having “strong values”, which appeared closely linked to constructs regarding right and wrong, both in terms of one’s moral obligations but also relating to expectations of a family and of her own multiple roles. Despite her apparently ‘tight’ construing, Sally also demonstrated some flexibility, expressing that “we all have a different perception of love” and thus an acknowledgement of a diversity of views. Moreover, Sally distinguished between her ideal view of a family and that which she

considered more realistic, thus perhaps indicating an acceptance of the limits of her role and its impact on the young people she cares for.

5.3.3 Dyad 3: Jenny and Carol

5.3.3.1 Jenny's PEG

Jenny's responses on the PEG are summarised in Table 8.

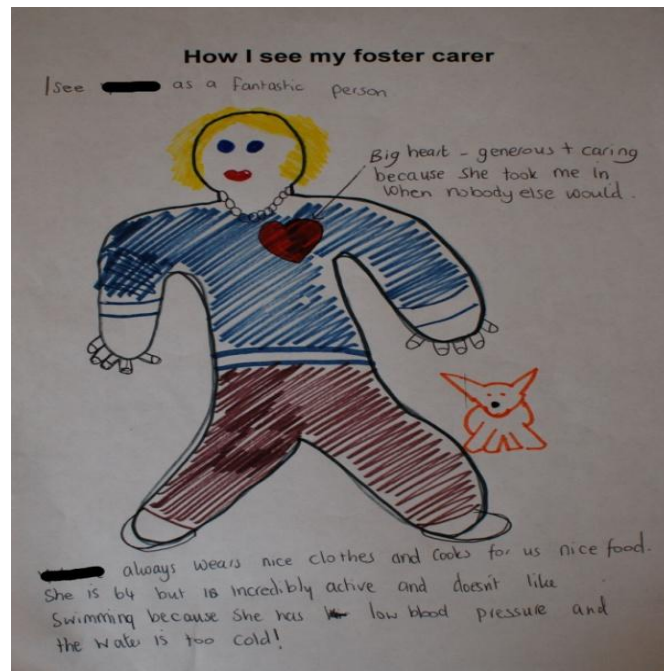
Table 8: A summary of Jenny's PEG

How I see myself	How I see my foster carer	How I view a typical family
Bubbly Considerably bright Helpful, polite Loud, argumentative Get on well with others (but depends on mood) Likes most food and likes to pick clothes to wear	Fantastic person Has a big heart (generous and caring) Supportive, guiding Wears nice clothes and cooks nice food She doesn't like swimming	Varying in beliefs and values Biological bond Might fight and argue but this is normal because they love each other really Roles are important in families
How I think my foster carer sees me	How I think my foster carer sees herself	How I think my foster carer sees a typical family
Lovely girl Angry, argumentative Confused Has the ability to make friends but something stopping me doing so.	Confident She believes she has the ability to care for others Full of life and happiness, perceives herself younger than she is.	Trust is important Biological bond Families share feelings Spend quality time together (e.g. going to the zoo)

On inspection of Jenny's PEG responses, it is apparent that some of her initial responses were focused on superficial, concrete or external descriptions of herself and others (e.g. age and food preferences). This tendency has been highlighted in the way in which constructions developmentally progress, from concrete to more abstract constructions (Klion and Leitner, 1985). Moreover, as the Organization Corollary (Kelly, 1955) argues that constructs have a hierarchical structure, it may well be that Jenny's core constructs, such as those which govern the maintenance of a person's identity, are less accessible to her, particularly within a one-off interview environment. This may therefore explain her tendency to use more concrete and arguably, less revealing self-constructs.

Similar to Luis and Natasha, Jenny also described herself in quite contrasting ways, such as being seen as “a lovely girl”, yet also as angry and argumentative. It is interesting that the only drawing which Jenny completed during her individual interview is one which relates to her foster carer. This is shown in Figure 5, below.

Figure 5: Jenny’s PEG response to “How I see my foster carer”.



This drawing seemed pertinent to Jenny as she explained that she sees Carol to have “a big heart because she took me in when no-one else would”. Similar to Natasha, Jenny also used several diversionary tactics during her interview following the expression of a particularly emotive comment, such as the one above. Interestingly, Jenny raised concerns relating to Carol’s physical health, yet was only able to express this after the individual interview had officially finished. I therefore wondered whether due to Jenny’s care history being predominantly within residential care, she was aware of the physical impact that her behaviour might have on Carol’s health, and that verbalising this explicitly might mean that she could be rejected or moved to another placement. Certainly, within her individual interview, Jenny raised a potential dilemma about worrying. She expressed that often she might “snap” at Carol when she is worried about others and therefore finds “it better off not to tell her the worries because then she’ll worry herself about me which then makes her ill, which isn’t a good thing”.

Similar to Natasha, Jenny appeared to show poor sociality with regards to her construing of her foster carer’s beliefs. Moreover, Jenny spoke about how family members had expressed their view that she might have Asperger’s Syndrome, and as such, it seemed that she incorporated this into her identity as “different from everyone else”. In this way, Jenny expressed the view that she felt “people try and protect us more than everybody else, because we’re more vulnerable than people that actually live with their parents”. For Jenny, it seems that this notion of difference underpinned her identity as a whole. Furthermore, Jenny presented an idealised view of herself if she were not to be looked after, stating “I wouldn’t be argumentative for one, and I wouldn’t like, try and pick fights. I would be doing really well with my school work and getting good grades and be like, living with my aunt and uncle and all that”. Given this fixed and marginalised view of herself as a looked after child and her idealised perception of an alternative identity, it could be argued that her capacity for change and reconstrual might perhaps be limited. Helping Jenny to integrate a more realistic, less dichotomised view of herself into her construing could help to facilitate change as a more attainable possibility.

5.3.3.2 Carol’s PEG

Carol’s responses on the PEG are summarised in Table 9, below.

Table 9: A summary of Carol’s PEG

How I see myself	How I see my foster child	How I view a typical family
Honest Outgoing Reliable Approachable Don’t like confrontations	Confrontational Loyal Argumentative Aggressive Doesn’t make friends easily Disruptive Caring	Laughter Interaction (playing) Parents and children
How I think my foster child sees me	How I think my foster child sees herself	How I think my foster child sees a typical family
Caring Approachable Supportive	Friendly Confused Happy	Mum, dad, brother, sister

Interestingly, the constructs Carol used to describe Jenny appear more elaborated than those used to describe herself, perhaps as she perceived Jenny as having a more transient, loose identity, whereas her own self-perceptions appear more fixed and stable. Furthermore, Carol's accounts of Jenny were typically laden with constructs of difference, yet despite her perceiving Jenny as "aggressive and disruptive", she expressed that she did not "find her difficult...she's not a bad child" and viewed her behaviour typically as "no different to a lot of teenagers". Even though Carol expressed her attempts to discourage Jenny from "playing the victim", she acknowledged that perhaps there might be something inherently different with Jenny. She reported, "I sometimes think that there might be a little chemical that's missing, you know something that's not quite igniting or whatever". The ambivalent nature of Carol's views could therefore present a mixed message for Jenny and make it more difficult for her to make sense of these competing perceptions of her identity. Moreover, locating the problem with Jenny may also serve to reinforce her view of herself as different or damaged (Brady, 2004).

5.3.3.3 Summary of PEG data across participants

It was noticeable in the data provided in the PEGs that at times, both young people and their foster carers expressed an inability to consider the other's construing. Children with traumatic histories may find it difficult to reflect on their own thought processes, let alone those of others (Dallos, 2004; Ironside, 2004). It is therefore likely that both could remain somewhat ambiguous and unknown to the other, which could render the future more unpredictable and less tangible. It is evident that construct revision requires sufficient stability of the overall system, so that the individual does not feel unduly threatened by change (Alexander and Neimeyer, 1989). For the looked after children, this notion may prove challenging given that they may well constantly be bombarded by differing beliefs and values.

5.4 Themes

This section examines the main themes which emerged from all nine interviews. The overarching themes are organised and presented in reference to the main research questions, as "view of young person", "view of foster carer" and "view of family". The superordinate themes were generated and further divided into subordinate themes, with final themes being reached through a process of combining, refining, separating and discarding (Braun & Clark, 2006; Joffe & Yardley, 2004), as presented in Table 10. Each overarching theme, together

with its superordinate and subordinate themes, is presented in thematic map form within each section. Although themes are presented collectively, a distinction will be made between those expressed by foster carers and young people. It is recognised that themes may overlap as they cannot be understood without appreciation of the complex interplay between them. Themes are therefore likely to be permeable and interconnected.

Table 10: Final themes generated from participant data

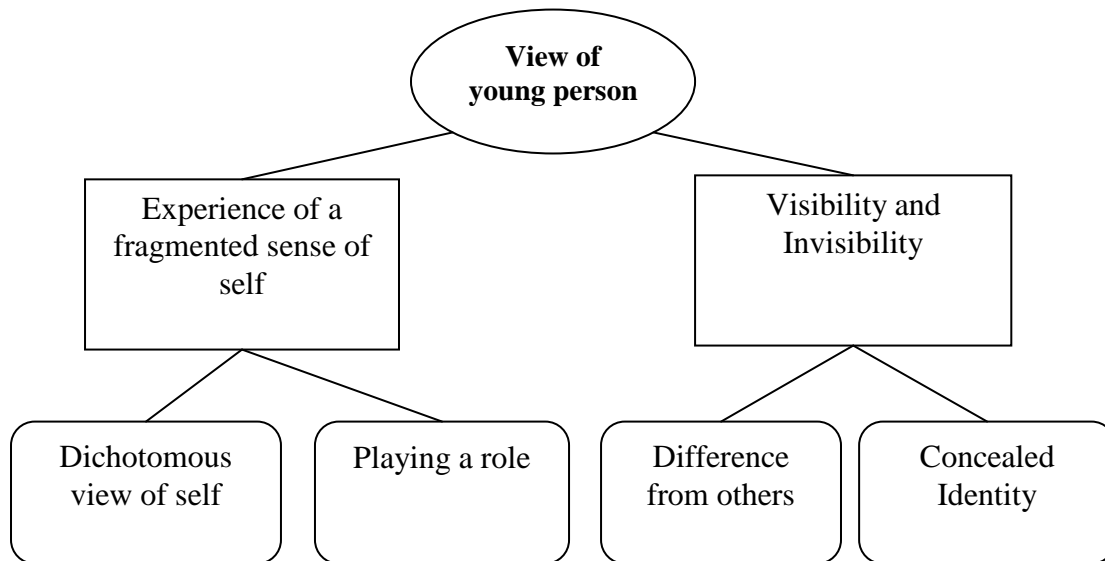
Overarching theme	Superordinate themes	Subordinate themes
View of young person	Experience of a fragmented sense of self	Dichotomous view of self
		Playing a role
	Visibility and invisibility	Difference from others
		Concealed identity
View of foster carer	Living a provisional existence	Shifting sense of identity
		Experiencing an inauthentic self
View of family	Ambivalence	Sense of belonging to foster family
		Connection to birth family
	A pervasive sense of difference	The impact of family beliefs
		Negotiating difference

Verbatim quotes have been taken from each participant’s interviews in order to illustrate the themes generated. A discussion of the relevant literature pertaining to the themes will be incorporated throughout this section. An audit trail of the development of the themes is included in Appendix 32, alongside a full example of one participant’s transcript in Appendix 31. In the same way that social constructionism emphasises the significance of others’ involvement in one’s construction process, the active role of both the researcher and participants in co-creating the themes generated is duly recognised (Braun and Clarke, 2006). The results presented are acknowledged as representing a subjective interpretation of the findings, and therefore could be alternatively understood and presented differently.

5.5 View of young person

Two superordinate themes were identified in terms of participants' view of the young person, that of an 'experience of a fragmented sense of self' and 'visibility and invisibility'. These are presented in Figure 6, below.

Figure 6: Final thematic map for 'view of young person'.



5.5.1 Experience of a fragmented sense of self

This superordinate theme captures the multiple ways in which young people were typically viewed, thus reflecting a sense of fragile, or fragmented self-identity.

5.5.1.1 Dichotomous view of self

As previously highlighted by the PEG data, a sub-theme of bipolarity emerged during the interviews, both in the dichotomous descriptions provided by the young people themselves (“I can be quite quiet sometimes, but yet still want to be the centre of attention”) and their foster carers (“she’s not a bad child...she can be caring”). Similarly, Jenny also recognised how this contrasting behaviour might be viewed by others, as she expressed that Carol “sees me as a lovely girl but also sees me as an angry, confused person”.

For Jenny, her opposing behaviour was perceived as being dependent upon “the sort of mood I’m in”. However, it was apparent that Sally and Janet, in particular, attempted to understand this apparent dichotomy. A possible explanation was provided by Sally, who said of Natasha:

“She’s probably got very mixed messages. If you’ve got a parent that’s very happy, and saying one thing one minute and then a parent that’s saying something completely different another” .

Consistent with this explanation, it could well be that the contrasting messages received during their early experiences has resulted in an uncertain identity, thus resulting in a polarised view of self. In addition, all of the young people reported feeling negatively judged by others and this perception could perhaps also reinforce a perceived need to retain a polarised construct system, which might explain their apparent ‘slot rattling’ between these bipolar constructs. This cycle of interacting is further highlighted by Sally:

“I mean she can be happy when she allows herself to be happy, but it’s then...there’s this big guilt that she shouldn’t be happy....that she has to go to the guilt and then she’s got to do something to get herself in trouble, it’s like a circle. She’s happy, then she feels the guilt, then she’s naughty.”

5.5.1.2 Playing a role

Consistent throughout the accounts of all participants was the notion that the young people were playing a role, or at least modified their behaviour dependent on the situation. Janet, in particular, expressed her concern that Luis was an “actor” and Sally also expressed:

“Whatever Natasha tells you isn’t necessarily what’s true. That’s why it’s really hard putting the puzzle together because a lot of the time I think she’s just saying things to please or to make you angry for a reaction.”

As a result of this apparent disingenuous behaviour, all of the foster carers reported feeling suspicious of the young people they cared for, which is likely to have negative influences on their relationship. Certainly, this finding was not confined to the accounts of the foster carers, as Jenny also highlighted this tendency:

“I try and make myself seem happy so everybody sees “oh she’s happy”...and I’m trying really hard to show that I want to be happy, not that I am happy but I want to be happy”.

This extract perhaps highlights the discrepancy between Jenny’s experienced and expressed emotions and her desire to be seen in an idealised way. It seemed that overall, participants’ sense of self was influenced by their interactions with others, both positively and negatively. This is consistent with general theories about the self, being experienced relationally (Mead, 1934). Consistent with Jenny’s account, Mair’s (1977) metaphor of “community of selves” suggests that individuals might don ‘social masks’ which although might be inconsistent with one another, could serve a specific function in preserving the existence of core constructs. This might also help to explain the young people’s apparent polarised construing.

It has further been argued that abuse can lead to the suppression of the true self, allowing others to shape how identity is defined (Harter, 1998). The impact of pleasing others rather than oneself could however, inhibit the development of a satisfactory and authentic sense of self (Striegel-Moore et al., 1993), which might result in internal conflict and manifest itself through the expression of anger. Indeed, this notion could certainly be relevant to the ‘looked after’ population, given that all three young people who participated in the present study were referred to CAMHS due to their ‘challenging behaviour’ and that research has shown conduct disorder to be the most prevalent mental health disorder amongst looked after children (Meltzer et al., 2003).

Previous research also indicates the importance of recognising potentially challenging behaviour as an adaptive survival skill (Singer et al., 2004). Consistent with this idea, Sally spoke of how Natasha “does a lot of spacing out...she’d just glaze over and just stare”. This description of Natasha disconnecting from self-awareness could therefore be understood as an effective coping strategy used to defend against past experiences (Hayes, Strosahl & Wilson, 1999), which could result in a further experience of a fragmented identity. Certainly, theories which attempt to understand the association between dissociative symptoms and trauma (Kennerly, 1996) highlight that dissociating as a means to cope with early trauma can have a detrimental effect upon identity and the self-concept. This may have a further impact on more serious mental health disorders in the future.

5.5.1.3 Summary

The sense of a fragmentation of the self was highlighted across participant accounts and may also explain the seemingly dichotomous construing observed in the young people's PEG data. Similar themes have also been evidenced in previous studies (Dance and Rushton, 2005; Rostill-Brookes et al., 2011). It may well be that for looked after children, the experience of abuse or neglect could shatter core assumptions concerning parental responsibilities surrounding care (Janoff-Bulman, 1992). Ongoing contact with family members and the possibility of differing interpretations of these experiences being provided by external others could exacerbate potential difficulties in integrating these experiences coherently into their sense of identity (Erbes and Harter, 2005). By fragmenting oneself, this may allow the young person to retain previously assumed beliefs concerning the 'goodness' of parents.

5.5.2 Visibility and invisibility

This theme summarises the discrepancy between the perceived visible nature of difference inherent in looked after children's experiences, yet also their view of being invisible, this either being self-imposed or their experiences of being overlooked or subjugated by others.

5.5.2.1 Difference from others

All of the participants described the young people as being different from their peers in some way. It seems that Jenny, by nature of being a looked after child, viewed herself as inherently different to other young people of her age, something perhaps that she felt was beyond her control to change. She expressed:

"I feel different from everybody else because I'm not considered as somebody that lives with their parents and considered as somebody who's in care and there's rules that apply to us that usually doesn't apply to like, people outside".

Anger, in particular was raised as being problematic for all young people in the study and it seemed that their sense of being different, or others' perceptions of them as different was a source of distress and anger. Indeed, Carol noted that Jenny was "really aggressive" and this impacted negatively on others' perceptions of her, that "nobody else wanted her, nobody else would take her". Anger was further described by all of the young people as being uncontrollable. For Luis, he reported that "anger sometimes can be a rage for me...and it

comes really, really quickly...I just go crazy”. Natasha also stated “when I’m naughty, I don’t listen to Sally. I want to listen, but I’ve got my angry head on”. In addition, Jenny spoke about the importance of expressing herself, which for others could be perceived as anger.

“It’s sort of, it’s a really, really awkward feeling because you’re arguing with them and you know you’ve got to stop but you can’t ‘cause there’s something inside of you that’s making you carry on”.

For the young people, it may well be that anger serves an important function, in that it provides a sense of power which is often lacking in the rest of their lives (Cummins, 2005). Given that Luis and Jenny in particular, described feeling uncertain and powerless about their future, anger could be seen as a liberating experience. However, expressing anger may in turn validate others’ construal that they are indeed different, and could perhaps make them more visible as a result. For this reason, feelings of anger were manifested differently across participants. For some, (Natasha and Jenny) anger was more overtly expressed, whereas Luis reported the need to “hide my true feelings”.

This notion of difference appeared to evoke ambivalence for the young people. It may well be that as looked after children, they have frequently been described by utilising labels (Rich, 2010), but this may serve to disconnect others from their individual and unique characteristics. Furthermore, labels could reinforce that problems are located internal to the individual and thus, construct a pathological identity which could strip them of their personal agency (Avdi, 2005) and form the basis of “emotionally constricted communication” (Rostill and Myatt, 2005; p.110). For young people who have been in long term care, such as Jenny, it may be that her view of herself as a looked after child has become entrenched in her identity. Describing herself as different, in terms of her sexuality and having an Aspergers diagnosis, perhaps highlights her need to define herself as belonging to a category in her own terms, external from that imposed on her by others.

5.5.2.2 Concealed identity

Foster carer accounts highlighted that they often felt unable to gauge the true feelings of the young people they cared for, thus implying a sense of concealed identity. Sally, in particular,

revealed that she felt unable to predict Natasha's thoughts and intentions, thus impairing her perceived sociality and her subsequent view of herself as a competent foster carer;

“There's a reason for that behaviour, it's just trying to find that reason and trying to understand it and trying to help. Sometimes those children are just able to give you a little bit of the jigsaw to help you and sometimes they don't and that's what I'm finding really hard at the moment.”

Indeed, this notion was also raised by the remaining foster carers, who suggested that this raised suspicion, that “there's something underlying all the time” which resulted in feelings of mistrust (“I actually don't trust him”) and disconnection (“I do find it hard to be as warm as I could be”). It appeared that as all of the foster carers reported that they valued honesty, they struggled to make sense of the reasons why the young people might “hide their feelings”. However, there appeared differences in the accounts of young people and their carers as to why feelings were predominantly concealed. Certainly, Carol expressed that it “makes me think [Jenny doesn't] trust me” and Janet's perception that “maybe I'm just not doing it right”, which resulted in doubt of her fostering capabilities. Conversely, and consistent with other research findings, the young people described this behaviour as an adaptive strategy arising from previous adverse parenting experiences (McMurray et al., 2011). Certainly, Luis described often absenting himself from situations in order to “stop myself getting like, too, too angry” whilst recognising that he “finds it hard just expressing how the feeling about the situation is, and sometimes that can be even harder than actually pretending everything's okay”.

Consistent with findings from previous research (Rostill-Brookes et al., 2011; Unrau et al., 2008) it appears that the young people in the current study tended to silence or disguise their emotions. Indeed, Schofield et al. (2000) suggests that many looked after children may present as ‘closed book children’ resulting from excessive self-reliance. Additionally, previous studies (McLeod, 2007; Unrau et al., 2008) have shown that young people in care can often believe that adults misunderstand or ignore their attempts to communicate feelings. For this reason, it may well be that for many looked after children, more adaptive or emotion-

focused strategies feel out of their grasp or that articulating emotions are perceived as unproductive.

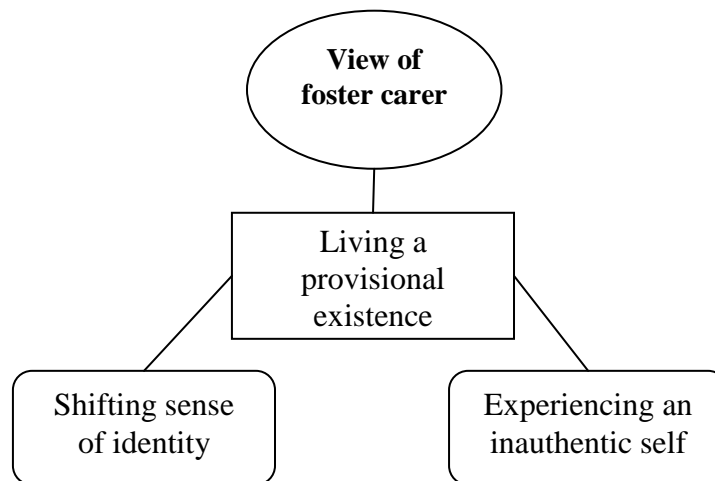
5.5.2.3 *Summary*

In summary, it seems that the young people in this study have to some extent, developed defence mechanisms to protect against the predicted criticism and judgement from others or to prevent their accompanying negative behaviour becoming “uncontrollable”. It appears that perhaps a barrier to change is the dilemma between expressing these difficult feelings with a sense that doing so may be intolerable or unacceptable to others. The young people’s presentation of self (or selves) may therefore be partly in response to their many losses, which perhaps cannot be openly mourned or acknowledged and thus, not socially tolerated in the same way that other losses, such as bereavements might be. This is consistent with the notion of disenfranchised grief (Doka, 2002). Furthermore, the themes elicited from both young people and their foster carers highlighted perceptions of difference and this demonstrates how the stigma of being ‘looked after’ can become centrally attached to a young person’s identity. This is likely to have profound implications for the emotional well-being of the young person.

5.6 View of foster carer

The main theme derived from participants' view of the foster carer was that of 'living a provisional experience' which was divided into two subordinate themes, as shown in Figure 7.

Figure 7: Final thematic map for 'view of foster carer'.



5.6.1 *Living a provisional existence*

The term 'living a provisional existence' has been borrowed from Ironside (2004) and is used within this context to describe not only the 'provisional' or functional role of the foster carer, but also relates to the 'provisional' or conditional identity that many carers feel they currently assume within this role.

5.6.1.1 *Shifting sense of identity*

Comments voiced by all foster carers regarding their view of themselves predominantly reflected the numerous roles and responsibilities that they felt they were required to adopt in their role as a 'foster carer'. Indeed, inherent in their construing of self was the sense of functionality to this role and that it felt imperative that they offered structure and stability in order to keep the young person safe, and thus accomplish their role effectively. More specifically, all of the foster carers highlighted the perceived need to set boundaries and "routine" for the young people in their care, so that they would be kept "safe" and thus protected, something which perhaps they perceived was inherent to their role as 'protector'

and ‘provider’. These findings are supported by that of previous research (Butler and Charles, 1999).

Alongside this need to be responsible carers, a possible dilemma was raised by all three foster carers as doing so was associated with them being perceived as morally upstanding, and responsible, something which Janet reported as being “very tiring, very stressful...it’s really hard living up to those ideals...it would be so nice to just be able to go for what you want and not worry what the consequences might be”.

Whilst acknowledging the functional and practical nature of this role, Sally also recognised its limits. She expressed “I’m not unrealistic...I haven’t got my magic wand”. Furthermore, all of the foster carers expressed that this disciplinarian role was one which they adopted for the “benefit” of the young person and that they recognised that this might have negative implications on the way in which they were viewed personally, as detailed in Janet’s statement:

“I’d like him to understand that I’m strict, will set boundaries because I care, not because I want to curtail his fun”.

Contrary to previous findings in which limits and boundaries imposed by carers were perceived negatively and contributed partially to placement breakdown (Rostill-Brookes et al., 2011; Sinclair et al., 2005), all of the young people in the current study expressed that they knew and respected why boundaries were implemented, despite not agreeing with them all of the time. Indeed, Jenny extolled the fact that Carol “has very tight rules” by stating that “I work better off with a schedule that’s tight and it has all the rules set out for me”.

A common theme which was described by the foster carers was their questioning of parenting judgements and beliefs, in addition to themselves as “good enough” carers, particularly in cases where approaches to manage difficult behaviour had proven unsuccessful (namely Sally and Janet). It therefore seems that the foster carers were not impervious to social narratives relating to parental care and expectations set in part, by the social care system. Moreover, deeply rooted in Western culture is the assumption that mothers, in particular, are responsible for the ways in which their children behave and develop which possibly stems from attachment theory’s original focus on the mother/child relationship (Bowlby, 1969). With all

three foster carers being mothers and of White-British origin, it was possible that their construing was influenced by these powerful societal narratives which could have become internalised, a finding which has been noted in other studies (Dallos and Hamilton-Brown, 2005). Whether similar themes might have been raised by male foster carers could be an interesting avenue for further research.

Given that research has shown that placement breakdown can result from strain and burnout, it can be seen how this dilemma and perceived need to live up to socially imposed expectations may contribute to additional strain. Positioning themselves as actively contributing towards the success or the failure of the young person's development seemed to strengthen the carers' sense of personal failure which could potentially challenge their identity as a source of stability and a vehicle for possible change in the young people's lives. Certainly, Janet expressed this view to Luis, stating that "I wanted to be able to help. I think I'm failing if I can't get that through to you". Similar views have also been reported in other studies (Rostill-Brookes et al., 2011; Wilson et al., 2000).

5.6.1.2 Experiencing an inauthentic self

Exploration of the foster carers' construing revealed relatively tight construing relating to their moral views and expectations about themselves, both as carers but also as parents, in general. It seemed that they viewed these two roles as quite distinct, perhaps in response to societal pressures that looked after children are more 'vulnerable' and thus require more specialist protection than their peers. It appeared that the foster carers faced the dilemma of prioritising the need to be an authoritarian over their ideal view of themselves, as someone who was "fun loving" and more "carefree". Sally and Janet in particular, implied the tension between these two apparently contrasting roles, yet viewed the option of being disciplinarian as a preferable alternative to their contrast pole, which would seem to involve not caring.

Janet: "I like to help people. I just think that's what I'm here for really, just to help people and when I have to say no, I can't do that, I just feel awful"

It is further evident that societal expectations of the 'professional carer', exacerbated by implemented restrictions regarding physical affection towards looked after children, could engender a typically more masculine, detached view of caregiving which fails to offer sufficient recognition to its interpersonal aspects. It is perhaps unsurprising then, that young

people have expressed ambivalence towards their carer being positioned as both a mother figure, but also as detached, paid professional (Parton, 2003). The dilemma for many foster carers in negotiating this balance between professional carer and nurturing parent has also been identified in other studies (e.g. Rostill-Brookes et al., 2011) and whilst it is not new, still highlights a potential area of strain on foster placements.

The foster carers also highlighted discrepancies in their role both as professional carers and as biological parents. Janet in particular, expressed differences in both her behaviour, but also her feelings towards the young person she cared for, in comparison to her biological children. This is highlighted in the following extract, which indicates possible ‘threat’ to her view of herself as a “caring person”.

“I’m not an over-emotional person and I’m also not a really physical person so I don’t, like Luis really wanted me to love him when he came and it worried me that I actually didn’t love him. I didn’t even like him when he first came, actually. It’s taken a long time, but I’m getting more to like him now”.

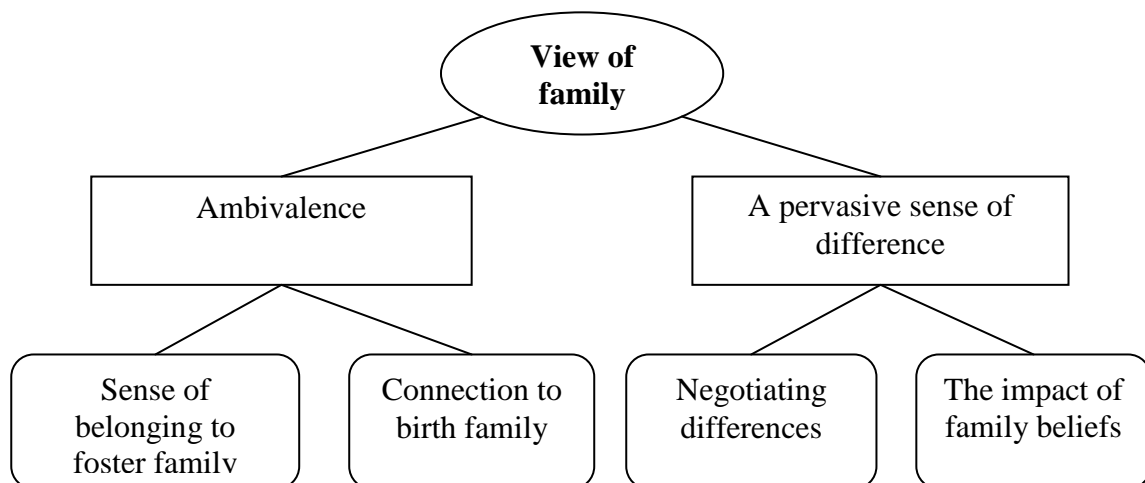
5.6.1.3 Summary

For many of the foster carers, there appeared an inherent conflict between polarised alternatives, that of fulfilling their role as a foster carer, which involved being strict, boundaried and a disciplinarian, and that of being more authentic to their true self, which was perceived as fun and caring. For the carers, fulfilling the role of disciplinarian meant that they might be perceived by the young people as “mean” and inherently uncaring, something which was incongruent with their self-constructs external to this professional role. Furthermore, developing a close emotional bond with the children that they care for may well deepen the distress should the placement terminate (Rostill-Brookes et al., 2011). This appeared to place considerable strain on them and this sense of inauthenticity in their identity could be likened to the view that the young people were “playing a role”. It may therefore be that both accounts reflect an adaptive self-preservation strategy aimed at placing emotional distance between the self and others, and is perhaps unsurprising given the often uncertain and temporary nature of foster care, governed by the possibility of family reunification. For both young people and their foster carers, it seems that the strain of living such a ‘provisional existence’ could have implications on the stability of placements.

5.7 View of family

Participants' view of family was divided into two superordinate themes, as presented in Figure 8.

Figure 8: Final thematic map for 'view of family'.



5.7.1 *Ambivalence*

This theme highlights the sense of ambivalence that many young people reported with regards to their current circumstances. All three young people expressed the tension between their desire to achieve a sense of belonging and to integrate into their foster family, and their perceived loyalty and connection to their birth family. Foster carers also discussed the impact of this dilemma on their perceived ability to parent and the impact on their interpersonal relationships.

5.7.1.1 *Connection to birth family*

Relationships with birth family were considered a key component of how the young people viewed themselves and thus consistent with research (McMurray et al., 2011), their identity appeared intrinsically linked and shaped by family connections. For this reason, all of the young people described a strong sense of membership towards their birth families. This tendency was most apparent for Luis and Jenny, who given their age and thus, presumably lengthier time residing with their birth family, might find it harder to integrate fully with their foster family. For young people who become looked after, this sense of ambivalence is

perhaps unsurprising given the apparent contradiction that is presented between their experience of possible abuse and/or perceived ‘rejection’ from those caregivers who should inherently offer unconditional care. Loyalty towards birth family was also picked up on by all foster carers, with Carol acknowledging that Jenny was “very loyal about her mother. She won’t have a word said against her mum”.

Consistent with prior research, the adolescents in this study (Jenny and Luis) were able to acknowledge the permeability of boundaries relating to their conceptualisation of a family (Anyan & Pryor, 2002). For example, they appeared to recognise the limits of familial love and care and that their birth family could still be conceptualised as such despite their negative experiences, as indicated by Jenny who expressed that family members can “hate each other and love each other at the same time”. Conversely, Natasha questioned “do I have to love my brother?” perhaps reflecting her uncertainty as to the permeability of family roles and relationships following her transition into care. Indeed, Sally highlighted this perceived difficulty and the subsequent impact that this might have on her behaviour. She expressed;

“I think this is where a lot of the conflict is because she wants to be with her mum and dad but she knows it wasn’t right”.

Consistent with research undertaken with other vulnerable young people (Blower et al., 2004; Roche, 2000), those in this study, to varying degrees, held an idealised view of their families irrespective of the quality of previous parenting received. Interestingly, whilst Luis was discussing his family traditions with Janet in their joint interview, it was noticeable that his self-descriptions became increasingly closer to those used regarding his birth family. This appeared to be in response to contradictory evidence provided by Janet. In Kellyan terms, by aligning himself closer to his father, Luis can be seen to be constricting his construct system in the face of potential ‘hostility’, in which the individual “takes further active steps to alter the data to fit his hypothesis” (Kelly, 1955, p. 512.).

5.7.1.2 Sense of belonging to foster family

Similarly, young people reflected their desire to “belong” to a family whilst also recognising the potential tension and confusion that integrating into two potentially discrepant subsystems might afford. This was highlighted by Luis, who stated “I [am] always linked into my dad,

because he was family...like, you don't want to have two different ways, two families dealing with it differently because you would just assume that the family would deal with it the same...[but] I do consider them both as family”.

Overall, it appeared that the young people acknowledged the positive attributes that their foster families offered them, namely stability. As Jenny highlighted, this might be something which was lacking in their birth families:

“It means a lot because it shows that somebody cares about me and somebody is actually going to stick up for me, for once in my life”.

Despite this, the young people also acknowledged the potential, substitute nature of these families, which in addition to the absence of a ‘blood tie’ ultimately prevented them from fully integrating into their foster placements.

Similarly, foster carers also described differences amongst them in the way in which they construed the young people within their own family, highlighting a further sense of ambivalence. Carol’s accounts indicated that despite their challenges, she viewed the young people that she cared for as part of her sense of a family:

“These girls are my children. You know, I don’t treat them any differently. You know, they’re not foster children, they’re my children”.

In contrast, Janet reported a relative struggle in permitting Luis to become fully integrated in her own sense of a family, thus maintaining a boundaried, professional relationship with the young person:

“He wanted to call us mum and dad and I said no it’s not appropriate, you’ve got a mum and dad, we’re not your mum and dad, and I feel sad for him that I can’t perpetuate that for him by allowing that, but again it’s just not right, not appropriate”.

It may well be that these different viewpoints reflect the varying ways in which the foster carers might view changes to their role within a family, should the young people be perceived

as more fully integrated. For example, it might be that accepting Jenny into her family confirms and validates Carol's belief about herself as someone that is caring and loving. For Janet however, who construes Luis as having "chauvinistic" views of a family, the implications of being "a mother" to Luis in the sense that he might anticipate, could present a challenge to Janet's current self-constructions. In doing so, it could be that Janet experiences the Kellyan construct of guilt which is an "awareness of dislodgement of the self from one's core role structure" (Kelly, 1955). Contemplating such a change in construing may well have considerable emotional ramifications.

5.7.1.3 Summary

The ambivalence highlighted in the current study has been reflected in many other studies (Ellingsen et al., 2011; Selwyn et al., 2010; Sinclair et al., 2005), in that whilst appreciative of the love and care received from their foster carers, the young people expressed a wish that this could have been provided for by their birth families. Sinclair et al. (2005) advocate that a key factor to a child's sense of belonging could be the way in which they position their foster carers in relation to their birth family, in particular with regards to whether these two families are perceived as two co-existing entities or positioned in opposition to one another. This indicates that even though young people may have idealised or unrealistic constructs of their birth family, these perceptions appear highly valued and may well be functional.

Overall, it appeared evident that participants acknowledged both the losses and gains inherent in the fostering process, not only in physical terms but also in terms of self-identity. In general, it seemed as though these contrasting feelings evoked by their present circumstances were accepted as a necessary part of becoming looked after and is succinctly illustrated by Luis:

"I have my dad still and I have you know, Janet and John...even though I have lost my mum...you know she's still family...if anything, the family's gotten bigger, so yeah it's good".

5.7.2 *Pervasive sense of difference*

All participants highlighted pervasive differences in the way in which they viewed and talked about families.

5.7.2.1 *Impact of family beliefs*

It seemed that for the young people, their current interactions were largely shaped by their past experiences, as highlighted by a comment made by Luis:

“When I was living with my mum...it was always like, “I know what the answer’s going to be” “no, no, permanent no” sort of thing and I was quite worried and concerned that it might be the same thing here...it’s hard for me to take rejection, sometimes more than others.”

These family beliefs and expectations of others might remain hidden from view despite guiding one’s identity. It might therefore be that these assumptions are triggered in their social relationships which might make conflict more likely. Janet and Luis discussed the impact that discrepant family constructs might have on their relationship:

Janet: “One of the things I actually feel sad about you being with us, and I’ve said to you before that I think well, are we too old for you?”

Luis: “My dad is older than both John and Janet and acted the same way I do...and sometimes I feel like I’m not doing as much as I used to, if I was still living in that same situation”.

Janet “So our feeling that we’re holding you back is actually a correct feeling.

Luis: “Kind of. It’s sad to feel like that”.

5.7.2.2 *Negotiating difference*

Consistent with findings from previous studies (e.g. Selwyn et al., 2010) all participants recognised their differences in the way in which families were typically viewed, ranging from physical differences (size) to cultural beliefs. This perhaps is not unique to the fostering relationship, however it seemed that these discrepant perspectives, particularly those relating to role expectations, served to reinforce the absence of a “biological link” and could also be

perceived as invalidating of existing family beliefs and traditions. An example of this is perhaps highlighted by Carol, who stated:

“My view of a family is different to Jenny’s because [in] my family everybody looks after everybody else.....Jenny’s family don’t do that”.

Furthermore, the transition into foster care may represent an ambiguous loss for many young people (Boss, 1999), as their ‘lost’ relationship could be perceived as both abusive and yet bonding. This is highlighted in Carol’s statement that Jenny “gets very uptight and very “oh well, it’s alright for you, you’ve got your family, my family don’t want me.” The experience of becoming looked after is likely to be experienced as a loss, yet as this may not be readily identified by others, and as they may continue to retain connection, albeit limited with their birth family, these feelings are less likely to be resolved. Moreover, as there are no socially accepted rituals which give acknowledgement to this experience in the same way that might occur with bereavement, meaning making may also be less possible, given that this experience is less likely to be socially validated. This notion of ambiguous loss can be likened to that of disenfranchised grief (Doka, 2002).

5.7.2.3 Summary of ‘view of family’

It was evident that all of the young people expressed ambivalence towards the prospect of being integrated into both foster care and their birth family. For most, it seemed that they were torn between the sense of loyalty towards their birth family and the accompanying desire to gain deeper connection with their foster family. This finding highlights the delicacies of the fostering relationship and the resulting tension that looked after children must negotiate in their daily lives, which could arguably be exhibited in their relationship with their carers.

It was further evident that all participants held unique and personally salient family constructs, shaped by their own experiences of being parented and existing within their own family. It seemed that at times, the discrepancy in these beliefs could well have contributed towards difficulties in the foster carer-child relationship. Despite this, all of the young people expressed feeling connected to their current carers, albeit to varying degrees, thus providing

support for the importance of maintaining multiple attachment relationships (Blower et al., 2004; Ellingsen et al., 2011).

5.7.3 Overall summary of themes

Although the individual interviews allowed consideration of the individuality of construing, there were certainly commonalities amongst the themes raised between not only the young people but their foster carers, thus highlighting that although individuals employ their own unique personal construing. This is seen to be “located within a shared cultural and familial reality or construct system” (Dallos and Noakes, 2011, p. 163).

Consistent with findings demonstrated in other studies (e.g. Rostill-Brookes et al., 2011), a shared experience of fragmentation emerged across both young people’s and foster carers’ account, both of which highlighting that they perceived themselves never quite being fully authentic to their true selves. The potential enduring strain of living such a partial existence could certainly have a considerable impact, not only on the foster carer-child relationship, but also on that with other family members, and on their overall physical health and emotional well-being.

In PCP terms, the young person’s transition into foster care may involve fundamental revisions in construing of self, both for the young person and their foster carer. The very nature of this transition is likely to entail the renegotiation of attachment relations, both with existing birth family but also with those within the new foster placement. Such transitions could become associated with profound stress and changes in feelings, which could be unanticipated and perceived as unpredictable. More specifically, an anticipation of great change in core constructs of self could induce feelings of Kellyan threat which might evoke a sense that previous constructions no longer fit. This may result in the implementation of strategies and behaviours to alleviate such intolerable emotions which could seem unfathomable to those surrounding them. The challenges of belonging to two families simultaneously could serve to exacerbate difficulties regarding identity development and in integrating the self across differing contexts, thus seemingly reinforcing the sense of fragmentation across participant accounts.

Of particular interest to this study and that which was highlighted by Denner-Stewart's research (2010) is the way in which these constructs about the self and others are negotiated within interpersonal relationships. The unique ways in which these potentially competing personal constructs are negotiated within the relationship between the young person and their foster carer are therefore summarised in the following section, with the aim to answer the final research question:

- How are potential differences in the personal constructs of looked after children and their foster carers negotiated within their interpersonal relationship?

5.8 Part Two: How differences are negotiated within the interpersonal relationship.

Within this section of the findings, a detailed analysis will be offered of the processes by which the young people and their foster carers negotiate and construct meanings within the context of their interpersonal relationship. The way in which these similarities and differences are negotiated is likely to differ depending on the dyad and their unique interpersonal circumstances. Findings within this section were generated from comments provided by participants during their joint interview, largely as the interactional processes which underpinned individual and joint construing were highlighted as providing a further enrichment of data in Denner-Stewart's (2010) study.

5.8.1 Dyad 1: Luis and Janet

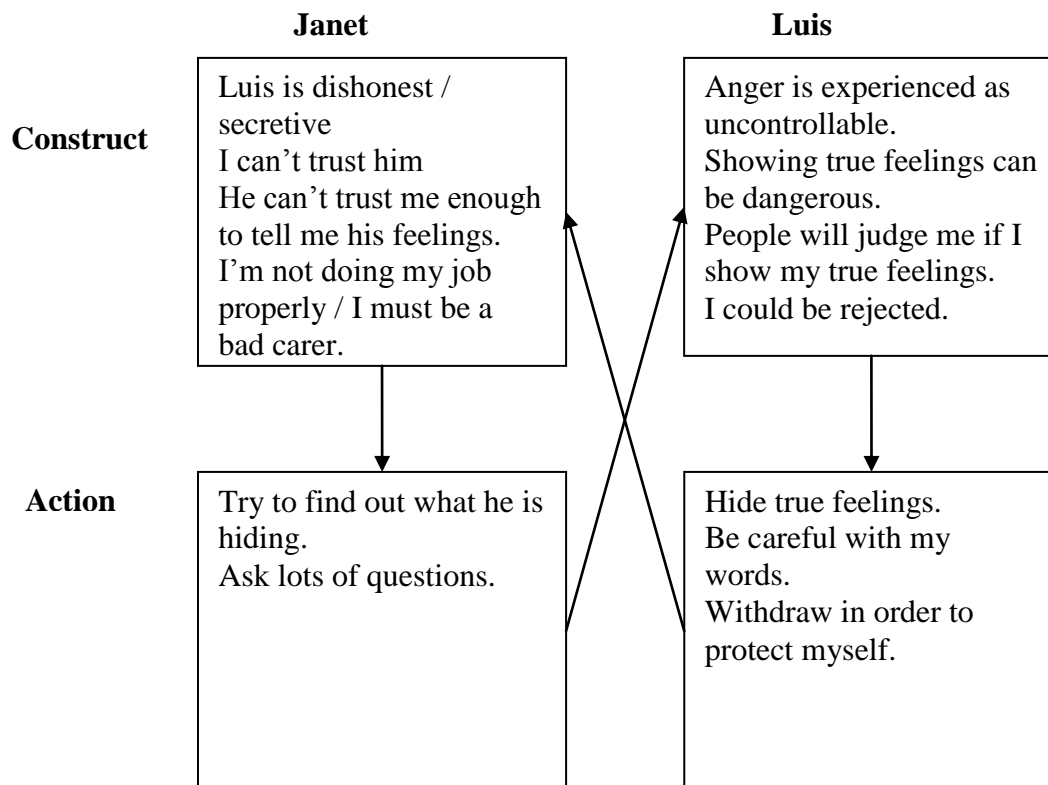
During the joint interview, a frequent area of conflict was explored by Janet and Luis with regards to the perception of Luis concealing his true feelings. On the basis of the constructs employed during their individual interviews, it appears that Janet perceived Luis' concealment of his feelings as being dishonest, which in turn typically caused her to feel suspicious of his intentions and doubt her ability as a foster carer. Equally, it could be that the saliency of birth family constructs for Luis which view negative emotions as uncontrollable, make it more likely for him to conceal them as a means of self-preservation. Given that Luis' construing highlights his belief that others might cast negative judgements about him, perhaps shaped by previous experiences of invalidation, it is perhaps understandable that he might withdraw in order to safeguard against the pain of further invalidation. This is

however, likely to have contributed to the negative, “stuck” pattern of interacting within their relationship, which Luis described:

“I mean I guess it can be quite awkward if I don’t want to talk about it...I think it happens quite often where I might say “no, I don’t want to talk about that now” and then she asks why and I say “no” and it just keeps going round and round in a circle.”

Figure 9 provides a further example of the possible process of construing between Luis and Janet with regards to this issue.

Figure 9: A ‘bow tie’ diagram (Procter, 1985) highlighting possible interactional construing between Luis and Janet.



As this issue had been previously discussed in her individual interview, Janet was perhaps more able to share with Luis how this impacted upon her personally.

“I know that you do hide your feelings [which] I find difficult because...if you hide your true feelings then people don't know what you're feeling. If I've got to guess at how you're feeling,

and I get it wrong, that's not because I don't care; I don't know, so how can I do the right thing?"

Of all the dyads, the joint interview conducted with Luis and Janet seemed the most transformative, as it felt that they were able to fully explain the personal meaning of their construing and how this impacted on their behaviour in the context of their relationship.

Furthermore, this conversation led to them discussing their similarities rather than concentrating on their perceived differences which arguably, could serve to validate their personal beliefs and enhance their relationship. Certainly, the validation of constructs has been suggested to be an important contributor towards relationship satisfaction (Harter, et al., 1989; Neimeyer and Hudson, 1985).

Janet: "I've been through so much that you don't know about and you might actually find that we've had more similar experiences than you realise, just because we haven't necessarily discussed them. So what happens to you is not unique, it's happened to different people at different times, and I think sometimes that can make you feel not so alone to know that."

5.8.2 Dyad 2: Natasha and Sally

The potential utility of the joint interview in sharing and understanding individual construing was highlighted during discussion of the picture that Natasha had drawn in response to "how I see myself" (Figure 4). She described this picture stating that she was "happy" due to her good behaviour and had thus been rewarded with a "treat". Despite this, her pictorial facial expression appeared to contradict the presumed enjoyment she might receive from this activity. The following extract was taken from the joint interview:

Sally: "What did you call your face...a bit, a bit weird? Why do you think your face is a bit weird?"

Natasha: "Cause it's got one like that and one like that" (pointing to eyebrows)

Sally: "Is that your starey face or your happy face?"

Natasha: "My starey face"

Sally: "That's your starey face. So even though you're smiling..."

Natasha: "Yeah I'm happy"

Sally: "You're happy, you've still got your starey face. Cos that starey face is there when you don't...is it when you're trying to stop yourself from being happy?"

Natasha: (nods)

Researcher: "Does that happen a lot Natasha?"

Natasha: "Mmmm"

Sally: "It does sometimes. I think you find it really hard to be a hundred percent happy, just happy".

Natasha: "Should be all the time". (Natasha climbs onto Sally's lap for a cuddle).

This seemingly innocuous detail was overlooked by myself as the researcher in our individual interview, subsequently allowing Natasha's internal self-representations to remain hidden from view. However, sharing this with her foster carer enabled Natasha's potentially true representation of herself to be partially revealed. It was evident that Sally was attuned to Natasha as she stated "to me, a lot of Natasha's behaviours [are] trying to show me in the only way she knows how and she feels safe enough to do it". Consistent with Wilson's (2006) framework for responsive parenting, Sally demonstrates an aptitude for understanding and empathising accurately with Natasha's possible internal world:

"I love your picture. Is this the one you wanted to share with me? Yeah? You're really proud of that aren't you? You worked really hard on that, it's lovely"

By Sally's modelling of appropriate sociality, Natasha could be more likely to develop a capacity to anticipate her social world more accurately, which in turn might result in the tightening of her construct system and thus, more predictable behaviour.

5.8.3 Dyad 3: Jenny and Carol

Out of all the dyads, I was most aware of the invalidation evident in the discourse between Jenny and Carol. For example, Carol highlighted a recent area of conflict for her and Jenny, she stated:

"I don't like people that are not honest, cos I can't trust them. I couldn't trust their word, and because I am honest, I find it difficult to listen to somebody that I know lies or perhaps who

has lied to me. When I find out they've lied, I feel really hurt, the fact that somebody actually would think I'm not worthy of the truth".

As Carol perceived Jenny as having lied to her, she subsequently expressed the need to "reinforce that lying is not good". This typically manifested in a pattern of interacting whereby Jenny responded either by challenging this authority ("a lot of arguments stemmed from when I'm correcting Jenny in something that's not socially acceptable") or through superficial compliance and/or emotional withdrawal ("I think Jenny doesn't listen to the whole conversation...she shuts off"). Implicit in their interactions appeared to be Jenny's attempts to persuade Carol to see an alternative point of view (dilation), although this often served to provoke Carol to remain firm in her own viewpoint (constriction).

In addition to participant reports of this interactional process occurring between Jenny and Carol, there were live examples within the joint interview which supported this, as highlighted by the extract below:

Interviewer: "What's that like to hear Jenny?"

Jenny: "It's good to hear it"

*Carol: "You've heard it all before" (**Constriction/invalidation**)*

*Jenny: "I know I have heard it before but..." (**attempted dilation**)*

*Carol: "We've had this conversation a lot of times, exactly the same one" (**Constriction/invalidation**)*

Jenny: "But you know, I don't know"

By being invalidated or offered limited opportunity to test out her own constructs, this could serve to reduce Jenny's feelings of self-efficacy further. It might also result in her perception that she needs to rely on others, such as her foster carer in order to shape her identity and views.

It could be argued that the notion of a family construct system (Procter, 1981, 1985) is central to understanding how difficulties within interpersonal relationships can be manifested. Key to this concept is the view that the family, regardless of how this might be shaped, is formed of a set of individuals who are continuously making choices (Dallos and Aldridge, 1987). In

such, it can be seen that family members develop a set of anticipations based on their shared experience of how others might react. Out of this collective experience, a shared set of constructs can develop which purports as to what each member believes is possible and permissible within the confines of that relationship. It could therefore be argued that Carol's comment that "I was constant all the way through, I don't change" could therefore be perceived by Jenny as either being beneficial, by providing structure and potential stability, or as constraining and fixed. Although it is evident that both Jenny and Carol make their own decisions, the choices made available to them may be constrained by the other, thus restricting the range of available options.

It was also apparent that another area of conflict within this dyad resulted from the discrepancy in their family constructs relating to how one's feelings of 'care' towards another are expressed and shown. For example, due to her family beliefs relating to care and support, Carol described her invalidation felt due to her perception that Jenny must not care for her, despite all that has been offered to her:

"That's where I find it very difficult for Jenny to have been here that long, seen how my family's a caring family for each other, including Jenny, they've all accepted Jenny, they've all taken Jenny in and not judged her or anything else...so that makes me feel really, really sad that nobody cares."

Contrary to Carol's perception, Jenny's responses on her PEG highlight her positive feelings towards her foster carer. However, it could be that due to Jenny's own family constructs about the expression of care ("I don't think I've ever actually had to do it before") and due to her awareness of the physical impact of her behaviour on Carol's health, she withdraws in such a situation rather than extends support as Carol would expect. Upon exploration of these beliefs, it is clear how such behaviour and subsequent conflict can occur given that their individual beliefs remain predominantly hidden from the other. Indeed, the following extract from Jenny highlights the distinctness in the way in which individual constructs of care are expressed and perceived:

Jenny: "I just feel that if you care, then you care. With Carol, I think she wants people to show they care, to do things they show they care about something or somebody...if I was to

turn around and say to her then she'd get worried about it and then that would put more stress on her and make it even more likely to be ill...so I keep it to myself"

In Kellyan terms, it appears that both Carol and Jenny perceive a lack of commonality between them, with both believing their construct systems to be different in important ways. This may result in a degree of contempt and hostility, with both adopting increasingly forceful ways in which to impose their own view of events. It has been suggested that in families, some viewpoints are more dominant, whereas others remain subjugated or so disconfirmed that they lose their own sense of perspective (Procter, 2005). Implicit in this interaction between Jenny and Carol appeared to be the ongoing tension for both participants in expressing their personal beliefs and is highlighted by Jenny in the following extract:

Jenny: "If [someone] didn't express like, what they believe in or something, they're not going to be heard. I don't think they'd really be a happy person because they're not able to express how they feel or what they believe in and they're just stuck in this bubble that they can't get out of cause they can't, they're not able to express their feelings".

Arguably, Jenny's comment could reflect a potential dilemma for her, in that expressing opinions may well result in conflict and disagreement, yet by not doing so, she may well feel overlooked or not authentic to her true self. This therefore appears to exemplify the way in which families may retain limited ways of construing, thus becoming stuck in a cycle of failed solutions. Although it is evident that each individual is capable of making decisions based on competing alternatives, this example highlights how perceived possibilities can become so constrained that choices are made from an impoverished set of options, thus exacerbating ongoing relational difficulties (Dallos and Aldridge, 1987).

In this respect, during their joint interview Jenny and Carol did begin to contemplate the prospect of change, yet as the following extract suggests, this can induce feelings of anxiety (Kelly, 1955):

Carol "My personal opinion of Jenny is that she is stuck in this children's home. I think she's in for a shock when she goes back...I think it will be a good thing because it might jolt enough to come into the real world, cos that's where Jenny needs to be"

Jenny: "I feel like I'm in my own world...it's like fantasy"

Interviewer: "Is being in the real world a good thing or bad thing?"

Jenny: "Good and bad. Good thing cause I can see what it's really like, so I can actually move on and actually understand and fit in with what everyone else is doing, but it's bad because obviously it's quite a big shock. So you see the world as fine and all of a sudden, its bam! It's not how you think it is, and it's a big shock".

This extract indicates that for Jenny, the prospect of reconstrual is experienced as daunting. By constricting her 'world', it may serve to reduce the threat of potential invalidation and thus, Jenny is more able to maintain a sense of structure and emotional security. However, it is hoped that engaging in such conversations can be beneficial in illuminating ways in which change might be possible. In PCP terms, this notion relates to the Choice Corollary (Kelly, 1955) as individuals can be supported in discovering the path which offers the best possibility for the elaboration of their construct system, which in Jenny's case might subsequently result in more positive interpersonal relationships.

5.8.3.1 Summary of Part Two

It appeared that young people and their carers typically adopted somewhat conflicting positions based on their individual expectations and assumptions of how the other might perceive or judge them, yet these were typically not expressed explicitly. The majority of participants, albeit to varying degrees and for differing reasons, highlighted poor sociality, and therefore these difficulties in anticipating the other are more likely to result in inaccurate predictions being made. In turn, subsequent interactions are more likely to be guided by mistrust and miscommunication which could explain participants' reported and observed responses characterised by emotional suppression, invalidation and recrimination. This might serve to foster further division and limit the opportunities for shared emotional processing (Rostill-Brookes et al., 2011). Ways in which individual construct systems could be elaborated, thus providing opportunities for change, are discussed further within the following section.

6 DISCUSSION

“This is instead, a proposal to explore the implications of a new viewpoint, even to the extent of experimenting with it actively. Now, let me see if I can shake the kaleidoscope for you. Watch closely. See what happens” (Kelly, 1966; cited in Fransella, 2003)

The aim of the present study was to explore the ways in which looked after children and their foster carers construe themselves, each other and the concept of ‘family’. Additionally, it was intended to gain an understanding of the ways in which these constructions might be negotiated in their interpersonal relationship. These aims were therefore achieved by interviewing three foster carer-child dyads, both individually and jointly, utilising Perceiver Element Grids (Procter, 2002) to facilitate discussion. In the following section, the strengths and limitations of this study will be discussed, in addition to implications for clinical practice and recommendations for further research.

6.1 Implications for clinical practice

The current research highlights the difficulties experienced by looked after children and their foster carers in maintaining a coherent sense of self, how their personal and family constructs might impact upon this and strategies which might be employed to protect themselves emotionally. Although the findings from studies such as this, which utilise small samples, should not be generalised without caution, they do seem to reflect previous findings, in addition to providing new and illuminating insights into the way in which looked after children and their foster carers might perceive themselves. The study therefore raised a number of important recommendations for clinical practice.

6.1.1 *The role of the foster carer*

Foster carer accounts indicated that the experience of fostering is complex and demanding which often left them feeling unprepared and somewhat inadequate in fulfilling this highly challenging role. Furthermore, the strain of living ‘a provisional existence’ (Ironsides, 2004), as evidenced both in previous research and in the current study, should not be underestimated,

particularly within the context of a national shortage of foster carers (House of Commons, 2009).

As foster carers have highlighted the importance of social support (Wilson et al, 2000), the pertinence of both robust and consistent professional support, specifically relating to the promotion of self-reflexivity, in addition to more informal support, such as respite, should also be recognised. Given that all foster carers who took part in the study shared their experience of feeling inauthentic, it may well be that like the young people they care for, they also conceal parts of themselves in an attempt at emotional protection. The impact of working with complex children with legacies of abuse and neglect can be immense and is well documented (Howe and Fearnley, 2003), therefore an argument can be made for foster carer support groups in which carers can share experiences and reflect on the potential tension of holding multiple positions. Certainly, as an outcome of the current research, it is intended that these findings will contribute towards foster carer training within one of the looked after children teams from which participants were recruited, in order to highlight these concepts.

Comments raised by foster carers highlighted the real tension evoked from the perceived expectation that they must be “super-parents” (Charles and Butler, 1999) and should maintain a ‘professionalised’ family life (Hart and Luckock, 2006). Discussions which challenge these myths, in addition to those relating to Western notions of “exclusivity” of parenting and “ownership of children” (Butler and Charles, 1999) might further be beneficial in moving away from the concept of an idealised family model, which can provoke further tensions within foster families.

It is evident that the government has recognised the need for more focused training and support for foster carers (House of Commons, 2009), in particular the increased need for practical and financial support so as to help maintain placement stability. Furthermore, governmental acknowledgement of the potential stress placed on foster carers in response to the perceived need to respond to challenging behaviour, has been documented with the recommended piloting of evidence-based interventions such as MTFC (Fisher and Chamberlain, 2000) and the Keeping Foster Carers Safe and Supported (KEEP). These interventions aim to target those children with the most challenging needs for whom conventional approaches are not always effective. This is achieved by increasing foster carer skills and confidence, with a view to reducing the likelihood of placement disruption and

improving child outcomes. Although it is encouraging that such programmes are becoming more recognised and piloted throughout the UK, the long-term impact and dissemination of such interventions appears at present unclear, given the current backdrop of increased NHS funding cuts.

6.1.2 Service related recommendations

The current findings highlight the importance of affording recognition to the potential functional nature of problematic behaviour, in particular looked after children's ambivalence towards being 'normal' and thus more fully integrated into their foster families. Given the current push towards family reunification (Biehal, 2007), the foster family is rarely viewed as a 'family for life', with fewer than one in eight young people remaining in the same placement for more than four years (Wilson, 2006). Due to the rise in the number of looked after children, and increased pressure for resources (Biehal, 2007), long stays in placements are becoming increasingly less common. Foster care may therefore be seen less as a vehicle for change, instead more as a "static holding pen" (Wilson, 2006). As the young people in the present study appeared somewhat ambivalent towards integration into their foster family, further consideration for ongoing therapeutic work could be to promote dual and multiple attachments and thus offering permission to establish attachments to both birth and foster parents, so that they are not seen as competing entities (Ellingsen et al., 2011). Encouraging supportive conversations between foster carers and young people relating to the importance of their cultural and familial beliefs may serve to further validate their personal perspectives and cultural backgrounds and thus decrease their potential for self-preservation.

6.1.2.1 The need for early intervention

It has previously been documented that obstacles to accessing mental health provision, such as lengthy waiting times into CAMHS, can often prevent families from receiving the support they require (Blower et al., 2004). Alternatively, services are typically only accessed at the point of crisis. Comments expressed by all participants highlight the ongoing importance of support in negotiating difficulties within the foster care relationship by promoting ongoing placement stability rather than as a reaction to potential breakdown. Moreover, research evidence highlights that swift and specialist interventions can impact upon the likelihood of a placement breaking down (Fisher and Chamberlain, 2000). As it has been widely documented that looked after children are at increased risk of mental health difficulties (Meltzer et al.,

2003; DCSF, 2009) the crucial role of schools, in particular that of Targeted Mental Health in Schools (TaMHS) in the early identification of mental health difficulties regarding this population is crucial in ensuring timely and swift specialist intervention.

6.1.2.2 The development of emotional regulation skills

It could be argued that the ability to manage one's feelings and behaviour is at the heart of positive mental health and as such, comments raised by the three young people in the study suggests that they all struggled with this capacity. It has been documented that the brain development of children who have been exposed to neglect and/or abuse in early years, may be linked to hyper-arousal and aggressive behaviour in later years (Ironsides, 2004). This could make it more difficult to tolerate emotional distress. The importance of promoting emotional regulation for looked after children therefore appears to be of great benefit.

Modelling appropriate emotional attunement and sensitive caregiving (Dozier et al., 2002) can be one way in which this is achieved. This concept links in with the concept of secure base parenting (Bowlby, 1969), in that children are more likely to be able to explore independently if their feelings can be identified, understood and tolerated. This is further enhanced if the child is able to access the mind of the caregiver through active mirroring and open communication so that the caregiver's feelings can be reflected on as well as their own (Fonagy et al., 2002). This notion also links in closely with concept of sociality (Kelly, 1955).

The capacity to regulate one's emotions and gain heightened sociality is likely to be significantly challenged during adolescence (Schofield et al., 2000) as it is at this period in our lives in which we are encouraged to develop close emotional relationships. For many looked after children, including Luis and Jenny, this concept is likely to raise several challenges given that their search for identity may be compounded by limited knowledge of their family history, making it more difficult to gain a sense of self. Moreover, many looked after children may not have been taught how to tolerate and manage difficult feelings and therefore, as was evidenced in participant accounts, maladaptive coping strategies may instead be employed. Promoting and modelling appropriate emotional regulation and skills in sociality, particularly in younger children such as Natasha, is likely to be extremely beneficial for impending adolescence.

6.1.2.3 Exploring the concept of difference

For all of the young people, constructs of deficit were highly prominent in their self-construing, such as the view of self as different versus normal. Given that it is this ‘deficient’ behaviour which typically triggers a referral to mental health services, helping professionals to reconstrue this behaviour as representing a meaningful choice on the part of the young person could result in the development of alternative self-perceptions. Adopting a Personal Construct Psychology (PCP) approach might be one way in which individuals can further attempt to elaborate their sense of self and thus consider alternative ways of interacting with others.

6.1.2.4 Ambiguous loss

Comments raised by the young people highlighted their ongoing struggles to make sense of belonging to two separate family entities. The term ambiguous loss (Boss, 1999) may help to understand why some looked after children do not settle into their placement as well as one might expect. It could therefore be that these young people, particularly those who have experienced multiple placement moves, perceive their relationship with carers to be in transition and not permanent (Lee and Whiting, 2007) or that they remain connected to family loyalties despite absent physical ties. Ambiguous loss may then explain some of the observed and reported behaviour by the young people, which may include ambivalence, relationship conflicts and emotional distancing (Boss, 1999; Lee and Whiting, 2007). Recognising these behaviours as a functional coping strategy (Singer et al., 2004) rather than challenging or deficient behaviour can be important in fostering more effective social relationships and placement stability.

6.1.3 Developing a multi-perspective approach

The study highlighted that both young people and their carers held constructs about themselves and each other that they valued and which determined much of their behaviour and values. However, these perspectives typically were not always explicitly communicated and perhaps their anticipated beliefs regarding the implications of doing so, might have served as a potential barrier. The joint interview however, highlighted the utility of rendering these beliefs more explicit. It was apparent that for all dyads, there were differences in belief systems which were typically not verbalised and thus contributed towards difficulties within their relationship. By opening a channel for communication to reflect upon meaning making,

in which assumptions are encouraged to be made more explicit, it may well be possible to move towards a more common and shared understanding. In doing so, more accurate predictions about others could be made, which might result in contemplation of different avenues for change. Clinical work with foster families could usefully focus on facilitating such conversations. Facilitating a space where not only the young person, but also the foster carer, can reflect on their own experiences can be helpful in promoting placement stability.

6.1.3.1 Developing a shared understanding

Consistent with previous research evidence (Rostill-Brookes et al., 2011), the current findings highlighted that although foster carers and young people demonstrated similarities in their reported beliefs, such as their acknowledgement of presenting difficulties, the perceived meaning of these differed considerably and was evident in the accounts across these two groups of participants. This could suggest that conceptual similarities might not translate into a shared understanding of experiences and perhaps warrants further consideration when working clinically with looked after children and their carers. Taking time to promote conversations which explore the perceived meaning and implications of behaviour, in addition to exploration of potentially competing family construct systems, could have a therapeutic and practical utility (Dallos and Aldridge, 1987).

As it has been suggested that “pathology exemplifies a form of conscious or unconscious ‘choice’” (Dallos and Aldridge, 1987, p.39), utilising Personal Construct Psychology (PCP) approaches to mapping family difficulties could be of particular benefit. For example, the emphasis on the bipolarity of constructs helps to facilitate the process of therapeutic goal setting by highlighting alternatives and possible avenues for change. Utilising PCP methods within a family therapy context further allows us to consider and explore possible misunderstandings and discrepancies in construing, something which was revealed in all participant dyads. Certainly, information gained from adopting this method provided a much clearer understanding of participant difficulties, which thus can help us to consider the function of observed behaviour and ways that it could be framed more positively (Dallos and Aldridge, 1987).

A further notion postulated by Oppenheim (2006) is the possible moderating effect that the role that providing sensitive and open dialogues can play in helping young people to develop a coherent narrative regarding traumatic experiences, which arguably would facilitate coping.

Furthermore, the way in which carers and young people engage in this process can be highly revealing of strengths and difficulties that the dyad might possess. In such, this approach can serve as a useful bridge between both research and clinical application (Oppenheim, 2006).

It could be argued that developing a shared understanding is paramount, not only for clients but also those working within this system to support young people and their carers. In order to prevent the mirroring of the fragmentation that is evident in participants' interviews, it is felt that the views and goals of all key stakeholders should be jointly considered and not in isolation of one another. The challenge remains however, of how to balance the individual's potential need for self-protection and the promotion of a culture of openness and transparency. Changing the culture and ethos of service delivery may be one way in which this is achieved (Guishard-Pine et al., 2007), in which reflection and transparency are promoted and modelled by all professionals. By adopting a transparent and consistent interagency model, it has been argued that this will provide a "protective shield" against mental health (Guishard-Pine et al., 2007) and subsequently promote confidence in the young person, carer and professionals involved to feel protected by each other, which is likely to empower them to deliver their full potential.

Moreover, expression of one's beliefs provides an opportunity for invalidation and validation of self-construing. This could influence meaning making and lead to further anticipations about the self and others and the likelihood of future expression of beliefs (Maitland and Viney, 2008). Appendix 33 illustrates a model demonstrating the possible opportunities and benefits that the joint interview might afford participants in this way. This model is adapted from that proposed by Maitland & Viney (2008). The authors propose that listeners need to be credulous and thus suspend their own meaning, regardless of the perceived discrepancies. The researcher's and therapist's position within this process should also be considered as "the process of reconstruction necessary for healing cannot occur in isolation" (Maitland & Viney, 2008, p.162).

6.2 Strengths and limitations of the study

6.2.1 Study Strengths

A main strength of this study is its novel and exploratory nature. Research highlights that looked after children are under researched (Holland, 2009) due to their typically hard to reach nature and therefore this study aimed to engage those who perhaps might have been otherwise overlooked. Although the small sample size could be seen as a weakness, it is felt that this can also reflect a strength, in that it allowed for in-depth analysis of all participant accounts and attempted to ensure that all participant voices were heard.

It is fair to say that the experiences of looked after children and to some extent, their foster carers, have received considerable research attention, for example, Rostill-Brookes et al., 2011, however exploration into the co-construction of their narratives has received far less attention (Oppenheim, 2006), despite this holding great promise in understanding meaning making. Engaging in such dialogues can therefore represent an important step for joint meaning making to take place, which can be experienced as transformatory. This certainly appeared to be supported by anecdotal evidence within the present study, as all participants were keen for the key themes from their interviews to be discussed with their allocated CAMHS worker so that similar, ongoing conversations could be continued within the therapeutic environment. Young people involved in research have reported that they expect more change to result if their views have been heard (McLeod, 2007) and therefore it felt important to ensure that this was achieved so that therapeutic progress could continue to be made beyond the research parameters.

It could be argued that traditional interventions with looked after children tend to be problem-focused (Everson-Hock et al., 2009) and although certainly several ‘problems’ were raised across all participant accounts, feedback suggested that participants experienced this process to be a positive and illuminating experience, with the potential to be used as a model of strength rather than one of deficits. This was commented by all participants but highlighted in the following extract by Jenny and Carol:

Carol: *“For me, it’s the most civil Jenny has spoken to me in weeks...”*

Jenny: *“Yeah, it makes me think about different things and how I want my life to actually be like”*

Comments from Janet also highlighted the difference that this approach made, including the benefits of offering a safe space in which these perhaps ‘unsafe’ conversations could be held:

“The interview enabled us to talk through these things without it feeling like it’s confrontation, which it often is. If it’s just the two of us then it does feel like I’m getting at you or you’re getting at me, when neither of us are getting at each other”

In addition, it was reported that following Luis and Janet’s joint interview, Luis made a disclosure to Janet on the basis that he recognised the importance of honesty within their relationship. Further feedback from both participants and their CAMHS clinician indicated that the experience of a shared, meaningful dialogue had enabled them to negotiate previously concealed difficulties, and indeed shortly after participation, Luis was discharged from CAMHS due to these sustained positive changes.

Research on autobiographical memory suggests that children’s memory can be shaped by dialogues with their caregivers (Fivush et al., 2004), however we know less about implications for emotional regulation and subsequent emotional well-being. Arguably, shared dialogues could facilitate effective meaning making which can help individuals to cope with stressors and the challenges of daily life (Oppenheim, 2006), yet there has been little empirical evidence to support this. It is therefore hoped that the present study makes an active contribution towards building such an evidence base.

Another of the key strengths of the current research is that it extends the findings from previous studies. In particular, the joint interview added an interesting and important dimension to the analysis which enabled exploration of the function of construing within foster carer-child interactions. Although the study considered the individual construing of both members of the dyad, it also examined how these beliefs might be negotiated within the interpersonal relationship, a facet which has not been explored previously within this population. Furthermore, the use of the PEG, although frequently used in a clinical capacity

has been afforded less research attention, yet proved to be a powerful way of eliciting constructs.

It is believed that the study's strengths lie in its novel and exploratory nature, in addition to the fact that it could be seen to lay the foundation for further research utilising the PEG as a research tool, and its potential utility for those client groups, for whom more formalised "talking" therapies are less likely to be successful. More specifically, its structured yet implicit approach to gaining individual construing provided extremely rich data which therefore formed the basis of useful conversations between participants. In the review of the literature, modified repertory grids utilising visual methods with a looked-after population were however, only found in one study (Hicks & Nixon, 1989). It is therefore hoped that the current research will extend and update the limited previous research to offer an alternative, more qualitative and interactional approach to the traditional repertory grid technique. By adopting qualitative grids, which have not previously been used for research purposes with looked after children, it is hoped that the current study will be viewed as methodologically significant (Tracy, 2010) and may also lead to increased research and clinical implementation of this methodology.

6.2.2 Study limitations

There were a number of limitations to the present study. Primarily, a major criticism of the methodology of this study was the small sampling pool and the criteria used to recruit participants could also be a factor in the recruitment difficulties experienced. For this reason, there are limits to the generalisability of the findings given the small sample size and that participants differed in terms of age, length of time in foster care and reasons for which they had been initially accommodated. Furthermore, all of the young people in the study retained regular contact with their birth families, albeit to a varying extent. The self-perceptions and beliefs about family as expressed by young people who retain no contact with their birth families, in addition to adopted young people, may be quite different and this highlights an important avenue for further research. Due to the small sample size, one would not expect these findings to be replicated exactly in another sample or context, but it is hoped that they provide insight into other contexts which share similarities with the present study (Yardley, 2008). Furthermore, rather than making generalisations about populations, the aim of this study was to study a process occurring within a particular context, namely how beliefs are

viewed and constructed within the context of the foster care relationship. The small sample did therefore enable construing of the participants to be examined in depth and from differing perspectives, utilising a method and approach that has not been typically used in empirical research.

6.2.2.1 Methodological considerations

Participants completed the PEGS in the knowledge that they would be shared with the other person. This may have resulted in them editing their responses in light of this or perhaps feeling obligated to share this data. Further time could have been spent with participants individually reflecting upon this issue and developing an alternative means by which their construing could be shared in a potentially less threatening way. As the methods used in this study were novel and involved the combination of multiple sources of data, in addition to the integration of PCP and thematic analysis, the ambitious nature of the study is acknowledged. As such it has been a challenge to represent the data optimally within the limits of this thesis, without the attrition of valuable information. Indeed the structure of the write up in case studies and its untraditional format certainly highlights this tension. It appears that this current study is one of a handful of qualitative projects which has drawn from a multi-perspective design (Denner-Stewart, 2010; Dallos & Denford, 2008; Rostill-Brookes et al., 2011) as a means by which to integrate the benefits of gaining a systemic, multi-level perspective. Whilst it is my experience that it has been an extremely interesting and illuminating way of synthesising these complex processes within this unique relationship, the challenges of doing so are also recognised. It may well be that further refinement of the analysis and administration of the methodology may improve it for further research.

Carrying out rich and detailed interviews with young people provided a further challenge, particularly with Natasha, who was perhaps the least articulate of all the participants. Guidelines for conducting qualitative research with young people prepared me to include specific prompts to aid the interview process and perhaps explains the reasoning for choosing the PEG as a research tool in the first instance. In this regard, the interviews did differ from more traditional approach particularly as the interviews were quite focused and direct, and thus not providing much space for free flowing and/or open ended discussions, which undoubtedly made data analysis more of a challenge. It was also surprising that very few participants chose to draw their PEG data, instead choosing to write or bullet point their

responses. It may well be that further encouragement could have been given to afford expression to this means of construing.

6.2.2.2 Recruitment difficulties

The fact that only three families (out of a possible sixteen) were successfully recruited into the study highlights the difficulty in accessing this population, particularly those who access mental health services. Data collection was by no means straightforward and it was hard to generate momentum on the study due to the number of gatekeepers required prior to participants being approached and their general reluctance to consent, which meant that recruitment was a slow and arduous process. Consistent with Thomas and O’Kane (1988), the tendency by those adults around the young person to protect them from perceived adverse or emotive experiences was also noticed. This could reinforce the view that children are in need of protection and suggests that those who did participate are likely to represent a biased sub-population, and perhaps less likely to reflect those harder to reach young people that the study intended to recruit. It was acknowledged that specific inclusion and exclusion criteria were applied when recruiting participants which are likely to have reduced the sample size further. The recruitment criteria recommended that young people with a psychiatric diagnosis, such as OCD, who were being seen within the core CAMHS teams were not actively recruited as it was felt that this would not fully capture the scope of the research remit. Excluding this population of potential participants is likely to have significantly reduced the sampling pool and therefore represents a potential sampling bias.

Furthermore, all but one of the participants were of the same ethnic and cultural background as the researcher. This limits the understanding of how foster care might be experienced and made sense of by those from different ethnic backgrounds, particularly on those occasions when the foster carer and young person do not share the same cultural beliefs. Furthermore, the research only captured those young people actively known to CAMHS and there may be a difference between the present sample and those who access alternative provision or who are not seen by mental health services. Those in this population might therefore have a qualitatively different experience to those in the present study, hence the recruitment strategy requires further consideration when contemplating the study’s transferability.

Aside from Natasha, the remaining two young people recruited into the study were adolescents and were planning on making the transition out of care. Their views and indeed their focus may well have been different from Natasha's. Adolescence can be characterised as a period of growing maturity and exploration accompanied by decreased attachment behaviour towards caregivers (Ellingsen et al., 2011), which may have subsequently influenced their responses and priorities. As with the majority of the research within this field, it was a challenge to recruit samples of children who were easily comparable and this again highlights that looked after children are often highly diverse, yet treated as similar on the basis of their belonging to a specific category.

Furthermore, there was sparse reference in the review of the literature to studies which have examined beliefs about the roles and expectations of male foster carers in their relationship with looked after children. The absence of male carers taking part in research is reflected in this study, in that only female foster carers elected to take part, even in those cases where there were male foster carers within the placement. Given that the interaction between foster carer and child has been highlighted as pertinent and also that differences in gendered parent-child interactions have been observed in non-looked after populations (Buhrmester et al., 1992), this indicates a potentially neglected and thus important avenue for future research. Certainly, we know that men can have an immensely important contribution to the relationship with young people who are fostered, thus highlighting a therapeutic potential for the role of the male foster carer (Gilligan, 2000). The lack of attention afforded to this area does however, suggest that male foster carers are at risk of being marginalised.

6.3 Suggestions for further research

There are a number of important avenues for further research which have been highlighted by the present study. Given that only individual young people and their carers were interviewed, it would be interesting to further explore and compare the construing of birth children and other family members, including siblings who are fostered together. Further qualitative research could also focus on how looked after children's beliefs change over-time, or present at different stages of the life-cycle.

Using more traditional quantitative repertory grids could have also examined the dissimilarity between the construing of young people and their foster carers and highlighted more explicitly possible implicative dilemmas in their construct systems. Previous studies have utilised quantitative grids in addition to qualitative methods (Turpin et al., 2009). By merging methodologies within the current study, findings generated from grid data could have been compared to those themes raised from verbal interviews. However, it was felt that the addition of repertory grid data would have made the interviews longer than they already were, and had the potential of disengaging the young people, in particular.

Moreover, ethnographic or action research might offer a more accessible means of studying those harder to reach looked after children, such as those who are younger or have learning difficulties, who are typically even more marginalised and overlooked in research.. As studies with young people have highlighted that disputes often surround the frequent transitions in trusted adults (Munro, 2001), the fact that I met with participants on an isolated basis may have made it more difficult to fully engage in the research process. In this way ethnographic research might be a more appropriate approach with this population.

Although prior research has pointed to the importance of the interaction between the foster carer and young person in determining the success of the placement (Denner-Stewart, 2010; Sinclair & Wilson, 2003; Wilson et al., 2003), it was unexpected how transforming this part of the study proved for participants. For this reason, discourse analysis might have provided a richer means of analysis to make sense of this data, by exploring how each participant articulated their language and responded to one another within the context of their interactions.

6.4 Reflections on my research journey

Throughout this research, I was continuously aware of the tension between my role as an academic researcher and that of a clinician. Indeed, Gergen (2003) stipulates that as academics we often create a “discursive edifice” (p.454) which can exclude others receiving benefit from what has been learned. This often serves to widen the gap between those who undertake research and those who disseminate it. Avdi (2005) additionally highlights that there has been a move towards developing research which is “theory-based and clinically meaningful, in order to reduce the gap that exists between clinical research and actual

practice” (p.494). It therefore feels pertinent that Janet reported the immediate benefit she received from this research, as she felt typically, “you might eventually get to see the results three years down the line, you don't actually get any benefit from it yourself”.

Completing this research has illuminated several assumptions and biases, which had perhaps remained previously hidden. I noticed that my natural position was to come alongside the young person yet in doing so, this could have implicitly positioned the foster carer as at ‘fault’ or ‘to blame’. Furthermore, throughout my career in child protection, I have used the abbreviated term ‘LAC’ to describe these young people without questioning the possible implications of doing so. It has only been through the course of writing this thesis that I felt increasingly more uncomfortable with the assumptions afforded to this term. This has therefore reminded me not to become complacent and to continually question my practice with regard to what might be the impact of my choice of language on the clients that I work with.

7 CONCLUSION

“No-one needs to paint himself into a corner; no-one needs to be completely hemmed in by circumstances. No-one needs to be a victim of his biography” (Kelly, 1955, p. 15).

The present study explored the construing of looked after children and their foster carers and outlined some of the ways in which interpersonal beliefs and foster carer-child interactions may impact upon the emotional well-being and placement stability of looked after children, in addition to some of the internal conflicts faced by both young people and their carers.

The study offers an initial exploration into the individual’s unique and personal construing within the context of their relational and social environment. Dilemmas were identified by participants as potential barriers for change and/or transition within relationships, particularly as beliefs typically remained hidden and unspoken between dyads, the resulting impact of which being a sense of shared fragmentation across participant accounts.

The study therefore supports the pertinence of engaging these individuals in clinical work to more explicitly share their personal constructs and to incorporate other professionals into these shared conversations. This may offer an alternative way in which instability within foster placements can be further addressed. The study further highlights the utility of the PEG as a means of achieving this.

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9 APPENDICES

Appendix 1: Literature Search Strategy

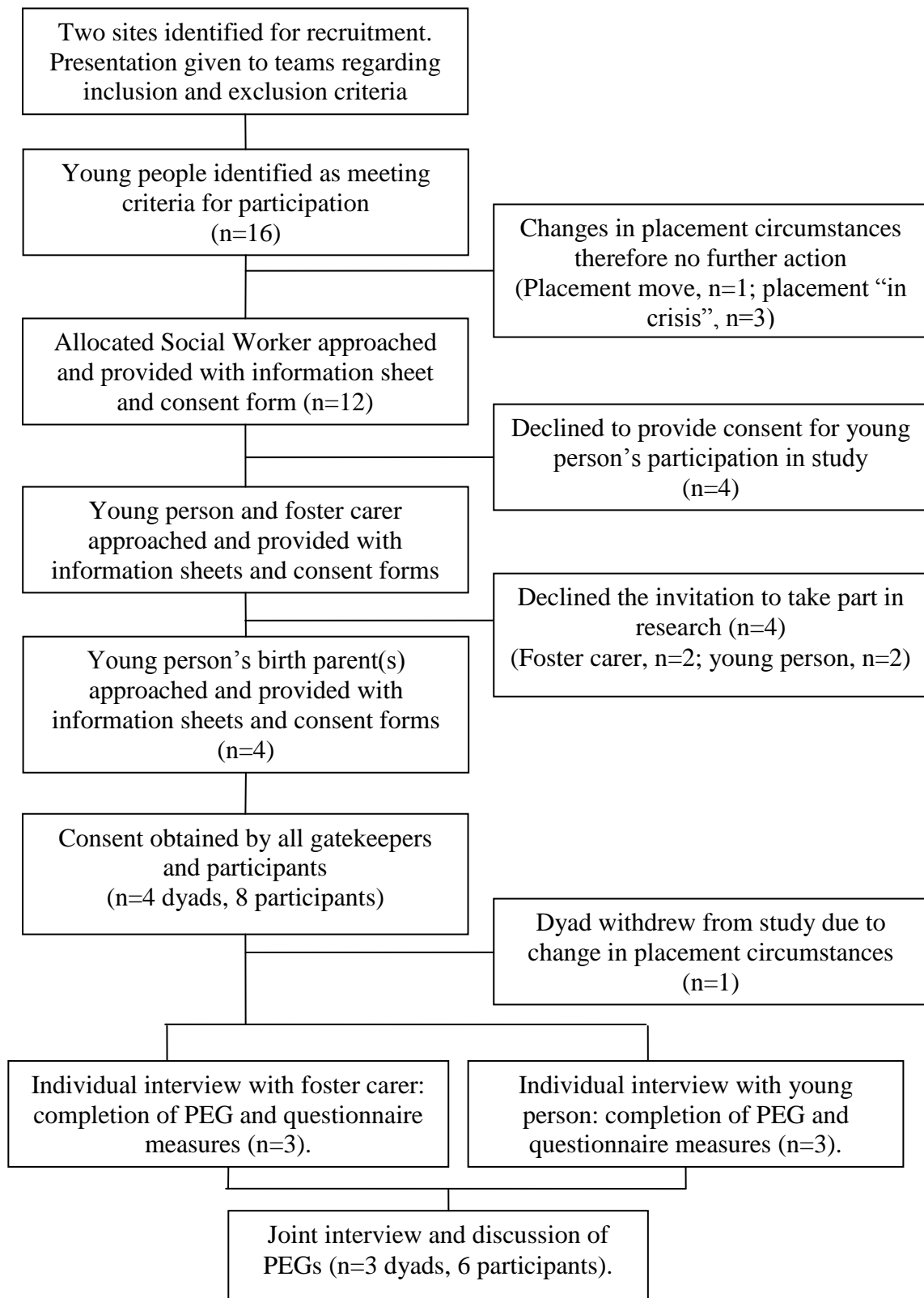
In completing the literature review, electronic literature searches were conducted on all the major psychology, social science and medical databases, including PsychINFO and Pubmed over a period of 16 months. To complement the database search, specific journals were searched for research on looked after children including *Clinical Child Psychology & Psychiatry*, *Child & Family Social Work*, *British Journal of Social Work*, *Adoption and Fostering*, and for research utilising Personal Construct Psychology including the *Journal of Constructivist Psychology*. Recent governmental policies relating to children and more specifically looked after children, such as those published by the Department of Health (DoH) and the Department for Education and Skills (DfES) were also reviewed. Other governmental and voluntary sector internet sites were also searched, including the British Association of Adoption and Fostering (BAAF); Mental Health Foundation (www.mhf.org.uk) and Young Minds (www.youngminds.org.uk). Furthermore, literature was also identified from reference lists of relevant articles/books, through consultation with academics and clinicians in the field and using the Google search engine (Google Scholar).

The literature review focused primarily on studies which had been undertaken in the UK, although during the search process, studies were also gleaned from across Europe (English language studies only), North America and Australasia. Policies were reviewed from England and Wales as the foster care systems are distinctly different in Northern Ireland and Scotland.

The key words identified by the authors of the most relevant articles guided the use of some of the search terms. Due to the myriad of terms used for looked after children and the the care system, I will outline examples of the search terms which were included:

‘Looked after children’, ‘Children looked after’, ‘children in care’, ‘foster children’
‘Foster care’, ‘care’, ‘accommodation’
‘Placement stability’, ‘placement breakdown’, ‘placement disruption’
‘Family’, ‘birth parent’, ‘foster parent’
‘Mental health’, ‘CAMHS’, ‘therapy’, ‘intervention’
‘Interpersonal difficulties’, ‘emotional regulation’, ‘attachment’
‘Interpersonal relationships’, ‘sociality’, ‘theory of mind’, ‘mentalisation’
‘Identity’, ‘self-identity’, ‘self-concept’
‘Foster carer views’ (‘beliefs’, ‘views’, ‘concepts’, ‘perspectives’, ‘constructs’)
‘Looked after children views’ (‘beliefs’, ‘views’, ‘concepts’, ‘perspectives’, ‘constructs’)
‘Personal Construct Psychology’, ‘Personal Construct Theory’ (‘construing’, ‘personal constructs’)
‘Family beliefs’, ‘family narratives’, ‘family constructs’

Appendix 2: A diagram summarising the recruitment process and attrition rate of participants (N represents the number of foster carer-child dyads; PEG, Perceiver Element Grid).



**APPENDIX 3: DEMOGRAPHIC QUESTIONNAIRE (SOCIAL WORKER) Version 1,
September 2010**

The purpose of this questionnaire is to gather as much information about participants as possible, so that possible factors which might influence the research can be taken into account. This information will be anonymised, kept confidential and only the researcher will be able to identify participants.	
Participant Anonymity Number (researcher use only)	
Child's current age (years and months)	
Child's gender	Male Female
Child's ethnicity	
Age at which child was first accommodated (years)	
Number of total foster placements (to date)	
Length of time in current foster placement (years and months, if possible)	
Reason for child becoming Looked After by the Local Authority (please tick)	Neglect Physical Abuse Emotional Abuse Sexual Abuse Other (please specify)
Date of referral to CAMHS	
Reason for referral to CAMHS	
Is this the child's first contact with Mental Health Services? (if no, please give details)	
Does the child have current contact with birth family? (please give brief details)	
Does the child have any psychiatric diagnoses? (please tick)	Attention Deficit Hyperactivity Disorder (ADHD) Oppositional Defiant Disorder Autism Asperger's Syndrome Learning Difficulties/Disability Depression Bipolar Disorder

**APPENDIX 4: DEMOGRAPHIC QUESTIONNAIRE (FOSTER CARER) Version 1,
September 2010**

The purpose of this questionnaire is to gather as much information about the current foster placement as possible, so that potential factors which might influence the research can be taken into account. This information will be anonymised, kept confidential and only the researcher will be able to identify participants.

Participant Anonymity Number (researcher use only)	
---	--

*Please provide details about your current family (to include those individuals who currently live with you and others whom you feel are important to you).
If possible, please provide details relating to age, gender and ethnicity.*

Length of time as a registered foster carer	
--	--

Length of time of current foster placement	
---	--

Appendix 5: Strengths and Difficulties Questionnaire

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Parent/Teacher/Other (please specify:)

Thank you very much for your help

© Robert Goodman, 200

Appendix 6: Family Assessment Device - General Functioning Scale

1. Planning family activities is difficult because we misunderstand each other.

__SA __A __D __SD __

2. In times of crisis we can turn to each other for support.

__SA __A __D __SD __

3. We cannot talk to each other about the sadness we feel.

__SA __A __D __SD __

4. Individuals are accepted for what they are.

__SA __A __D __SD __

5. We avoid discussing our fears and concerns.

__SA __A __D __SD __

6. We can express feelings to each other.

__SA __A __D __SD __

7. There are lots of bad feelings in the family.

__SA __A __D __SD __

8. We feel accepted for what we are.

__SA __A __D __SD __

9. Making decisions is a problem for our family.

__SA __A __D __SD __

10. We are able to make decisions about how to solve problems.

__SA __A __D __SD __

11. We don't get along well together.

__SA __A __D __SD __

12. We confide in each other.

__SA __A __D __SD __

**APPENDIX 7: SEMI-STRUCTURED INTERVIEW SCHEDULE (VERSION 1,
SEPTEMBER 2010)**

Interview with Foster Child (approximately 60 minutes)

Imagine that somebody wants to get to know you, but they have never met you before. This person wants to find out the most important things about what you are like as a person.

1. How I see myself

Using this piece of paper, could you draw a picture of yourself, or write something to describe what you are like as a person?

Possible prompts:

- You have described yourself as (word or phrase). How would you describe someone who is not like that?
- Which one would you prefer to be?
- When you are being (word or phrase) what kinds of things might you be doing?
- Would you have always described yourself as (word or phrase) or have there been times when this would have been different?

2. How I see my Foster Carer

So, the next one is quite similar but this time instead of telling me about what you are like, I want you to describe (provide name of foster carer). Imagine that someone wanted to get to know him/her but that they had never met them before. Can you draw or write something that you think would best describe that person?

Possible prompts:

- You have described your foster carer as (word or phrase). How would you describe someone who is not like that?
- So when your foster carer is being____, what kinds of things might he/she be doing?
- How are they similar/different to you?
- What about other foster carers, are they similar or different to him/her? In what way?
- What about other mums/dads, are they similar or different to (insert foster carers' name). In what way? Which do you prefer?

3. How I view a typical family

Ok, for this one I want you to write down or draw something which you think describes a typical family. So, imagine that you were trying to explain to an alien who came to earth what a family is like, what do you think you would say?

Possible prompts:

- You described a family as being____, what kinds of things would a family do if they were being like that?
- What do you think a family would be like if they were not like that?
- What one do you prefer?
- What kinds of activities would the family you described like to do/not like to do?
- If the child draws or describes certain individuals within the family, ask them to explain more about their roles and relationships i.e. “Who is this person? “What might they normally behave like in the family?”.
- Which person in the family that you have described is the happiest, saddest, most responsible, works the hardest?
- How is the family that you have described similar or different to the foster family you live with now?
- What would you change/keep the same about the foster family that you live in now?

4. *How I think my Foster Carer sees me*

We’re going to do something a little different now. For this one, I want you to tell me how you think your (insert name of foster carer) sees you. So, if I were to speak to your foster carer and ask them “what’s ___ like? What do you think he/she would say?

Could you draw a picture or write that down for me?

Possible Prompts:

- Why do you think he/she would describe you in that way?
- Would he/she have always described you like that or are there times when this would have been different? What about before you came to stay with (insert foster carer’s name)
- Do you like him/her seeing you this way/Is it important that he/she sees you this way? Why?
- How would you like him/her to see you?

5. *How I think my Foster Carer sees him/herself*

Ok, for this one I want you to try and imagine how (insert foster carer’s name) sees him/herself. So, if I was to ask your foster carer the same kind of questions I have asked you, what do you think he might say?

So, if someone went up to your foster carer and asked him/her to describe him/herself, what kinds of things do you think he/she might say? Can you draw a picture or write down some of these things?

Possible Prompts:

- Why you do think/What makes you think he/she might describe themselves in that way?
- Do you think that he has always described himself in that way?
- Do you think it’s important for him/her to be seen like this? Why?
- Do you think he would prefer to be seen in a different way?
- Do you think he/she sees him/herself as different or similar to you?

- If I asked your foster carer what kind of animal he/she would like to be, what do you think he/she would say?

6. *How I think my Foster Carer views a typical family*

Ok, like the other ones we have done, I want you to try and think what (insert foster carer's name) would say if they described what a typical family is like. Could you draw a picture or write down what they might say?

Possible prompts:

- What makes you think they might describe a family in that way?
- If the child draws or describes certain individuals within the family, ask them to explain more about how their foster carer might see individual roles and relationships i.e. "Who is this person? What do you think the foster carer would say that they might behave like?"
- Which person in the family do you think your foster carer would say is the happiest, saddest, most responsible, works the hardest?
- Do you think its important to (foster carer's name) that families are seen like this?
- If I asked your (insert foster carer's name) to say if the family they described is similar or different to the foster family you live with now, what do you think he/she would say?
- Do you think he/she sees a typical family as similar or different to you? In what way?
- Which one do you think he/she would prefer to live in? What about you?

Interview with Foster Carer (approximately 60 minutes)

Imagine someone wanted to get to know you but they had never met you before. They wanted to find out the most important things about your personality and what you are like as a person.

1.) *How I see myself*

Using this piece of paper, could you draw a picture of yourself, or write something to describe what you are like as a person?

Possible prompts:

- You have described yourself as (word or phrase). How would you describe someone who is not like that?
- Which one would you prefer to be?
- When you are being (word or phrase) what kinds of things might you be doing?
- Would you have always described yourself as (word or phrase) or have there been times when this would have been different?

2.) *How I see my foster child*

So, the next one is quite similar but this time instead of telling me about what you are like, I want you to describe (provide name of foster child). Imagine that someone wanted to get to

know him/her but that they had never met them before. What main words would you use to describe him/her? Feel free to draw a picture if this feels more helpful.

Possible prompts:

- How would you say you get on with your foster child?
- You have described your foster child as (word or phrase). How would you describe someone who is not like that?
- Do you think children of a similar age are similar or different to him? In what way?
- How would you prefer him/her to be? Why?
- How is she/he similar/different to you?
- When your son is being____, what kinds of things, might he be doing?
- If you were to think of an animal that's most like your foster child, which one would best match his/her personality? Why would that be?

3.) *How I see a typical family*

Ok, for this one I want you to write down or draw something which you think describes a typical family. So, perhaps imagine that you were trying to explain to an alien who came to earth what a family is like, what do you think you would say?

Possible prompts:

- You described a family as being____, what kinds of things would a family do if they were being like that?
- What do you think a family would be like if they were not like that?
- What one do you prefer?
- What kinds of activities would the family you described like to do/not like to do?
- If certain individuals are described within the family, ask them to explain more about their roles and relationships i.e. "who is this person" "What might they behave like?".
- Which person in the family that you have described is the happiest, saddest, most responsible, works the hardest?
- How is the family that you have described similar or different to your own family?
- What would you change/keep the same about your family?

4.) *How I think my foster child sees me*

For this one, I want you to tell me how you think (insert name of foster child) sees you. So, if I were to speak to your foster child and ask them "what's ____ like? What do you think he/she would say?

Could you draw a picture or write that down for me?

Possible Prompts:

- Why do you think he/she would describe you in that way?
- Would he/she have always described you like that or are there times when this would have been different?
- Do you like him/her seeing you this way/Is it important that he/she sees you this way? Why?
- How do you think he sees your relationship?

- How would you like him/her to see you?

5.) *How I think my Foster Child sees him/herself*

Ok, for this one I want you to try and imagine how (insert foster child's name) sees him/herself. So, if I was to ask your foster child the same kind of questions I have asked you, what do you think he might say?

Possible Prompts:

- What do you think he would say are the three most important words to describe himself?
- What makes you think he/she might describe themselves in that way?
- Do you think that he has always described himself in that way? What about before he came into your care?
- Do you think it's important for him/her to be seen like this? Why?
- Do you think he would prefer to be seen in a different way?
- Do you think he/she sees him/herself as different or similar to you?

6.) *How I think my foster child sees a typical family*

Ok, like the other ones we have done, I want you to try and think what (insert foster child's name) would say if they described what a typical family is like. Could you draw a picture or write down what they might say?

Possible prompts:

- What makes you think they might describe a family in that way?
- If the child draws or describes certain individuals within the family, ask them to explain more about how their foster child might see individual roles and relationships i.e. "Who is this person? What do you think the foster child would say that they might behave like?"
- Which person in the family do you think your foster child would say is the happiest/saddest/most responsible/works the hardest?
- Do you think it's important to (foster child's name) that families are seen like this?
- If I asked your (insert foster child's name) to say if the family they described is similar or different to your family, what do you think he/she would say?
- Do you think he/she sees a typical family as being similar or different to you? In what way?
- Which one do you think he/she would prefer to live in? What about you?

Joint Interview (approximately 30 minutes)

PEGs completed by foster child and foster carer will be laid out in front of them on the table.

You've both had a chance to complete your own grids. Now what I'd like you to do is look at each others' grids and talk about any thoughts that you might have with each other. You can say as much or as little as you want.

Possible prompts:

- Perhaps one of you could start by explaining to the other person what you have drawn or written down.
- What do you think about what the other person has drawn/written?
- Is there anything in the other person's grid that has surprised you, or is it what you expected?
- Did you know that was how the other person saw things?
- Do either of you have any questions that you would like to ask the other person about their grid?
- How does it feel to share your grids with the other person?
- Has completing this exercise changed the way you might see things (either about yourself or the other person?) In what way?

Appendix 8: Research Ethical Approval Letter



National Research Ethics Service

Norfolk Research Ethics Committee

Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

Telephone: 01223 597733
Facsimile: 01223 597645

15 October 2010

Miss Emily Cooper
Trainee Clinical Psychologist
Cambridgeshire & Peterborough Mental Health NHS Trust
1 Milliners Court
Lattimore Road
St Albans
Herts
AL1 3XT

Dear Miss Cooper

Study Title: Exploring the personal constructs of Children Looked After and their foster carers: A qualitative study.
REC reference number: 10/H0310/62

The Research Ethics Committee reviewed the above application at the meeting held on 11 October 2010. Thank you for attending to discuss the study.

Ethical opinion: Favourable Opinion with conditions

A summary of the items discussed and yours responses to the issues raised is given below:

1. The Committee asked how the Perceived Element Grids (PEGs) would be used. You said PEGs would only used to provide information to facilitate interviews and to generate questions.
2. The Committee asked how would the validated questionnaire "Family Assessment Device" be used. You said it was a measure of Family Function but you were not using it for data analysis but just as a guide.
3. The Committee asked if the letter to be sent to the Head Teacher would reveal more about the child than the school already knew. You said that the school would already have been informed if a child had been referred for support by CAMHS and were usually already involved in Looked After Child reviews.
4. The Committee asked what was the correct terminology: Looked After Children (LAC) or Children Looked After (CLA)? You explained that the terminology had been Looked After Children (LAC) but had recently changed to Children Looked After (CLA). The Committee said that this terminology needed to be made consistent throughout the paperwork that would be issued to patients as part of the study (not the IRAS application or the protocol).
5. The Committee asked if when you were conducting the Interview, would the Social Worker be there, or someone else who could support the child. You said that there

This Research Ethics Committee is an advisory committee to East of England Strategic Health Authority
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would not normally be anyone else there because you had hoped to interview the child alone, so that the child could speak freely. If the child became upset you would try to support the child.

6. The Committee checked that the interview might be done in the CAMHS Clinic, in the foster home or at the child's school.
7. The Committee was concerned that the exclusion of those who could not speak English, if applied rigidly, could have the unintended effect of excluding children and carers where the birth parent did not speak English. Ethics Committees were required to ensure that research properly includes those from ethnic minorities. You pointed out that the language exclusion only referred to the foster carer and child being interviewed, not the birth parent. If the birth parent had any difficulty in understanding the Birth Parent Information Sheet and Consent Form, you would have them translated.
8. The Committee asked if you envisaged a situation where there might be two foster children in one foster family and if you only interviewed one, how would you handle the non-chosen child. You said that the children by definition would have been referred for support from a Child and Adolescent Mental Health Team. In other words you could only include children who had been referred by CAMHS. You were not at liberty to include others if they had not been referred.
9. The Committee noted that the NHS R&D contact (A68) was incorrect, as Ms Natercia Godinho was responsible for R&D in the Cambridgeshire and Peterborough Mental Health Trust, where you were employed, whereas the participants would be recruited via CAMHS in Hertfordshire and Bedfordshire. The Committee recommended that details for Tim Gale of the Hertfordshire Mental Health Trust should be provided instead as the NHS R&D contact.
10. The Committee observed that only one foster carer would be interviewed, when practically speaking two foster carers might be very much involved with the child's care. You said it was not possible to interview both foster carers, so you would let them choose which foster carer would be interviewed.
11. The Committee asked about the rationale for who would be consulted and thus the collection of Participant Information Sheets and Consent Forms, which were very thorough and well presented. You explained that the child had to be referred for support by the CAMHS. The Social Worker had to be involved as the Local Authority was responsible for those Children Looked After under a Voluntary Care Order. You recognised that in some cases it would be important to seek consent from the Birth Parent for the child to be included in the study but that the Social Worker was best placed to advise you if it was appropriate to obtain consent from the Birth Parent or not. The Foster Carer and Child were the participants in the study.
12. The Committee asked if you had any experience of using the Perceived Element Grids (PEGs) in developing interviews. You said she used them frequently in your work.

You were thanked for attending and left the meeting.

The members of the Committee present gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below.

Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to

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management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

For NHS research sites only, management permission for research ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at <http://www.rdforum.nhs.uk>. Where the only involvement of the NHS organisation is as a Participant Identification Centre, management permission for research is not required but the R&D office should be notified of the study. Guidance should be sought from the R&D office where necessary.

Sponsors are not required to notify the Committee of approvals from host organisations.

The Committee agreed that it was content that the study should go ahead providing the following conditions were fulfilled by the applicant:

Ethical issues to be addressed by the researcher

- (i) All documents that would be seen by participants and relatives (Letters, Participant Information Sheets and Consent Forms)
The nomenclature (Looked After Children (LAC) or Children Looked After (CLA) - whatever was currently correct) needed to be standardised throughout these documents.
- (ii) Consent Forms
 - (a) Those consenting should put their initials in the boxes, not just tick them. The Consent Forms would need to be revised to indicate this.
- (iii) NHS R&D contact
 - (a) The Committee requested that the contact details for Mr Tim Gale of the Hertfordshire Mental Health Trust be provided for copy correspondence.

It is responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

You should notify the REC in writing once all conditions have been met (except for site approvals from host organisations) and provide copies of any revised documentation with updated version numbers.

Approved documents

The documents reviewed and approved at the meeting were:

<i>Document</i>	<i>Version</i>	<i>Date</i>
REC application	Parts A&B	17 September 2010

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	64388/150680/1/837	
IRAS checklist		
Protocol	1	17 September 2010
Letter of invitation to participant - Letter to Social Worker	1	17 September 2010
Letter of invitation to participant - Letter to Foster Carer(s)	1	17 September 2010
Letter of invitation to participant - Letter to Head Teacher	1	17 September 2010
Letter from Sponsor - Letter from Prof Senior, Univ of Herts		17 September 2010
Participant Information Sheet: Social Worker Information Sheet	1	17 September 2010
Participant Information Sheet: Birth Parent Information Sheet	1	17 September 2010
Participant Information Sheet: Foster Carer Information Sheet	1	17 September 2010
Participant Information Sheet: Young Person Information Sheet (aged 13-16 years)	1	17 September 2010
Participant Information Sheet: Young Person Information Sheet (aged 8-12 years)	1	17 September 2010
Participant Consent Form: Social Worker Consent Form	1	17 September 2010
Participant Consent Form: Birth Parent Consent Form	1	17 September 2010
Participant Consent Form: Foster Carer Consent Form	1	17 September 2010
Participant Consent Form: Young Person Agreement Form (age 13-16 years)	1	17 September 2010
Participant Consent Form: Young Person Agreement Form (age 8-12 years)	1	17 September 2010
Participant Consent Form: Transcription Agreement Form	1	17 September 2010
Interview Schedules/Topic Guides	1	17 September 2010
Questionnaire: Validated Questionnaire - Family Assessment Device		
Questionnaire: Unvalidated Questionnaire - Demographic Questionnaire (Social Worker)	1	17 September 2010
Questionnaire: Questionnaire - Demographic Questionnaire (Foster Carer)	1	17 September 2010
Template for Perceiver Element Grid	1	17 September 2010
Home visiting guidelines	1	17 September 2010
Evidence of insurance or indemnity UMAL		01 August 2010

Membership of the Committee

The members of the Ethics Committee who were present at the meeting are listed on the attached sheet.

Statement of compliance

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

After ethical review

Now that you have completed the application process please visit the National Research Ethics Service website > After Review

You are invited to give your view of the service that you have received from the National

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Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nres.npsa.nhs.uk.

10/H0310/62	Please quote this number on all correspondence
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With the Committee's best wishes for the success of this project

Yours sincerely



PP

Dr Michael Sheldon
Chair

Email: Anna.Bradnam@eoe.nhs.uk

Enclosures: List of names and professions of members who were present at the meeting and those who submitted written comments "After ethical review – guidance for researchers"

Cc: Mr David Winter (Academic Supervisor)
Department of Clinical Psychology
University of Hertfordshire
Hatfield
Herts
AL10 9AB

Professor John Senior (Sponsor Contact)
Pro Vice-Chancellor (Research)
University of Hertfordshire
College Lane
Hatfield
Hertfordshire
AL10 9AB

Ms Natercia Godinho, R&D Manager (NHS R&D Contact)
Cambridge and Peterborough Foundation Trust
Douglas House
18 Trumpington Street
Cambridge CB2 8AH

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Appendix 9: Ethical Approval amendments letter



National Research Ethics Service

Norfolk Research Ethics Committee

Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

Tel: 01223 597656
Fax: 01223 597645

04 January 2011

Miss Emily Cooper
Trainee Clinical Psychologist
1 Milliners Court
Lattimore Road
St Albans
Herts, AL1 3XT

Dear Miss Cooper

Study title: Exploring the personal constructs of Children Looked After and their foster carers: A qualitative study.
REC reference: 10/H0310/62
Amendment number: Amendment # 1
Amendment date: 20 December 2010
Amendment Summary: The researcher would like to update the five Patient Information Sheets to include contact details for the local NHS trust formal complaints procedure, in line with advice from local Research and Development teams. The updated information is underlined in each document.

The above amendment was reviewed on 03 January 2011 by the Sub-Committee in correspondence.

Ethical opinion

The members of the Committee taking part in the review gave a favourable ethical opinion of the amendment on the basis described in the notice of amendment form and supporting documentation.

Approved documents

The documents reviewed and approved at the meeting were:

Document	Version	Date
Notice of Substantial Amendment (non-CTIMPs)	Amendment # 1	20 December 2010
Participant Information Sheet: Young Person aged 13-16yrs information sheet	version 3	01 December 2010
Participant Information Sheet: Young Person aged 8-12yrs Information Sheet	version 3	01 December 2010
Participant Information Sheet: Foster Carer Information Sheet	version 3	01 December 2010
Participant Information Sheet: Social Worker Information Sheet	version 3	01 December 2010
Participant Information Sheet: Birth Parent Information Sheet	version 3	01 December 2010

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Membership of the Committee

The members of the Committee who took part in the review are listed on the attached sheet.

R&D approval

All investigators and research collaborators in the NHS should notify the R&D office for the relevant NHS care organisation of this amendment and check whether it affects R&D approval of the research.

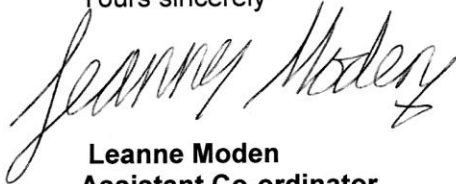
Statement of compliance

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

10/H0310/62:

Please quote this number on all correspondence

Yours sincerely



Leanne Moden
Assistant Co-ordinator

E-mail: leanne.moden@eoe.nhs.uk

Enclosures:

List of names and professions of members who took part in the review

Appendix 10: Research and Development approval letter (Hertfordshire)



Hertfordshire Partnership 
NHS Foundation Trust

Emily Cooper
1 Milliners Court
Lattimore Road
St Albans
Herts
AL1 3XT

R&D Department
Department of Psychiatry
QEII Hospital
Howlands
Welwyn Garden City
AL7 4HQ

Tel. 01707 369058
Fax. 01707 365169
e-mail t.gale@herts.ac.uk

22nd December 2010

Dear Emily

Research Study: Exploring the personal constructs of children looked after and their foster carers: a qualitative study

Thank-you for sending me the documentation for the above study. Following an internal review by our R&D team, I am pleased to tell you that the study now has R&D approval on behalf of Hertfordshire Partnership NHS Foundation Trust.

Approval is given on the understanding that you will notify the R&D Office of any amendments to the study design, that you will carry out the study as specified in the final version of the protocol, and that you will comply fully with the HPFT R&D Policy. I attach a copy of this document for your records.

With kind regards

Tim M Gale
Manager, Research and Development Department
Visiting Professor, Dept Psychology, UoH

Enc.

cc. John Eveson

Appendix 11: Research and Development Approval Letter

Providing Partnership Services in Bedfordshire, Essex and Luton



26th January 2010

Miss Emily Cooper
1 Milliners Court
Lattimore Road
St Albans
Hertfordshire
AL1 3XT

Nicole Stokoe
Research Management and Governance for
Bedfordshire and Luton
South Essex Partnership Trust
Disability Resource Centre
Poynters House
Poynters Road
Dunstable, LU5 4TP

Chair: Lorraine Cabel
Chief Executive: Dr Patrick Geoghegan OBE

Dear Emily,

Re: *Exploring the personal constructs of Children Looked After and their foster carers: A qualitative study.*

Ref: *RGAG-2011-02/01*

Thank you for submitting your research proposal to the Research Governance Group (RGG). The group considered the above study on the 20th January 2011. The group thought this was a very interesting and worthwhile project and were impressed with the application, in particular the quality of the Participant Information Sheets and Consent forms and the method of data collection. The group made some comments that may be useful to you and have been outlined below.

Approval

I am pleased to confirm that you have approval to carry out your research in the Bedfordshire and Luton regions of SEPT.

Research Governance Group Comments

The RGG raised concerns regarding the potential risk of causing distress to the child or the foster parent as a result of the interviews, in particular the joint interview. However, these risks were accepted by the group in recognition that this should not block worthwhile research especially in light of the support structures this research has in place to keep the child and their foster parent/placement safe. If you experience any concerns in relation to the research please feel able to contact the Research Management and Governance department on the contact details provided in this letter.

Conditions of Approval

Please inform me of any amendments to the approved research proposal / protocol, participant information sheet or consent form and use the usual incident reporting channels to report any adverse events relating to your study.

www.SEPT.nhs.uk



South Essex Partnership University 
NHS Foundation Trust

Appendix 12: Email from Social Care Research Ethics Committee

From: Barbara.Cuddon@scie.org.uk
To: emilycooper21@hotmail.com
Date: Wed, 26 Jan 2011 11:59:16 +0000
Subject: RE: CLA research

Dear Emily,

Sorry for the delay in responding, I have been very busy. You only need an ethics review from one National Research Ethics Committee. You have one from an NHS REC as well as R & D approval so you are ready to start your research you don't need a review from the Social Care REC as well. The Social Care REC is an NRES Committee and will review adult social care research study proposals from researchers based in England. For more information, please go to our website – www.screc.org.uk.

Best wishes

Barbara

Barbara Cuddon | Social Care Research Ethics Committee Coordinator | Social Care Institute for Excellence | T: 020 7089 6840 | Textphone: 020 7089 6893 | F: 020 7089 6841 | Direct Line: 020 7089 6899 | W: www.scie.org.uk | Goldings House, 2 Hay's Lane, London, SE1 2HB

Barbara.Cuddon@scie.org.uk

Social Care Research Ethics Committee Website: www.screc.org.uk

SCIE is a charity registered in England and Wales Reg. No. 1092778, Company Reg. No. 4289790

Email Disclaimer : <http://www.scie.org.uk/email.htm>

<http://by164w.bay164.mail.live.com/mail/PrintMessages.aspx?cpids=b7c94c4a-b95e-...> 29/07/2011

Appendix 13: Email from the Association for the Directors of Children's Services

Windows Live Hotmail Print Message

Page 1 of 2

RE: Research proposal

From: **Research** (Research@adcs.org.uk)
Sent: 23 August 2010 15:47:37
To: 'Emily Cooper' (emilycooper21@hotmail.com)

Dear Emily

From an ADCS Research Approval perspective you would not require research approval from us to approach Local Authority Children's Services Departments if your research includes less than 4 Local Authorities (your e-mail indicates 2-3 teams so presumably less than 4 LAs).

With regards to informed consent of parents; I would imagine that the Local Authority you intend to work with would be able to guide you with this.

Best wishes.

On behalf of the ADCS Research Group.

From: Emily Cooper [mailto:emilycooper21@hotmail.com]
Sent: 22 August 2010 16:07
To: Research
Subject: Research proposal

To whom it may concern,

I am currently developing a research proposal as part of a Doctorate in Clinical Psychology and I was wondering if you could advise as to whether I will need to gain Social care approval for this purpose.

I am intending to recruit Looked After Children (aged 8 years and above) and their foster carers who have been referred to CAMHS. I am interested in exploring possible discrepancies between personal beliefs about the concept of 'family' between the child and their foster carer and to further explore their view of themselves within their current 'family'. As all participants will be recruited through a CAMHS team, I will therefore be submitting my proposal to NHS research ethics committee, however I wondered whether it would also be necessary to gain social care approval. As this will be a purposive sample, it is likely that the CAMHS teams from which participants will be recruited, will geographically cover approximately 2-3 Social care teams (although this could potentially widen, depending upon difficulties in recruitment). I do not intend to interview or include any other participants other than one foster parent and one Looked After Child per family, although I may require details as to length of time in their current placement for the purposes of inclusion/exclusion criteria.

I was further wondering whether you might be able to clarify as to whom I might need to approach initially with regard to gaining informed consent for participation in this project. I assume I would approach the child's social worker (and the Social care Team Manager/Director?) in the first instance, however I was wondering whether consent would also be required from the child's birth parent(s). If so, would this be undertaken via the social worker.

Many thanks for your help with this issue,
I look forward to hearing from you soon,
Emily Cooper
Trainee Clinical Psychologist.

<http://by154w.bay154.mail.live.com/mail/PrintMessages.aspx?cpids=5bce6a35-acc5-...> 10/12/2010

APPENDIX 14: CAMHS INFORMATION POSTER

Are you working with a young person who is currently placed in foster care?

Are they experiencing difficulties in their interpersonal relationships, perhaps due to difficulties in regulating their emotions?

Are these difficulties potentially impacting upon the stability of their foster placement?



If so, you might be able to help me in my study. I am interested in how Children in Care view themselves and other people and how this might be similar or different to their foster carer's beliefs. Research has shown that facilitating an increase in foster carer understanding of the children that they care for, can help to mediate the risk of placement breakdown. It is further hoped that by helping foster children to make sense of their own beliefs and experiences (as well as the beliefs of others) it might help them to better understand how this could impact on their behaviour and on those around them.

I aim to recruit between 3-6 Children in Care (and their foster carers) to take part in the study.

Inclusion criteria:

1. Young people who have been referred to a Child and Adolescent Mental Health Team and are still receiving care under this service. Interpersonal difficulties (such as difficulties with emotional regulation, anger, self-esteem, bullying) to be identified as a significant contributing factor towards initial referral to CAMHS.
2. Child's age range to be between 8-16 years
3. Young People who are Looked After by the Local Authority under a voluntary care order (Section 20; Children's Act, 1989) or under a full Care Order (section 31; Children's Act, 1989) and have been looked-after for at least one year.
4. Children in care who have been in their current foster placement for at least six months.
5. Participants (both adult and child) of any ethnicity, religion, gender, sexual orientation or cultural background are eligible to participate in the study.

Exclusion criteria:

1. Those Children in Care who are currently placed in residential or kinship care. The current research project is interested in exploring the interpersonal relationships between Children in Care and a significant carer who is **not** a relative to the child.
2. Young people who are currently involved in court proceedings.

3. Children whose main reason for referral to CAMHS relates to a psychiatric diagnosis (such as a major depression) rather than interpersonal difficulties.
4. Children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) **can** be included in the study.
5. Children with a diagnosed Learning Disability.
6. Children who have clear suicidal ideation/risk identified by CAMHS clinician involved in the case.
7. Participants will need to have a good understanding of the English Language in order to complete semi-structured interviews, therefore those individuals who are non-English speaking will not be eligible to take part.

If you are working with a young person whom you think meets eligibility for this study, please contact me. I will then be able to answer any questions you may have regarding the research. Please also see information sheet for full details.

I would greatly appreciate it if you would also discuss this with the young person's allocated Social Worker in order to gain consent for the young person and their foster carer to be directly approached to take part in the study. Social Worker information packs are currently held by XXXX within the XXX team.

Please feel free to contact me to discuss this further:

Researcher name: Emily Cooper (Trainee Clinical Psychologist)

Email address:

e.cooper@herts.ac.uk

Telephone number: XXXXXX.

APPENDIX 15: SOCIAL WORKER INFORMATION SHEET (Version 3, December 2010)

You are invited to consider a research study exploring how Children in Care view themselves and other people within their current foster placement, in addition to how they might view a typical family. The study is also interested in how this might be similar or different to their foster carer's beliefs. For this reason, both Children in Care **and** their foster carers will be invited to take part in the study.

As the research intends to gain the views of both foster carers **and** the children that they currently care for and as the identified child's allocated Social Worker, it is necessary to gain your consent for their participation in the study. This will be gained prior to both the identified young person and their carer being approached. In doing so, it will be assumed that you agree that it is considered appropriate for the young person to take part in the research. Before you decide whether you would like to give consent to take part, please take the time to read the following information which I have written to help you understand why the research is being carried out and what it will involve.

Title of Research Study: Exploring the personal constructs of Children in Care and their foster carers: A Qualitative study.

Who is conducting the study?

My name is Emily Cooper and I am a Trainee Clinical Psychologist at the University of Hertfordshire. The study will be supervised by Professor David Winter, Chartered Clinical Psychologist at the University of Hertfordshire and by Jeune Guishard-Pine, Consultant Psychologist (Services for Children requiring Intense Psychotherapies; SCRIPT).

Why would it be helpful to take part in the study?

The study will involve both Children in Care and their foster carers taking part in an individual and joint interview which will explore how they make sense of themselves and each other. It is hoped that taking part in this research might be particularly helpful for Children in Care who are experiencing difficulties in their social relationships, specifically within the foster placement. It is therefore further hoped that by exploring how foster children make sense of their beliefs and experiences, it might also help to understand how their behaviour could pose a risk to the stability of their foster placement.

The current study intends to utilise a technique called a Perceiver Element Grid (PEG) which uses drawings to help explore a person's views and beliefs. Whilst the PEG has been used clinically, there has been little formal research into how it can be used to explore and compare children's beliefs with other people, particularly those within the care system. I am therefore hoping to gain an insight into how Children in Care might view themselves and others and how this might compare to those of the adults who care for them. Hopefully, the PEG will help us to learn more about Children in Care and their social relationships. In doing so, this might help us to better support them and ensure that the PEG is more widely used with this population.

What would the study entail?

If you agree for the identified young person to take part in the study, they will be asked to complete two interviews. Initially, I will interview both the child and their carer individually and ask questions relating to how they view themselves and each other, in addition to how they think the other might describe themselves. They will also be asked to consider their beliefs about what a 'typical' family might be like. The interview will be audiotaped and they will also be invited to draw or write down their responses using the PEG. This part of the interview will last approximately 1 hour.

The second part of the study will involve the young person and their foster carer taking part in a joint interview together. During this interview, they will both be given the opportunity to show each other their drawings or to talk about some of the things that they've spoken about in their individual interviews. This will also be tape recorded; however participants can decide how much they choose to share with each other during this part of the interview. In total, both interviews should last approximately 1 hour and 30 minutes.

Why has the identified young person been invited to take part in the research study?

I am interested in exploring the beliefs (personal constructs) of Children in Care who have been referred to a Child & Adolescent Mental Health Service (CAMHS) and are experiencing difficulties in their interpersonal relationships. For this reason, these young people might display challenging or difficult behaviour which could be impacting on the stability of their current foster placement. I am therefore interested in how similar or different the young person's views might be from their foster carers and whether this impacts on their relationship. As the identified young person has recently been referred to CAMHS, their allocated worker has identified that they may find this study of interest. Other young people currently in foster care have also been invited to take part in the study. All of the children will be aged between 8 and 16 years of age. In total, there will be between 4-6 young people taking part, in addition to one of their foster carers.

What would happen if I agreed for the child to take part in the study?

To be able to take part in the study, it is necessary to gain your informed consent that it would be appropriate for the identified young person to participate. Please feel free to discuss this with your team manager, if necessary. In addition, both the young person and their foster carer will need to agree to take part in the study. It would also be appreciated if you could provide advice as to whether the above child's birth parent(s) should be informed of the study and whether it would be appropriate for them to also provide informed consent on behalf of their child.

It is important to remember that either you, the foster carer or the identified young person can change your mind about being in the study at any time, for any reason even after the interviews have taken place. If you change your mind after the interviews have taken place, any information I have regarding the young person and their carer will be destroyed.

Any information about the young person and their foster carer will be kept anonymous and confidential. For example, their names will not be written on the questionnaire or interview response sheets. Each person completing the study will be given a code number, so that names will not need to be written down. Following completion of the study, there is a possibility that participants' drawings or direct quotations from their interviews might be used when the findings of this research are written up. A summary of the main research findings might also be published in a research paper. Although every effort will be made to

anonymise this information, the use of direct quotations may mean that there is a slight possibility of identification.

Do I have to agree for the young person to take part in the study?

No! Participation in the study is entirely voluntary. If you do not wish for the young person to take part, if you feel that it would not be appropriate for them to do so, or if either participant changes their mind *at any time* throughout the study, a reason for not taking part is **not** needed. If you choose not to provide consent for the young person to take part in the study, this will not affect the support that the foster family might currently receive from other services.

Will taking part be confidential?

Yes! If you agree for the young person to take part in the study, their personal information will be stored safely and will only be accessible by the researchers. The transcripts of recordings will be anonymised and stored on password protected computers, in a separate location from your personal information. This information will be kept for up to five years after the research is submitted for examination (until approximately June 2016) and will be stored securely according to the University of Hertfordshire's 'Good practice in research' guidelines.

The only circumstances under which confidentiality could be broken are if the young person (or their foster carer) discloses information that raises concerns regarding their safety or that of others. In this instance, it is likely that these concerns would be initially discussed with you in order to establish an appropriate course of action.

As the young person has been identified by their allocated CAMHS clinician as being eligible to participate in the study, they will not be approached until consent has been gained from you. The researcher will therefore not have access to the young person's (or their foster carer's) personal details other than which have been volunteered after consent has been gained for their participation.

What will happen to the results of this research study?

The results of both individual and joint interviews will be reported in a thesis for the purpose of gaining a qualification in Clinical Psychology. The thesis will be held in the University of Hertfordshire Learning Resource Centre which will be accessible to interested parties. Further to this, a summary of the main research findings may be published in a research paper.

Further Information

If you agree for the young person to take part in the study, and are interested in the results when the study is finished, a summary sheet can be provided on request. As the study will involve both the identified young person and their foster carer discussing their current foster placement and how they view a typical family, this might cause some distress or could result in sensitive information being shared about previous experiences. For this reason, there will be the opportunity after the interviews for both participants to talk independently about some of the issues which might have been raised during this time. If necessary, a management plan to address these concerns will also be considered.

Who has reviewed this study?

This study was reviewed by Norfolk NHS Research Ethics Committee and was given ethical approval.

What happens if I want to make a complaint?

If at any time you are unhappy about the way that either you, the young person and/or their foster carer has been treated whilst taking part in the research project, please do not hesitate to contact me to discuss this directly. However, if I am unable to resolve your concerns or if you do not feel comfortable talking to me directly, you can alternatively contact the PALS and Complaints Team at the following address:

PALS and Complaints Manager
Hertfordshire Partnership NHS Foundation Trust
99 Waverley Road
St Albans
AL3 5TL

Tel: 01727 804356
Fax: 01727 804967

Please be reassured that any subsequent care received will not be adversely affected due to concerns raised.

What do I do now?

Please read and discuss all the information provided with your team. Although the identified child and their foster carer have not yet been approached, please feel free to discuss this with them, if you feel this would be beneficial. If you would like the young person to take part in the study, then please contact me using the details below. I will then be able to answer any questions you may have regarding the research.

Contact details of the researcher:

Researcher name: Emily Cooper

Email address: e.cooper@herts.ac.uk

Postal address: Doctorate of Clinical Psychology Training Course
Health Research Building
University of Hertfordshire
College Lane
Hatfield, Herts.
AL10 9AB

Telephone number: 01438 781406/01707 284486

Thank-you for taking time to read this.

APPENDIX 16: BIRTH PARENT INFORMATION SHEET (Version 3, December 2010)

Your child has been invited to take part in a research study exploring how Children in Care view themselves and other people. The study is also interested in how this might be similar or different to their foster carer's beliefs. I hope to find this out by interviewing both your child and their foster carer.

Before you decide whether you agree for your child to take part, please take the time to read the following information which I have written to help you understand why the research is being carried out and what it will involve.

Title of Research Study: Exploring the personal constructs of Children in Care and their foster carers: A Qualitative study.

Who is conducting the study?

My name is Emily Cooper and I am a Trainee Clinical Psychologist at the University of Hertfordshire.

Why would it be helpful to take part in the study?

The study will involve your child and one of their foster carers taking part in an individual and joint interview which will explore how they both make sense of themselves and each other. It is hoped that taking part in this research might be helpful for children who are in foster care who have difficulties with their anger or problems keeping their friends. It is therefore further hoped that by exploring how your child make sense of their beliefs, it might also help them to understand how their behaviour could affect their relationships with other people.

What would my child have to do if they took part in the study?

If you agree for your child to take part in the study, it has two parts. For part 1, I will meet with your child on their own and ask them some questions. I might ask them to describe what they think a 'typical' family are like and how they might describe themselves and their foster carer. They will also be asked to draw or write down some of their answers. The interview will be tape recorded so that I can remember everything your child tells me. This part of the interview will last about 1 hour. Your child's foster carer will also have an interview with me and will be asked the same questions.

For part 2, your child will be asked to take part in an interview with their foster carer and will be asked to share their drawings and to talk about some of the things they've spoken about. This will also be tape recorded. In total, the time taken for both interviews will probably be about 1 hour and 30 minutes.

Why has my child been invited to take part in the research study?

I am interested in exploring the beliefs of children in foster care that have been referred to a Child & Adolescent Mental Health Service (CAMHS). These young people might display

challenging or difficult behaviour which could pose a risk to the stability of their current foster placement. I am therefore interested in how similar or different the young person's views might be from their foster carers and whether this affects their relationship. As your child has recently been referred to CAMHS, their allocated worker has identified that your child may find this study of interest. Other young people currently in foster care have also been invited to take part in the study. All of the children will be aged between 8 and 16 years of age. In total, there will be between 4-6 young people taking part, as well as one of their foster carers.

What would happen if I agreed for my child to take part in the study?

To be able to take part in the study, your child and their foster carer will also need to agree to do so. Your child's allocated Social Worker has already given permission for them to take part and has agreed that it would be OK for them to do so.

It is important to remember that either you, or your child can change your mind about them being in the study at any time, for any reason. If you change your mind after their interview has taken place, any information I have about your child would be destroyed.

Any information about your child will be anonymous and confidential. This means that no-one else will be able to get hold of the information that your child has given, unless they agree that it can be shared. Each person completing the study will also be given a code number, so that names will not need to be written down. Sometimes when we write about research like this we like to use examples, such as your child's drawings and some of the ways that they have described things. If this happens, we would make sure that their name is changed so that nobody will know that it's yours apart from you.

Do I have to agree for my child to take part in the study?

No! Participation in the study is entirely voluntary. If you do not wish for your child to take part, or if either you or your child changes your mind *at any time* throughout the study, you do **not** need to give a reason. If you choose not to take part in the study, this will not affect the support that you or your child might currently receive from other services.

Will taking part be confidential?

Yes! If you and your child agree to take part in the study, their personal information will be stored safely and will only be accessible by the researchers.

The only circumstances under which confidentiality could be broken are if your child shares information that raises concerns regarding their safety or that of others. In this instance, it is likely that these concerns would be firstly discussed with their allocated Social Worker in order to establish an appropriate course of action.

Further Information

If you agree for your child to take part in the study and are interested in the results when the study is finished, a summary sheet can be provided on request.

As the study will involve your child discussing their current foster placement and how they might view a typical family, this could cause them some distress. For this reason, there will be the opportunity after the interviews for your child to talk on their own about some of the issues which might have been raised during this time.

What happens if I want to make a complaint?

If at any time you are unhappy about the way that either you or your child has been treated whilst taking part in the research project, please do not hesitate to contact me to discuss this directly. However, if I am unable to resolve your concerns or if you do not feel comfortable talking to me directly, you can alternatively contact the PALS and Complaints Team at the following address:

PALS and Complaints Manager
Hertfordshire Partnership NHS Foundation Trust
99 Waverley Road
St Albans
AL3 5TL

Tel: 01727 804356
Fax: 01727 804967

Please be reassured that any future care that either you or your child receives will not be adversely affected due to your concerns raised.

What do I do now?

Please read all the information provided. Feel free to discuss it with your child and family, if this would be helpful. If you would like your child to take part in the study, then please contact me using the details below. Alternatively, you can let your child's Social Worker know that you are interested. I will then contact you to answer any questions you may have.

Thank-you for taking time to read this.

Contact details of the researcher:

Researcher name: Emily Cooper

Email address: e.cooper@herts.ac.uk

Postal address: Doctorate of Clinical Psychology Training Course
Health Research Building
University of Hertfordshire
College Lane
Hatfield, Herts.
AL10 9AB

Telephone number: 01438 781406
01707 284486

APPENDIX 17: FOSTER CARER INFORMATION SHEET (Version 3, December 2010)

You are invited to take part in a research study exploring how Children in Care view themselves and other people within their current foster placement, in addition to how they might view a typical family. The study is also interested in how this might be similar or different to their foster carer's beliefs. For this reason, both Children in Care **and** their foster carers will be invited to take part in the study.

Before you and your foster child decide whether you would like to give consent to take part, please take the time to read the following information which I have written to help you understand why the research is being carried out and what it will involve.

Title of Research Study: Exploring the personal constructs of Children in Care and their foster carers: A Qualitative study.

Who is conducting the study?

My name is Emily Cooper and I am a Trainee Clinical Psychologist at the University of Hertfordshire. The study will be supervised by Professor David Winter, Chartered Clinical Psychologist at the University of Hertfordshire and by Jeune Guishard-Pine, Consultant Psychologist (Services for Children Requiring Intense Psychotherapies; SCRIPT).

Why would it be helpful to take part in the study?

The study will involve both you and your foster child taking part in an individual and joint interview which will explore how you both make sense of yourselves and each other. It is hoped that taking part in this research might be particularly helpful for Children in Care who are experiencing difficulties in their social relationships, specifically within the foster placement. It is therefore further hoped that by exploring how foster children make sense of their beliefs and experiences, it might also help to understand how their behaviour could pose a risk to the stability of their foster placement.

The current study intends to utilise a technique called a Perceiver Element Grid (PEG) which uses drawings to help explore a person's views and beliefs. Whilst the PEG has been used clinically, there has been little formal research into how it can be used to explore and compare children's beliefs with other people, particularly those within the care system. I am therefore hoping to gain an insight into how Children in Care might view themselves and others and how this might compare to those of adults who care for them. Hopefully, the PEG will help us to learn more about Children in Care and their social relationships. In doing so, this might help us to better support them and ensure that the PEG is more widely used with this population.

What would I have to do if I took part in the study?

If you decide to take part in the study, you will be asked to complete two interviews. Initially, I will interview you on your own and ask questions relating to how you view yourself and your foster child, in addition to how you think they might describe themselves and you. You will also be asked to consider your beliefs about what a 'typical' family might be like. The interview will be audio taped and you will also be invited to draw or write down your responses using the PEG. This part of the interview will last approximately 1 hour. Your foster child will also take part in an individual interview in which they will be asked similar questions.

The second part of the study will involve you taking part in an interview together with your foster child. During this interview, you will both be given the opportunity to show each other your drawings or to talk about some of the things that we've spoken about in your individual interview. This will also be tape recorded, however it is your decision as to how much you choose to share with your foster child during this part of the interview.

In total, both interviews should last approximately 1 hour and 30 minutes. There will be the opportunity to take a break at any time, or if you would prefer, we could complete the interviews on another occasion.

It would also be helpful if you could complete two short questionnaires. This will be to find out a bit more about your current foster placement.

Why have I been invited to take part in the research study?

I am interested in exploring the beliefs (personal constructs) of Children in Care who have been referred to a Child & Adolescent Mental Health Service (CAMHS) and are experiencing difficulties in their interpersonal relationships. For this reason, these young people might display challenging or difficult behaviour which could be impacting on the stability of their current foster placement. I am therefore interested in how similar or different the young person's views might be from their foster carers and whether this impacts on their relationship. As your foster child has recently been referred to CAMHS, their allocated worker has identified that you and your foster child may find this study of interest. Other young people currently in foster care have also been invited to take part in the study. All of the children will be aged between 8 and 16 years of age. In total, there will be between 4-6 Children in Care taking part, in addition to one of their foster carers.

What would happen if we agreed to take part in the study?

To be able to take part in the study, both you and your foster child will need to agree to do so. Your foster child's allocated Social Worker has already provided informed consent for them to take part and has agreed that it would be appropriate for them to do so.

Either you, or your child can change your mind about being in the study at any time, for any reason, even after the interviews have taken place. If you change your mind after the interview has taken place, any information I have regarding you or your foster child would be destroyed.

Any information about you and your foster child will be anonymous and confidential. For example, your names will not be written on the questionnaire or interview response sheets. Each person completing the study will be given a code number, so that names will not need to be written down. Following completion of the study, there is a possibility that your drawings or direct quotations from your interviews might be used when the findings of this research are written up. A summary of the main research findings might also be published in a research paper. Although every effort will be made to anonymise this information, the use of direct quotations may mean that there is a slight possibility of identification for either you or your foster child.

Do I have to take part in the study?

No! Participation in the study is entirely voluntary. If you do not want to take part, or if either you or your foster child changes your mind *at any time* throughout the study, you do **not** need to give a reason. If you choose not to take part in the study, this will not affect the support that you might currently receive from other services.

Will taking part be confidential?

Yes! If you and your foster child agree to take part in the study, your personal information will be stored safely and will only be accessible by the researchers. The transcripts of recordings will be anonymised and stored on password protected computers, in a separate location from your personal information. This information will be kept for up to five years after the research is submitted for examination (until approximately June 2016) and will be stored securely according to the University of Hertfordshire's 'Good practice in research' guidelines.

The only circumstances under which confidentiality could be broken are if your foster child discloses information that raises concerns regarding their safety or that of others. In this instance, it is likely that these concerns would be discussed with their allocated Social Worker in order to establish an appropriate course of action.

What will happen to the results of this research study?

The results of both your individual and joint interviews will be reported in a thesis for the purpose of gaining a qualification in Clinical Psychology. The thesis will be held in the University of Hertfordshire Learning Resource Centre which will be accessible to interested parties. Further to this, a summary of the main research findings may be published in a research paper.

Further Information

If you agree to take part in the study, and are interested in the results when the study is finished, a summary sheet can be provided on request. Both you and your foster child will also be given the opportunity to comment on the themes which are generated when the interview data is analysed. This will be done to check whether the themes accurately reflect your views and beliefs. This will be entirely voluntary and if you choose not to take part in this, it will not affect any further support that either you or your foster child receives.

As the study will involve both you and your foster child discussing your current foster placement and how you view a typical family, this might cause some distress or could result in sensitive information being shared about previous experiences. For this reason, there will be the opportunity after the interviews for both you and your foster child to talk independently about some of the issues which might have been raised during this time. If necessary, a management plan to address these concerns will also be considered.

Who has reviewed this study?

This study was reviewed by Norfolk NHS Research Ethics Committee and was given ethical approval.

What happens if I want to make a complaint?

If at any time you are unhappy about the way that either you or your foster child has been treated whilst taking part in the research project, please do not hesitate to contact me to discuss this directly. However, if I am unable to resolve your concerns or if you do not feel

comfortable talking to me directly, you can alternatively contact the PALS and Complaints Team at the following address:

PALS and Complaints Manager
Hertfordshire Partnership NHS Foundation Trust
99 Waverley Road
St Albans
AL3 5TL

Tel: 01727 804356
Fax: 01727 804967

Please be reassured that any subsequent care received will not be adversely affected due to concerns raised.

What do I do now?

Please read and discuss all the information provided with your foster child and family. If you would like to take part then please contact me using the details below. Alternatively, you can state your interest to either your foster child's allocated Social Worker or CAMHS clinician. I will then contact you to answer any questions you may have and we can discuss signing the consent forms.

Thank-you for taking time to read this.

Contact details of the researcher:

Researcher name: Emily Cooper

Email address: e.cooper@herts.ac.uk

Postal address: Doctorate of Clinical Psychology Training Course
Health Research Building
University of Hertfordshire
College Lane
Hatfield, Herts.
AL10 9AB

Telephone number: 01438 781406/
01707 284486

**APPENDIX 18: YOUNG PERSON INFORMATION SHEET (aged 8-12 years)
VERSION 3, DECEMBER 2010**

Title of project: Exploring the personal constructs of Children In Care and their foster carers: A qualitative study.



Who am I?

Hi! My name is Emily Cooper. I am a Trainee Clinical Psychologist. This means that I am studying at university. I would like to invite you to take part in our research project. Before you decide, we would like you to understand why the research is being done and what it would involve for you.

What's it all about?

I am really interested in learning more about what it's like to be in foster care.



I particularly want to find out how you might describe yourself and your foster carer(s). I am also interested in how this might be the same or different to what your foster carer says. I will find this out by talking to you and one of your foster carers. This is called an INTERVIEW.

What will the interview be like?

If you decide to take part in the interview, it has two parts. For part 1, I will meet with you on your own and ask you some questions. I might ask you to describe what you think a 'normal' family are like, how you might describe yourself and your foster carer and how they might describe you. A big part of the interview will be drawing some pictures. You will be able to write down some of your answers as well. I am really interested in what you have to say, so there are no right or wrong answers. The interview will be tape recorded so that I can remember everything you tell me. This part of the interview will last about 1 hour. Your foster carer will also have an interview with me on their own and will be asked the same questions as you.



For part 2, you will be asked to take part in an interview with your foster carer.

After you've talked to me on your own, we will meet with your foster carer to show them your drawings and to talk about some of the things we've spoken about. This will also be tape recorded so that I remember what you both say. It's up to you to decide how much you would like to share with your foster carer, so if you would prefer not to show your pictures, that's fine.



In total, the time taken for both interviews will probably be about 1 hour and 30 minutes. During the task, you might feel that you would like a break. That's ok to have some time out, or if you would prefer I could come back another day.

What else would I have to do if I took part?

I would be really grateful if you and your foster carer would also fill out a quick questionnaire. This will ask some questions about what you think about the foster family that you live in now.

Where would you see me?

This depends on where you would like to see me. I can see you in your foster home or at school, if you and your foster carer are happy with this. If not, I might be able to see you somewhere else, like at the CAMHS clinic.



Who else is taking part?

Other young people like you who are in foster care have been asked to take part in the project. All of the children will be aged between 8 and 16 years of age. In total, there will probably be about 4-6 young people taking part, as well as one of their foster carers.



Do I have to take part?

No! If you do not want to take part, or if you change your mind at any time, you can back out and you do not need to give a reason. I have already asked your Social Worker if it would be ok for you to take part in the project. They have said **yes**, but remember, it's up to **you** to decide if you would like to take part or not.

Why would it be helpful to take part?

Some people find the chance to talk about themselves and their foster families helpful and enjoyable. I hope that what we find out from this project will also be helpful for other young people in foster care, especially when things aren't going well in a foster placement.

Important things to remember:



Both you and your foster carer will need to agree to take part in the study.

You can change your mind about being in the study at any time.

All of the things you have said or written during the interview will be kept confidential. This means that no-one else will be able to get hold of the information you have given, unless you agree that it can be shared. The only time that information from your interview or your drawings would be shared with other people would be in special circumstances. These would be if you talk about something bad which might be happening to you or if you (or someone else) might be in danger. If this happened, I might need to talk to someone else, like your Social Worker.

What happens if I want to make a complaint?

A complaint is speaking up about something which you are unhappy about or do not like. If you are angry or upset about the way that you have been treated when you take part in the project, you should tell someone. This could be someone that you trust, such as your social worker or foster carer.



You can contact the Complaints Manager on XXXX

Or you could email: XXXXXXXXXXXXX



You could also write to:



PALS and Complaints Manager
Hertfordshire Partnership NHS Foundation Trust
99 Waverley Road
St Albans

AL3 5TL

Please remember that if you do make a complaint, this will not affect the help that you get from other people.

What if I have questions about this research?

If you have any questions, or if you would like to take part in the study, please contact me by email, telephone or post on the details below. You could also ask your foster carer or Social Worker to contact me on your behalf.



Contact details of the researcher:

Researcher Name: Emily Cooper

Email address: E.Cooper@herts.ac.uk

Postal address: Doctorate in Clinical Psychology Training Course
Health Research Building
University of Hertfordshire
College Lane
Hatfield, Herts.
AL10 9AB

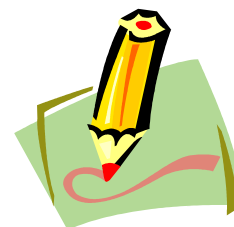
Telephone: 01438 781406
01707 284486

Thank-you for taking time to read this.

If you would like to know the results of the study, please write your name and email address, or your postal address below. Information will then be sent to you when the study is finished.

**APPENDIX 19: YOUNG PERSON INFORMATION SHEET (aged 13-16 years)
VERSION 3, DECEMBER 2010**

Title of project: Exploring the personal constructs of Children in Care and their foster carers: A qualitative study.



Hi! My name is Emily Cooper and I am a Trainee Clinical



Psychologist. I would like to invite you to take part in our research project. Before you decide whether you would like to, please take the time to read the following information to help you to understand why the research is being done and what it would involve for you.

What's it all about?

I am interested in finding out about young people's views of being in foster care, in particular how you might see yourself and your foster carer(s). I am also interested in how this might be similar or different to your foster carer's views. I hope to find this out by interviewing both you and one of your foster carers. As someone who is in foster care, I would like to invite you to think about taking part in this study.

What will the interview be like?

If you decide to take part in the interview, it has two parts. For part 1, I will meet with you on your own and ask you some questions. I might ask you to describe what you think a 'normal' family are like, how you might describe yourself and your foster carer and how they might describe you. You will also be asked to draw or write down some of your answers. The interview will be tape recorded so that I can remember everything you tell me. This part of the interview will last about 1 hour. Your foster carer will also have an interview with me and will be asked the same questions as you.

For part 2, you will be asked to take part in an interview with your foster carer. After you've talked to me on your own, we will meet with your foster carer to show them your drawings and to talk about some of the things we've spoken about. This will also be tape recorded. It's up to you to decide how much you

would like to share with your foster carer about what you've talked about in your first interview.

In total, the time taken for both interviews will probably be about 1 hour and 30 minutes. There will be the opportunity to take a break at any time, or if you would prefer, I could come back another day.

What else would I have to do if I took part?

It would be really helpful if you and your foster carer could also fill out a questionnaire. This will ask some questions about what you think about the foster family that you live in now.

Where would you see me?

This depends on where you would like to see me. I can see you in your home or at school, if you and your foster carer are happy with this. If not, I might be able to see you somewhere else, like at the CAMHS clinic.

Who else is taking part in the study?

Other young people like you who are in foster care have been asked to take part in the project. All of the children will be aged between 8 and 16 years of age. In total, there will probably be about 4-6 young people taking part, as well as one of their foster carers.



Do I have to take part?

No! If you do not want to take part, or if you change your mind at any time, you can back out and you do not need to give a reason. If this happens, it will not change any of the help that you receive from other people. I have already asked your Social Worker if it would be ok for you to take part in the project. They have said **yes**, but remember, it's up to **you** to decide if you would like to take part or not.

Will taking part in the study be confidential?

Yes! This means that no-one else will be able to get hold of the information you have given, unless you agree that it can be shared. The only time that information from your interview or your drawings would be shared with other people would be in special circumstances. These would be if you tell me information that might pose a risk of harm to yourself or other people. If this happened, I might need to talk to someone else, like your



Social Worker or CAMHS worker. I would make sure that I discussed this with you beforehand.

Sometimes when we write about research like this, we like to give examples. We might like to use your drawings and some of the ways that you have described things. If this happens, we would change your name so that nobody will know that it's yours apart from you.

Why would it be helpful for me to take part?

Some people find the chance to talk about themselves and their foster families helpful and enjoyable. I hope that what we find out from this project will also be helpful for other young people in foster care, especially when things aren't going well in a foster placement. It is also hoped that by taking part in the study it might help you to make sense of how you see yourself and others, and how this might affect how you get on with other people, like your foster carer(s).

Important things to remember:

Both you and your foster carer will need to agree to take part in the study.

You can change your mind about being in the study at any time and for any reason.

No one else will know that any information I have, is about you or your family.

All of the things you have said or written during the interview will be kept confidential. If information is shared that suggests you (or someone else) might be at risk from harm, this will have to be shared with other people, like your Social Worker.

You will have the opportunity to talk to me afterwards about anything we've discussed during the interviews. This does not have to be with your foster carer.

If you take part, you will be asked if you want to find out what I learn when I have finished the study. I can give you some information about this if you ask for it.

Who has looked at this study and said it is OK to go ahead?

This study was carefully looked at by an NHS Research Ethics Committee and they said it was all OK and safe to go ahead. A Research Ethics Committee is a

group of people who review research to make sure that the people who take part will be properly looked after.

What happens if I want to make a complaint?

If you are unhappy about the way that you have been treated whilst taking part in the research project, you should tell someone. This could be someone that you trust, such as your social worker or foster carer.

You can contact the Complaints manager on XXXXXX



You could also write to:



PALS and Complaints Manager
Hertfordshire Partnership NHS Foundation Trust
99 Waverley Road
St Albans
AL3 5TL

Please remember that if you do make a complaint, this will not affect the help that you get from other people.

What if I have questions about this research?

If you have any further questions about the research, please contact me via email, telephone or post using the details below:



Contact details of the researcher:

Researcher Name: Emily Cooper
Email address: E.Cooper@herts.ac.uk
Postal address: Doctorate in Clinical Psychology Training Course
University of Hertfordshire
College Lane
Hatfield, Herts.
AL10 9AB

Telephone: 01438 781406
01707 284486

Thank you for taking time to read this.

APPENDIX 20: LETTER TO HEAD TEACHER (Version 2, November 2010)

Dear Head Teacher

RE: (INSERT NAME OF YOUNG PERSON)

Date of Birth:

My name is Emily Cooper and I am a Trainee Clinical Psychologist at the University of Hertfordshire. As part of my training, I am required to undertake a doctoral research project.

As part of my research study, I am interested in exploring Children in Care's beliefs about themselves and other people, in addition to how they view a typical family. I am also interested in how this might be similar or different to their current foster carer's beliefs. This research will involve interviewing Children in Care and their foster carers both individually and jointly.

As you may or may not be aware, the above child (and their foster carer) has recently been referred for support from their local Child & Adolescent Mental Health Service (CAMHS). As such, their allocated CAMHS worker has identified that both the young person and their foster carer might find our current research study of interest. Children in Care (and their foster carers) have been chosen to take part in this study for different reasons. However, as the study will involve taking part in an interview which will explore how participants make sense of themselves and other people, it is hoped that this might be particularly helpful for Children in Care who are experiencing difficulties in their social relationships (within school and/or within the foster placement). It is therefore hoped that by exploring how foster children make sense of their beliefs and experiences, this might also help them to understand how their behaviour could pose a risk to the stability of both their educational and foster placement.

Why should the school be involved?

You are receiving this letter as the above child (and their foster carer) has agreed that they would like to take part in the study and has identified that they would like to complete their interview whilst at school. As this was chosen by the young person as a preferred location where they feel the most comfortable, I was therefore wondering whether you would agree for this to take place within a quiet and private location within school. The individual interview with the young person should last approximately 1 hour and will be tape recorded. The interview will involve the above child discussing how they view a typical family, in addition to how they view their current foster carer(s). This might result in them sharing information about their past experiences of their birth family and/or being in previous foster placements. This might therefore, be experienced by the young person as painful and potentially distressing. Although there will be the opportunity following the interview for the young person to discuss any issues which might have been raised, there is the possibility that

they might subsequently choose to discuss this further with members of school staff. It is therefore felt important that the appropriate members of staff are made aware of the nature and purpose of the research study so that they might be better able to provide support, if necessary. Furthermore, the young person's allocated Social Worker has consented that they are suitable to participate; therefore those children deemed to be too vulnerable will not be approached to take part in the study.

What are the benefits for the young person of taking part in the study?

All children who have been identified as eligible to participate in the study are currently in foster care and have been referred to CAMHS for interpersonal difficulties (such as difficulties with emotional regulation and peer relationships). Such difficulties can place a severe strain on foster carers and in turn, could pose a risk to the stability of the foster placement. It is therefore hoped that by enabling Children in Care to explore and talk more explicitly about their beliefs, it might help them to make sense of their presenting behaviour and how this might impact upon their relationships with others. It is further hoped that some of the ideas and thoughts raised within the interviews can be used by participants to inform future therapeutic work.

Should you have any further questions or concerns, I would be more than willing to talk to you further about the study. Alternatively, please contact me on the contact details provided below.

I look forward to hearing from you soon.

Emily Cooper
Trainee Clinical Psychologist

Contact details of the researcher:

Emily Cooper

Email address:

e.cooper@herts.ac.uk

Telephone number:

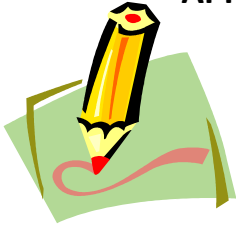
01707 284 486

Postal address:

Doctor of Clinical Psychology Training Course
University of Hertfordshire
Hatfield, Herts., AL10 9AB

APPENDIX 21: YOUNG PERSON AGREEMENT FORM (Age 8-12 years)

VERSION 2: NOVEMBER 2010.



Project Title: Exploring the personal constructs of Children in Care and their foster carers: A Qualitative study.

Who am I? My name is Emily Cooper and I am a Trainee Clinical Psychologist. This means that I am studying at university.

You need to read this sheet AFTER you have read the information sheet with an adult (like your foster carer or Social Worker). You can ask me any questions you might have before you sign this sheet.

Please write your initials in the box

1) I have read the information sheet which talks about the research and the interview. I have been able to talk about any worries I have or ask any questions with my foster carer(s), Social Worker and/or Emily Cooper.

2) I would like to take part in the project and have an interview with Emily. I know that I can change my mind at any time. If I change my mind about being in the study, any information about me will be deleted.

3) I understand that Emily Cooper will talk to me about what I think of myself and my foster carers. I understand that this conversation is an **INTERVIEW** and that it will be recorded. I understand that my information and tape recording will put in a locked drawer and stored on password protected computers.

4) I understand that Emily Cooper may wish to use my drawings or the way that I have described things to put into her research. I understand that my name and any

other names I've talked about will be changed so people can't tell it's me.

5) I understand that the information about me won't have my name on it, and will be used only for this project. I understand that my information will be kept locked away and safe so other people can't see it.

6) I understand that anything I talk about will be kept confidential. This means that it's kept private and won't be shared with anyone else unless I agree. I understand that if I talk about something bad that is happening to me or that I might be in danger, this information might need to be shared with other adults, like my Social Worker.

7) I understand that if I take part in the interview, I can ask to stop at any time. I also know that I can decide how much information I want to share with my foster carer when we are interviewed together. If I decide that I don't want to take part in the project anymore, this will not affect any other help that I get from other people.

8) I agree to take part in the study.

Name of Young Person: -----

Signature of Young Person: -----

Today's Date: -----

Signature of Researcher: -----

APPENDIX 22: YOUNG PERSON AGREEMENT FORM (Age 13-16 years)

VERSION 2: NOVEMBER 2010.



Project Title: Exploring the personal constructs of Children in Care and their foster carers: A Qualitative study.

Name of researcher: Emily Cooper, Trainee Clinical Psychologist.

Please write your initials in the box

9) I have read the information sheet (dated November 2010) telling me about the research project. I have been able to talk about any worries I have or ask any questions with my foster carer(s), Social Worker and/or Emily Cooper.

10) I would like to take part in the study and have an interview with Emily Cooper. I know that I can change my mind at any time and for any reason. If I change my mind about being in the study, any information about me will be deleted.

11) I understand that Emily Cooper will interview me on my own and then with my foster carer. I understand that this interview will be recorded and that my information and tape recording will put in a locked drawer and stored on password protected computers.

12) I understand that Emily Cooper may wish to use my drawings or the things I've talked about to put into her research. I understand that my name and any other names I've talked about will be anonymised. This means that they will be changed so people can't tell it's me.

13) I understand that the information about me won't have my name on it and will be used only for this study. I understand that my information will be kept locked away so that other people can't get access to the information.

14) I understand that anything I talk about will be kept confidential and won't be shared with others unless I agree. If I share any information which could mean that I am (or someone else is) at

risk of harm, I understand that this might need to be shared with other people, like my Social Worker.

15) I understand that if I take part in this research, I can ask to stop at any time. I know that I can decide how much information I want to share with my foster carer when we are interviewed together. If I decide that I don't want to take part in the project anymore, this will not affect any other help that I get from other people.

16) I agree to take part in the study.

Name of Young Person: -----

Signature of Young Person: -----

Date: -----

Researcher Signature: -----

**APPENDIX 23: FOSTER CARER CONSENT FORM
VERSION 2: NOVEMBER 2010.**

Project Title: Exploring the personal constructs of Children in Care and their foster carers: A Qualitative study.

Name of researcher: Emily Cooper, Trainee Clinical Psychologist.

Please write your initials in box

- 17) I confirm that I have read and understood the information sheet (dated November 2010) explaining what the research entails and what will be expected of me. I have had the opportunity to consider the information and any questions which I have had, have been answered to my satisfaction.
- 18) I am in agreement to take part in the study and to undertake an individual interview with Emily Cooper, in addition to a joint interview with my foster child. I understand that participation is voluntary and that I am free to withdraw at any time and for any reason. I understand that if either myself or my foster child chooses to withdraw from the study, our individual data will be deleted and neither of us will continue to take part in the study.
- 19) I understand that the interview will be digitally audio taped and that my information will be kept confidential and anonymised. I understand that this information will be filed in a locked cabinet or stored electronically on password protected computers.
- 20) I understand that a professional transcription service may be used to transcribe both my interview and that of my foster child. In this instance, the recording will be given a code (e.g. Interview A) to maintain anonymity. Furthermore, the service will have signed a confidentiality agreement.
- 21) I agree that anonymised quotes from my interviews may be used in any future publications. I understand that although efforts will be made to maintain anonymity, the use of direct quotations and the individual nature of the analysis mean that there is a slight possibility of identification.
- 22) I agree that any drawings or things which I have written during the interview can be reproduced for the purposes of the research. I understand that these will be anonymised to protect my confidentiality.

23) I understand that information provided during my interviews will be kept confidential, however I understand that if any information is shared which suggests that I or somebody else might be at risk of harm, this will need to be shared with the appropriate professionals.

24) I understand that if my current foster child shares information during their individual interview relating to their previous abuse and/or which suggests that they might be at risk of harm, this will need to be shared with their allocated Social Worker.

25) I understand that if I take part in this research, I can ask to withdraw at any time. I also acknowledge that I can decide how much information to share with my foster child during our joint interview. If I decide to withdraw from the study, this will not affect the support that either I or my foster child receives from other services.

26) I agree to take part in the study.

Name of Foster Carer: -----

Foster Carer Signature: -----

Date: -----

Researcher Signature: -----

APPENDIX 24: SOCIAL WORKER CONSENT FORM
VERSION 2: NOVEMBER 2010.

Project Title: Exploring the personal constructs of Children in Care and their foster carers: A Qualitative study.

Name of researcher: Emily Cooper, Trainee Clinical Psychologist.

Please write your initials in box

27) I confirm that I have read and understood the information sheet (dated November 2010) explaining what the research entails and what will be expected of the identified young person. I have had the opportunity to consider the information and any questions which I have had, have been answered to my satisfaction.

28) I understand that participation is voluntary and that I am free to withdraw my consent for the young person to participate at any time and for any reason. I understand that if either the identified child or their foster carer withdraws from the study, the data which has been submitted up to that point will be deleted and no further part will be taken in the study.

29) I understand that the interview will be digitally audio taped and that this information will be kept confidential and anonymised. I understand that the information will be filed in a locked cabinet or stored electronically on password protected computers.

30) I understand that a professional transcription service may be used to transcribe the interviews. In this instance, the recording will be given a code (e.g. Interview A) to maintain anonymity. The allocated transcription service will have signed a confidentiality agreement.

31) I agree that anonymised quotes from both the foster child and that foster carer's interviews may be used in any future publications. I understand that although efforts will be made to maintain anonymity, the use of direct quotations and the individual nature of the analysis mean that there is a possibility of identification.

32) I agree that any drawings or things which are written during the interview can be reproduced for the purposes of the research. I

understand that these will be anonymised to protect the participant's confidentiality.

33) I understand that information provided during interviews will be kept confidential. However, if the child shares information during their interviews relating to their previous abuse and/or which suggests that they might be at risk of harm, the researcher will share this information with me, in addition to other appropriate professionals.

34) I understand that if the identified child takes part in this research, they can ask to withdraw at any time. If either myself or the child decides to withdraw from the study, this will not affect the support that they receive from other services.

35) I agree that it would be appropriate for the identified young person to take part in the present study. I can confirm that they would be suitable to undertake an interview both individually and together with their foster carer. I therefore provide my consent for them to take part in this research.

Name of Social Worker: -----

Social Worker Signature: -----

Date: -----

Researcher Signature: -----

APPENDIX 25: BIRTH PARENT CONSENT FORM
VERSION 2: NOVEMBER 2010.

Project Title: Exploring the personal constructs of Children in Care and their foster carers: A Qualitative study.

Name of researcher: Emily Cooper, Trainee Clinical Psychologist.

Please write your initials in box

- 36)** I confirm that I have read and understood the information sheet (dated November 2010) explaining what the research entails and what will be expected of my child, should they agree to take part. I have had the opportunity to consider the information and any questions which I have had, have been answered to my satisfaction.
- 37)** I understand that participation is voluntary and that I am free to withdraw my consent for my child to participate at any time and for any reason. I understand that if either my child or their current foster carer withdraws from the study, the data which has been submitted up to that point will be deleted and no further part will be taken in the study.
- 38)** I understand that the interview will be digitally audiotaped and that this information will be kept confidential and anonymised. I understand that the information will be filed in a locked cabinet or stored electronically on password protected computers.
- 39)** I understand that a professional transcription service may be used to transcribe the interviews. In this instance, the recording will be given a code (e.g. Interview A) to maintain anonymity. The allocated transcription service will have signed a confidentiality agreement.
- 40)** I agree that anonymised quotes from my child's interviews may be used in any future publications. I understand that although efforts will be made to maintain anonymity, the use of direct quotations and the individual nature of the analysis mean that there is a possibility of identification.

41) I agree that any drawings or things which are written during the interview can be reproduced for the purposes of the research. I understand that these will be anonymised to protect my child's confidentiality.

42) I understand that information provided during interviews will be kept confidential. However, if my child shares information during their interviews which suggests that they might be at risk of harm, the researcher might be required to share this information with appropriate professionals, such as my child's allocated Social Worker.

43) I understand that if my child takes part in this research, they can ask to withdraw at any time. If either myself or my child decides to withdraw from the study, this will not affect the support that they currently receive from other services.

44) I am in agreement for my child to take part in the present study.

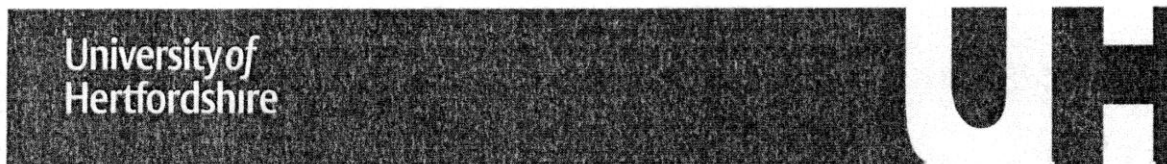
Name of Birth Parent: -----

Birth Parent Signature: -----

Date: -----

Researcher Signature: -----

Appendix 26: Transcription Agreement



TRANSCRIPTION AGREEMENT FORM (Version 1, September 2010)

Doctorate in Clinical Psychology
University of Hertfordshire

Transcription confidentiality/ non-disclosure agreement

This non-disclosure agreement is in reference to the following parties:

Emily Cooper ('the discloser')

And

First Class Secretarial Services ('the recipient')

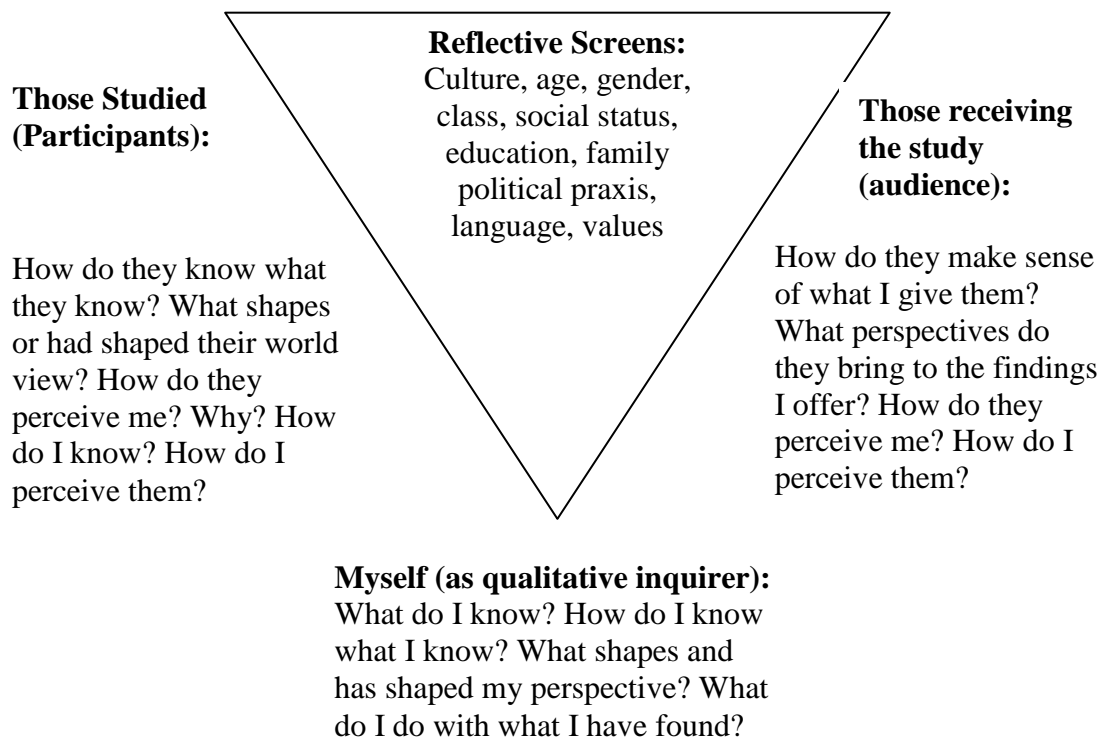
The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.

The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.

The recipient agrees to return and/or destroy any copies of the recordings they were able to access provided by the discloser.

Signed: *Laura Geary*
Name: LAURA GEARY
Date: 12-4-11

Appendix 27: Diagram representing the reflexive frame from which qualitative inquiry was derived (Taken from Patton, 2002, p.66)



Appendix 28: Summary of Strengths and Difficulties Questionnaire (SDQ) and Family Assessment Device (FAD) data

Tables 11-13 summarise the self-report and carer-informed scores respectively on the Strengths and Difficulties Questionnaire (SDQ: Goodman et al., 1998). Scores are provided for each sub-scale and for overall difficulties. The range of scores provided used the clinical cut-off levels recommended by Meltzer et al. (2000).

Table 11: SDQ responses provided by both Luis and his foster carer, illustrating the clinical (≥ 90 th percentile), borderline (≥ 80 th percentile) and non-clinical ranges

Scale	Self-report rating (Luis)	Carer-informed rating (Janet)
<i>Emotional symptoms</i> Score Range	2 Non-clinical	2 Non-clinical
<i>Conduct problems</i> Score Range	3 Non-clinical	1 Non-clinical
<i>Inattention-Hyperactivity</i> Score Range	2 Non-clinical	4 Non-clinical
<i>Peer problems</i> Score Range	2 Non-clinical	3 Borderline
<i>Pro-social Behaviour</i> Score Range	9 Non-clinical	4 Clinical
<i>Total Difficulties</i> Score Range	9 Non-clinical	10 Non-clinical

As indicated in Table 11, both Luis and his foster carer provide a total difficulties score within the non-clinical range. However, the discrepancy in their scores, most notably regarding perceived pro-social behaviour, appears salient. During Luis' individual interview, he highlighted his awareness of difference and being judged by others and thus, the need to be liked and perceived as sociable. This could perhaps help to explain the reported discrepancy in Luis and Janet's scores for this sub-scale. Luis' responses on the FAD-GF indicate a perceived family functioning of 2.33, considered by this scale to be 'unhealthy' (Epstein et al., 1983). Inspection of Luis' responses on the FAD-GF highlight his views that

his current foster family often misunderstand one another, something which he spoke further about in his individual interview. Janet’s responses on the FAD-GF scale provided a score of 2.42, which, similarly to Luis’ responses, highlighted that both participants perceived their foster family functioning as being somewhat ‘unhealthy’. Implicit in Janet’s responses on the FAD-GF was her perception that concerns are typically avoided or not shared between family members, a belief shared by Luis in his responses, and reflected and further elaborated upon in Janet’s individual interview.

Table 12: SDQ responses provided by foster carer in respect of Natasha, illustrating the clinical (≥ 90 th percentile), borderline (≥ 80 th percentile) and non-clinical ranges

Scale	Carer-informed rating (Sally)
<i>Emotional symptoms</i>	
Score	4
Range	Borderline
<i>Conduct problems</i>	
Score	10
Range	Clinical
<i>Inattention-Hyperactivity</i>	
Score	10
Range	Clinical
<i>Peer problems</i>	
Score	4
Range	Clinical
<i>Pro-social Behaviour</i>	
Score	2
Range	Clinical
<i>Total Difficulties</i>	
Score	28
Range	Clinical

Due to Natasha’s age, she did not complete either self-report measure, and thus scores have been gained from her foster carer only. Natasha’s scores on the SDQ as provided by her foster carer (Table 11) show that she scored within the clinical range on all subscales, including total difficulties. The one exception to this was for emotional problems, on which she scored within the borderline range. These findings support the reason for referral to CAMHS and further corroborate Sally’s perception of Natasha’s behaviour, as highlighted in her individual interview. Sally provided an overall score on the FAD-GF of 1, which would be defined as ‘healthy’ family functioning. It is noteworthy that many of her responses were polarised, in that she provided extreme ratings, either ‘strongly agree’ or ‘strongly disagree’.

Such a response profile may reflect a tendency to idealise situations, and indeed such a tendency was also present in her individual interview data.

Table 13: SDQ responses provided by both Jenny and her foster carer, illustrating the clinical (≥ 90 th percentile), borderline (≥ 80 th percentile) and non-clinical ranges

Scale	Self-report rating (Jenny)	Carer-informed rating (Carol)
<i>Emotional symptoms</i>		
Score	4	7
Range	Non-clinical	Clinical
<i>Conduct problems</i>		
Score	3	6
Range	Non-clinical	Clinical
<i>Inattention-Hyperactivity</i>		
Score	3	3
Range	Non-clinical	Non-clinical
<i>Peer problems</i>		
Score	2	5
Range	Non-clinical	Clinical
<i>Pro-social Behaviour</i>		
Score	5	2
Range	Borderline	Clinical
<i>Total Difficulties</i>		
Score	12	21
Range	Non-clinical	Clinical

It is noteworthy that Jenny’s responses on both the SDQ and the FAD-GF were quite different to the scores provided by her foster carer, Carol. Jenny’s self-report ratings on the SDQ illustrate that she perceived her difficulties to be less pronounced than her foster carer, whose responses place Jenny in the clinical range for the majority of the subscales. It is interesting that both participants rate Jenny’s pro-social behaviour as impaired, albeit to differing extents. Moreover, Jenny rated the family functioning of her current foster family as being in the ‘unhealthy’ range, as opposed to Carol, whose responses indicate that she would perceive it as less problematic. It could be argued that the discrepancies highlighted in these measures are reflective of their differing views and beliefs, as raised during both their individual and joint interviews.

Appendix 29: Example PEG data highlighting varying methods utilised by participants

How I view what a typical family is like

A typical family varies from different views, opinions and beliefs. They may ~~consist~~ consist of one or more adult role models and also siblings i.e. brothers or sisters/cousins

A family is the bond between biological beings with each other and how they interrelate.

Families would go out and spend time with each other or siblings might fight or argue, this can be seen as normal because they do love each other really -

Appendix 29 (Continued): Example PEG data.

How I see my foster child



facially scary - black moods, with black eyebrows
& black hair.

Moody

Intelligent - I think he is held back because of language
difficulties

Attention seeking

Critical - of me.

Characteristic

Prefer him to be:

More open +

Less withdrawn -

More chance to talk, more chance to solve
the problem if you know what it is.

Appendix 30: Luis' PEG example

How I see myself

I find myself as a person, to be ~~not~~ the person who cares about people, that I think is ~~my~~ one of my strong points, I am always making sure I am careful as to what I am saying doesn't or would not hurt someone's feelings. I also find myself ~~quite~~ a little quite every now and then, because I'm very shy in some instances, some times more than usual - but I always try and hide it (which is kind of what I do about the times) - hide my true feelings. I have a very loving/caring nature which does 'shine' in a few occasions - I will always listen to what people have to say (whatever that might be) even if I seem a little 'crazy' sometimes. As a child, growing up, I always, always - never doubted for a second that up and till I was eight or nine years of age, I had every beautiful childhood. My dad would buy me everything I ever needed as a kid - anything I wanted - and to this day I could say I was somewhat a spoiled kid, because I was the one true thing my father has loved more than anything else (he being the one to tell me this) and at no point up and till the age of 6-8 did I feel lonely - because my dad (more than anyone else) was there to guide me. The reason why I say this is because I can admit in the "attention seeker" and I guess it's gotten worse through the years because well - (certain family issues) and alot of the times I find myself being or more importantly trying to be the main attraction or as we call it centre of attention. Now even though these things can be quite off putting (Ohh and did I mention I have OCD) 😊 I still find myself - not all a bad guy - "give or take" and I always come the kind one, the sweet one and even funny one (which alot of people have said so to believe it - yes I have flaws - as does many other people - PUT!! I always have a good side to me (even if you might not think so) 😊

Appendix 31: Example transcript and initial codes and reflections (Luis' individual interview)

Stage 1: Ideas/reflections	Transcript	Stage 2: Initial codes
Meticulous over description of self	<p>I: Ok, so today's date is Monday, the 14th March 2011. Ok, so...so for the first thing, I want you to imagine that somebody wants to get to know you but they've never met you before. So this person wants to find out the most important things about what you're like as a person. Ok? So, on this piece of paper I was wondering if you could either write down or draw a picture of yourself to describe what you're like as a person. So I've got some pens and you can use whatever you want and you can either draw a picture or just write some words down about how you see yourself as a person or how you'd describe yourself as a person. (pause for 17 minutes whilst writing).</p>	
	<p>I: Brilliant, amazing, thank-you. How would you feel if you read that out? Would that be ok or would you prefer me to read it out?</p>	
Taking ownership Tentative	<p>L: Erm, I can read it...Ok, it's not great, though but...</p>	
	<p>I: It looks perfect</p>	
Tentative Perhaps feeling of being judged	<p>L: It's what's off the top of my head so...</p>	
	<p>I: Yeah</p>	
Tentative in his wording perhaps reflects view that words can be hurtful	<p>L: Ok. I find myself as a person to be urm, the person who cares about people, that I think is one of my strong points, urm always making sure that I'm careful as to what I'm saying doesn't or would not hurt someone's feelings. I also find myself a little quiet every now and then because I am very shy in some</p>	<p>View of self as caring (positive) Need to be cautious with use of words/words can be hurtful Self as hiding true feelings</p>

<p>Apparent dichotomy between view of self as positive (caring) and negative (cranky)</p> <p>View of childhood as sacrosanct Importance of father and of father's positive view of him</p> <p>Critical period of until age of nine when received father's undivided attention</p> <p>Apparent discrepancy between being attention seeker and shy/hiding feelings</p> <p>Desire to counterbalance negatives with positives</p> <p>Perception that attributes might be viewed negatively (off putting)</p>	<p>instances, sometimes more than usual but I always try and hide it which is kind of what I do a lot of the times, hide my true feelings. I have a very long, a very...sorry I have a very urm, loving caring nature which does shine on some occasions. I always listen to what people have to say whether they might, urm, whatever they might be even if I seem a little cranky sometimes. As a child growing up, I always, always never doubted a second that I...urm, up until the age of eight or nine years of age that I never had a beautiful childhood. My dad would, would urm...would buy everything I needed as a kid, anything I wanted and to this day I could not say that I was a somewhat spoiled kid because I...because...because to be honest, I was the, the one true thing that my father loved more than anything. Urm, him being the one telling me this. And at no point up until the age of six to nine did I feel...lonely because my dad more than anyone else was there to guide me through all the pain and everything else. The reason why I say this is because I can admit that I am the attention seeker and I guess it's gotten worse through the years because well, some family issues have got in the way and a lot of the times I find myself being or more importantly trying to be the main attraction or as we like to call it the centre of attention. Now, even though these things might be quite off putting, urm, oh and did I mention that I have OCD as well, I still find myself not all that...a bad guy, give or take and I always can be the kind one, the sweet one and even the funny one which a lot of people have said, urm, so yes, I have flaws and so many other people but I also have a good side to me, urm, even if you might not think so.</p>	<p>View of self as positive (loved/caring)</p> <p>View of self as cranky/bad tempered (negative)</p> <p>View of self as positive (loved/cherished)</p> <p>Idealised view of birth father</p> <p>View of self as attention seeker (negative)</p> <p>Recognition of past experiences on current behaviour</p> <p>View of self as positive and negative</p> <p>Awareness of how self might be viewed by others</p>
	<p>I: That's brilliant. Urm, I guess I've got a couple of questions about a couple of things that you put in there...</p>	
	<p>L: Ok</p>	

	I: Urm...you said that you, one of the first things you said was quite careful?	
	L: Yeah	
Clarification of constructs	I: And I was just wondering if you've got an example of that, of how that might be either in school or at home.	
	L: As careful as to what I say?	
	I: Yeah, yeah	
<p>Tentative in language/trying to find the right words?</p> <p>Acknowledgement of compliance, perhaps a useful coping strategy in certain situations?</p> <p>Implication that words can be hurtful and therefore identifies the need to be careful in own language as he has the potential power to hurt others.</p>	<p>L: Urm, ok...Ok urm. In school for instance, say if someone urr, Ok..someone, say if urm, you know was like name calling or whatever and sometimes urm, maybe not always though, I'd try, you know not to reply back in the same fashion you know, like you know, the same, someone whose quite, you know ignorant and not thinking about anyone's feelings, I try and reply back as somewhat accepting what he's said but not really accepting anything...Cause sort of, saying like agreeing as to "yes, yes, that's true" and then just forgetting all about it because you know what, that's you know, words you know, to me words are nothing. And sometimes, and you know...Yes, actions can be, can seem stronger but you know, they don't, I don't think urr, a certain person might mean anything just because you know, they might say something that's not that nice and so I just you know, I can just be careful as to what I say. Now, say for instance it's at home and urm, you know, Janet for example might be saying urm, "well why haven't you done this or that" and, and it, and I guess yes, I haven't been doing it, like being careful as like to my</p>	<p>Words are powerful (can be used to manipulate/hurt/conceal feelings)</p> <p>Caution with choice of words</p>

<p>Compliance as a means of concealing true feelings? Impact of mood on capacity to be careful in language used.</p>	<p>words as I usually, like have done in the past but, I think that sometimes, when I'm, more so when I'm in a better mood, I might just you know, agree to what she's saying and just say, you know what "sorry Janet, I will go and do that thing that you said that I was supposed to" so in that, in those circumstances I can be very careful with my words, yes.</p>	<p>True feelings being hidden</p>
<p>Elaboration of this construct</p>	<p>I: And what does it mean to be careful, like if somebody is very careful with their words, what might it say about that type of person?</p>	
<p>View that if someone is careful with language used, they do not seek conflict. Is there a sense that Luis perceives himself capable of conflict and therefore needs to be careful to prevent this from occurring?</p>	<p>L: Urm, doesn't really want to get into no arguments, fights you know, he doesn't you know, for whatever reason that might be but he might not you know, want to start something out of nothing. So, yes, that has happened to me, to Janet a few times, urr, fortunately more so now than it did one might say but you know, I guess the type of person who is careful with their words is, is the one who, who erm, you know might not want that kind of conflict.</p>	<p>Words can be powerful (hurtful)</p>
	<p>I: And you said maybe more so, more recently that it urm, sounds like there's been more kind of conflict and I'm just wondering if there has been a change in how careful you've been with your words</p>	
<p>Perceived need to see self positively despite negatives. Perhaps 'self as aggressive' is inconsistent with his ideal view of self.</p>	<p>L: Right, yeah, I mean it's, I will you know, admit that yes, I have been quite urm...you know, impatient and you know, even, you know quite, you know physically you know, violent because you know, I...I think now is the stage in my life where it's not, there's a lot of things going around and even though that's not, it's not, it's not an excuse but for, for you know, your actions but I think that it's you know, sort of all part of you know, everything else and there's my age as well you know, hormones raging and everything... and it's, you know and sometimes it can</p>	<p>View of self as negative (violent/aggressive)</p>

<p>Dichotomy between internal emotions (anger) and externally presentation (careful/hiding feelings). Difficulty in maintaining preferred option (careful)</p>	<p>just be very hard and it's, it's, it can feel so hard that...you know, it...that you physically want to you know, you know do something like, like you know, punch a wall or whatever, you want to do some physical damage, so...and you know, that's pretty, that's a lot easier sometimes than keeping it in and sometimes keeping it in is all you can do or all you want to do so...</p>	<p>Anger as uncontrollable Dichotomous view of self (angry versus controlled)</p>
	<p>I: Has that always been the case, have you, have there been times in the past or more recently when things have been a bit different...in terms of thinking about being careful and urm, keeping it in.</p>	
<p>Implication that self may be viewed as potentially violent/hurtful, therefore feelings need to be hidden to prevent them from being uncontrollable View of self as inauthentic?</p>	<p>L: Urm...that's a pretty good question (laughs). Urm, ok, I don't really know I mean... I mean you know, sort of, my lifestyle has, you know, in the past been very different and you know, sort of a different upbringing and just the way about how you...you know, might think about you know, anything and go around you know, your usual life so I think that...well I don't know I mean, if I did want like, something like when I was a kid I would always you know, I would say it, but sort of in a, in a, in a way that wouldn't be, it wouldn't, I wouldn't accept no as an answer sort of thing, which I kind of do now but it, I guess it kind of gets more extreme as you get bigger, you get physically you know, older because you, you, you can erm, well you can, you can, in some cases, fight back with more...like that, like verbally. So, I think that you know, in the past I have been quite upfront and you know, said how I was feeling and sometimes I've just let it out crying and then just you know, like that I was just, you know, you could read me like a book and I, I still think that even today, that, that might not be as careful but I think, sometimes...yeah I mean sometimes urr, I don't know really but...actions can</p>	<p>Past experiences shape current behaviour Emotions viewed as potentially uncontrollable. Dichotomous view of self</p>

<p>Awareness of implications of actions Impact of perceived beliefs about others on mood and behaviour</p>	<p>sometimes seem bigger than words, sometimes I might not like to just say it, if I was angry I might want to say it or shout it and then you know just...just slam the door or whatever and so...you know, cause sometimes I don't, might not feel like I'm being taken seriously in that, and then that sort of, makes me angry and then yeah, it can escalate from there really.</p>	<p>True feelings hidden/concealed Perception that self is viewed negatively by others (not taken seriously)</p>
	<p>I: And then how do other people react to you, to that, you know actions speak louder than words. How do other people respond when you might use actions rather than words?</p>	
<p>Perhaps Luis' need to be careful with his words reflects his belief that others might judge him if he shows his true emotions, which might be anger</p>	<p>L: Erm...I guess it's, it depends on what sort of people they are because say, it was like I don't know, like a school mate then they might...urr...erm, depending on them, that type of person whose like a school mate then it would say like, they might think "oh well, he's you know, he's a hard man, he can you know, he can you know he's really tough, he can say what's on his mind and just you know let loose and go crazy" or on the other hand you might, people might think that you, you know that you might be slightly mad and you know just can't get through with words erm, without physically breaking anything and you might be taken quite, not quite seriously. On the other hand if, if someone like that, was you know, because people judge people err, very err, quickly sometimes, you know, first appearance, they might assume things and think "oh ok, that's, he's that type of person" so err, erm, you know, depending on the person, I mean I think you know, its, it's the ying and yang, you can't really say, well, what a generalised, what people might think about it because depending on that person they'll have a certain judgement and I think you know, with Janet it's you know...well as many people might be they're not physically happy with you know, violence coming out and some people are because they're just used to it and you know, they can handle it you know, their walls are you</p>	<p>Perception that self is viewed negatively by others Feeling of being judged by others based on behaviour Past experiences shape beliefs and expectations</p>

	know, just invincible as you know, they're just you know, and depending on the person it's you know, they can, they can see you as they see you.	
Elicitation of preference pole	I: And which one would you prefer to be if you could choose? Someone that's careful with their words or somebody's that err, actions speak louder than words?	
Desire to be taken seriously	L: I'd like to think that I...yeah I would like to be the person who could you know, say things carefully and say things in a more, erm...for use of a better word, hurtful way erm...than physically erm, punching something or having to do you know, to have actions like that, so yeah I would like to be the person who could just say it and not you know, hurt any, someone or whatever.	Words are viewed as powerful
	I: And you also talked about, I think you put the centre of attention. Or attention seeking, I'm not sure, did you put both of those?	
	L: Yeah, yeah, I put both	
	I: And I was just wondering what that means to be attention seeking or the centre of attention	
Possible perception of rejection once sister born.	L: Urm, see err....Ok, erm...I guess cause I was, I mentioned like, my upbringing because I like, until I had my, until my sister was born which was, I must have been probably six, like those six years...I had a very, very close, good upbringing and my dad was always there, he was always the one, who you know, no matter what he would care for me, he wouldn't you know, there was no moment where he wouldn't so...and it was sort of like when my sister was born, urm, yes they had to sort of care for her err, more cause she was the, she was you know, a newborn and you know, she couldn't do things that I could do at the age of six so I, so she needed more attention and therefore I, <i>(laughs)</i> and I	Idealised view of father-son relationship

<p>Attention seeking manifested from past experiences</p> <p>Perception that attention seeking can have both positive and negative connotations.</p> <p>Possible perception of rejection if attention is not received.</p>	<p>don't know, I guess I must have been jealous or whatever but...but yeah, I mean you know...and, and even to this day you know, if I'm with someone and then someone tags along I want to be the one who you know, whose the main one, you know because...erm, you know a few years ago I was like, if I had friends they would, a few of them would be like, refer me as their best friend and I would be like "Ok, that's great" and always having that...you know, that feeling of erm, you know want to be important, want to be seen erm, through the crowd and you know, always wanted to be the centre of attention and getting that and say, if I'm not the focus or you know...in more, in certain like things that go on if I'm not the main, the focal point then I'm like, you know I can get like, insanely jealous and somewhat you know, peed off about it. So, it's not one of my good traits but yes, it's erm, well it might have a good, good point to it cause you know, because I, I want to be an actor and basically I've you know, had different I've had a few experiences here and there, been to a few places erm and now, I mean now it's kind of hard because I'm trying to get into erm, somewhere more local for long term and then after that hopefully I'll go into erm, RADA in London which is...</p>	<p>View of self as attention seeker Current behaviour manifested from previous experiences</p> <p>Receiving attention from others is integral to self-identity</p>
	<p>I: Wow</p>	
	<p>L: Yeah, which is, you know, do you know a few short courses there, you know. So, it's you know, I'm, I always try my best sometimes but yeah and I want to be seen like that way so I'm...and, and that pushes me to get higher and higher and higher and sometimes it can just get my hopes too high at one point and then think "ok well how am I going to get there that quick?" so it has it's pros and cons.</p>	<p>High expectation of self</p>
<p>Elicitation of contrast pole</p>	<p>I: And if we think about somebody who isn't erm, the centre of</p>	

	attention, what kind of person might they be? What would they be like as a person?	
Identifies a possible dilemma: To be an attention seeker is to be different/unique which is considered positive and important to Luis. However, being the centre of attention might also mean that you are not liked, weird or don't fit in with the crowd.	L: Erm...well I think that they...they might not be...it's hard cause I can be quite quiet sometimes but yet still want to be the centre of attention and yet when I think of what a person is like when they're not considered the main centre of like, you know the main attention seeker or whatever then I think of them as being someone quiet but then that might not be them because you know, they might just be the one who fits in the crowd to be, you know, he's like everyone else he's not someone different or weird or someone whose not you know, someone whose not erm...erm...you know, unique if, you know unique, that sort of person so I think you know, they might be the quiet one but still be able to talk to you know, whoever and there's the other side they might not be the centre of attention of the crowd but that might not mean that they're not known, it might just be that they, they fit as a group and that they you know, in some way they, like their group all needs each other and how erm, there is no main centre of attention, there is just everyone you know, is with everyone and the person might just fit into that group whereas someone might want to be the main centre of attention might not necessarily err, work and err...erm...just might you know, not be liked.	View of self as dichotomous (shy versus attention seeker) Visibility versus invisibility
	I: And ok, so sounds like what your saying is there is kind of, pros and cons of both and if you had to choose one of those two, which one would you prefer to be if you...	
	L: What to...	
	I: ...be centre of attention, considering the pros and cons of both, that you said for both of them...Centre of attention or someone who erm, isn't the centre of attention, the opposite.	

Dilemma of being attention seeking (might be judged negatively by others)	<p>L: Ok, err...it's hard. I might, I mean I, you know, I'm not, I like to be the centre of attention and I feel like sometimes that...you know, in some cases I need to be or, or need to more important than someone round that group at the moment but then also, I like to have a little bit or both because I like to fit in but not also feel like the one who always has to you know, be a head above everyone else and you know, people can you know, think "Oh that guy's cool" and everything but other people might well, maybe even a lot of people might find you know, that guy to not be all that great and might even see that guy as being err, a little err, cocky and finding himself you know, quite erm...what's the word, he you know, he thinks too much of himself basically.</p>	<p>Receiving attention is important to self – identity</p> <p>Awareness of possible judgement from others</p>
	<p>I: yeah, no that makes sense</p>	
Having different parts of self can be beneficial	<p>L: And err, yeah and might be quite jealous of that as well. So, I like to have bits of both...</p>	Fragmented sense of self
	<p>I: Bits of both, Ok. Yeah. Ok so we're going to do something a little bit similar but for this next one I'm going to, instead if you telling me about yourself, what I would like you to do is describe Janet. So imagine that somebody wanted to get to know her that had never met her before, can you draw a picture or write something down either like how you've done before or in bullet points whichever you'd prefer, something that would best describe her as a person. (pause for 7 minutes and 5 seconds whilst Luis writes) Yep? Can you read that one put as well?</p>	
Foster carer perceived negatively if not providing attention	<p>L: Ok erm...I see Janet as being the type of person who cares erm... and I mean this with a lot of passion because more than anything she cares about people a lot and it doesn't really matter who that person might be but she does care about pretty much everyone. She is very selfless in the fact that she will always</p>	<p>View of foster carer as caring/selfless</p> <p>Dichotomous view of foster carer (caring versus annoying)</p>

	<p>consider what someone else might need or want therefore not always thinking of herself. Janet can unfortunately be a tiny bit annoying erm, when she is in a bad mood or too occupied to do anything else but really I think my part is to let her have that moment to herself and you know, be in that mind frame erm, and I should just leave her and let her be and she will eventually calm down. If she does do anything slightly erm, or say something slightly upsetting or in some cases inappropriate, which is very truly rare, then she'll always, always have the guts to come to me and apologise. I could write a lot more about erm..a lot more as to how Janet is as a person but there are too many pros and not enough cons. I see Janet as being a very, very caring foster mum and even really cool.</p>	<p>Foster carer viewed as honest</p>
	<p>I: That's nice. So, caring is something that really stands out for me, can you give an example of what you mean by her being caring or an example of when she might have been caring either towards you or to other people.</p>	
<p>Dichotomous view of honesty. Honesty has both positive and negative connotations.</p>	<p>L: Erm...I'm just trying to think of some...erm....Ok so well say if, if something, if I did something slightly bad or something like that, she'll always, she won't always and what I'm saying it is, she won't always like jump to a conclusion and she won't, she'll listen to what I have to say most of the time and...and she to be honest, she won't even be that mad about it after I've told her because she...erm, you know, she'll respect the fact that I've been honest about it and told her because that also is a very big stand out for her is her honesty and how she, she can't physically really lie to anyone or even just give a little white lie so you know, err, her honesty and her way of seeing people really show and how she can just really be understanding about what that person might be going through and, and you know...you know about anything really and she might shout and be mad but not</p>	<p>Honesty viewed positively (respect for honesty)</p>

	<p>always it's about because, because what I've said but it might have been yes, because she was in that mind frame at the time she was occupied, she was doing something else, so you know...you know she's always got the time to listen to what someone might say and you know, she'll be honest about her opinion about it and it might not always be what you thought it would have been but...you know rather have an honest opinion than her saying something else that she doesn't mean. She's always honest and nice so...</p>	<p>Honesty viewed negatively (can be hurtful)</p>
	<p>I: I was then going to say that, with her being honest you said that it might not always be what you expect her to say or you know, and I'm just wondering what that's like for her to be honest.</p>	
	<p>L: Yeah erm...well it's, it's sort of that itself even has it cons, it, it doesn't really because basically the, she, if she's done something wrong or bad, she will, she will admit it and you know, it might get her into trouble whatever but she will always be honest and, and she can't do you know, that much bad because then she'll come out with it and then everyone will know how bad a person she is so, which I haven't said that she is a bad person so, you know her honesty, you know shows sometimes, pushes her as a person to the type of person she is, you know.</p>	<p>Honesty viewed negatively (can be judged by others)</p>
	<p>I: And how do you manage that, when she's honest with you and it might not be what you expect.</p>	
<p>Reinforces view that words are powerful and can be hurtful</p>	<p>L: Err, depending on what it is err, I might, well yeah, I'll never think that she's lying or that saying something that will make me feel better but it's not really true because she'll come out with it and it might be...yeah it might not be what you expect but you have to respect the fact that she's telling you the truth.</p>	<p>Honesty can be hurtful</p>
	<p>I: And somebody who isn't honest or somebody who is different, the opposite of what Janet is honest and caring, what type of</p>	

	person would they be like?	
It is interesting that for Luis, not being honest or not showing true feelings is associated with not caring. Is this how he sometimes feels?	L: Someone who hides a lot and who...who will just say anything just to get with anyone, just say anything, just give out compliments that he doesn't mean just to be liked and just to you know, just to say nice things but actually he doesn't really know what you're talking about and just pretending that he's listening to you when he's just really not and you know that type of person where he doesn't necessarily care and that just hides him from honesty.	Not being honest is associated with being disingenuous and not caring
	I: And would you say that you're similar or different to Janet in some ways?	
	L: I'd like to think that I'm similar to her in the fact that you know, that I have lied in the past, I've never been 100% honest and I don't you know, I have said tales and that but I think that now it's, I am more honest to be, to be quite frank. I do say what has happened, it might be a bad, it might be that something bad might have happened but it's always not as bad as it is if you just hide it and then someone finds out about it then you just come out with it so, yeah honest, I might have even got some more off Janet.	Influence of foster carer on current values
	I: It might have rubbed off on you	
	L: yeah!	
	I: Ok, so for this next one, I want you to write down or draw something which would describe, which you think describes a typical family. Ok, so I want you to maybe imagine that erm, that an alien has come to earth and you're trying to describe to them what a typical family is like, so maybe an alien who doesn't know what earth is like, so trying to describe what a family is like. What do you think you would say? And again, draw or write, whatever makes sense for you.	

	(pause for four minutes and twenty seconds whilst writing). Ok, can you read it out for me please.	
Use of should statements – I wonder how this relates to his view of his birth family.	L: Yeah, sure. A family is something where a lot of people are very, very close towards one another and or share something in common, love. A family should be a loving, caring environment that has certain key elements to make a family work e.g. trust because without trust the family might deal with problems and even big obstacles. A family doesn't need to be all blood relatives, no, it shouldn't be just like that. A family is a much more three dimensional huge, bigger picture than that. A family can be with anyone who holds a tight bond with one another and will go that extra mile for that next person. That is a family.	View of family as close, caring Importance of love and trust View of family not required to be biologically related Families perceived as supportive
	I: That's a really nice way of putting it. Can you, as you were writing that do you have a picture in your mind of erm, a family that you were thinking of? Can you explain that a little bit more.	
This statement feels somewhat inauthentic	L: Erm well when I was thinking of it, like you said it's basically yeah, like if you explain it to an alien how would you like say you know, you just sum it all up in just you know, a few sentences and you know, even though just the word family is quite you know, you know it might seem simple to someone its, it's actually very, it's like I said a three dimensional thing, there's a lot of different sort of, I don't know what word I could use but it's, it's a lot more as you could say complicated than that and I just, you know I just pictured you know, me describing to the alien and thinking about you know, erm just, I just thought about you know, like a mum, dad, a few sisters and brothers and all that and you know, like cousins and everyone and you know, it does sort of, I said blood related, relatives but it's, it's much more than that because you can have them but then you can also, sort of the core them but then you can have like, you know foster children as well and you know, I just pictured all of them just	View of family as broad and complex yet simple and traditional

	holding each other's hands.	
	I: And you said about trust, can you tell me a little more about that. You said it's quite important to have trust.	
Once trust is broken, it feels difficult to repair/stabilise the family Perception that one must "prove yourself", perhaps this contributes towards his feeling of being judged/not taken seriously. This could also be a reason why true feelings are hidden so as not to break trust by showing more negative emotions.	L: Basically trust is sort of a foundation of how a family you know, works together I think you know, without trust it's like there's no, there's erm...I think once trust is broken and it does, can break in a family I think erm, that if once its broken, it can repair again but it's very, very hard and it's somewhat complicated to do that because you have to prove yourself worthy again of you know, being someone whose trustful and is then you can be taken more seriously so without that it's yeah, you can't be taken seriously anymore and people assume things about your character.	Negative impact of a loss of trust in a family Perception of being negatively judged by others
	I: So if you, I don't know, if you imagine a family where there isn't the trust and we used the family in kind of the sense that you're talking about, what, how would the members of the family, how would the people be, how would they be acting, how would they behave towards one another.	
	L: I don't understand what you're saying...	
	I: If we imagine that there is a family who is opposite to what you're talking about, so a family where there isn't trust, what would the members of that family behave like towards one another?	
Broken trust results in instability and volatility	L: Erm, they might possibly could go to a stage where violence is involved because they could be somewhat arguments and yeah like I stated, erm like big obstacles in the way, like how you couldn't trust your own family is kind of like, you can't really	Negative impact of a loss of trust in a family

	live the same life anymore because you're just surrounded by erm...you know, not being able to trust anyone else like any family member which can cause you know, arguments and issues and it's not a stable environment anymore and then it might result in yeah, violence or you know, yeah physical damage like that or the actual environment itself for the family.	
	I: Yeah, I see. Have you always considered a typical family to be like this or has it changed over years?	
Tentative Acknowledges positives of foster family but absence of biological connection (can never be truly bonded?)	L: It's changed because when I went into foster care I didn't, I didn't get the fe...I didn't know how much the feeling of family would be involved and how much, and how a family could you know, connect like that as well and how it's sort of like another family because I thought of it like going there but not thinking of them as family but more as erm, you know like friends or people who are there to support you but I think is, it's each and every one of those things and more because...well as far as I know people who support you don't necessarily have that love thing going on, that bonding.	Expectations and assumptions changed since entering foster care Difference in connection with foster family compared to birth family
	I: And how much would you say this reflects your family (points to what Luis has written), in whatever sense you might make of it or your current situation, do you think that it reflects it well?	
	L: Erm, yeah I do because erm, you know I have my dad still and I have you know Janet and John and that. I have you know, even though I have lost you know, like my mum and cause I haven't seen her in so long and there's there and erm...you know she's still family even though I might not, people might not see that or think of it like that but yeah, she still is and same as my sister, I haven't seen my sister in a long time which I'm kind of dealing with that situation at the moment erm, but yeah, no I mean it's, if anything the family's gotten bigger so yeah it's good.	Acknowledgement of losses and gains through foster care Desire for connection to birth family

	I: So it really does feel more three dimensional than what you might initially think..	
Change in perspective	L: Yeah, it's not just a you know, mum, dads, son, daughter kind of feeling that I thought at first but then coming into this situation it's definitely changed my perspective of things so yeah.	Expectations and assumptions changed since entering foster care
	I: Ok, and erm...is there anything that you would change about your current family situation, with members of the family	
Quite tentative, implying difficulties in relationship	L: Erm...I don't know about change because oh, oh no, yes ok, erm, I feel that there are issues with erm, me, Janet and John, I mean it's mostly I think it might sort of, the main point would be Janet because to be honest me and John haven't, we don't sort of have that main central bond, we haven't done as many, I haven't done as many like things covering all sorts of varieties of different stuff with John, he kind of comes like secondary in the fact that how he deals with me, does that makes sense?	Foster carer role is provided predominantly by the female
	I: yeah absolutely	
Perception that relationships can be broken, connections are weak in foster families? Perhaps this reflects an overarching desire to feel a deeper sense of connection/sense of belonging to a family.	L: Like how yeah, and Janet's more like the main figure so I and in a way the relationship is sort of it's, it can be great at sometimes, which is good and it was pretty great yesterday, it was ok yesterday but some days it can feel really, really weak and I think that is I want to mend and also like, I probably couldn't change this or something, no I could change it if I was going to, I would say I would like to yes, definitely like to see my sister regularly like, like just like every week or every other week just for an hour or so or however long, and just to know that she's ok and how she's doing and also you know, members who haven't been in contact for a while now because of also the, my issues with my mum, I'd like to you know, I'd like to be able to you know...err see my err you know, what is it, erm, my Nan,	View of foster carer role (predominantly provided by female) Desire for deeper connection with foster family Desire for connection with birth family Desire to change negative parts of past

	my mum's mum which I haven't because of all of this and yeah I mean, I'd like to take away the things my mum said about me to her for her and just take away that bit of history, so I could you know, it would be good to have that as well but aside from that, I mean I don't think there's much to be changed as such.	experiences
	I: you said about mending the relationship with John, could you explain that a little bit more?	
Desire to perhaps develop a different relationship with male foster carer Perception that foster carer role is a job?	L: Erm, there's not really like, much that me and him like, go around everyday life with him mainly, it's more Janet's the main, the central figure about it, she's like the first carer that sort of..that has a main focus on me I think err and John is sort of, he feels kind of secondary and yeah, it's going good and I can understand it and well, I can kind of understand it. He's not, John's yeah, he's not, he's quite busy in that way in that sense that he doesn't have the extra hours to put in just for me in the way that Janet might be able to stretch so...but I think that's working ok so...	View of foster carer role as predominantly provided by female
	I: And is there any way that you can see that relationship being mended, if we talk about being mended what would you like to do to mend it, either you or for John to mend it, what would you like to change?	
	L: I don't think it's John that needs, that the relationship needs to be mended I think it's more for Janet actually but yeah, for just...us to talk about things but really accept things as well I think a lot of accepting like if one of us feels in a bad mood then each one should give and receive it and then just forget about it sort of, because that person might not be saying, like giving out the truth and it might just be you know, just, just the anger coming out and not really them saying what they think so I think we should take on that and not actually take it quite literally both ways, that sort of thing and also just to, I guess to listen to each	Foster carer role and responsibilities provided predominantly by female Different styles of interacting can cause conflict

	other more and have an open mind about what we're both feeling at that current time if there's any issues.	
	I: Is there anything that stops you all doing that do you think?	
Identifying way in which beliefs and interactional styles are negotiating in their relationship and difficulties that might result from their different styles.	L: Erm, I mean I guess it can be quite awkward if I don't want to talk about it cause I've got other things on my mind and she might be the one to talk about it and I might say...it does, I might, I think it happens quite often where I might say "no, I don't want to talk about that now" and then she asks why and I say "no" and it just keeps going round and round in a circle and it just becomes annoying and then someone raises it again and it keeps going on and on and on.	Different styles of interacting can cause conflict True feelings remain hidden
	I: Ok thank-you. So, we're going to do something a little different so you're going to have to get your brain in gear cause it does take a little bit of getting use to thinking about, ok so I want you to tell me how Janet sees you. So if I was to speak to Janet and ask her "what's Luis like?" What do you think she would say? So again, I want you to draw a picture or write down what you think Janet might say if I asked her "what's Luis like?" or how does Janet see you? It might take a little bit of thinking about so take your time. (pause for 8 minutes and 10 seconds whilst writing) Ok.	
	L: Shall I read it?	
	I: Read it out? Yeah, that would be great.	
There is a sense that Luis is unsure how he might be viewed by his foster carer (both holding potentially positive and negative attributes for self)	L: I think that my foster carer erm, thinks a lot of me, has a great personal bond and is grateful and happy that she can be around me for support, to support me. I think Janet might see me as someone who wants to be very much independent but actually thinks I'm not as independent as I might think. I think Janet has high hopes for me in the future but is concerned as to what I	View of foster carer as fulfilling a role/job View that others might hold a

	<p>might want in the future. Janet might see me as being as quite unintelligent in some fields but in others knows that I have a mastery about them. I think Janet mostly knows what is on my mind but at times I might not have the courage to ask her for it, therefore being quiet about it even at a degree being too quiet about it. Janet may also see me as someone who has endless amounts of energy and needs constant entertainment when really in some cases, it is true to a very certain degree. I hope Janet has a happy memory in the near, in the nearby future and won't find me too easy to forget about although I know she won't.</p>	<p>dichotomous view of young person</p> <p>Desire not to be forgotten by foster carer</p>
	<p>I: And what you've written there, I guess there's quite a lot written there but can you explain a little more why you might think Janet sees you in that way, I don't know if you could give an example that makes you think that she might see you in that way.</p>	
	<p>L: Erm...did you want me to sort of go into everyone or just go into specific ones or.</p>	
	<p>I: yeah, or whatever makes sense to you</p>	
<p>Implication that differences between foster carer and young person could cause conflict</p>	<p>L: Erm...well ok, say Ok, err say what I've written about endless amounts of energy, she might erm, later on in the evening, she might get sort of tired and everything and that's understandable and she might somewhat think that because I'm bored I need sort of, sort of entertainment, that's true to a degree because I can find myself quite bored there and not much to do but yeah and...and erm and erm sometimes I think "yeah, it's not, it's not that fair" and what not because you know, I am my age and I think you know, I should be able to you know, do certain things and then on the other hand I might have something to do and then won't need anything else to... you know, take part in so I feel it's a...it's a, you know see what I'm doing type day.</p>	<p>Differences highlighted between foster carer and young person</p>

	I: And you also put in there that you think that sometimes she might think that you've got something to say but you erm keep it quiet. Could you give an example of that or tell me a little more about that.	
	L: ok err...err...say if I err wanted to go somewhere after school, I might say something in, something to, that err really, it's quite like ridiculous and it might...and it might not relate to it at all and I might ask her like..I might go "Oh you know, err Janet err" (<i>laughs</i>) I might say like, "you know outside, I want to go outside" and she might not like, understand me at all and I'm like "yeah, I want to go" and then I'll go into it "I want to go out like, at a certain time" or whatever and then yeah, cause I, cause like, a few years like, basically not too long ago when I was living with my mum and that sort of situation, it was always like a, like a "I know what the answer's going to be" "no, no, permanent no" sort of thing and you know, I was quite worried and concerned that it might be the same thing here and I wouldn't and even if it...you know cause it isn't the same thing but I just, it's hard for me to take rejection sometimes more than others.	Miscommunication between foster carer and young person Expectations of others based on past experiences
	I: So it might then influence how you then behave as well?	
	L: Yeah	
	I: And how would you like Janet to see you because I guess this is how you think Janet sees you, would you prefer her to see you in a different way to which you've described? Or is that ok?	
Tendency to counter balance flaws with strengths	L: well, I think certain elements like erm, like I think she knows that I'm not the brainiest she...yeah I think she, like I said she doesn't think that I'm intelligent in all fields but in some she knows that I am very good in, like in say the acting side of it and like actually like, I don't know like lots of different sides of it where I can actually think of something, cause I actually have a	View that foster carer perceives young person negatively

	<p>pretty good memory when it comes to it and I can shut my memory off when something boring comes along. When important happens I am always listening and I can remember and you know, I am good at that sort of thing and taking in all the stuff without having to write it down and stuff like that erm...and you know she knows I'm good at that, you know some areas and you know, I'd like to know more, I'd like to learn more things from that and I think she sees me as somewhat yet quite intelligent and someone who actually you know, thinks of what they're, think of what they're going to say.</p>	
	<p>I: is it important that Janet sees you like that? Is it important for you that she sees you in that way?</p>	
	<p>L: I think so because...because if it wasn't then she wouldn't, I like her to know what, what my strongest points are because then she can, because then she knows I can use them to my advantage and I would like her to realise what they are and, and then for her to think...you know, that I am good in those fields and yeah</p>	<p>Importance of others recognising young person's strengths.</p> <p>Awareness of being judged by others</p>
	<p>I: And are there times when what, when she might have described you differently so erm, so if we were to imagine that this is how she sees you now, do you think there's a time when if I'd have asked you to do the same thing, where you might have</p>	

	written something differently?	
	L: No, I don't think so.	
	I And just thinking about how you see yourself and the two things that we kind of, really picked, or I picked out on erm, was being careful about erm, what you might say and being the centre of attention. And I'm just wondering cause, do you think that she might see you in that way or do you think...?	
	L: Yeah, no, no, no definitely. That's what I, that's what I think people see me as sometimes and to a degree I can agree with it and say and what I don't literally like agree with it and say out loud that "yes, I am that person" but somewhat know that I am that in my own mind. Yeah cause I wouldn't deny it...but say, say like if it was in like, the playground and someone asked me if I was that type of person, I might I could say no but really be thinking about, but really knowing on my conscience what the truth is so...	Awareness of being judged by others True feelings remain hidden/concealed
	I: yeah, so that's interesting as I was going to say what happens if you think someone thinks a certain thing of you which is very different to what, how you see yourself. I mean, what happens then? How do you manage that?	
	L: Depending on what it is, say if it's something bad or something else I, I might just you know fib about it and say "no, that's not true" or just won't say anything at all to that. But then they can, they can judge and come up with their own conclusion	True feelings remain hidden/concealed Awareness of being judged by others
	I: Ok so, another one. So for this one, I want you to try and imagine what Janet might write if I asked her how she sees herself. So, if I were to ask Janet the same kind of questions I asked you, what do you think she might say? So if I went up to Janet and asked her to describe herself, what kind of things do you think she might write?	

	(pause 7 minutes and 25 seconds for whilst writing).	
Underlying assumption that perhaps Luis' differs in his beliefs in comparison to his foster carer	L: I think Janet sees herself as someone who is quite independent and someone who might think they...erm...have most of the right answers when in some cases, she does not. I think Janet sees herself as someone who will want to accomplish everything she needs, err...she needs to complete e.g. work. Janet might see herself as lazy in some cases and not always bothered but really...err but really already worrying about something else but just can't realise it at the time. Although Janet might see herself as being lazy, I know she thinks ahead of certain problems and issues and actually cracks down on these problems, e.g. family issues. That's how I might see Janet.	View of foster carer as having high expectations for self
	I: And what makes you see her in that way? Can you think of an example?	
	L: Yeah, I mean when she might be you know, say for example she might be, she's err, sitting on the you know, the coach at home, then she might think "oh actually I have to do this for work" then she knows that she has to do that and therefore she, she doesn't stay lazy because she actually erm, removes herself from that and finds other things to do that she needs to complete and she doesn't leave till the last minute.	Foster carer has high expectations for herself
	I: I see and do you think it's important for her to be described in that way? Like, do you think it would feel important for her that she sees herself in this way?	
	L: Erm, I think in yeah, in some cases like her independence, how you know she can be quite independent and you know, she might think that she knows more than she might actually know but she...and her erm...what is it? Her...erm...her being so truthful and her you know, being so honest is sort of reflects that, and shows that in a way that yes, you might know that she	

	doesn't know every single right answer which she really does know but anyway she might not know, like those answers but, but she will be, she will try and do them on her own and be as independent as she can.	
	I: And do you think that the way she sees herself and the way you see her are similar or different to one another?	
	L: I don't think they're much different because like, I've been saying for a few of these that you know, I see myself as quite caring and how I see her as quite caring, that hasn't changed so...and that hasn't changed like the way I see her and the way that she sees herself, I think she knows that and...yeah, she chooses that to her advantage her, her you know, but the way she cares for you know, an individual and for anyone else is really good actually.	View of foster carer as caring
	I: And do you think if I asked her if there was anything she would like to change about herself, do you think she would come up with an answer?	
	L: erm...I think she can't stop thinking about her being lazy when really she's not. She keeps finding things to do and when she doesn't, she really you know, she think you know, she really says "oh you know, I've been really lazy, I haven't done much today" when really she's done when, and really when she says that the, and when she says that she hasn't done much that day, she might have done more than I've done on a busy day so you know, I think that one thing, yeah.	View of foster carer as having high expectations for herself
	I: Ok and if I asked her how she viewed a family, what do you think she might say about that?	
	L: I think she'd say somewhat of what I said in mine, the way that erm doesn't need to be all blood related and erm, you know you don't all need to have yeah, all you know, it could be more, you could have more you know diversity, and it could be more,	Similarities in the way in which a family is viewed Foster carer views a family as broad and

<p>Differences in the physical size of a family</p> <p>Possible ambivalence towards integrating into foster family</p>	<p>yeah third dimensional and you can you know, the actual family can get broader and broader and you know, it just you know, she thinks of a family as being quite big. At first you know, I see her family as being big and at first I wasn't really sure what to think of that and thought maybe well, it might be too much but then realised that no, it's not because you know, the more people I know and the more people that have respect and think of me that way, the more, the more known I'll be and the more liked I will be, so in a way it's only good that can come out of it.</p>	<p>diverse</p> <p>Expectations based on previous experiences</p> <p>Changes to view of family could be perceived as a threat</p>
	<p>I: What would happen if you disagreed or there were differences in the way you viewed the way that a family should behave, what would happen? So if you erm...had differences, so if you thought that someone should behave, if you both had different views on how someone should behave in a family, what would happen?</p>	
	<p>L: If we both had the same views?</p>	
	<p>I: Different views.</p>	
<p>Consideration as to way differences might be negotiated</p>	<p>L: Then...if I thought that me and Janet had different views then I would like to know what they were for, at first then depending on what they were I'd...I think we might sort of come to a conclusion where we might agree to disagree or agree to accept each other's opinions and even might merge the two depending on what it is cause you know</p>	
	<p>I: have there been times where that's happened, where you have kind of agreed to disagree?</p>	
<p>Desire to be belong to a family whilst not being disloyal to birth family</p>	<p>L: Well I think sometimes I mean, you know sometimes I might not have wanted to erm, see her family instead of seeing you know, like my dad and that and she you know, she did sometimes let that go and then think that you know, that I didn't want to be part of the family but I, I think she does know that I do want to, want to and how...erm...you know I might you</p>	<p>Ambivalence towards integrating into foster family</p>

	know, sort of you know take it step by step.	
	I: mmm, yeah that makes sense. I think we've finished. <i>END OF INTERVIEW</i>	

Appendix 32: Audit trail - Initial reflections for one participant (Luis)

Reflections

Throughout the interview, I was aware of Luis' careful and tentative use of language. He appeared articulate and mature in his thinking and in his language used, however it felt as though his choice of words were deliberate and carefully considered. At times, some of his responses felt to be somewhat inauthentic and provided in line with what he perhaps felt would be expected by me. As a result, I wondered if some of his assertions were true reflections of his self-perception or rather, that these were used as a means to conceal his true identity.

Luis spent the majority of the individual interview considering how he (and others) perceived him, in comparison to less thought being given to his view of his carer. Again, this led me to wonder whether the way in which he is perceived by others is of particular importance to him. I also wondered if he often felt judged, particularly as he would put use a 'disclaimer' when describing his negative thoughts, potentially as a means of preventing him from being rejected from others.

Initial codes after transcription

How I see myself

<i>Careful with words (preferred)</i>	<i>V Say what you think</i>
Don't want to hurt others' feelings Words can be hurtful Actions speak louder than words Need to avoid conflict/arguments Caring/good person Hide true feelings (concealed identity) Taken serious due to careful language <i>Since in care = more careful (difficult to do)</i>	Negative person – angry Let it all out – can hurt someone with your words Anger could take over/uncontrollable – negative consequences (aggression) Not taken seriously <i>Previously less careful, more upfront</i>

Caring

Cranky/moody (as opposed to angry, angry = threatening?)

Importance of father ("beautiful childhood") and being like father

Spoilt by father/cherished (as opposed to now?)

Funny/kind

<i>Attention seeking</i>	<i>V Quiet</i>
Pros Feeling of importance = important to YP Drives you on, motivator (makes you achieve your goals) Gain nurturing from others Be liked by everyone, lots of friends	Pros Just want to fit in Not wanting to be different Still have friends and fit in

<p>Cons</p> <p>Cocky – think too much of yourself</p> <p>Might not be liked by others/might not fit in</p> <p>Get jealous if others are the centre of attention</p>	<p>Cons</p> <p>Weird/people think you're different</p> <p>Don't fit in</p> <p>Don't socialise</p> <p>Not known by people</p>
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How I see my foster carer

Cares for others unconditionally

Selfless

Respects honesty and is honest herself

Might judge you if you're honest

High expectations of self and others

Doesn't lie

Understands what others are going through

Can be annoying

How I view a family

V close

Share thing in common

Love

Caring

Trust (foundation of a family) If this is broken, it can be repaired but you have to prove yourself, will be judged and not taken seriously – related to how sees self?

Don't need to be blood related

Three dimensional

Go the extra mile for each other

Mum, dad, brother sister at the core of a family, but can be extended.

When first in care, thought foster family would be just people that support you, now it's more love.

Wanting sense of connection/belonging by being part of a family (acknowledges difference in birth and foster family).

How I think my Foster Carer sees me

Sense of connection but this is not permanent

Implies this is a job/role to offer support

Worries about his future

Unintelligent v intelligent

Independent v dependent

Lots of energy, needs entertaining

Sometimes not understanding and therefore mis-communicating

Attention seeking

How I think my Foster Carer sees herself

Independent

High expectations of herself

Strive to accomplish a lot/works hard

Organised

Intelligent (perhaps more so than she is) Perhaps relates to a feeling of YP feeling judged by Foster Carer.

How I think my Foster Carer views a family

Big

Diverse

Does not need to be blood related

Inclusive of him – foster carer wants him to be part of their family (but seemingly to follow their expectations)

For Young Person, to be part of foster family = may not be the centre of attention, may lose connection to birth family = potentially threatening

Appendix 32 (continued): Chronological list of codes – ‘Luis’

View of self as positive (caring)
Caution with choice of words as can be hurtful
View of self as shy, hiding true feelings
View of self as negative (“cranky”)
View of self as positive (cherished/spoiled)
Idealised view of birth father
View of self as an “attention seeker” (negative)
Recognition of past experiences on current behaviour
Awareness of how self might be viewed by others
Dichotomous view of self (as both positive and negative)
Words viewed as powerful (can be used to manipulate/hurt/conceal feelings)
Concealing true emotions
View of self as negative (physically aggressive/violent)
Anger as uncontrollable
Past experiences shape current behaviour
Emotions viewed as potentially uncontrollable
Perception that self is viewed negatively by others (not taken seriously)
Feeling of being judged by others based on behaviour
Past experiences shape current beliefs and expectations
Idealised view of father-son relationship
Current behaviour manifested from past experiences
Receiving attention from others is integral to self-identity
High expectations of self
Dichotomous view of self (shy versus attention seeking)
Attention seeking as integral to identity
Awareness of possible judgement from others
Fragmented sense of self
View of foster carer as caring, selfless
Dichotomous view of foster carer (caring versus annoying)
Foster carer viewed as honest
Honesty viewed positively (respect)
Honesty viewed negatively (can be hurtful)
Not being honest is associated with not caring/disingenuous
Influence of foster carer on current values
View of family as close, caring
Importance of love and trust in a family
View of family not required to be biologically related.
Family perceived as supportive
View of family as broad and complex but also simple, traditional
Negative impact of a loss of trust in a family.
Perception of being negatively judged by others
Expectations and assumptions changed since entering foster care
Difference in connection with foster family compared to birth family
Acknowledgement of losses and gains through foster care
Desire for connection to birth family.
View of foster carer role (predominantly provided by female)
Desire for deeper connection with foster family

Desire to change negative parts of past experiences
Different styles of interacting can cause conflict
View of foster carer as fulfilling a role/job
View that others might hold a dichotomous view of young person
Desire not to be forgotten by foster carer
Differences highlighted between foster carer and young person
Miscommunication between foster carer and young person
Expectations of others based on past experiences
View that foster carer perceives young person negatively
Importance of others recognising young person's strengths
Awareness of being judged by others.
True feelings remain hidden/concealed
View of Foster carer as having high expectations of self
Similarities in the way in which a family is viewed
Foster carer views family as broad, diverse
Expectations based on previous experiences
Changes to view of family could be perceived as a threat
Ambivalence towards integrating into foster family

Appendix 32 (continued): Clustered themes – ‘Luis’

View of young person

Experience of a fragmented sense of self

Dichotomous view of self

View of self as positive

View of self as negative

View of self as attention seeking

View of self as shy

View that others might hold a dichotomous view of young person

View that young person is viewed negatively by foster carer

Importance of others recognising young person’s strengths

Playing a role

Awareness of being judged by others

High expectations of self

Fragmented sense of self

Awareness of being judged by others

Perception that self is viewed negatively by others (not taken seriously)

Feeling of being judged by others based on behaviour

Visibility and invisibility

Difference from others

Anger and emotions viewed as uncontrollable

Attention seeking as integral to identity

Concealed identity

Concealment of true emotions

Words viewed as hurtful/powerful

View of foster carer

Living a provisional existence

Sense of shifting identity

View of foster carer as caring, selfless

Foster carer viewed as honest

Honesty viewed positively (respect)

Honesty viewed negatively (hurtful)

Influence of foster carer on current values

View of foster carer role (predominantly provided by female)

View of foster carer as having high expectations of self

Experiencing an inauthentic self

View of foster carer as fulfilling a role/job

Dichotomous view of foster carer

View of family

Ambivalence

Sense of belonging to foster family

Desire for deeper connection with foster family
Acknowledgement of losses and gains through foster care
Difference in connection with foster family compared with birth family
Desire not to be forgotten by foster carer
Ambivalence towards integrating into foster family

Connection to birth family

Idealised view of birth father
Idealised view of father-son relationship
Desire for connection to birth family

A pervasive sense of difference

The impact of family beliefs

Past experiences impact on present behaviour
Past experiences shape current beliefs and expectations
Current behaviour manifested from past experiences
Expectations of others based on past experiences
Desire to change negative parts of past experiences
View of family as close, caring
Importance of love and trust in a family
View of family not required to be biologically related
Family perceived as supportive
View of family as broad and complex but also simple, traditional
Foster carer view of family as broad, diverse

Negotiating difference

Expectations and assumptions changed since entering foster carer
Changes to view of family could be perceived as a threat
Different styles of interacting can cause conflict
Differences highlighted between foster carer and young person
Similarities in way in which family is viewed
Negative impact of loss of trust in a family

Figure 33: A diagram representing the space in which joint construing can occur (adapted from Maitland and Viney, 2007)

