

Parental bonding and empowerment in foster care: implications for role identity and satisfaction

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Parental bonding and empowerment in foster care: Implications for role identity and satisfaction

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A thesis in fulfilment of the requirements for the degree of

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Broady, T. (2012). Raising someone else's child as though they are your own: The significance of how foster carers perceive their role. Poster presented to the 12th Australian Institute of Family Studies Conference, Melbourne, July 25th-27th, 2012.

Broady, T. (2011). Parental bonding and empowerment in foster care: A pilot investigation. Conference paper presented to the 13th Australian Social Policy Conference, Sydney, July 8th-10th, 2011.

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Abstract

It is widely acknowledged in Australian and international literature that the retention of foster carers is an issue of great concern. Across jurisdictions, a trend exists whereby increasing numbers of children are being removed from their families of origin, while fewer foster carers are available to provide out-of-home care (OOHC). Utilising a framework of personal construct psychology (PCP), this thesis investigates core issues influencing foster carers' role satisfaction and their consequent willingness to continue providing OOHC.

The notions of bonding and empowerment are particularly salient in understanding foster carer satisfaction. In accordance with existing literature, this thesis finds that these concepts are associated with foster carers' role and relationship satisfaction. However, satisfaction is related to empowerment within a family specific context only, and to carers' investment in bonding relationships (but not children's reciprocal responses). The significance of these findings in relation to previous literature is discussed, particularly in terms of implications for providing targeted training and support.

From the basis of PCP, this thesis employs a novel framework to understanding foster carers' experiences of bonding and empowerment as they take on certain parental responsibilities for a child who, ultimately, is not their own. Pilot interviews investigated foster carers' perceptions of their role and carer-child relationships. Their role constructions and sense of identity are discussed, focusing on the extent to which they construe themselves as a 'parent' or 'not a parent'. The main study surveyed foster carers to assess experiences of bonding, empowerment and role satisfaction. Differences and similarities between foster caring and parenting roles are also determined through comparisons with a group of parents raising their own children.

Ultimately, this thesis contributes to a growing body of literature by developing a framework through which foster carers' conceptualisations of their role can be understood. This framework illustrates the necessity of individual consideration in supporting foster carers at both practice and policy levels. In order to effectively support and empower foster carers to continue in their role, it is concluded that their personal

conceptualisations of their own role identity must be considered and managed within the requirements of the broader child protection system.

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Abbreviations

ACWA	Association of Children’s Welfare Agencies
ADHD	Attention deficit hyperactivity disorder
AFCA	Australian Foster Care Association
AIHW	Australian Institute of Health and Welfare
CAFWAA	Child and Family Welfare Association of Australia
CD	Conduct disorder
COAG	Council of Australian Governments
CPRS	Child-Parent Relationship Scale
CSJ	Centre for Social Justice (UK)
DFE	Department for Education (UK)
DHS	Department of Human Services (Victoria)
FACS	Family and Community Services (New South Wales)
FCNP	Foster carer/Non-parent
FCP	Foster carer/parent
FES	Family Empowerment Scale
IWM	Internal Working Model
KMO	Kaiser-Meyer-Olkin measure of sampling adequacy
MDES	Making Decisions Empowerment Scale
MSA	Measure of sampling adequacy
NSW	New South Wales
ODD	Oppositional defiance disorder
OOHC	Out-of-Home Care
PCP	Personal construct psychology
PCRQ	Parent-Child Relationship Questionnaire
PSS	Parent Satisfaction Scale

SFPI	Satisfaction with Foster Parenting Inventory
UK	United Kingdom
USA	United States of America

Chapter 1: Foster Care

1.1 Introduction

This thesis investigates issues pertaining to the satisfaction and retention of foster carers in Australia. Foster carer satisfaction and retention are significant concerns in the literature on out-of-home care (OOHC) and also for policy makers. This first chapter introduces the current state of foster care in Australia, including comparisons to the international literature. Key issues arising from Australian and international foster care literature are identified and inform the focus and methodology of the thesis.¹

This chapter also outlines the main issues of concern for this thesis, based on a review of empirical research literature from various different countries (most notably Australia, UK and USA). The commonalities between issues raised across countries highlights both the robustness and reliability of the body of literature being reviewed, and the universality of these issues regarding the experience of providing OOHC. Chapter 2 describes the theoretical position of personal construct psychology (PCP), which frames the research project. This theory forms a basis from which to discuss issues relating to the developing bond between a foster carer and the child in her care (Chapter 3), and the foster carer's personal experience of empowerment (Chapter 4). From this discussion, a theoretical model of foster care is developed (Chapter 5), incorporating the concepts discussed in the previous chapters, and demonstrating how the literature suggests they are likely to influence foster carers' role satisfaction and their consequent willingness to continue providing OOHC. This model is then empirically tested against the real-life experiences of foster carers in their provision of care. The methodology for this study is described in Chapter 6, and the results presented in Chapters 7 to 10. After assessing the accuracy of this model, implications for foster care service provision, recruitment, training and ongoing support are discussed alongside implications for the broader child protection policy context (Chapter 11).

¹ For reasons of clarity, foster carers will be referred to as female, and children will be referred to as male throughout this thesis. This is in no way intended to diminish the contribution of male foster carers, nor does it suggest that female children are in any less need than males. However, the usage of gender neutral terms may create ambiguity. Since female foster carers are much more heavily represented in the research literature and are usually cited as 'primary' carers, it follows to hypothetically refer to foster carers as female throughout this discussion. Gender labels have therefore only been assigned to any hypothetical foster carers and children discussed in the thesis for the purposes of ensuring clarity and minimising ambiguity.

1.2 Foster care in Australia

Several different OOHC placement options exist in Australia, including residential care, family group homes, home-based care, and independent living. Foster care is one particular form of home-based care, which is provided by adults who are not related to the child, and who are entitled to some degree of financial reimbursement from the state government. Home-based care may also take the form of kinship care, which is provided by a relative (other than a parent), close friend or member of the child's community (according to cultural customs) (AIHW, 2013). The distinction between these different forms of care is important, as this thesis is specifically concerned with foster care (as opposed to kinship care or other OOHC arrangements). More specifically, this thesis will focus on issues that are particularly relevant to long-term foster care placements, as opposed to short-term or crisis care placements.

Placement into foster care occurs when a child is assessed as being at significant risk of harm from abuse and/or neglect and the best interests of the child dictate that he should be removed from his parents' care. This option is generally viewed as a last resort in ensuring a child's safety, with the preference usually being given to protecting children within their families. Section 1.2.1 outlines statistical trends pertaining to the number of children removed from their parents' care. Current policies dictate that the usual goal is to eventually reunite children with their birth families (Bromfield, Higgins, Osborn, Panozzo, & Richardson, 2005; Smyth & Eardley, 2008). However, if reunification is not considered to be an appropriate option, a permanent OOHC placement may be sought, so that a child is provided with the stability and security of a long-term placement (Smyth & Eardley, 2008).

1.2.1 Statistics/demographics

Foster child statistics

Over the last two decades, the number of children being placed in home-based care (i.e., foster and kinship care) in Australia has significantly increased (ACWA, 1998; AIHW, 2002; 2005; 2012; 2013; Barber & Delfabbro, 2004; Smyth & Eardley, 2008).

At 30th June, 2001, 2,787 children were in foster care in New South Wales (NSW), and 9,429 were in foster care across Australia (AIHW, 2002). By 30th June,

2012, 3,886 households in NSW had a foster placement and at the same time across Australia, 8,824 households were providing foster care for 17,274 children (AIHW, 2013).

Internationally, the number of children entering OOHC has similarly been rising. For example, figures from the United Kingdom (UK) demonstrate an increase of approximately 9% between 2007 and 2011 (DFE, 2011a).

Many children in foster care experience multiple placements (Delfabbro, King, & Barber, 2010; Rubin, O'Reilly, Luan, & Localio, 2007) and Australian and international research has found that placement instability can have significant negative impacts on children. For example, instability and placement breakdown has been associated with psychosocial outcomes such as behavioural problems, poor academic performance, mental health concerns, and difficulties with emotion regulation (Barber & Delfabbro, 2003b; Casanueva et al., 2014; Gauthier, Fortin, & Jeliu, 2004; Leathers, 2006; Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007; Osborn & Bromfield, 2007; Redding, Fried, & Britner, 2000; Rock, Michelson, Thomson, & Day, 2015; Rubin et al., 2007; Skoog, Khoo, & Nygren, in press; Tarren-Sweeney, 2008b; Vinnerljung & Sallnas, 2008 ; Wade, Biehal, Farrelly, & Sinclair, 2010). For this reason, practices that can assist with preventing foster care placement breakdown are highly valued.

While multiple placements in OOHC are not uncommon, governments generally encourage permanency planning, whereby priority is given to establishing care arrangements that are likely to remain in place until adulthood (i.e., 18 years of age) is reached and so provide long-term stability for the child or young person (Biehal, 2014; Cashmore, 2000; Gauthier et al., 2004; Pine, Spath, Werrbach, Jenson, & Kerman, 2009; Rock et al., 2015; Schofield, Beek, & Ward, 2012; Shaw, 2010; Stott & Gustavsson, 2010; Yampolskaya, Sharrock, Armstrong, Strozier, & Swanke, 2014).

Profile of foster carers

Limited data are available on the demographic characteristics of foster carers in Australia. Using 2001 Census data, Siminski, Chalmers, and McHugh (2005), found that 1,865 households in NSW had at least one foster child residing in them. The Australian Institute of Health and Welfare reported that during 2011-12, 4,797 households in NSW were caring for at least one foster child (AIHW, 2013).

The 2001 Census data, as well as the results of other surveys of foster carers in NSW (e.g., McHugh et al., 2004) suggest that females are primary carers in approximately 90% of foster families. Available research suggests the following demographic characteristics of foster carers:

- An average age of roughly 47 years (McHugh, 2002; McHugh et al., 2004), with approximately 70% aged between 35 and 54 years (AFCA, 2001; Siminski et al., 2005). Similar age distributions have been reported in the UK literature (e.g., Baker, Gibbs, Sinclair, & Wilson, 2000; Triseliotis, Borland, & Hill, 2000).
- A majority are married or in de facto relationships (McHugh, 2002; Siminski et al., 2005). However, the proportion of single foster carers has been increasing along with rising proportions of single female-headed families within wider Australian society (Smyth & Eardley, 2008).
- Just over half of all foster carers have their own dependent children (Siminski et al., 2005).
- Approximately 40% are in paid employment (McHugh et al., 2004; Siminski et al., 2005), with a majority of those in part-time positions (McHugh et al., 2004).

Research has demonstrated similarities in the characteristics of foster carers in Australia and the UK (Smyth & Eardley, 2008). A review investigating the demographic characteristics of foster carers in the UK, their motivations for providing care, and issues connected to carer retention demonstrated the following demographic trends:

- A majority of foster carers are middle aged.
- Male foster carers are underrepresented in literature.
- Foster carers tend to have lower levels of formal education than the wider population.
- Foster carers tend to have slightly lower household incomes than the wider population.
- Slightly fewer foster carers are married or cohabiting than the wider population and foster carers are most likely to have their own dependent children.
- Foster carers without dependent children are more likely to care for older children and provide longer term placements than those with dependent children (McDermid, Holmes, Kirton, & Signoretta, 2012).

Considering the similarities between foster carer populations across these two countries, it may be argued that similar issues and challenges are faced by their respective foster care systems, reflective of these demographic characteristics. For example, the typical age of foster carers suggests a high proportion of middle-aged carers. As they continue to age and consequently retire from providing OOH, the need to recruit new foster carers will increase. The underrepresentation of male foster carers suggests that females tend to be primary carers, but may also indicate a lack of knowledge and/or capacity to recruit males into the role. Issues surrounding foster carers' formal education levels and income also raise questions. For example, has foster care typically been seen as a venture for those from middle to lower socioeconomic status? Similarly, are there suitable foster carers living in higher socioeconomic regions who are not exposed to or recruited to meet the need? Related issues regarding foster care being viewed as an alternative to full-time employment (e.g., professional foster care) also exist. These issues (and many others) are reflected in foster carer demographic data, and have significant implications for the recruitment and retention of carers within child protection systems.

1.3 Foster carer recruitment and retention

With the rise in the number of children requiring care, the demand for foster carers has increased accordingly, both locally and internationally. A great deal of empirical evidence suggests that government and non-government authorities have difficulty accommodating this increasing demand (Barber, 2001; Barber & Delfabbro, 2004; Broad, 2001; Brown, Cohon, & Wheeler, 2002; CAFWAA, 2002; Ciarrochi, Randle, Miller, & Dolnicar, 2012; Clarke, 2009; CSJ, 2008; Delfabbro et al., 2010; Dubowitz et al., 1994; Leos-Urbel, Bess, & Geen, 2002; McHugh, 2002; O'Brien, 2001; Osborn, Panazzo, Richardson, & Bromfield, 2007; Siminski et al., 2005; Tearse, 2010).

Research suggests that recruiting and retaining carers is critical in maintaining an effective foster care system (Sellick & Howell, 2003; Smyth & Eardley, 2008). So much so that the Council of Australian Governments (2009) prioritised carer recruitment and retention in the *National Framework for Protecting Australia's Children*. However, a number of empirical studies have raised concerns regarding the ability to find appropriate foster homes for children entering care (Clarke, 2010; Colton, Roberts, & Williams, 2008; Sellick, 2006; Sinclair, Gibbs, Wilson, & Patten, 2004).

Difficulty in recruiting and retaining sufficient foster carers to meet demand is common across all Australian jurisdictions (Smyth & Eardley, 2008). This difficulty has been ascribed to many factors, including the increasing prevalence of challenging behaviour and complex needs of children (CAFWAA, 2002; Siminski et al., 2005). Certain demographic trends, such as increasing female labour force participation, time pressures, population ageing, health issues, family responsibilities, and increasing instances of single parent families have also been identified as potential issues that hinder the recruitment and retention of foster carers (Barber, 2001; Barber & Delfabbro, 2004; Ciarrochi et al., 2012; McHugh et al., 2004; Siminski et al., 2005; Triseliotis et al., 2000). Furthermore, lack of information about foster care, concerns about the level of commitment required, fears of children's challenging behaviour, perceived financial difficulties, and commitments to one's own family or employment are further barriers, which have been cited as reasons for not considering becoming a foster carer (Randle, Miller, Dolnicar, & Ciarrochi, 2011). It is therefore important not only to recruit potential foster carers who are able to adequately fulfil the role, but also to provide active foster carers with appropriate and effective training and support to promote their satisfaction, wellbeing and willingness to continue providing care (Bromfield et al., 2005; Tearse, 2014; Van Holen, Vanderfaeillie, Vanschoonlandt, De Maeyer, & Stroobants, in press).

Carer satisfaction is a particularly important element when considering retention in the fostering role. Research has indicated that carers' negative experiences are likely to decrease their satisfaction with fostering (Daniel, 2011; Denby, Rindfleisch, & Bean, 1999; Smyth & Eardley, 2008; Whenan, Oxlad, & Lushington, 2009; Wilson, Sinclair, & Gibbs, 2000). Furthermore, role satisfaction has been widely linked to the likelihood of foster carers continuing to provide care (Denby et al., 1999; Geiger, Hayes, & Lietz, 2013; Rindfleisch, Bean, & Denby, 1998; Smyth & Eardley, 2008; Whenan et al., 2009).

As mentioned in Section 1.2.1, a majority of foster carers are middle-aged (McDermid et al., 2012). Older foster carers may possess significant strengths, such as greater expertise and maturity. However, ageing foster carers become more likely to withdraw from their role due to health related issues (Clarke, 2009). It is inevitable that carers will eventually cease to provide foster care for one reason or another, and ageing or health related reasons are difficult (if not impossible) to prevent. In relation to other issues, however, such as carer stress, burnout and dissatisfaction, steps can be taken to

ameliorate these factors, and thus retain carers in the system. The satisfaction of foster carers is a therefore of particular interest, as it relates to factors that may lead a foster carer to withdraw from providing OOHC at an earlier stage than would have otherwise occurred.

1.3.1 Foster carer motivation

In light of the need to recruit and retain foster carers, factors that motivate individuals to provide foster care are of great significance. Understanding the reasons that drive people to become carers is likely to also provide insights into how to best support them to experience greater satisfaction with their role, and thus enhance their longer term retention.

Awareness of the need for foster carers and the desire to make a worthwhile difference in the life of a child are commonly reported motives for becoming a foster carer and emphasise carers' altruistic characteristics (Barth, 2001; Brannen, Statham, Mooney, & Brockmann, 2007; Buehler, Cox, & Cuddeback, 2003; Butler & Charles, 1999; Cole, 2005a; MacGregor, Rodger, Cummings, & Leschied, 2006; McDermid et al., 2012; Triseliotis et al., 2000). Similarly, a desire to expand one's family has been reported as a key factor influencing this decision (Andersson, 2001; Baum, Crase, & Crase, 2001; Cole, 2005a; MacGregor et al., 2006; Riggs, Delfabbro, & Augoustinos, 2009; Rodger, Cummings, & Leschied, 2006). These altruistic tendencies and family based motivations are also likely to play a significant role in foster carers continuing in their provision of care. In fact, Sebba (2012) argues that intrinsic motivations such as these are the strongest factors in foster carer recruitment.

Literature has also identified motivational factors that encourage foster carers to continue in current placements. Love for, and commitment to a child in foster care is one particularly common reason for continuing to provide OOHC (Barth, 2001; Broady, Stoyles, McMullan, Caputi, & Crittenden, 2010; Buehler et al., 2003; Butler & Charles, 1999; McDermid et al., 2012; Sinclair et al., 2004; Triseliotis et al., 2000). Similarly, foster carers are motivated to continue in their role through seeing a child make positive developmental progress (Brannen et al., 2007; Daniel, 2011; McDermid et al., 2012; Triseliotis et al., 2000). These broad motivations indicate the significance of the relationship between foster carers and children in the retention of carers, with positive

relational experiences increasing foster carers' satisfaction with providing OOHC, and consequently encouraging them to continue fostering.

Other factors that enhance the ongoing motivation of foster carers centre on the extent to which they are supported. Access to timely and appropriate support structures and positive relationships with supportive professionals (e.g., social workers, caseworkers) have particularly been found to promote foster carers' satisfaction and retention (Butler & Charles, 1999; Farmer, Moyers, & Lipscombe, 2004; Fisher, Gibbs, Sinclair, & Wilson, 2000; MacGregor et al., 2006; Sinclair et al., 2004; Wilson et al., 2000).

As previously mentioned, a great deal of literature has associated satisfaction in the foster caring role with a foster carer's ongoing intention to continue providing care (Broady et al., 2010; Butler & Charles, 1999; Daniel, 2011; McDermid et al., 2012; Sebba, 2012; Sellick & Howell, 2003; Triseliotis et al., 2000). This is true in terms of continuing in current placements and also continuing in the foster caring role through undertaking future placements. Positive fostering experiences are likely to motivate a carer to continue in her current placement, whereas the negative experiences increase the likelihood of placement breakdown. Similarly, positive placements are likely to encourage her to take on another placement in the future, with the inverse again being true. Supporting foster carers' satisfaction can therefore be seen to have significant long-term benefits, beyond current placements.

1.3.2 Barriers to continuing foster care

The literature also reports many barriers to foster carers' willingness to continue in their role long-term. Reflective of the motivations described in Section 1.3.1, these barriers tend to revolve around relationship issues with children, the availability of support, and personal feelings of capability and satisfaction.

As opposed to the positive relationship experiences outlined in Section 1.3.1, child behaviours that negatively impact on a foster carer and her family have been associated with dissatisfaction, placement breakdown and carers leaving fostering altogether (Broady et al., 2010; Cross, Koh, Rolock, & Eblen-Manning, 2013; Khoo & Skoog, 2014; McHugh et al., 2004; Pithouse, Lowe, & Hill-Tout, 2004; Triseliotis et al., 2000; Wilson et al., 2000).

The literature also identifies factors such as stress, burn out, and fatigue as contributing to carer dissatisfaction and ceasing to foster (Butler & Charles, 1999; Colton et al., 2008; Farmer et al., 2004; McDermid et al., 2012; McHugh et al., 2004; Pithouse et al., 2004; Sheldon, 2002; Sinclair et al., 2004; Triseliotis et al., 2000; Wilson et al., 2000). Inadequate support and not feeling valued or respected (e.g., by caseworkers, government authorities, or the general community) has also been reported as a major contributor to this attrition (Blythe, Halcomb, Wilkes, & Jackson, 2013b; Butler & Charles, 1999; Collins & Butler, 2003; Colton et al., 2008; Farmer et al., 2004; Fisher et al., 2000; McDermid et al., 2012; McDonald, Burgess, & Smith, 2003; McHugh et al., 2004; Sellick, 2006; Sheldon, 2002; Sinclair et al., 2004; Triseliotis et al., 2000).

Carer dissatisfaction with these areas and others, such as poor relationships with social work professionals and/or the child protection system in general, are significant predictors of carers leaving fostering altogether (Broady et al., 2010; Daniel, 2011; Gilbertson & Barber, 2003; MacGregor et al., 2006; McDermid et al., 2012; Triseliotis et al., 2000). Developing strategies to ensure that carers remain satisfied in their role is therefore key to encouraging their retention in a system that so desperately needs them.

Practices have been identified that help circumvent the impact of the preventable barriers outlined above. For example, timely and adequate support from specialists (particularly after placement breakdowns) is likely to assist in enhancing long-term foster carer satisfaction and retention (Gilbertson & Barber, 2003; McDermid et al., 2012; McHugh et al., 2004; Sellick & Howell, 2003). Foster carers are likely to be more satisfied when their contributions are explicitly recognised, and they feel that they are consulted regarding any major placement decisions (Austerberry et al., 2013; Denby et al., 1999; Rodger et al., 2006; Sanchirico, Lau, Jablonka, & Russell, 1998). Finally, ensuring that foster carers are provided with necessary resources (such as appropriate financial reimbursement) has also been found to be important (McDermid et al., 2012; McHugh, 2002; Swain, 2007; Tearse, 2010).

A vast majority of research studies are conducted with foster carers who are currently providing care, rather than those who have discontinued doing so. This limits the evidence base regarding the reasons foster carers cease fostering (McDermid et al., 2012). However, the Victorian Department of Human Services, in surveying both

current and former foster carers, found that former carers were significantly less likely to have been satisfied in their role, and significantly more likely to have had difficult fostering experiences (DHS, 2003). This reiterates the point that satisfaction with the foster caring role is vitally important in retaining foster carers.

1.4 Role of foster carer

Foster caring involves taking on some of the responsibilities of a parent for a period of time, such as providing a caring home, making day-to-day decisions for the child, and meeting the child's emotional and physical needs (FACS, 2013). The nature of a foster carer's role and responsibilities is dictated by the individual OOHC arrangements of the placement. For example, in temporary care placements, the child's parents retain the responsibility for many decisions. However, if parental responsibility rests with government authorities (as is likely to be the case in many of the long-term placements under investigation in this thesis), the foster carer is responsible for making most day-to-day decisions. Where necessary, caseworkers provide advice to carers and determine approval for a range of more major decisions. For example, foster carers are responsible for making decisions regarding infrequent after school care arrangements, babysitting or camps, but agencies are required to give approval and provide funding for ongoing arrangements of the same nature (e.g., regular after school care, longer camps, etc.) (FACS, 2013). Similarly, while foster carers are responsible for the daily management of the child's behaviour, agencies are responsible for the development of ongoing behaviour management plans. According to these guidelines, foster carers have parental responsibilities regarding the daily care of the child, but with substantial limitations. Therefore, despite taking on the responsibilities of a parent, foster carers do not have the same level of authority or autonomy that parents have in raising their own children.

An exception to this scenario is the situation of a foster carer who takes on Sole Parental Responsibility. In NSW, orders for Sole Parental Responsibility allow foster carers the same authority, powers and duties that parents have for their own children. Long-term decisions can be made without the direct approval of foster care agencies. A foster carer is able to apply for such an order when: a placement has been continuous for at least two years; the Minister for Community Services has full parental responsibility for the child; and the child's parents consent to the foster carer having this responsibility

(FACS, 2013). These conditions show that foster carers do not have the same autonomy as parents, unless given to them by agreement with the child's biological parents and the relevant government authority.

This outline of foster carers' roles and responsibilities demonstrates both similarities and differences between foster caring and parenting. The remainder of this section will elaborate on these similarities and differences in discussing the contrasting positions of conceptualising the foster caring role as a form of parenting or as a professional role.

1.4.1 Foster carer as 'parent'

There is an ongoing debate in the literature around the extent to which foster carers should be considered as 'parents' as opposed to viewing foster caring as a profession (e.g., Biehal, 2014; Blythe, Wilkes, & Halcomb, 2014; Hollin & Larkin, 2011; Kirton, 2001; 2013; Schofield, Beek, Ward, & Biggart, 2013). Those who advocate the position of foster carers as 'parents' argue for the importance of positive relationships and secure patterns of attachment between foster carers and children. The development of positive attachment to foster carers has been reported as a major characteristic of identifying 'successful' placements, with many interventions developed to encourage this (Bernier, Ackerman, & Stovall-McClough, 2004; Brown & Campbell, 2007; Cole, 2005a; 2005b; Dozier et al., 2009; Dozier, Stovall, Albus, & Bates, 2001; Kerr & Cossar, 2014; Mares & Torres, 2014; Mennen & O'Keefe, 2005; Oke, Rostill-Brookes, & Larkin, 2013; Ponciano, 2010; Randle, 2013; Schofield & Beek, 2005a; 2009; Stovall & Dozier, 1998; Wilson, Petrie, & Sinclair, 2003). It is argued that relationships between foster carers and children that proceed in a mutually positive manner should be explicitly recognised, supported and encouraged (Biehal, 2014; Oke et al., 2013).

Foster carers themselves have been found to share this view and are more likely to identify with a parental role than with a 'professional caregiver' role (Blythe, Halcomb, Wilkes, & Jackson, 2013a; Blythe et al., 2013b; Farmer et al., 2004; Kirton, Beecham, & Ogilvie, 2003). Blythe et al. (2013b) further argue that traditional understandings of what constitutes a 'parent' ought to be expanded to incorporate foster carers. Regardless of the views held by foster carers and/or foster care agencies on this

matter, a sense of family belonging and love is imperative for positive outcomes for children in OOHC (Biehal, Ellison, Baker, & Sinclair, 2010; Schofield, 2002; Schofield & Beek, 2009).

In viewing foster caring as a form of parenting, the individual expertise of carers is valued highly and should be considered in relation to placement management or long-term planning (Oke et al., 2013). In most situations, the birth parents of a child in OOHC also play a significant role in the child's long-term care plans and they continue to hold an important, though at times limited, place within the child's life (Biehal, 2014). This is particularly the case in situations where a child is placed in long-term care (e.g., until 18 years of age). However, the view of foster caring as parenting emphasises that the foster carer and the child will develop a relationship through the course of her care, and she will therefore develop important insights into his needs and best interests.

1.4.2 'Parent' or 'professional'?

Foster care researchers have also presented arguments for foster carers to be viewed as 'professional' carers. The view of foster carers as 'parents' suggests an emphasis on developing mutually affectionate and fulfilling relationships, whereas the position of foster carers as 'professional' carers reflects more emotional distance with OOHC being seen as a 'job'. This 'job' involves offering the child a safe home environment and material comforts for a period of time, either until he can be reunited with his family or reaches adulthood and is therefore no longer under governmental care (Butcher, 2005; Colton et al., 2008; Kirton, Beecham, & Ogilvie, 2007; Kjeldsen & Kjeldsen, 2010; Sinclair et al., 2004; Swain, 2007; Tearse, 2010).

Schofield et al. (2013) argue that two main groups of foster carers exist: those who primarily identify with the 'parent' role, and those who predominantly identify as a 'professional'. However, their study illustrates that a degree of complexity exists for foster carers in attempting to discern their role within the emotional and professional context of a foster care placement. They also demonstrated that those foster carers who were able to move flexibly between these two role identities experienced the least role related stress. The benefits of combining these seemingly conflicting points of view have also been demonstrated by a number of authors who contend that any professionalisation of foster carers must be considered in light of the familial nature of foster care (Biehal et

al., 2010; Kirton, 2007; Schofield & Beek, 2009; Sinclair, 2005; Wilson et al., 2000). Although many foster carers have been found to consider their role a 'job' to some degree, a majority have been found to strongly focus on the parental nature of their role (Blythe et al., 2013b; Farmer et al., 2004; Kirton et al., 2003).

Despite the different service contexts that exist across countries, the issues described in this section are universally relevant. For example, Kjeldsen and Kjeldsen (2010) argue that similar concerns exist across Denmark, the UK and the United States of America (USA) regarding the tension between authorities' expectations for foster carers to remain somewhat emotionally distant from children in their care and the needs of those children to experience a warm and nurturing home environment. This tension also has clear relevance within an Australian context. The balance between children's needs for quality care provision and the legal responsibilities of a child protection system that has taken on the parental authority is a challenge faced by all systems, regardless of their political, cultural or geographic diversity (Schofield et al., 2013).

1.5 Purpose of current study

The above discussion demonstrates the threat to foster carers' satisfaction and retention facing foster care jurisdictions. The ambiguity of the foster carer role has been argued to play a significant part in this. Research on carers' satisfaction and the manner in which they perceive their role is necessary to help inform any government or policy approach in addressing these concerns. Foster care authorities are primarily concerned with the children in care, and the ability of foster carers to perform their role is of vital importance for the wellbeing of foster children. This thesis therefore investigates foster carers' experiences within their role and how to enhance their satisfaction and retention by reducing the loss of foster carers due to avoidable reasons.

Alongside this issue of satisfaction, discussion around interpretations of a foster carer's role continues throughout the thesis. In order to elaborate on this debate throughout the following chapters, the generic term 'caregiver' is used in referring to foster carers and biological parents collectively. The following chapters discuss specific issues within foster care placements, each of which is likely to be influenced by a foster carer's perception of her role identity.

1.5.1 Population of foster carers under consideration

The issues that have been outlined thus far consider long-term foster care placements, as opposed to short-term or crisis placements. This thesis therefore focuses predominantly on foster carers involved in long-term placements. However, many of the concerns that significantly influence the experience of long-term foster carers may also have implications for short-term and crisis carers. Further, while the majority of research participants were foster carers in NSW, the issues will have resonance for carers in other Australian jurisdictions.

1.5.2 Aims and objectives

This thesis has the following aims:

1. Identify key issues affecting foster carers in their provision of OOHC;
2. Determine the extent to which each of these issues influences foster carers' role satisfaction;
3. Investigate the manner in which foster carers perceive their role and personal identity within their provision of OOHC;
4. Develop and assess a theoretical model of foster care that broadly illustrates the relationships between major issues within foster caring experiences;
5. Compare the experience of providing foster care with that of parenting one's own child in relation to the issues identified; and
6. Draw implications for foster carer training and support, and broader OOHC policies and practices.

These aims will be met through addressing three specific research questions, the rationale for which will be explored in the following paragraphs:

1. What is the influence of bonding and empowerment on satisfaction with foster care provision?
2. How is the experience of providing care associated with a foster carer's sense of role identity?
3. How do foster carers and parents differ in terms of their experiences of bonding, empowerment, and satisfaction with their respective forms of caregiving?

Chapter 2: Personal Construct Psychology

2.1 Introduction

This chapter discusses the theoretical approach underpinning this thesis – personal construct psychology (PCP). PCP is utilised as a framework in attempting to understand some of the major issues experienced by foster carers in their role. In this chapter, the theory is briefly outlined, with a particular focus on those aspects that are most relevant to foster care and this thesis. The theory is specifically applied to interpreting the issues of foster carer satisfaction and retention outlined in Chapter 1. PCP also provides a background to Chapters 3, 4 and 5, which discuss specific issues related to foster carers' satisfaction with their role and willingness to continue providing care – namely, bonding relationships and empowerment.

While certain similarities are likely to exist amongst foster carers and their respective experiences, individual differences are equally likely to be apparent. Any investigation into these experiences must therefore be based in a theoretical underpinning that can account for both. As a theory of personality, PCP accounts for both group similarities and individual differences in providing theoretical reasoning to explain an individual's behaviour and understanding of the environment. Several key tenets of PCP can be appropriately applied within foster care scenarios, thereby promoting an understanding of how major issues may be commonly experienced by individuals, with implications for foster care policy and practice.

2.2 Outline of PCP theory

Initially developed by George Kelly (1955), PCP is fundamentally based on the metaphor of the individual as an incipient scientist. At a philosophical level, Kelly (1955) asserts that a real universe exists, and that people develop a greater understanding of that reality over time. An individual takes on the metaphorical role of a scientist by seeking to predict and control the events she experiences, thereby making sense of the universe. This takes place through the development of 'constructs' – frameworks through which she interprets the real world. Kelly (1955) suggests that a person's life is characterised by her ability to form psychological representations of the real world. It must be emphasised that this notion is a metaphor, and that the scientific process is not argued to exist at a conscious level. Rather, as will be later discussed, this metaphor

provides a model to illustrate processes that occur at a deeper psychological level. The application of PCP is therefore considered to be relevant across all realms of consciousness, including the emotional and those regarding motivation or action (Kelly, 1955), all of which hold particular significance in relation to foster care.

The extent to which an individual can make use of her predictions of future events is enhanced by continually experimenting with alternative interpretations of her changing world (Kelly, 1955; Walker & Winter, 2007). A person therefore strives to understand the underlying nature of the world and of herself, with the goal of guiding her behaviour through interactions with a future that she is able to predict (Bannister & Fransella, 1986; Kelly, 1955). The applicability of personal construct theory to foster care scenarios is demonstrated throughout this chapter.

2.3 Constructive alternativism

The concept of ‘constructive alternativism’ is a central assumption of PCP. Kelly (1955) argues that “all of our present interpretations of the universe are subject to revision or replacement” (p.15). That is, there are always alternative ways of interpreting the world. For example, the behaviour of a child in foster care may be interpreted as rude or disruptive and then dealt with accordingly. However, this same behaviour could alternatively be interpreted as a defence mechanism to enable him to cope with stressful situations, which will result in a different carer response. Some ways of interpreting events will be better suited to an individual’s purposes than others, and therefore, the universe is always open to re-interpretation.

According to constructive alternativism, an ultimate reality exists, yet no individual can observe it completely objectively (Fransella, 1980; Kelly, 1955). Instead, a person views reality through her personal interpretations, that is, her construct system (Butler, 2009a; Kelly, 1955; 1970). A person therefore does not respond to a stimulus, but rather to what she perceives that stimulus to be (Fransella & Bannister, 1977), and derives meaning through the way she ‘construes’ (i.e., interprets and makes sense of) events (Butler, 2009a; Kelly, 1955). A foster carer does not respond directly to a child, she responds to her interpretation (or construction) of that child and his behaviour. Each person continually attempts to better understand the world through a series of consecutive interpretations. Since there are always alternative constructions through

which a person may interpret the world, the individual is not seen as a victim of circumstances, but rather as having the potential to influence her environment (Kelly, 1955). This includes influencing relationships with others, which takes on particular significance in a foster care context.

2.4 Individual as scientist

As mentioned in Section 2.2, PCP is based on the metaphor of the individual as scientist. Kelly (1955) argues that the ultimate aim of a scientist is to predict and control, and takes the stance that every person adopts this same goal – that is, to predict and control her world. In order to do this, Kelly (1955) argues that she formulates ‘theories’ and ‘hypotheses’ about how future events are likely to occur, and then assesses these predictions in light of the evidence provided through her construed experience. It is worth reiterating that these hypotheses are not necessarily consciously constructed. Rather, the metaphor of a cognitive process serves to illustrate psychological processes that occur across all levels of consciousness. Furthermore, Kelly (1955) does not insist that these metaphorical theories are logically formulated. Rather, they are considered to be ‘theories’ in the sense of being systems of meaning through which an individual can interpret events as she experiences them, regardless of whether she is consciously aware of, or is able to articulate these theories (Fransella & Bannister, 1977). These theories and hypotheses may relate to a foster carer’s underlying assumptions regarding the nature of providing OOH, her view of a typical child in care, or her personal understanding of herself as a carer (to name just a few examples). In reality, constructs are likely to operate at a low level of awareness. Therefore, while individuals do not consciously refer to their construct systems in determining a course of behaviour, any behaviour is argued to be directed by the system (Butler, 2009a; Kelly, 1955). Despite operating at low levels of consciousness, constructs may be brought into conscious awareness through self-reflective processes (Butler, 2009a), as outlined in Section 2.7.

The hypotheses based on these theories are subjected to ‘experimental’ test through acting on them. If necessary, the underlying theory may then be modified through changing opinions, views and even the self (Fransella & Bannister, 1977; Kelly, 1955). Behaviour is therefore seen as a recurring experiment with life (Bannister & Fransella, 1986; Fransella, 1980; Kelly, 1970). For example, the act of providing foster care can be understood as the behaviour that forms a foster carer’s experiment. Based on

personal understandings of the world, the nature of foster care, and the self, a foster carer will hold certain expectations about how a particular placement will proceed. These expectations, regardless of how generalised or specific they may be, are evaluated against the foster carer's personal experience of providing care (Broady et al., 2010). Just as previously held expectations represent the hypothesis under Kelly's (1955) framework, the foster carer's construction of her foster caring experience represents the 'experimental' results. The degree to which construed experience matches prior expectations will influence a foster carer's construct system either by strengthening existing theories, or by inviting necessary alterations. In describing this experimental process, Kelly's (1955) position is one of functionalism. PCP is more a theory of understanding than it is a means of making causal predictions about others (Butt, 2013).

Through this 'scientific' process, Kelly (1955) argues that each person takes note of themes that are repeated through events and considers the ways in which these themes may be replicated in future events (Fransella, 1980). Such themes may relate to a view of the self, a view of others (e.g., children in care, foster care agencies, relatives, friends), or a view of the world at large. Kelly (1955) further suggests that a system must be developed through which predictions about the future can be made, and by which even unpredictable events can be understood in terms of some degree of similarity with previous events. Through his elaboration of PCP, Kelly (1955) describes learning from experience as being central to the theory. However, construing extends beyond being a cognitive learning process. Expectations of future events are developed based on previous personal experience, but also through a person's perceptions of recurrent themes throughout other events. For example, if a foster carer develops a mutually positive relationship with a child, she may come to expect a similar outcome when another child enters her care. Similarly, she may expect that fostering will be very similar to her previous experiences of parenting her own children. Yet Kelly (1955) suggests that recurrent themes may be construed through broader experiences to also influence predictions of future events. Foster carers' expectations of children, placements, caseworkers, and the like may equally be influenced by their constructions of experiences that are not necessarily directly related to caring for children (e.g., media representations of foster care). The nature of construing dictates that it is not the content of any given event that directs predictions of the future. Rather, the recurring themes that an individual personally identifies throughout a range of experiences help form

expectations of future events in both similar and potentially different contexts, regardless of how concrete or abstract these themes might be.

2.5 Elaboration of PCP

Kelly (1955) elaborates his theory of personal constructs through a discussion of a fundamental postulate and eleven corollaries. The fundamental postulate is a statement that forms the basis for the rest of the theory, with the corollaries expanding more specific aspects. The corollaries therefore provide a comprehensive outline from which PCP may be applied to specific situations, such as foster care.

2.5.1 Fundamental postulate

“A person’s processes are psychologically channelized by the ways in which he (sic) anticipates events.” (Kelly, 1955, p.46)

Importantly, the fundamental postulate sets forth the realm within which PCP lies. That is, the theory is primarily concerned with psychological phenomena. While it may be argued that processes within the psychological realm may be influenced by, and also exert an influence upon those within physiological, behavioural or sociological arenas, it is nevertheless important to note that the primary focus and concern of PCP is that which exists within the psychological.

The fundamental postulate suggests that the way a person (e.g., a foster carer) interacts with her world is a function of her anticipations of the future. A foster carer construes events, and through the expected replication of themes, she anticipates characteristics of future events, attempts to make sense of her world, and behaves accordingly (Bannister & Fransella, 1986; Butler, 2009a; Kelly, 1955). Therefore, the way a foster carer thinks, feels and acts in the present are influenced by how she anticipates the future will unfold. This has implications for foster carers’ relationships with children in care, interactions with agencies and/or government departments, and intentions to continue in the role. For example, whether a carer expects a positive or negative relationship with the child in her care, support or conflict with agencies, rewards or frustration with the overall experience of providing OOHC, her attitude, approach and behaviour to relevant people in each context will be directed by these expectations.

The central importance held by the anticipation of events within PCP leads to the metaphor of ‘individual as scientist’. Through present circumstances, a person looks towards the future with the intention of being able to psychologically represent what she believes is likely to occur. She is then able to assess how much sense she has made of the world by evaluating the usefulness of her anticipations (Bannister & Fransella, 1986; Kelly, 1955).

2.5.2 Corollaries

Following on from the fundamental postulate, Kelly (1955) outlines eleven corollaries in order to elaborate personal construct theory and translate its abstract theoretical nature to real life situations. These corollaries provide a more complete understanding of PCP. Table 1 presents a summary of the eleven corollaries.

Table 1
Summary of PCP Corollaries (Kelly, 1955)

Corollary	Descriptive Statement
Construction corollary	<i>"A person anticipates events by construing their replications." (p.50)</i>
Individuality corollary	<i>"Persons differ from each other in their construction of events." (p.55)</i>
Organisation corollary	<i>"Each person characteristically evolves, for his convenience in anticipating events, a construction system embracing ordinal relationships between constructs." (p.56)</i>
Dichotomy corollary	<i>"A person's construction system is composed of a finite number of dichotomous constructs." (p.59)</i>
Choice corollary	<i>"A person chooses for himself that alternative in a dichotomized construct through which he anticipates the greater possibility for extension and definition of his system." (p.64)</i>
Range corollary	<i>"A construct is convenient for the anticipation of a finite range of events only." (p.68)</i>
Experience corollary	<i>"A person's construction system varies as he successively construes the replications of events." (p.72)</i>
Modulation corollary	<i>"The variation in a person's construction system is limited by the permeability of the constructs within whose range of convenience the variants lie." (p.77)</i>
Fragmentation corollary	<i>"A person may successively employ a variety of construction subsystems which are inferentially incompatible with each other." (p.83)</i>
Commonality corollary	<i>"To the extent that one person employs a construction of experience which is similar to that employed by another, his psychological processes are similar to those of the other person." (p.90)</i>
Sociality corollary	<i>"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." (p.95)</i>

There are a number of significant points raised by these corollaries that are central to understanding and applying this theory in any context, including foster care. Kelly (1955) asserts that having a framework through which to interpret the world is essential in enabling a person to formulate a coherent and purposeful pattern of behaviour. Constructs are therefore developed to give meaning and structure to events that would otherwise appear random and senseless (Fransella, 1980; Kelly, 1955).

Since the world is interpreted through an individual's personal construct system, it is uniquely experienced by that person. Each individual therefore lives in a world that is ultimately unique to her (Bannister & Fransella, 1986; Kelly, 1955). People are thus considered to be similar to, or different from, each other by the extent to which they interpret and derive meaning from events in similar or different ways, as opposed to the specific events they experience, their behaviour, or even their expression of self (Bannister & Fransella, 1986; Kelly, 1955). Two foster carers would therefore be considered similar if they construed their OOHc experiences in similar ways, that is, if they derive similar meaning from providing foster care, rather than by the degree of similarity in the caregiving behaviour they demonstrate. The individuality corollary has particular implications for foster care in that several different people involved with a placement (e.g., foster carer, child, caseworker, birth parent, etc.) can each construe and experience any single event very differently.

Another key aspect of PCP is that an individual can never attest to any idea without simultaneously opposing another (Fransella & Bannister, 1977; Kelly, 1955). For example, referring to a person as 'generous' implies that she is not 'selfish'. The meaning of one pole in describing a person, object, or event (e.g., 'generous') only makes sense when considered with the opposing pole (e.g., 'selfish'). It is worth noting that the opposing poles of a construct do not necessarily represent antonyms as a dictionary would define them. Instead, the poles represent distinctions that the individual finds useful in making differentiations within her world of construed experience.

Any given construct has a particular focus and a range of convenience in which it may be effectively employed (Kelly, 1955). Some constructs may be very general, and therefore applicable to a wide variety of situations, while others are likely to be much more context specific (Fransella & Bannister, 1977; Kelly, 1955). For example, constructs differentiating between 'friendly' and 'aloof' may apply to all people, as

opposed to more specific constructs referring to ‘needing protection’ versus ‘self-sufficient’ that may be most useful when referring to children (especially those in foster care). Constructs do not exist independently of each other, but are arranged hierarchically, with more superordinate constructs holding greater importance within the overall system (Fransella, 1980; Kelly, 1955). According to Walker and Winter (2007), the higher a construct is positioned within the hierarchy, the greater its association with person values, and therefore, the more resistant it is to change. For example, constructs regarding what it means to be a ‘good’ person as opposed to a ‘bad’ person are unlikely to be easily altered.

Despite higher order constructs tending to resist change, a person’s overall construct system is dynamic and constantly changing. This serves the purpose of enabling her to form more useful anticipations through the continual revision of her metaphorical hypotheses (Fransella, 1980; Kelly, 1955). Without continually re-constructing, an individual’s anticipations would become less realistic over time (Kelly, 1955). For example, a foster carer may initially construe boys as ‘active’ (as opposed to ‘passive’) or ‘sporty’ (as opposed to ‘academic’) until caring for a boy who prefers computer games or reading. An individual’s construct system can adapt in light of this evidence to allow a more nuanced view of the world. This does not mean that such adaptation will always occur, but demonstrates how it is necessary at some point in order to enhance the usefulness of future predictions. The constructions which are placed upon events are therefore seen as working hypotheses – predictions that are put to the test through actual experience and then remodelled.

Kelly (1955) acknowledges that in proposing a systematic framework such as PCP, it may well be expected that such a system should be entirely consistent and logical, as suggested by the dichotomous nature of constructs outlined above. However, since human thought and behaviour is fraught with inconsistencies and contradictions, a perfectly consistent system could never effectively explain human behaviour (Kelly, 1955). This concern is addressed through the fragmentation corollary, which asserts that certain inconsistencies can exist within the context of a coherent system of constructs. For example, it is possible for a foster carer to love a child whose behaviour contradicts her constructions of what it means to be ‘lovable’. This may be considered in light of her higher order constructions of herself as ‘loving’ (as opposed to ‘heartless’). In such an example, the contradiction is subsumed into the overarching coherence of the construct

system. In this way, the consistent and logical nature of a personal construct system that is suggested by corollaries such as the dichotomy and organisation corollaries can still be maintained despite any inconsistencies in human behaviour. Inconsistencies that exist at a superficial level are not of any significant concern, provided the core structures of the system remain intact and coherent.

The generalised nature of PCP in attempting to explain human behaviour dictates that each corollary is able to be effectively applied to a wide variety of particular contexts – including the experience of foster carers in their provision of OOHc. However, implications of the sociality corollary are particularly significant for this thesis. While each of the other corollaries are also likely to apply to foster care contexts to a certain degree, it is the sociality corollary that is specifically related to interpersonal relationships and interactions, which are of central importance in following chapters.

2.5.3 Sociality corollary

“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)

According to the sociality corollary, to play a social role in another person’s life, one must be able to effectively construe the way that person construes the world. In other words, relationships are not based on knowing ‘about’ another person, but in understanding how they make sense of their experiences. In doing so, a person may be able to predict others’ behaviour, and therefore, adjust her own expectations or behaviour accordingly. When this process takes place in a reciprocal fashion (i.e., each person construing the other’s viewpoint), mutual understanding results in an effective social relationship (Kelly, 1955). A foster carer being able to construe a child’s point of view is therefore key to an effective caregiving relationship and has significant ramifications for the future of the placement. At its core, the sociality corollary suggests that familiarity and understanding of another person is central to playing an effective social role in his/her life. This issue is discussed in the paragraphs below, which also outline the significance of this aspect of PCP to the context of foster care placements.

The sociality corollary takes on further significance within foster care contexts through its relevance to interactions between foster carers and caseworkers, social workers and/or other professionals. The extent to which a caseworker is able to construe

the processes of a foster carer dictates the extent to which that caseworker may play an effective social role in the foster carer's world. This has potential ramifications in terms of providing effective training and appropriate support throughout the course of any given placement. Effectively construing a foster carer's processes can enable a caseworker to support that carer in ways that will be of the most benefit to her. Since each individual foster carer will construe her experiences of providing foster care in a unique manner (see Section 2.5.2 – individuality corollary), no one form of support is likely to be equally useful for all foster carers. The ability to effectively construe different foster carers' processes would therefore be of major benefit to any caseworker attempting to ensure the ongoing wellbeing and satisfaction of foster carers. The need for individually appropriate supportive practices is again discussed in relation to foster carer empowerment in Chapter 4.

Similarly, the extent to which a foster carer is able to construe the processes of a caseworker can have significant bearing on her ongoing satisfaction and willingness to continue providing OOH. For example, the effectiveness of any kind of support that a caseworker attempts to provide for a foster carer can be significantly influenced by the manner in which the foster carer interprets the motives behind the caseworker's behaviour. Support is likely to be more effective when a foster carer construes a caseworker as genuine and caring, as opposed to condescending or interfering. A foster carer could well feel insulted if she interprets a caseworker's attempts to offer support as a negative comment on her ability. However, should she construe the caseworker's behaviour as coming from a genuine desire to be supportive, she may be less likely to consider it intrusive interference, even if the support offered is not particularly useful to her situation. Therefore, mutually beneficial working relationships are more likely when both parties are able to effectively construe the psychological processes of the other. Again, this issue is discussed further in Chapter 4.

The definition of a social role in PCP is linked with an individual's personal construct system. A 'role' is a pattern of behaviour that emerges from the individual's own construct system, rather than being dictated by social circumstances (Kelly, 1955). The way a foster carer understands her own role of 'foster carer' is therefore a function of her own construct system and the way she makes meaning out of experience (particularly fostering experience). How a foster carer construes her role can be influenced by a number of factors (e.g., initial training, previous placements, personal

experiences of raising her own children, and so on). While these experiences may influence the construct system and the resulting construction of the foster carer role, it is worth noting that any definition of the foster caring role provided in initial training is not necessarily the exact construction of the role that a foster carer retains, due to the individual nature of the construing process. It is also possible for the carer role that is described in initial training to be very different from the role that carers find operating in practice.

A further implication of the sociality corollary is that a person views her role in a social interaction with another person in light of her understanding how that other person views her. The way a foster carer behaves towards a child in her care may therefore be significantly influenced by how she construes what the child thinks of her. The way the carer interacts with caseworkers may equally be based on how she believes she is viewed by those caseworkers.

2.6 Experiment

The metaphor of an experiment is central to understanding psychological processes and behaviour in PCP. According to this metaphor, constructs are tested in terms of their usefulness in enabling an individual to anticipate events. The outcomes of this testing determine whether to retain, revise, or replace the construct in question (Kelly, 1955). If a construct does not fit with reality, it may be altered in order to provide a better representation (Fransella, 1980; Kelly, 1955). As previously mentioned, this process does not necessarily occur at a conscious level. Rather, the experiment metaphor provides an illustration of how psychological processes are argued to occur at all levels of consciousness.

A person rarely, if ever, predicts that events will be exactly repeated in their entirety (Fransella, 1980). The predictions made through a person's construct system are not of an event's intricate details, but rather of specific properties. For example, a foster carer may predict that a child will respond positively to his new environment, but will not necessarily anticipate the child's specific 'positive' actions. Conversely, the carer may expect maladaptive behaviour when a child first enters a placement, but not necessarily the exact form of such behaviour. When predicted properties eventuate within a particular event, an individual identifies that event as matching anticipations,

and the construct/s that framed the prediction are said to be validated (Kelly, 1955). Validation of constructs therefore represents the subjective compatibility between anticipation and ensuing events. Conversely, invalidation represents subjective incompatibility. The more often predictions are validated (rather than invalidated), the more it can be said that the individual in question has control over events, herself, and her world (Fransella, 1980).

This notion may appear to rely on very definitive evaluations of whether anticipations are accurate or not. However, this is not necessarily the case. An implication of the dichotomy corollary is that events, people, or objects are construed relative to others. That is, fostering experience may not be entirely 'positive', but may be more 'positive' than expected or more 'positive' than previous caring experiences. In this way, any given event is not interpreted in terms of its fit with an ideal notion (e.g., 'positive'), but in terms of its comparative demonstration of that concept relative to alternative events. The behaviour of a foster child entering a placement may not necessarily be construed as entirely 'positive' or completely 'negative', but can be understood as either more 'positive' than 'negative', or more reflective of either pole of the construct than what was anticipated, or what has been previously encountered.

If a person's constructs are invalidated, she must address the incompatibility between anticipations and reality. One option is to acknowledge the inadequacies of the constructs in question and revise that aspect of the system (Fransella, 1980; Kelly, 1955). However, should those constructs be central to the overall system, finding an alternative viewpoint may be too confronting for the individual to cope with. In such situations, a person may act in what Kelly (1955) labels a 'hostile' manner, continually attempting to "extort validation evidence in favour of a type of social prediction which has already proved itself a failure" (p.510). For example, a foster carer may construe herself as a competent resource for providing OOH, and therefore expect to have a positive influence on a child entering her care. If the carer does not see that she has had this positive influence, one possible conclusion is that the initial assumption (i.e., that she is a competent resource) is inaccurate. Such a challenge to her understanding of herself is likely to be confronting, so she may attempt to become a greater presence in the child's life and strive harder to achieve the positive outcomes she anticipated. Similarly, a foster carer may continually attempt to refuse intervention from caseworkers during difficult situations within a placement rather than face the possibility of construing

herself as needing assistance. In instances such as these, the foster carer displays hostility by attempting to force reality to fit with her anticipations and endeavouring to ensure their validation.

In predicting properties of future events, an individual is also predicting that other properties will not occur. A person's interactions with her environment revolve around rival hypotheses as implied by the contrasting poles of her constructs. Just as a scientist does not test hypotheses that have not been theoretically conceptualised, an individual can only test those anticipations that her construct system considers possible (Kelly, 1955). For example, a foster carer may expect that a child will respond either 'positively' or 'negatively', or that a social worker will be either 'helpful' or 'interfering'. The construct system therefore sets boundaries beyond which the individual cannot foresee. However, as with experimental process, should events occur in a manner that contradicts expectations, alternative explanations and interpretations may be formed with the benefit of hindsight. The system may therefore be extended to incorporate new experiences that otherwise would not have fit within the predictive sphere of existing constructs (Kelly, 1955), for example, the child responds 'ambivalently', or the social worker is 'absent'.

Throughout this process, it is unlikely that any singular event will conclusively validate or invalidate a given construct. Rather, the cumulative process of enquiry over a series of ongoing situations provides evidence against which outcomes may be judged (Walker, 2002). This is particularly the case when validation (or invalidation) does not present in a totally definitive manner, for example, a child's behaviour is somewhat 'negative', but not overwhelmingly. It is likely to take more than one 'failed' placement (as construed by a foster carer) for her to reconsider her suitability for the role. However, a series of consecutive 'failures' could very well lead to such a conclusion being drawn.

2.7 Identity

In organising one's approach to life and roles, certain superordinate constructs become particularly significant. These constructs, termed "core constructs" (Kelly, 1955, p.482) relate to how people think about themselves and their personal values, therefore enabling a person to maintain a sense of personal identity (Butler, 2006; 2009b; Horley, 2012; Kelly, 1955; Rowe, 2003). Kelly (1955) does not argue that core constructs

comprise a person's identity, but rather that they are the framework through which her identity is understood.

Core constructs are argued to be comparatively more stable than peripheral constructs, leading individuals to hold determinedly to these central assumptions of their own selves, rather than considering alternatives when presented with contradictory evidence (Butler, 2006; Kelly, 1955). For example, a foster carer may still consider herself to be a 'generous' person, even if she behaves (and continues to behave) in a manner that she would otherwise consider to be 'selfish'. A person acts in a manner that presumes her core constructs and consequent attitudes are reflections of a factual core structure, rather than subjective psychological events (Stefan, 1977). When considered in light of the metaphor of the individual as a scientist, core constructs can be seen as representative of an overarching theory on which an experiment with life is based. Incompatible evidence may challenge the interpretation or application of this theory, but an overwhelming amount of evidence is necessary to revise the theory itself.

Core constructs are considered to have a wide range of convenience, which enables a person to encapsulate a wide range of actions and descriptions associated with her self-identity (Butt, Burr, & Epting, 1997; Kelly, 1955; Stefan, 1977). Possessing a wide range of convenience means that core constructs, while primarily existing for an understanding of the self, can also be applied to a wide variety of other people, objects and/or events. This enables an individual to draw comparisons between herself and others, thus establishing a sense of personal identity in relation to other people. Therefore, the constructions that a person places on other people also enable the construction of one's own role. That is, the way a person sees other people influences her understanding of who she is in comparison. For example, a foster carer may construe children in OOHHC as 'vulnerable' (as opposed to 'strong') or 'damaged' (as opposed to 'innocent'), and therefore see her own role as being instrumental in helping 'fix' the children for whom she cares.

Ultimately, a person's social interactions and relationships are controlled by these comparisons between the self and others. In construing another person, an individual must also relate those constructs to herself. For example, a foster carer cannot refer to a child in care as 'vulnerable' without making vulnerability a dimension of her own life. That is not to say that calling the child 'vulnerable' equates to also construing

herself as ‘vulnerable’. Rather, she may conceptualise herself as being ‘not vulnerable’, or ‘strong’. Regardless, the foster carer has formulated an understanding of self and others based on the construct of ‘vulnerable versus strong’.

While core constructs play a significant role within the system of personal constructs, and therefore in the ways in which a person understands the world, they are argued to exist with little conscious awareness (McWilliams, 2004). A person’s actions seek to validate these core constructs, despite the fact that she is unlikely to be consciously aware of them (Butler, 2006; Kelly, 1955). This once again reiterates that the cognitive model presented by PCP depicts processes that occur at all levels of psychological consciousness.

Although the hierarchical construct system does not necessarily operate at a conscious level, it has been theorised that by a thoughtful process of introspection, an individual can bring her constructs into conscious awareness. Constructs at higher levels of the hierarchy may be elicited through a process known as ‘laddering’ (Hinkle, 1965). Laddering is an interview based technique that involves progressively eliciting constructs of increasing value and importance (Walker & Crittenden, 2012). Through a repetitive process of asking ‘why’ questions, the interviewer can guide an interviewee from a discussion about relatively tangible matters to identifying constructs which refer to issues of greater moral standing, reflective of core personal values. Laddering techniques have been effectively used as clinical tools (e.g., Rowe, 2002), and in studying ways in which people learn (e.g., Milton, Clarke, & Shadbolt, 2006; Rugg & McGeorge, 1995). Laddering, and its theoretical basis of PCP, have also proven to be useful in marketing contexts by gathering consumers’ views that reflect personal values that direct their behaviour (e.g., Gutman & Reynolds, 1979). It may similarly be argued that the investigation of core constructs is useful in understanding foster carers’ experiences, motivations and caregiving behaviour.

2.8 Criticisms of PCP

A common criticism of PCP is that it is too cognitively based, it is devoid of emotion, and that people do not think or behave in the logical manner intimated by the metaphor of ‘scientist’. PCP was first referred to as a cognitive theory when reviewed by Bruner (1956) and Rogers (1956), both of whom criticised the intellectual nature of PCP

as being unable to effectively address the nature of human emotion. Over time, PCP has often been categorised alongside cognitive theories of personality and/or psychotherapy (Burger, 2008; Cloninger, 2008; Cottraux & Blackburn, 2001; Engler, 2009; Ewen, 2003; John, Robins, & Pervin, 2008; Lester, 1995; Mehrabian, 1968; Patterson, 1973; Southwell & Merbaum, 1971; Winter, 2013). The metaphor of a scientist has been misinterpreted by some as suggesting that individuals are entirely rational in their thinking and behaviour, with an emphasis on cognition, to the point of excluding the human capacity to display intense emotions (Ewen, 2003; Mackay, 1975).

However, to dismiss PCP as a cognitive theory is to misinterpret Kelly's (1955) argument – "The psychology of personal constructs is built upon an intellectual model, to be sure, but its application is not intended to be limited to that which is ordinarily called intellectual or cognitive" (p. 130). Referring to PCP as a cognitive theory demonstrates a misinterpretation of what is meant by 'construct' (Chiari, 2013). The psychological processes with which PCP is concerned (and indeed the constructs themselves) are not always able to be communicated verbally – referred to by Kelly (1955) as "pre-verbal" (p. 51) – and an individual may not be consciously aware of them. The cognitive model provides a metaphorical description of that which could not otherwise be communicated. That PCP describes a metaphorical model, rather than an actual process, is a point worth emphasising. In order to demonstrate how constructs are theorised to function, Kelly (1970) acknowledges that the impression may be given that constructs are as logical, cognitive, and articulate as his discussion of them. However, he takes great lengths to reiterate that this is not the case. PCP does not assume that individuals cognitively and logically reflect on daily experiences as a scientist might. Rather, Kelly (1955) argues that the hypothesis testing mechanisms of experimental processes continually occur at varying levels of conscious awareness. The cognitive model therefore enables a representation of processes that may not necessarily be possible to otherwise explain. Those criticising PCP as being overly cognitive therefore appear to mistake the form of the theory for its application (Chiari, 2013).

In being labelled a cognitive theory, PCP has also been widely criticised for disregarding human emotion (Chiari, 2013). This criticism reflects the view that PCP explains only cognitive processes. As outlined above, a proper inspection of the theory demonstrates that this is not the case. Bannister (1977) and Fransella (1995) both argue for the place of passion and emotion within PCP, even reporting that Kelly himself had

expressed a desire to write a book that would emphasise the emotional aspects of his theory within the reality of human experience.

Another major criticism of PCP surrounds its terminology. In explaining his theory, Kelly (1955) uses a number of terms previously used in other psychological traditions, such as ‘threat’, ‘hostility’, ‘fear’, ‘aggression’, ‘anxiety’, and ‘guilt’. These terms have each been specifically defined within a PCP context. While the definitions themselves are not a direct concern of this thesis (and will therefore not be discussed in detail), the idiosyncratic use of existing terms such as those listed above is worth noting. Kelly’s (1955) terminology may appear confusing at times, and so it is important to be mindful of PCP terminology, as opposed to more common usage of these terms (Bannister, 1977; Chiari, 2013). In the context of this thesis, the issue of idiosyncratic terminology is relevant in relation to the terms ‘construct’ and ‘construe’, as referred to in this chapter. These terms are used as specific PCP terminology throughout the remaining chapters.

Despite these criticisms that have been levelled at PCP, the theory and its associated methodology have proven to be useful across a range of contexts (Walker & Winter, 2007; Winter, 2013), including qualitative research methodology (Burr, King, & Butt, 2014; Feixas & Villegas, 1991), investigating human values and emotion (Chiari, 2013; Horley, 2012; McCoy, 1977), clinical and therapeutic applications (Botella & Gámiz, 2012; Crittenden & Ashkar, 2012; Foster & Viney, 2012; Mackay, 1975; Neimeyer & Winter, 2007; Patterson, 1973; Stein, Atkinson, & Fraser, 2012; Viney, Crooks, & Walker, 1995), knowledge acquisition (Milton et al., 2006), advertising and marketing (Gutman & Reynolds, 1979; Reynolds & Gutman, 1988), bereavement (Neimeyer, Baldwin, & Gillies, 2006), education (Ravenette, 1999), child behavioural problems and parenting stress (Ronen, 2001; Sharma, Winter, & McCarthy, 2012), and caring for people with a disability or serious illness (Sharma et al., 2012; Viney et al., 1995). A PCP framework has also been previously used to investigate the experiences of foster carers and their perceptions of what constitutes successful foster care (Broady et al., 2010; Nissim, 1996). The breadth of previous usage of PCP theory and methodology demonstrates the usefulness of engaging a theory of personality in therapeutic clinical and research contexts. Since the theory is general enough in nature to apply to such a range of situations, it is considered to be particularly useful for framing the issues under investigation in this thesis. Furthermore, the emphasis that PCP places on interpersonal

relationships (see Section 2.5.3), as well as the argument that personal experience can influence a person's view of the world and themselves (see Sections 2.4 and 2.7) exemplifies how this theory may be particularly relevant and applicable to investigating foster care.

2.9 Chapter summary

This chapter has provided an overview of PCP, and demonstrated that as a theory of personality and individual difference, it is a useful framework for understanding the experience of providing OOHC. The following chapters will discuss significant issues that have been identified throughout previous literature as being influential to foster carers' ongoing satisfaction. Kelly's (1955) theory of personal constructs frames this discussion in order to further demonstrate its usefulness as a theoretical approach for understanding foster carers' experiences.

Chapter 3: Bonding

3.1 Introduction

This chapter discusses the significance of bonding relationships between foster carers and the children for whom they care. Bonding relationships between parents and their own children are also discussed in order to draw comparisons between these respective caregiving experiences. For ease of discussion, the term ‘caregiver’ is used in a general sense to refer to foster carers and parents collectively. Although the main focus of this thesis is the experience of foster carers in providing OOHC, this chapter initially describes children’s bonding experiences. This is an important starting point for this discussion, since a child’s early relationships influence two major aspects of his development: 1) his perception of himself, and 2) the ability to interact with others (Golding, 2008). This ability to interact with others is the primary mechanism by which a foster carer may be personally impacted by a child’s bonding history, which will in turn be highly influential on her satisfaction with providing OOHC.

Previous research has indicated that caregiver-child relationships are particularly influential in terms of foster carers’ ongoing satisfaction and willingness to continue in the role (e.g., Broady et al., 2010; Buehler et al., 2003; Denby et al., 1999; Whenan et al., 2009). From the perspectives of PCP and attachment theory, this chapter discusses how and why such bonding relationships are likely to influence a foster carer’s individual experience of providing OOHC.

3.2 Relationships between foster carers and children

Relationships between foster carers and children are central to the stability of placements and resulting outcomes for children in care (Dozier, 2005; Jones Harden, 2004; Mennen & O’Keefe, 2005). Jones Harden, Meisch, Vick, and Pandohie-Johnson (2008) argue that relationships and the commitment of a foster carer to a child in her care may be the most significant contributor in determining the quality of a placement – even more so than the management of problem behaviours. The significance of these relationships within foster care placements reiterates the parental nature of providing OOHC outlined in Chapter 1.

3.2.1 Foster child background

A child's understanding of his caregiver's availability develops through infancy, childhood and adolescence, based on his interactions with her over time. The developing relationship is therefore highly dependent on the continuity of interaction between child and caregiver. A child develops expectations of his caregiver through these years which tend to remain relatively unchanged throughout adult life (Bowlby, 1973) – a process that reflects Kelly's (1955) notions of constructs, 'hypotheses', and 'experiment'. Children in foster care not only experience a disruption to this relationship due to their removal from the family home, but a significant proportion will have also experienced substandard parenting during their early childhood (Golding, 2008).

Research has overwhelmingly shown that children in OOHC are at higher risk of experiencing psychological disturbances and behavioural disorders than the general population, due to the influence of early parental abuse and/or neglect, as well as other risk factors, including parental substance abuse and domestic violence (Cappelletty, Brown, & Shumate, 2005; Hochstadt, Jaudes, Zimo, & Schachter, 1987; Howe & Fearnley, 2003; Jones Harden, 2004; Kerker & Dore, 2006; McMillen et al., 2005; Octoman, McLean, & Sleep, 2014; Osborn, Delfabbro, & Barber, 2008; Sawyer, Carbone, Searle, & Robinson, 2007; Stinehart, Scott, & Barfield, 2012; Tarren-Sweeney, 2008a; Tarren-Sweeney & Hazell, 2006). Children in OOHC demonstrate an increased prevalence of psychological, behavioural, medical and social problems, such as conduct disorder (CD), oppositional defiance disorder (ODD), attention deficit hyperactivity disorder (ADHD), anxiety, and depression (Belsky, 1993; Berrick, Needell, Barth, & Joson-Reid, 1998; Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Dozier, Albus, Fisher, & Sepulveda, 2002; Finzi, Ram, Har-Even, Shnit, & Weizman, 2001; Harman, Childs, & Kelleher, 2000; Heller, Larrieu, D'Imperio, & Boris, 1999; Kaplan, Pelcovitz, & Labruna, 1999; Klee, Kronstadt, & Zlotnick, 1997; Leslie, Gordon, Ganger, & Gist, 2002; Leslie et al., 2005a; Leslie et al., 2005b; Reams, 1999; Rutter, 2000; Simmel, Brooks, Barth, & Hinshaw, 2001; Tarren-Sweeney, 2008a; Tarren-Sweeney & Hazell, 2006). Further, children who experience multiple foster care placements experience disruptions to caregiving relationships each time a placement ends (Cappelletty et al., 2005; Dozier et al., 2001; Golding, 2008; Stovall & Dozier, 1998), and this has been argued to exacerbate relational issues that can persist throughout childhood and into adult life (Fonagy, 1998; Stovall & Dozier, 1998; 2000).

Children in OOHC who have experienced less emotional abandonment from their birth families tend to develop better relationships with others, which may enable the child to form positive relationships with foster carers, and thus experience more stable placements (McWey, 2004). Conversely, early adverse experiences in caregiving relationships may lead children to develop and implement strategies that ultimately prove to be distancing and rejecting of new carers (Stovall & Dozier, 1998). Having adapted to an abusive or neglectful caregiving situation, children may find it difficult to construe the reality of a foster carer who is emotionally available.

However, Ackerman and Dozier (2005) argue that children who have experienced disruptions in early caregiving relationships are capable of revising any negative views of caregivers, self and the world when placed in the care of an emotionally available caregiver. In such situations, the sociality corollary can be seen to apply. A foster carer who is able to effectively construe a child's constructions of her as caregiver will be better able to play a meaningful social role in the child's life, respond appropriately to his needs and anxieties, and therefore develop a mutually positive bonding relationship.

The development of bonding relationships in foster care can be effectively understood in the context of attachment theory, which suggests that prior personal and relationship histories of children can have profound impacts on their future – particularly regarding personal relationships – with clear implications for future caregivers.

3.3 Attachment theory

Attachment theory was first developed by John Bowlby (1969; 1973; 1979; 1988), and has since been extended through extensive investigation by many other researchers (e.g., Ainsworth, Blehar, Waters, & Wall, 1978; Cole, 2006; Crittenden, 1995; Crittenden & Ainsworth, 1989; Dozier et al., 2001; Egeland & Farber, 1984; Egeland & Sroufe, 1981; Howe, 2005; 2006a; 2006b; Howe, Brandon, Hinings, & Schofield, 1999; Howe & Fearnley, 2003; Main, 1973; Main & Solomon, 1990; Main & Weston, 1981). Influenced by psychoanalytic concepts, the theory is based on the strong bond that an infant develops within the first twelve months of life to his primary caregiver (Bowlby, 1969). For their own survival, attachment theory posits that children

must be valued by adults who are capable of providing them with sufficient protection, nurturance and sensitive care (Howe, 2005).

A major aspect of sensitive caregiving as described by Bowlby (1988) is the caregiver's provision of a secure base from which a child can venture into the external environment, knowing that he can return for physical and/or emotional protection. The role of the caregiver is therefore seen as one of empowering the child through encouraging his adventurous exploration, assisting him in his interactions with the world, and becoming actively involved only when necessary (Bowlby, 1988).

Threatening situations (such as separation or a lack of adequate response from a caregiver in times of distress) are likely to elicit attachment behaviour from the child – behaviour that has the goal of maintaining proximity to the caregiver (Howe, 2005). Attachment behaviour can take many specific forms, and is highly dependent on the particular situation in which it is elicited and the desired response from the caregiver. For example, crying is likely to encourage a very different caregiver response than smiling (Bowlby, 1969). Regardless of the specific action, the ultimate aim is to first bring the caregiver and child together, and then to keep the caregiver engaged (Howe, 2005).

Through the experience of many such interactions over time, a child comes to infer from his caregiver's response (Bowlby, 1969). That is, the child begins to develop insight into his caregiver's thoughts, psychological processes, and behaviour through a process reflective of Kelly's (1955) sociality corollary (see Section 2.5.3). The bonding relationship is therefore dictated by the way each interprets the other's point of view. As the child develops an understanding of the caregiver's psychological processes, he is able to respond accordingly. Similarly, in being attuned to the child and forming an interpretation of his psychological processes, the caregiver can respond appropriately and sensitively. In doing so, each plays a social role involving the other as defined by PCP. Attachment relationships therefore develop in the context of a specific set of personal constructs, which refer to the self, the caregiver, and interactions between them.

The availability of a caregiver refers to more than simply physical presence (Ainsworth et al., 1978). In order for a child to feel secure, he must learn that his caregiver is available to him in terms of physical presence and emotional attentiveness,

and is willing to respond appropriately (Ainsworth et al., 1978; Bowlby, 1973). The availability of a caregiver, as construed by a child, is reflected in the ongoing expectations the child then holds of that caregiver (Bowlby, 1973). That is, the patterns of attachment that are developed throughout a child's formative years reflect his actual experiences of social interaction with his primary caregiver to that point. As a particular set of personal constructs, those frameworks of viewing caregivers can be extrapolated to other significant figures in the child's life. A positive relationship with caregivers therefore increases the likelihood of being able to form positive bonds with others, while negative attachment experiences decrease the likelihood of being able to form secure attachment relationships in the future (Weinfield, Sroufe, & Egeland, 2000).

While the quality of care that a child receives plays an integral part in the development of an attachment relationship, the child's own influence on this interaction cannot be underestimated. As the child grows and develops, the responsibility for maintaining proximity shifts from the caregiver to the child (Bowlby, 1969). Ainsworth (1963) suggests that infants are not passive recipients of care, but actively seek interaction through their attachment related behaviour. The child (pre-verbally) construes himself as needing protection and nurture, and therefore behaves in a manner to elicit a protective response from the caregiver. To this end, a caregiver's construction of the child is informed by his behaviour.

In the context of foster care, attachment relationships and the quality of placement outcomes have been associated with how well carers and children 'fit'. Placements with better natural fit between carers and children have been found to be more stable and successful (Doelling & Johnson, 1990; Schofield & Beek, 2005b; Sinclair & Wilson, 2003; Sinclair, Wilson, & Gibbs, 2001; Wilson et al., 2003).

3.3.1 Patterns of attachment

Ainsworth et al. (1978) developed the Strange Situation Procedure to assess the attachment relationships of infants. Through observing children's behaviour within this procedure, different patterns of attachment were identified, each having typical features and significant implications for both current and future relationships.

Secure attachment

Secure attachment forms when a caregiver responds to a child in a timely and suitable manner (Bowlby, 1969). In PCP terms, the caregiver construes the child's constructions of the world (particularly when he construes his environment as frightening), and responds accordingly, as per the sociality corollary. Ultimately, the strength of an attachment relationship is determined by the quality of shared interaction between child and caregiver, irrespective of who she is (Bowlby, 1969; Schaffer & Emerson, 1964). It is therefore entirely possible for a substitute caregiver (e.g., foster carer) to become a child's primary attachment figure and develop a secure attachment relationship.

It is important to note that secure attachment does not rely on 'perfect' care provision. A caregiver may inadvertently cause distress for a child through misunderstanding his needs, or by not being completely attentive at times. However, an available and sensitive caregiver will recognise these situations and respond in a way that will repair any momentary lapse in attachment relationship (Howe, 2005). It is this ability to repair interruptions that characterises secure attachment relationships (Bowlby, 1969; Tronick, 1989).

Research has shown that secure attachment provides a basis for optimal development that allows children to be more socially functional, both with peers and adult caregivers (Bohlin, Hagekull, & Rydell, 2000; Cole, 2005a). They are also least likely to have mental health issues throughout childhood and into adult life (Ainsworth et al., 1978; Chisholm, 1998; Howe, 2005; Lowell, Renk, & Adgate, 2014; Matas, Arend, & Sroufe, 1978; McElwain, Booth-LaForce, & Wu, 2011).

The significance of secure attachment in OOHC has been demonstrated through its association with overall positive child adjustment (Andersson, 2005; Barber & Delfabbro, 2003a; 2005; Cantos, Gries, & Slis, 1997; Healey & Fisher, 2011). Despite any medical, psychological or emotional issues that may be demonstrated by a child entering a new placement, he retains the capacity to develop secure attachment relationships with new caregivers (i.e., foster carers) (Altenhofen, Clyman, Little, Baker, & Biringen, 2013; Cole, 2005a; 2005b; 2006; Gauthier et al., 2004; Hedin, 2014; Ponciano, 2010; Stovall-McClough & Dozier, 2004; Stovall & Dozier, 2000). As well as

being associated with positive child outcomes, the development of a secure attachment relationship between a foster carer and a child in her care is also likely to result in a more positive experience from the perspective of the foster carer.

Insecure

While secure patterns of attachment are characterised by confidence in the primary attachment figure's availability, caregivers who do not adequately respond to a child's attachment behaviour create situations where the child is likely to feel anxious and/or fearful. This in turn creates insecurity in the relationship (Howe, 2005), and potentially threatens the stability of a foster placement. Insecure patterns of attachment have significant influences on a child's cognitive, psychological and motor development (Ainsworth et al., 1978; Bohlin et al., 2000; Chisholm, 1998; Cole, 2005a; Ein-Dor, Mikulincer, & Shaver, 2011; Fearon, Bakermans-Kranenburg, Lapsley, & Roisman, 2010; Finzi et al., 2001; Groh, Roisman, van Ijzendoorn, Bakermans-Kranenburg, & Fearon, 2012; Milyavskaya & Lydon, 2013), as well as the quality of future relationships, which may well continue throughout adult life (Fonagy, 1998; Lowell et al., 2014; Riggs, 2010; Wekerle & Wolfe, 1998).

Insecure attachment styles have been found to be more prevalent amongst maltreated children than within the general population (Crittenden, 1988; Egeland & Sroufe, 1981; Finzi et al., 2001; McCarthy & Taylor, 1999; Wekerle & Wolfe, 1998). These children learn to adapt their behaviour in order to increase the likelihood of eliciting a desired response from a caregiver. While this may prove useful in the context of an abusive or neglectful environment, it is likely to have a detrimental effect on developing new relationships, especially those with caregivers. Construing new caregivers (e.g., foster carers) in the same way as previous caregivers (e.g., abusive/neglectful parents) can limit the potential for a mutually fulfilling relationship to develop. Not only does this situation compromise the developmental pathways of the child, it may create stress or confusion for the foster carer, with a consequent negative influence on her satisfaction with providing care.

Disorganised

Disorganised patterns of attachment occur in situations where the caregiver is not only the figure to whom the child looks for comfort, but is also the source of fear in the

first place (Carlson, Cicchetti, Barnett, & Braunwald, 1989; George, 1996). When the child looks to his caregiver for comfort, support or assistance in regulating emotions, he experiences further anxiety and fear (Howe, 2005). He simultaneously construes his caregiver as a source of comfort and a source of distress. This creates a substantial conflict for the child, resulting in an inability to develop any form of coherent strategy in his bonding behaviour (Bernier et al., 2004). Attachment behaviour drives the child towards the attachment figure, yet the natural instinct is to avoid any source of fear. The fear and attachment behaviours therefore produce a situation of direct conflict, creating a disorganised pattern of attachment (Howe, 2005).

Due to their relationship backgrounds, children in OOHC are more likely to develop disorganised patterns of attachment compared to other children (Bernard et al., 2012; Carlson, 1998; Carlson et al., 1989; Cole, 2005a; 2005b; 2006; Dozier et al., 2001; Mares & Torres, 2014; Pickreign Stronach et al., 2011; Stovall & Dozier, 1998). Therefore, these children are most likely to face the most serious threats to positive relationships, and in turn, the foster carers who care for them are likely to face the greatest challenges to developing positive relationships throughout the course of their care provision.

The negative impacts of disorganised attachment patterns have been demonstrated in emotional and social maladjustment in later childhood and adolescence, as well as behavioural problems, cognitive impairments and psychopathology (Carlson, 1998; Lyons-Ruth, 1996; Lyons-Ruth, Alpern, & Repacholi, 1993; Moss, Parent, Gosselin, Rousseau, & St. Laurent, 1996; Moss, Rousseau, Parent, St. Laurent, & Saintonge, 1998; Solomon, George, & De Jong, 1995; Verschueren & Marcoens, 1999). For a foster carer, taking on parental responsibilities in providing day-to-day care for a child exhibiting these behavioural traits is likely to be a particularly stressful experience. The greater the influence of such behaviour, the greater the possibility that satisfaction with providing foster care will be reduced.

3.3.2 Internal working models

Attachment theory suggests that each individual develops models of the world and their own place within that environment (Bowlby, 1969; 1973). These 'internal working models' (IWMs) are mental representations of past experiences, memories,

knowledge, and understanding of what usually transpires in relationships during times of fear and/or distress (Ainsworth et al., 1978; Howe, 2005). Two different forms of IWMs exist: models of the self (perceptions of how one is viewed by other people) and models of the world (beliefs regarding attachment figures, their availability, and their response in times of need) (Bretherton & Munholland, 1999; George, 1996; Howe et al., 1999).

Parallels can therefore be drawn between IWMs and personal constructs. Both IWMs and constructs are frameworks through which to view and interpret the world, both are reflective of previous experiences, and both enable the anticipation of future events. Consequently, both are argued to be instrumental in directing behaviour. While the function of IWMs and personal constructs may be similar, it is important to note that IWMs are defined within the emotional context of relationships between infants and their primary caregivers, whereas personal constructs represent a much broader concept. Any single construct will have its own range of convenience, that is, it will be useful for understanding a particular range of events or people (Kelly, 1955). The construct system as a whole is theorised to encapsulate the entirety of human experience, with each individual construct being relevant within a limited range of experiences. IWMs may therefore be likened to a specific set of constructs related to caregivers and personal relationships.

IWMs, like personal constructs, enable individuals to understand new experiences, predict future events, and plan their own behaviour in the context of attachment relationships (Bowlby, 1973). Based on his construction of past events, a child predicts a caregiver's response to new events (Ainsworth et al., 1978). Similarly, a caregiver predicts a child's behaviour based on her constructions of his previous behaviour. Observations of actual responses enable the caregiver and child to evaluate their predictions, as per the metaphorical experimental process outlined in Section 2.6. Similarly, both IWMs and personal constructs direct behaviour according to the individual's view of the world.

The developing IWM enables a child to construct an understanding of how valuable, acceptable and lovable he is in the eyes of attachment figures (Bowlby, 1973). For example, with an IWM that predicts a caregiver as being consistently available, responsive and nurturing in times of distress, a child is likely to construe himself as valuable, worthy and loved. Conversely, with an IWM predicting that his caregiver will

not be a readily available source of comfort when needed, the child is likely to conclude that he is unworthy of receiving love and comfort. If a child's experience is that he is unlovable or unworthy of being loved, then he is likely to approach his interactions with other people in a manner that reflects this understanding about himself (Golding, 2008). Similarly, a caregiver will hold IWMs/constructs of herself, for example, as a competent caregiver (or otherwise). Again, these constructs will influence the manner in which she approaches her caregiving relationships with any children in her care. In the same way that core constructs define an overarching concept of self-identity that infiltrates through more peripheral constructs and consequent behaviour, IWMs can reflect a self-concept that directly influences all aspects of behaviour, particularly behaviour in relation to bonding relationships.

By definition, children in OOHC experience a change of primary caregivers (with the exception of those who are removed from their parents at birth). A child's IWMs based on experiences with his initial caregivers will influence his expectations of his new caregivers, as well as his understanding of what behaviour is necessary to optimise his own emotional security (Golding, 2008). IWMs of children in foster care are therefore likely to reflect adverse experiences (Schofield, 2003) and they often behave as though they expect foster carers to care for them in a manner that is congruous with the care of their family of origin, rather than the actual sensitivity and availability of the foster carer (Golding, 2008). In the words of Fransella and Bannister (1977), the child does not respond to the stimulus (i.e., the foster carer and her caregiving behaviour), but rather to what he perceives that stimulus to be (i.e., through the lens of his previous caregiving experiences). Coping strategies that maximise feelings of security within the context of an early relationship may prove to be detrimental in allowing a fulfilling attachment relationship with a new caregiver to develop. These adaptive behaviours can also make it difficult for a new caregiver to properly construe the child's needs (particularly his emotional needs), and therefore to respond sensitively (Dozier et al., 2009; Golding, 2008; Howe & Fearnley, 2003; Kelly & Salmon, 2014; Kerr & Cossar, 2014). Having not witnessed the child's early relationship history, it can be difficult for a foster carer to effectively construe his constructions of caregivers, as the sociality corollary describes. Foster carers may therefore have difficulty in finding a way to cultivate a mutual, trustworthy relationship with the child. Over time, however, the child can learn that his new caregiver is available to provide sensitive care, and adapt

his IWMs/personal constructs accordingly. So too may a foster carer come to more effectively construe his constructions.

3.4 Implications of attachment theory for foster care

It is therefore evident that children entering foster care placements are at heightened risk of exhibiting a range of behaviours based on maladaptive attachment patterns. Such behaviour may then interfere with a foster carer's ability to provide the stable, loving and nurturing environment necessary to allow the child to develop optimally and flourish. A foster carer's capacity to understand and contend with any negative behaviour or distress related to attachment issues is likely to significantly influence her self-confidence and self-assurance (Blythe et al., 2014; MacDonald & Turner, 2005; Waterman, 2001; Whenan et al., 2009).

3.4.1 Foster carers' attachment

Despite the challenges that face the development of a secure attachment relationship between foster carers and children in OOHC, such secure relationships have been demonstrated to exist (Altenhofen et al., 2013; Cole, 2005a; 2005b; 2006; Gauthier et al., 2004; Hedin, 2014; Ponciano, 2010; Stovall-McClough & Dozier, 2004; Stovall & Dozier, 2000). One significant challenge lies in the uncertain future of many placements. A foster carer's concern or anxiety surrounding the 'unknown' permanency of a placement may be reflected in her interactions with the child in her care, and may consequently undermine the security of the attachment relationship (Cole, 2006). This can in turn influence the extent of a foster carer's ongoing satisfaction with providing care.

Stovall and Dozier (1998) argue that foster carers' understanding and contribution to relationships with children in care (including attachment related issues) are important considerations in any foster care placement. If a foster carer construes a child's behaviour as rejecting of her, she may be at heightened risk of formulating negative perceptions of the child. Consequently, she may not respond in an entirely sensitive manner, which can further exacerbate attachment issues.

The professional element of foster care (i.e., providing care under the authority of an external agency or government body) may also inhibit the sensitivity of care

provided (Cole, 2005b; Stovall & Dozier, 1998; Swartz, 2004). The care provided by foster carers may be affected by the involvement and potential scrutiny of these external influences, so as to meet requirements or expectations of official bodies, rather than what the carer believes to be in the best interests of the child. The involvement of external authorities in foster care placements can also serve as an ongoing reminder of inherent differences between foster care and parenting, thus leading foster carers to construe the roles differently. Differences in role constructions may direct foster carer behaviour in such a way as to reduce emotional investment and sensitivity compared to a parental relationship.

Emotionally distancing herself from a child also has the potential to serve a protective function for a foster carer (Nutt, 2006; Prynne, 2008; Tryc, 2013; Wade, Sirriyeh, Kohli, & Simmonds, 2012). While a strong emotional investment and the development of secure attachment relationships have been found to promote positive outcomes for children in foster care, some literature suggests that remaining somewhat guarded can protect foster carers from potential rejection or disappointment that may arise from difficulties with establishing mutually affectionate relationships with a child (e.g., Nutt, 2006; Tryc, 2013). Bates and Dozier (2002) examined the influence of foster carers' commitment, which they defined as the extent to which carers viewed a child in OOHC as their own, in a similar manner to how a parent would perceive her biological children. Findings from this study suggest that low commitment served as a protective function for foster carers, guarding them from feelings of loss when placements ended. While serving this protective function, lower foster carer commitment was also associated poor outcomes for children, including developing disorganised attachment patterns. These findings suggest that there is no perfect approach to providing foster care. Rather, certain compromises must generally be made – either on the part of the carer (e.g., opening herself to possible feelings of loss) or the child (e.g., the risk of poorer attachment relationships).

While a majority of studies have focused on the ramifications of attachment styles of children in OOHC, the manner in which foster carers experience bonding relationships with children in their care can also have a major influence on outcomes for children and overall placements (Cole, 2005a; Dozier, 2005; Dozier et al., 2001; Tyebjee, 2003). This body of research suggests that initial foster carer motivations and carers' own attachment styles can influence the quality of future relationships. In

particular, motivations that subsequently enable carers to put the child's needs ahead of their own desires tend to result in more secure attachment outcomes (Cole, 2005a). Furthermore, greater commitment and more positive bonding on the part of the foster carer promotes better outcomes for children in care, and more satisfying experiences for the carers themselves.

3.4.2 Foster carers versus parents

Despite the parental responsibilities involved, providing foster care is different from parenting one's own child in many fundamental ways (Bates & Dozier, 2002). As well as not having any biological connection with the child, foster carers typically do not begin to form a relationship with the child from birth (Schofield & Beek, 2005a), and depending on the child's attachment history, may face behaviours that are somewhat rejecting of any caregiver (Broady et al., 2010; Dozier, Stovall, & Albus, 1999; Wells, Farmer, Richards, & Burns, 2004). Unlike a biological parent, a foster carer provides care under the ultimate authority of an external body (Bates & Dozier, 2002; Schofield & Beek, 2005a), and generally must also acknowledge that the child has birth parents (though the extent of contact and relationship can vary significantly). Issues such as these can have serious implications in terms of the emotional investment displayed by foster carers. Bates and Dozier (2002) suggest that the relationship quality existing between a foster carer and child is strongly influenced by the carer's state of mind regarding the relationship and her consequent emotional investment, as well as the age at which the child enters her care. The quality of the bonding relationship can therefore be significantly influenced by the extent to which a foster carer construes similarities between her role and that of a parent.

Despite the many differences between providing foster care and parenting, some general principles apply to both contexts (Ayoub, 2006; Pinderhughes, Jones Harden, & Schweder, 2007). In particular, caregiving styles characterised by warmth, affection, acceptance and nurturance have major positive outcomes for child development and wellbeing in both parenting and foster care arrangements (Barber, Stolz, & Olsen, 2005; Magnus, Cowen, Wyman, Fagen, & Work, 1999; Masten & Coatsworth, 1998). Some evidence suggests that long-term foster care placements can effectively provide children with a form of care that is congruent with parenting, including sensitive responses to the

child's needs and providing a sense of family belonging (Schofield, Beek, Sargent, & Thoburn, 2000; Thoburn, Norford, & Rashid, 2000).

Positive impacts of family belongingness extend beyond the psychological wellbeing of children, with foster carers feeling more confident and secure in their relationships with them. Schofield (2003) outlines seven pathways through foster care as described by former foster children. These pathways vary in the extent to which children feel a sense of family belongingness, from considering foster families to be their 'real' family, to feeling loved and accepted but acknowledging that it is not their 'real' family, through to experiencing no family connection with foster carers (often characterised by placement breakdown). Greater levels of family connectedness (and similarly, constructions of fostering as being more akin to parenting) have been associated with more positive psychosocial outcomes for both children and foster carers (Redding et al., 2000; Schofield, 2003). This demonstrates the potential benefits of validating experiences regarding construction of foster care as parenting.

3.5 Chapter summary

This chapter discussed the significance of attachment relationships between caregivers (whether parents or foster carers) and children. Emotional investment and attachment relationships have serious implications for child wellbeing, placement stability, and foster carer satisfaction. Greater emotional investment from foster carers and secure attachment relationships have been suggested to promote positive outcomes for children in OOHC, but can potentially lead to both foster carer and child experiencing a sense of loss in the event of the child being removed from the placement. Less emotional investment may prove to be a protective strategy for foster carers, but has also been suggested to exacerbate negative outcomes for children. In order to enhance foster carers' satisfaction and willingness to continue in the role, suggestions have been made that bonding relationships should be fostered or enhanced. While improving satisfaction during the course of the placement, this leaves foster carers open to potentially greater dissatisfaction or disappointment should the placement break down. As discussed in the following chapter, the extent to which foster carers are empowered to handle the specific challenges of providing OOHC care may well have significant bearings on their satisfaction with the role and willingness to continue providing care.

Chapter 4: Empowerment

4.1 Introduction

This chapter explores the concept of empowerment and its relevance to foster care. Beginning with an outline of various conceptualisations of empowerment, a framework of PCP guides the discussion. Using specific foster care examples, empowerment as it is theoretically conceptualised in this thesis is illustrated, demonstrating its significance to foster carers' experiences in terms of their role satisfaction and willingness to continue.

4.2 Empowerment in foster care

The previous chapter discussed the developing relationship between a foster carer and child, and its potential influence on a carer's satisfaction, including how forming a close bond can create other challenges. The manner in which a foster carer approaches these challenges can have a significant bearing on her role satisfaction. Previous research has focused on specific courses of action that may help enhance foster carers' satisfaction and consequent retention in light the challenges associated with providing OOHC (e.g., Butler & Charles, 1999; Daniel, 2011; Denby et al., 1999; Fees et al., 1998; Geiger et al., 2013; Kirton et al., 2007; Sanchirico et al., 1998; Whenan et al., 2009). While rarely using the term 'empowerment', this research regularly alludes to similar concepts, either theoretically or practically. As this chapter demonstrates, the concept of empowerment is useful in addressing important issues regarding the support and retention of foster carers.

Empowerment is closely related to a positive perception of one's own abilities and capacities (Rogers, Chamberlin, Ellison, & Crean, 1997). From this perspective, a person's motivation to pursue an involvement in foster care is founded on the extent to which she believes that she is an appropriate person to provide care, and her confidence in being able to do so effectively. Furthermore, the theoretical relationship between certain aspects of the broader concept of empowerment will have practical implications for supporting foster carers in their role.

Empowerment research initially emerged in workplace and management situations (e.g., Conger & Kanungo, 1988; Thorlakson & Murray, 1996), before being

broadened to other areas, such as mental health, social work, gender studies and health promotion (e.g., Kar, Pascual, & Chickering, 1999; Masterson & Owen, 2006). Due to the many contexts in which it has been studied, many different conceptualisations of empowerment exist. The broad and varied interpretations of empowerment that are found across many different areas of study make comparisons across research fields difficult. It is therefore imperative that empowerment is explicitly defined in specific theoretical and research contexts. The following discussion of empowerment has been developed within a framework of PCP and focuses on interpreting the experiences of foster carers.

4.3 Theoretical conceptualisations of empowerment

Across many fields of study, empowerment has been identified as a significant factor in the improvement of human lives (Cattaneo & Chapman, 2010). Regardless of the specific context, a focus on issues of empowerment draws attention to matters of discrimination or inequality, while simultaneously highlighting individual and community strengths, as well as resources that are relevant to the pursuit of enhancing wellbeing and effecting positive change (Zimmerman, 2000). It is worth noting that empowerment as described in this chapter does not necessarily operate in a conscious manner. Rather, like the underlying PCP framework on which this thesis is based, cognitive models are used to communicate processes which operate at varying levels of consciousness, often without an individual being aware of them.

A review of literature provides an abundance of concepts related to empowerment. Among the most commonly cited are: self-efficacy, mastery, self-esteem, competence, self-determination, control, and assertiveness (Boehm & Staples, 2004; Bolton & Brookings, 1998; Cox, 1991; Kieffer, 1984; Szymanski, 1994; Weaver, 1982; Zimmerman, 1995; Zimmerman & Rappaport, 1988). Bandura's (1977) self-efficacy theory is particularly relevant to the discussion of empowerment presented in this chapter, and as outlined in following sections, forms a major aspect of the broader empowerment concept. According to Bandura (1977), perception of one's own efficacy plays a significant role in directing behaviour and any task mastery contributes to further enhanced self-efficacy. This process closely reflects Kelly's (1955) notion of experimentation in the context of personal empowerment. Although a sense of personal empowerment has significant similarities to the concepts outlined above (particularly

self-efficacy), a major difference lies in the attainment of power and control. Bandura's (1977) concept of self-efficacy is based on an individual's beliefs about what she is capable of achieving, whereas empowerment extends to the power, control, and autonomy within a given situation. For example, a foster carer with high levels of self-efficacy will believe she is a capable caregiver, while a foster carer with high levels of empowerment will believe she is capable, and also that she has the authority to behave in the manner she considers necessary to provide effective OOHC.

4.3.1 Empowerment as an outcome

Several authors have focused on empowerment as an outcome, that is, an end goal state to be strived towards. This section outlines three such conceptualisations and draws comparisons between each.

Zimmerman (1995) argues for three major facets of psychological empowerment as an outcome – *intrapersonal*, *interactional*, and *behavioural*. *Intrapersonal empowerment* refers to how people think about (or construe) themselves. This aspect of empowerment is argued to reflect such notions as a sense of control, self-competence, and self-efficacy. Zimmerman (1995) further argues that an empowered person believes she has the capacity to influence different areas of her life. *Interactional empowerment* is concerned with how people understand issues within their community. The empowered person develops an understanding of socio-political matters and a critical awareness of how to utilise necessary resources in order to address them. In part, this component reflects the skills and abilities a person possesses, as well as an understanding of how to exercise her rights or entitlements. Finally, *behavioural empowerment* refers to an individual taking deliberate action to exert an influence on her environment.

Menon (1999) similarly proposes that psychological empowerment can be conceptualised through three components, labelling them *perceived control*, *perceived competence*, and *goal internalisation*. *Perceived control* involves an individual's beliefs about her own authority in terms of making decisions, her ability to utilise available resources to influence her environment, and her self-sufficiency in carrying out specific tasks. *Perceived competence* reflects "role-mastery, which besides requiring the skilful accomplishment of one or more assigned tasks, also requires successful coping with non-routine role-related situations" (Menon, 1999, p.162). Although labelled "*perceived*

competence”, this possession of skill and the ability to cope resembles an individual’s *actual* competence. Focusing on *actual* rather than *perceived* competence has further theoretical implications. Referring to *actual* competence broadens Menon’s (1999) psychological conceptualisation to include both an internal sense of empowerment, and an external influence on the environment. *Perceived control* encapsulates the inwardly focused beliefs of one’s own abilities and authority, while *actual competence* would encompass proven abilities to complete tasks and reach goals. Finally, the concept of *goal internalisation* captures the essence of being personally energised through involvement in advocating a worthy cause. *Goal internalisation* refers to the motivation to achieve specific goals through exercising the skills and self-belief that is evident through *perceived control* and *actual competence*.

Another model of empowerment, developed by Rogers, Chamberlin, Ellison and Crean (1997), uses the metaphor of a tripod, with empowerment conceptualised as having three distinct ‘legs’. The first leg of this tripod encompasses *self-esteem*, *self-efficacy*, *optimism* and *control over the future*. Rogers, et al. (1997) argue that this aspect of empowerment is characterised by a sense of positive self-worth, and a belief that one has the ability to control the outcomes of life. The second leg of Rogers et al.’s (1997) tripod metaphor is labelled *actual power*. This concept refers to an ability to influence the wider environment, as opposed to being the victim of circumstance. Rogers et al.’s (1997) first leg can therefore be viewed as representing the individual’s construal of the reality that is her *actual power*. Finally, the third leg of Rogers et al.’s (1997) tripod metaphor is described as *righteous anger* and *community activism*. This delineates a person’s motivation and proactive attempts to influence her environment. This third leg also implicitly suggests that empowerment carries with it a moral element (i.e., ‘righteous’). The ethical ramifications of this term reflect an underlying assumption of each theoretical approach discussed in this chapter – the assumption that an individual will use her power to benefit, not harm, other people and wider society.

4.3.2 Empowerment as a process

As well as being conceptualised as an outcome, empowerment has been viewed as a process. This view suggests that empowerment does not exist as a distinct state where an individual is either empowered or not. Rather, empowerment is seen to be an

ongoing progression, where the continual improvement of one's situation and personal influence is encouraged.

Thomas and Velthouse (1990) developed a cognitive model of empowerment as a process, the core of which is an ongoing cycle between *environmental events*, *task assessments*, and *behaviour*. *Environmental events* are the circumstances that occur in a person's life, either as a result of her past behaviour, or independent of it. These events influence how she thinks about and approaches future tasks – her *task assessments*. These are her appraisals regarding specific challenges she faces, including perceptions of her own ability to accomplish goals, and the level of importance she places on a given task. *Task assessments* are described as interpretations of reality, and therefore bear similarities to Kelly's (1955) notion of personal constructs. As with constructs, *task assessments* provide a framework through which an individual can interpret her world and behave accordingly. This *behaviour* in turn influences future *environmental events*, and so the cycle continues (Kelly, 1955; Thomas & Velthouse, 1990).

Thomas and Velthouse (1990) assert that empowerment is not exclusively influenced by external events, but also by the manner in which those events are personally understood. Their model of empowerment therefore includes *global assessments* and *interpretive styles*. *Global assessments*, like *task assessments*, are appraisals regarding personal abilities and the significance of events and tasks. However, these are generalised across all contexts, rather than being applicable only to a specific task, thus reflecting a more general set of personal constructs. *Interpretive styles* provide an individualised aspect to this process model of empowerment. Reflective of Kelly's (1955) individuality corollary, this individual focus acknowledges the different manner in which different people may view events and the process of their own empowerment. Finally, *specific interventions* complete Thomas and Velthouse's (1990) model, representing purposeful attempts to change either *environmental events* or a person's perceptions of them.

Cattaneo and Chapman's (2010) also developed a process model of empowerment, containing the following components: *goals*, *self-efficacy*, *knowledge*, *competence*, *action*, and *impact*. Cattaneo and Chapman (2010) argue that having a goal to strive towards is the essential basis for becoming empowered, and gives purpose to that empowerment. Empowerment proceeds via the concepts of *self-efficacy* (believing

one can accomplish one's goal), *knowledge* (understanding the steps required to reach the goal), and *competence* (ability to complete these steps). *Action* is the behavioural component in Cattaneo and Chapman's (2010) model, as it is essential that an individual take action if she is to achieve her *goals*. Finally, *impact* refers to an individual's assessment of her personal influence on her situation. In other words, *impact* relates to the construing of experimental outcomes within the 'man-as-scientist' metaphor.

While clear differences exist between empowerment as a process and as an outcome at a practical level, the above discussion shows that significant similarities exist at a theoretical level. Each conceptualisation discussed provides a slightly different perspective on empowerment, yet they also reflect each other in important ways. These similarities hold particular importance in applying empowerment to foster carers' experiences.

4.4 Triune² conceptualisation of empowerment

In this section, aspects from each of the above conceptualisations of empowerment are compared, summarised and extrapolated in the form of a triune conceptualisation of empowerment, comprising the three aspects outlined in Table 2: *intrinsic empowerment*, *extrinsic empowerment*, and *empowerment in action*. A comparison is provided between these reconceptualised aspects of empowerment and the respective aspects outlined in previous research, as well as relevant PCP concepts. Although previous authors have differentiated between empowerment as a process and as an outcome, the three aspects at the core of this triune conceptualisation can apply equally to both. Therefore, the following exploration directly compares previously reported aspects of empowerment as a process and as an outcome in order to develop a broader understanding of empowerment as either an outcome or a process.

² 'Triune' refers to this conceptualisation of empowerment having three individual components that are separate yet united

Table 2
Triune Conceptualisation of Empowerment

	Intrinsic Empowerment	Extrinsic Empowerment	Empowerment in Action
	<i>'I am'</i>	<i>'I can'</i>	<i>'I will'</i>
Description	Perception of self and abilities	Skills, capabilities, rights, entitlements	Behavioural response
Personal Construct Psychology	(Core) Constructs	Real world	Experiment
Thomas & Velthouse (1990)	Task assessments Global assessments Interpretive styles	Competence	Behaviour
Zimmerman (1995)	Intrapersonal	Interactional	Behavioural
Menon (1999)	Perceived control	Actual competence	Goal internalisation
Rogers, et al. (1997)	Self-esteem Self-efficacy Optimism Control over future	Actual power	Righteous anger Community activism
Cattaneo & Chapman (2010)	Self-efficacy	Knowledge Competence	Action

4.4.1 Intrinsic empowerment

Intrinsic empowerment is an individual's perception of her own self and abilities, and therefore may be summed up by the phrase 'I am' as opposed to 'I am not'. This means that an individual's *intrinsic empowerment* is a function of the manner in which she perceives herself and is not directly observable by others. A person with high levels of *intrinsic empowerment* will see herself capable ('I am capable'), important ('I am important'), and useful ('I am useful'), whereas an individual with lower levels of *intrinsic empowerment* will be more likely to see herself as incapable ('I am not capable'), unimportant ('I am not important'), and useless ('I am not useful'). This aspect of empowerment therefore encompasses the self-reflective notions of *interpretive styles* (Thomas & Velthouse, 1990), *intrapersonal empowerment* (Zimmerman, 1995), *perceived control* (Menon, 1999), *self-esteem*, *self-efficacy*, *optimism*, and *control over the future* (Cattaneo & Chapman, 2010; Rogers et al., 1997). *Intrinsic empowerment* is

ultimately a personal phenomenon, experienced within an individual's psychological realm, but is still able to influence and be influenced by interactions with others and the environment. Therefore, this concept also aligns with Kelly's (1955) notion of core constructs – those frameworks through which an individual perceives her own identity.

4.4.2 Extrinsic empowerment

Extrinsic empowerment has two distinct aspects: 1) the skills and abilities an individual possesses, and 2) any legal or role-specific rights and authority bestowed upon her. It describes a proven ability to exert influence over her environment, and knowledge of how to acquire and utilise necessary resources. This component of empowerment may therefore be summed up by the phrase 'I can' as opposed to 'I cannot', and is characterised by a focus on those tasks an individual can complete, rather than those she cannot. For example, an individual with high levels of *extrinsic empowerment* will be more capable of achieving a certain goal ('I can do this'), than someone with lower levels of *extrinsic empowerment* who will be less likely to accomplish their task ('I cannot do this'). This may be demonstrated by a foster carer who is able to soothe an upset child – 'I can comfort him' – as opposed to a carer who is unable to handle a child's violent behaviour – 'I cannot control this situation'. It is important to reiterate that *extrinsic empowerment* is not synonymous with what an individual believes she is able to achieve, but rather, the actual skills and abilities she possesses. In this way, *extrinsic empowerment* is a part of the real world that Kelly (1955) asserts can be interacted with through a system of personal constructs, and can therefore be observed by others. A person therefore perceives her *extrinsic empowerment* through the lens of her *intrinsic empowerment*.

Extrinsic empowerment does not only refer to a person's skills and abilities, but also the legal, social, or moral rights bestowed upon her. A person's thought process of 'I can do this' is therefore not just a comment on her abilities, but also on the action someone in her position is entitled to take, as dictated by legal, moral, or social powers. For example, a foster carer may have the autonomy to take a child in her care to a doctor's appointment, but then may need specific approval to purchase any equipment related to the care of the child. The inclusion of *extrinsic empowerment* in the triune conceptualisation ensures that an individual's experience of being empowered incorporates her capacity to influence the surrounding environment, rather than focusing

solely on her internal, psychological experience (Cattaneo & Chapman, 2010). This second aspect of empowerment bears resemblance to the previously outlined facets of *interactional empowerment* (Zimmerman, 1995), *actual power* (Rogers et al., 1997), *knowledge*, and *competence* (Cattaneo & Chapman, 2010; Menon, 1999; Thomas & Velthouse, 1990).

4.4.3 Intrinsic empowerment vs. extrinsic empowerment

The major differentiation between these two concepts lies in the idea of *intrinsic empowerment* being a personal perception, while *extrinsic empowerment* refers to actual skills sets, abilities, rights and entitlements, regardless of how they are perceived. *Extrinsic empowerment* is a reality that can be observed by an objective other, whereas *intrinsic empowerment* is a person's own construction of that reality. Being a real world phenomenon, *extrinsic empowerment* may be construed differently by other people, according to Kelly's (1955) individuality corollary. Therefore, the factual nature of *extrinsic empowerment* is not necessarily as straightforward as this simplified discussion may appear to suggest.

The relationship between these concepts is particularly important in terms of foster care policy and practice. As a foster carer develops a wider range of skills (e.g., through additional training or experience), or receives entitlements for more freedom and autonomy (e.g., agency giving her more responsibilities, more obvious trust from caseworkers), it is likely that this will enhance her own constructions of her caregiving abilities. However, the relationship is also reciprocal. A positive self-perception has been found to influence an individual's actual skill level and ability to perform (Judge & Bono, 2001; Judge, Erez, & Bono, 1998). Consequently, *intrinsic empowerment* and *extrinsic empowerment* require mutual consideration in attempts to enhance the empowerment of any individual or group (e.g., a foster carer in her individual placement, or foster carers in general at a policy level).

4.4.4 Empowerment in action

The final component of this triune conceptualisation is *empowerment in action*. This represents the behavioural response to *intrinsic empowerment* and *extrinsic empowerment* and can be understood by the phrase 'I will' as opposed to 'I will not'. High levels of *intrinsic empowerment* and *extrinsic empowerment* are argued to

encourage an individual to take the necessary steps to achieve her goals ('I will do this'). Conversely, an individual with lower levels of *intrinsic empowerment* and *extrinsic empowerment* will be less likely to have this same drive to influence her environment ('I will not do this'). This aspect of empowerment encompasses Thomas and Velthouse's (1990) element of *behaviour*, Zimmerman's (1995) *behavioural empowerment*, Cattaneo and Chapman's (2010) *goals* and *action*, and Rogers et al.'s (1997) *righteous anger* and *community activism*, while at the same time accommodating the energising experience of being an advocate for a worthy cause, as described by Menon's (1999) concept of *goal internalisation*. *Empowerment in action* also reflects the manner in which PCP theory suggests behaviour is directed by an individual's constructions (*intrinsic empowerment*) of reality (*extrinsic empowerment*).

The notion of *empowerment in action* addresses some of the criticisms that have been levelled at previous conceptualisations of empowerment. In particular, psychologically based frameworks of empowerment have been argued to neglect the relevance of empowerment to the wellbeing of the wider community (e.g., Goodman et al., 2004; Prilleltensky, 1997; Riger, 1993). *Empowerment in action* ensures that empowerment is not solely an individual experience. Rather, the end goal of an empowered foster carer is not simply her own internally subjective benefit, but also to positively influence her social, political, or interpersonal environment, e.g., to provide better care for a child, to be better equipped to care for children exhibiting more challenging behaviour, to support other foster carers, or to empower the child in her care to better interact with his world. The notion of empowering others is a practical outcome that is particularly relevant to foster care, and is addressed in Section 4.5.

It is important to note that despite the strong influence of both *intrinsic empowerment* and *extrinsic empowerment* on *empowerment in action*, this is not necessarily a direct causal relationship. While who a person believes she is and what she can do is likely to influence what she will do, she still needs to be motivated and make the conscious decision to put her empowerment into action. This conscious choice to proactively attempt to achieve a desired goal is at the core of *empowerment in action*, allowing for wider environmental and community benefits from an otherwise individual experience.

4.4.5 The 'I am, I can, I will' cycle

The conceptualisation of empowerment described in this chapter has been labelled as a 'triune' conceptualisation of empowerment because it incorporates three distinct aspects, each of which is intimately linked and mutually influential. As has been previously discussed, the actual skills and rights that comprise a person's *extrinsic empowerment* are likely to influence her perceptions of the type of person she believes herself to be. However, this interaction is not unidirectional. A foster carer's self-perception also exerts an influence on the skills sets and abilities she develops. For example, a foster carer who sees herself as a competent caregiver may be more likely to confidently approach interaction with a child and thus demonstrate practical skills to provide the secure and loving home environment he needs. A foster carer who comes to see herself as less competent may approach a placement in such a way as to not demonstrate effective caregiving skills due to her own fear or timidity.

Empowerment in action has thus far been described as an end result of *intrinsic empowerment* and *extrinsic empowerment*. As suggested by Bandura's (1977) theory, perceptions of self-efficacy (or *intrinsic empowerment*) exert an influence on the way a foster carer behaves in the context of any given placement or caregiving relationship (reflective of *empowerment in action*). However, through the practical experience of *empowerment in action*, a carer's *intrinsic empowerment* and *extrinsic empowerment* are both likely to be affected in much the same way as perceptions of self-efficacy are argued to be influenced by the extent to which particular tasks are completed or achievements accomplished (Bandura, 1977). The outcome of a foster carer's attempts to actively influence her environment will either confirm or contradict her initial beliefs regarding who she is, thus influencing *intrinsic empowerment*. This is a context specific example of Kelly's (1955) notion of experimentation. The environmental interaction of *empowerment in action* provides opportunities for an individual to learn from experience, while developing and refining her skills. In other words, behaviour as a result of *empowerment in action* will influence *intrinsic empowerment* and *extrinsic empowerment*, as indicated by the 'I am, I can, I will' cycle depicted in Figure 1.

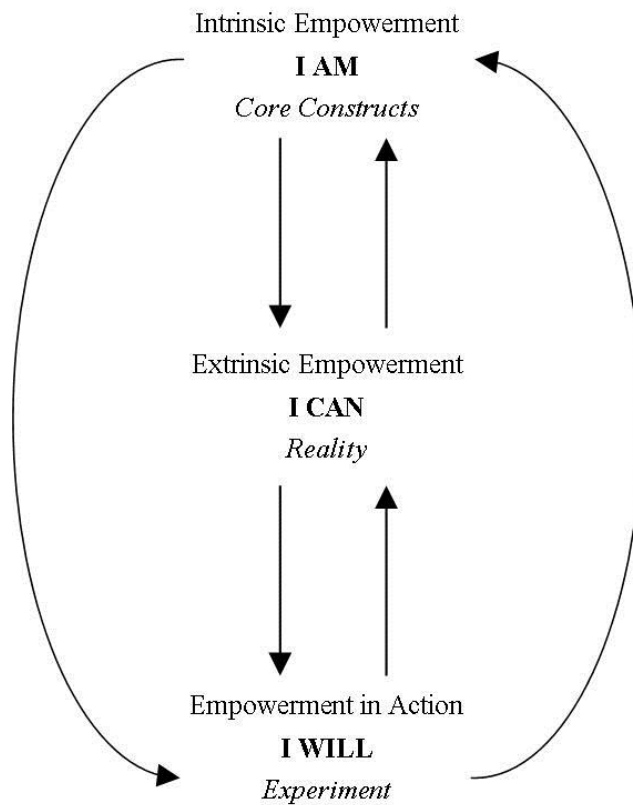


Figure 1. The 'I am, I can, I will' cycle

This cycle suggests that any experience within one aspect of empowerment will hold implications for the other two aspects. However, the underlying PCP framework implies that the manner in which each aspect influences the other two is dependent on the individual in question. For example, high levels of *extrinsic empowerment* may lead to higher levels of *intrinsic empowerment*, and thus increase the likelihood of putting these beliefs into action. Acting on this empowerment and accomplishing goals can then further enhance both *extrinsic empowerment* and *intrinsic empowerment*. Similarly, lower levels of *extrinsic empowerment* may predict lower levels of *intrinsic empowerment*, and consequently, reduce the likelihood of a person being willing to attempt a task. On the other hand, it may be the case that higher levels of *intrinsic empowerment* may exist in contradiction to lower levels of *extrinsic empowerment* (due to the perceptual nature of *intrinsic empowerment*), and thus serve to spur an individual into action in an attempt to prove herself.

The outcomes of *empowerment in action* may also influence individuals in very different ways. Taking the example of foster carers, successfully achieving certain goals may lead some foster carers to continue along similar paths of behaviour (e.g., continue

providing foster care). Similarly, a foster carer who perceives a placement as a failure may withdraw from the role altogether due to changed self-perceptions of her ability to effectively provide care. Conversely, she may feel more motivated to attempt another placement in order to prove the ability she believes she possesses. The importance of individual differences can therefore be seen through these hypothetical examples, reflecting the personal nature of PCP outlined by the individuality corollary, “Persons differ from each other in their construction of events” (Kelly, 1955, p. 55). In other words, similar outcomes (e.g., successful placements, or alternatively, failed placements) are construed differently by different people, and different behaviour is therefore likely to eventuate.

In this way, the cycle suggests interactions of influence, rather than causal relationships with pre-determined directionality. Furthermore, significant influences on empowerment may exist within components of the cycle (through personal characteristics of the individual or group in question), or externally (through specific features of the contextual situation).

Within a foster care context, *empowerment in action* represents the ongoing decision to continue providing care, either in the current placement or by undertaking another. The above model suggests that in order for this to occur, *empowerment in action* must be sufficiently supported by *intrinsic empowerment* and *extrinsic empowerment*. That is, an individual must consider that she is suitable for the role (‘I am the right person’), and must also be capable of fulfilling such duties (‘I can provide appropriate care for these children’). Previous research has indicated that the belief that one is a suitable resource for providing care is a major motivating factor for initially undertaking the foster carer role (e.g., Brown, Gerrits, Ivanova, Mehta, & Skrodzki, 2012; Brown, Sigvaldason, & Bednar, 2007; Buehler et al., 2003; McDermid et al., 2012; Sebba, 2012). Having made the decision to behaviourally respond to these beliefs, the construed experience of foster care placements can serve to either enhance or contradict them, as suggested by the ‘I am, I can, I will’ cycle, and also the PCP concept of experimentation (Kelly, 1955). The ways in which different foster carers respond to their construed experiences can influence their future behaviour, particularly in terms of continuing or discontinuing the provision of care.

It is at this point that the facilitation of empowerment becomes paramount. In the interests of foster carer retention, it is imperative that a foster carer is able to maintain appropriate levels of empowerment (across all three aspects of the triune conceptualisation), continuing to believe that she is an appropriate person for the role and being willing to act on that belief (Crum, 2009). In this way, empowerment can be seen to play an important role in the sensitivity displayed by caseworkers in supporting foster carers. Alongside a variety of other individual needs, the theoretical discussion of empowerment in this chapter suggests that caseworkers should proactively attempt to promote the empowerment of foster carers, thereby supporting their personal beliefs about their ability to provide effective care, and increase the likelihood of them continuing in the role.

4.5 Practical utility of understanding empowerment

The purpose of studying empowerment from a theoretical perspective lies in its practical benefits. Many authors hold the assumptions of strengths-based approaches, whereby any individual or group possess their own strengths and expertise which ought to be acknowledged and utilised by services or professionals intending to support them (e.g., Ivanova & Brown, 2011; Odell, 2008; Saleebey, 1992; Tomlinson & Egan, 2002). In other words, a certain level of *extrinsic empowerment* exists. Such an approach also argues that the ongoing scaffolding of the ‘I am, I can, I will’ cycle, can be facilitated by others, such as friends, other foster carers, social workers, or other professionals (Boehm & Staples, 2004), thus illustrating the vital role that may be played by individuals outside the everyday functioning of a foster care placement.

An individual who possesses high levels of empowerment is likely to respond differently to attempts at facilitating her empowerment than someone with lower levels of empowerment. For example, someone who is initially hesitant to participate in community activities due to doubting their capabilities may benefit from explicit, step by step instruction, whereas a person who is confident in their abilities may interpret this same approach as belittling or interfering. Again, the personal nature of the process is paramount. Since people differ from each other in the way they construe events (Kelly, 1955), different people will interpret attempts to facilitate their empowerment in different ways. It is therefore important that those trying to facilitate the empowerment

of others consider individual needs, and that they are attentive to how this may influence interpersonal interactions.

The issue of facilitating another's empowerment has particular significance within foster care contexts. Throughout this chapter so far, the implication has been that of professionals (e.g., caseworkers) empowering foster carers in providing OOHc. In such an instance, caseworkers are likely to demonstrate *extrinsic empowerment* in their roles as foster care agency representatives (as well as through their professional qualifications). The supportive services they provide to foster carers represent their *empowerment in action*. Empowerment then flows on with foster carers attempting to empower children in their care to develop and flourish, as is an important aspect of any caregiving role (see Section 3.3). This demonstrates a broader benefit to the empowerment of foster carers – it is not just for the personal betterment of foster carers themselves, but also for the good of the children for whom they care.

4.6 Importance of empowerment in foster care

Empowerment has a significant role to play when addressing issues of foster carer satisfaction and retention. Factors reported as promoting foster carer satisfaction in Australian and international studies include: competence, positive self-perceptions, and receiving appropriate support, respect and recognition from caseworkers and foster care agencies (Buehler et al., 2003; Coakley, Cuddeback, Buehler, & Cox, 2007; Denby et al., 1999; Gilbertson & Barber, 2003; Hudson & Levasseur, 2002; Whenan et al., 2009). If effectively empowered, carers who would otherwise discontinue their provision of foster care at an early juncture may be more willing to remain in the role (Gilbertson & Barber, 2003; Rhodes, Orme, Cox, & Buehler, 2003). Conversely, factors regularly reported to diminish satisfaction and potentially lead to foster carers withdrawing from their role include: disagreements with agency workers, patronising professionals, not being involved in decisions related to placements, and interference from agency workers (Brown & Bednar, 2006; Buehler et al., 2003; Coakley et al., 2007). Each of these issues reflects empowerment as it has been conceptualised in this chapter, whether *intrinsic empowerment* (e.g., positive self-perceptions, patronising professionals), *extrinsic empowerment* (e.g., competence), or *empowerment in action* (e.g., involvement in decisions, interference from agency workers).

4.6.1 Empowerment in foster carer training

The empowerment of foster carers can be influenced strongly by training processes. Several international studies have shown associations between training and foster carers' skill levels (*extrinsic empowerment*) and self-efficacy (*intrinsic empowerment*) (e.g., Denby et al., 1999; Esaki, Ahn, & Gregory, 2012; Fees et al., 1998; Masson, Hackett, Phillips, & Balfe, 2013; Ogilvie, Kirton, & Beecham, 2006; Pacifici, Delaney, White, Nelson, & Cummings, 2006; Price, Chamberlain, Landsverk, & Reid, 2009). Foster carers who perceive their training as useful for the daily provision of care have been found to be more satisfied and confident in their role (Fees et al., 1998). Furthermore, receiving ongoing training and support has been linked to foster carers being more willing to continue providing care (Chamberlain, Moreland, & Reid, 1992; Rhodes, Orme, & Buehler, 2001), while a lack of training has been associated with the closure of a large proportion of foster homes (Denby et al., 1999). These findings are mirrored in Australian research that reports training to be a significant predictor of foster carer wellbeing and satisfaction (e.g., Whenan et al., 2009). The effective provision of appropriate training has therefore been found to have positive impacts in terms of empowering foster carers and also improving role satisfaction and retention.

4.6.2 Empowerment in foster carer support

Providing appropriate ongoing support has also been identified as a key method in empowering foster carers, enhancing their satisfaction, and retaining their services (MacGregor et al., 2006; McHugh et al., 2004; Soliday, McCluskey-Fawcett, & Meck, 1994; Steinhauer et al., 1988). Support refers not just to specific solutions, advice, or directions, but rather, having somebody to lean on (Hudson & Levasseur, 2002). Literature suggests a number of supportive strategies to assist in retaining foster carers, many of which can be seen to directly align with the concept of empowerment presented in this chapter. Foster carers report a strong desire to be informed, respected and encouraged, to have the opportunity to share mutual experiences with other foster carers, to have their abilities utilised, and to be recognised as vital contributors to their respective placements (Brown & Campbell, 2007; Chamberlain et al., 1992; Denby et al., 1999; Hudson & Levasseur, 2002; Rhodes et al., 2001; Steinhauer et al., 1988). In addition, foster carers generally report feeling supported when they receive emotional support, maintain good communication and trust with agency workers, receive necessary

crisis intervention, and have their opinions and abilities respected (MacGregor et al., 2006). Redding and colleagues (2000) argue that foster care services are most effective when they empower both carers and children by involving them in decisions wherever possible. When foster carers are effectively empowered in their role, they are likely to rely less on agency support and are argued to be better able to cope with the stresses and ambiguities of the foster caring role (Testa, 2004).

As previously discussed, providing effective support is contingent on construing a foster carer's construction of herself and her situation so as to understand her personal needs and attitudes and therefore identify appropriate supportive mechanisms (Nixon, 1997). For example, a foster carer whose levels of *intrinsic empowerment* have diminished through negative experiences of providing care may well appreciate active support. However, this poorer self-perception is likely to render an individual more sensitive to intervention, so care must be taken to ensure that any offer of support is not construed as criticism. Therefore, it is important not only that people who offer support are able to effectively construe the foster carer's personal needs for support, but also that the foster carer is able to effectively construe the supporting person's point of view. As Kelly's (1955) sociality corollary suggests, an effective social relationship exists when two people are able to effectively construe the processes of each other. Through a useful understanding, the manner in which a foster carer interprets a caseworker's intervention will minimise the likelihood of misinterpretations occurring. This is a major implication of the triune conceptualisation of empowerment having a theoretical basis in PCP, and therefore demonstrates how an understanding of this theoretical approach to empowerment may prove useful in practical situations of foster care.

All foster carers and professionals working within child protection systems face constraints due to legal and government regulations. The availability of resources can also be a major factor in providing foster carers with access to the support they require (e.g., contact with overworked caseworkers). In such instances, foster carers may be forced to look towards other sources to be empowered. Foster carers regularly report that support groups, family, and close friends are instrumental in providing them with the kind of support that is necessary for someone in such a time and effort demanding role (Baum et al., 2001; McHugh et al., 2004; Nixon, 1997; Rhodes et al., 2003). It is therefore not only foster care agencies and professionals who empower foster carers – they often have to find their own solutions. In fact, the problem solving abilities

demonstrated by a foster carer in finding and utilising alternative sources of support are indicators of an empowered individual. The important concern is not the source that facilitates foster carers' empowerment, but rather that empowerment is facilitated in some way. As long as a foster carer is sufficiently empowered and her experience of the 'I am, I can, I will' cycle is supported, the likelihood of her becoming unwilling to remain in the role can be minimised.

4.7 Chapter summary

Foster carers' empowerment is an issue of vital importance in individual placements and the broader OOHC system. Not only is it strongly linked to initial motivations to provide care, it must be maintained in order for a carer to continue in her role. The multiple aspects of empowerment discussed in this chapter show that while an individual foster carer has a significant part to play in its facilitation, the input of others (e.g., caseworkers, social workers, family, friends, colleagues, etc.) also has a marked bearing on her experience of empowerment. A significant difficulty has been identified in the facilitation of a foster carer's levels of empowerment – that of potentially being construed as intrusive or belittling. While a lack of support can leave a carer feeling disempowered and unable to cope with the situation at hand, over-involvement and misguided attempts to provide support may be seen as intrusive and therefore erode working relationships. It is therefore important that foster carers receive the type and amount of support that is appropriate to the individual and her personal situation. To once again reflect on Kelly's (1955) sociality corollary, the processes of the foster carer must be effectively construed in order for others to be able to play a meaningful social role and thus provide effective support within her personal sphere.

Enhanced foster carer empowerment has further benefits beyond the subjective experience of foster carers. In being empowered herself, a foster carer is better able to empower a child in OOHC to develop the necessary skills to function in the future. Greater empowerment is therefore not only associated with foster carer satisfaction and wellbeing, but also with her ability to competently fulfil her foster caring role. These aspects of empowerment may therefore provide foster care agencies with an understanding of how best to serve their carers, enhance their satisfaction, and ultimately, how best to retain their services.

Chapter 5: Theoretical Model of Foster Care

5.1 Introduction

Chapters 2, 3 and 4 discussed the theoretical framework of PCP, issues of attachment and bonding, and the concept of empowerment in relation to foster carers' experiences in providing OOHHC. This chapter draws on these discussions in describing interactions between each of these concepts through the development of a theoretical model of foster care. This model attempts to summarise how these concepts can play a part in influencing a foster carer's satisfaction with her role and her consequent willingness to continue providing care. The proposed theoretical model is presented in Figure 2 below, which is elaborated in the following paragraphs. The extent to which the model may also be applied to parenting is also discussed in order to identify similarities and differences between these roles across the core components of the model.

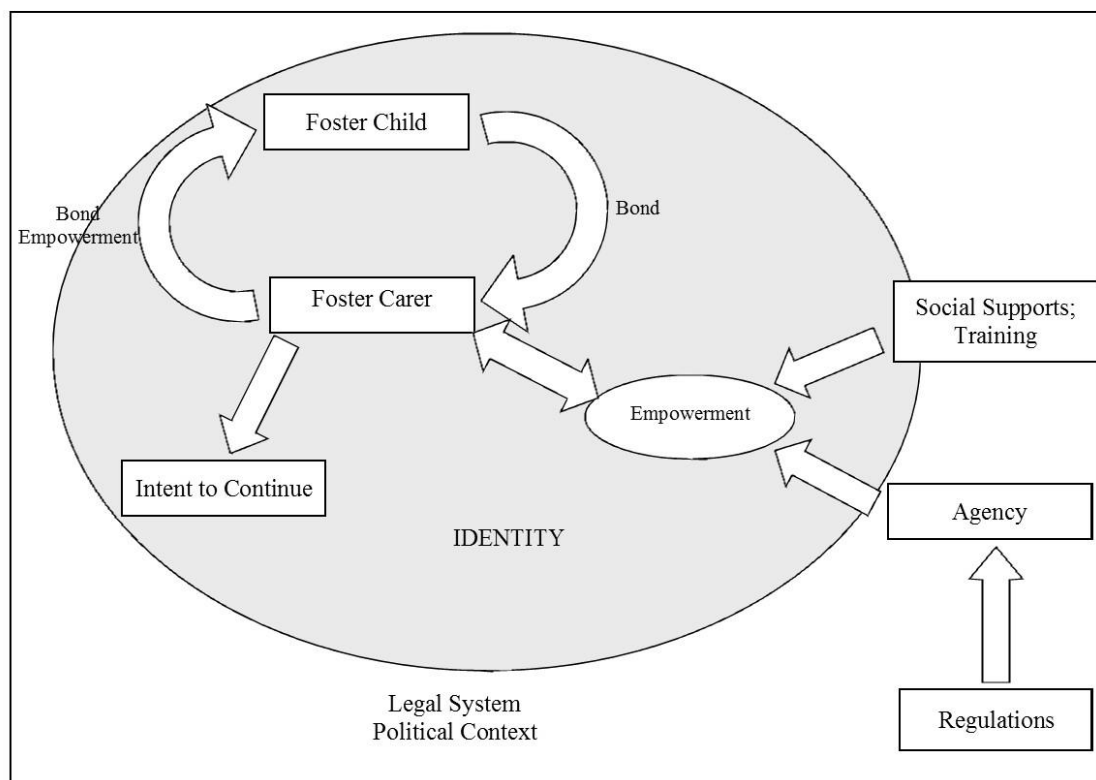


Figure 2. Theoretical model of foster care

5.2 Elaboration of theoretical model

It is important that the influence of each issue discussed in previous chapters is viewed in an appropriate context. For this reason, the theoretical model of foster care presented in Figure 2 is framed by the political and legal context in which an OOHC placement exists. By doing so, this model can be applied to placements occurring under different jurisdictions. Although this thesis has been developed from a basis of foster care in Australia (and particularly influenced by the situation in NSW), the core issues that have been investigated are salient across states and to a certain extent, internationally, as demonstrated through the literature referred to in previous chapters. Despite their universal applicability, these issues and interactions still occur within a specific socio-political and legal context. The theoretical model is therefore presented against this backdrop in order to acknowledge its potential influence. However, the focus of this thesis is the more central elements of the model, the relationships between them, and their overall influence on foster carers' intentions to continue providing OOHC.

It must also be noted that the social, political and legal context in which foster care placements exist is significantly different from that of parenting situations. While parenting one's own children is essentially a private endeavour, foster care is more public, involving the authority of government departments and/or non-government agencies. The requirements of child protection systems are therefore major contextual differences between foster care and parenting, which must be considered when attempting to draw any comparisons between them.

5.2.1 Personal construct psychology and identity

The concept of a foster carer's identity is central to the theoretical model, and is understood from a PCP perspective. PCP thus forms the theoretical basis underlying the model and also provides a mechanism whereby the generalised processes predicted by the model may be applied to individual circumstances.

The model represents a simplified overview of key interactions within foster care placements. While it cannot explicitly address many of the more subtle individual differences that are likely to be evident between carers and placements, the theoretical underpinning of PCP does allow for individual interpretations, based on individual construct systems. Kelly's (1955) individuality corollary suggests that foster carers

differ from each other in their construction of events, and it is through this process that the theoretical model allows for individual differences to exist. Viewing issues of bonding and empowerment through a lens of PCP also assists in understanding how an individual foster carer may be personally affected, thus influencing her future anticipations and perceptions of the world, other people, and herself. In particular, PCP asserts that each individual experiences and construes events in her own personal way, meaning that any given event referred to by the model may be construed very differently by two individual foster carers (or children or caseworkers).

Kelly's (1955) process of experimentation has previously been identified as an appropriate mechanism for understanding the experiences of foster carers (Broady et al., 2010) and the validation/invalidation of constructs therefore plays a significant role within this model. A foster carer's anticipations of future events, particularly those relating to personal involvement or social interaction, rely heavily on her understanding of her self-identity, that is, who she considers herself to be. Therefore, any process of validation or invalidation of these constructs through experiences of bonding and/or empowerment in the context of providing OOHC can have significant implications for an individual foster carer's understanding of her own identity. Identity therefore serves as a backdrop for the more directly tangible influences of bonding and empowerment within the theoretical model of foster care. It is depicted in this manner so as to align with Kelly's (1955) assertion that core constructs are not likely to be readily available at a conscious level. Rather, constructions of identity within a foster carer's experience of providing OOHC operate as a background issue that permeates all other issues – not always directly noticeable or in conscious awareness, but always influential. While a foster carer may or may not actively give thought to her constructions of her own identity and how she perceives herself in her role, the theoretical model suggests that any experience of providing care ultimately reflects this understanding, whether consciously or unconsciously, verbally or pre-verbally. Similarly, her interpretation of any caregiving experience will be at least partly dictated by the manner in which she construes herself and her role. The role of self-identity within this model is particularly significant, as it is the component that enables a foster carer to derive personal meaning from her experiences in providing OOHC.

A parent's sense of role identity exists in the same manner. Construed experiences of raising one's own child can influence a parent's constructions of her role

and self-identity in the same way that construed foster care experiences can influence a foster carer's sense of identity. While different contextual factors between these two roles raise the potential that the respective role and self-constructions of parents and foster carers may be substantially different, this discussion of the theoretical model implies that construing processes operate similarly, independent of context.

5.2.2 Bonding

The bond that develops between the foster carer and child over the course of a placement is a major component of this model. As discussed in Chapter 3, the bonding relationship between a foster carer and child has a particularly strong influence on a foster carer's overall level of satisfaction within a given placement (Broady et al., 2010; Buehler et al., 2003; Butler & Charles, 1999; Daniel, 2011; Denby et al., 1999; McDermid et al., 2012; Sebba, 2012; Triseliotis et al., 2000; Whenan et al., 2009). In particular, a positive relationship is associated with greater levels of foster carer satisfaction and retention, while strained interpersonal relationships have been linked to dissatisfaction, placement breakdowns and foster carers withdrawing from fostering altogether. The model incorporates this trend, while also acknowledging the separate roles played by each party within the relationship, that is, the individual bonding contribution of the child and that of the foster carer.

The relationship between foster carer and child is seen on the left hand side of Figure 2. Within the context of this interactional relationship, the child's behaviour towards his new caregiver is observed, and the carer responds in turn. According to the model, not only does the behaviour of each party contribute to the developing bond between them, the carer's behaviour also incorporates an element of attempting to empower the child towards increased levels of self-efficacy and optimal functioning – an element that may be considered to be inherent within any supportive carer/child relationships (see Section 3.3). The specific contribution of empowerment to the model is outlined in Section 5.2.3. The interaction is depicted as being cyclic, so that as the foster carer construes the child's contribution to the relationship, she responds to him in a manner that is consistent with her interpretation of events, and vice versa. In cases of a positive bonding relationship through the mutual involvement of both foster carer and child, the positive influence of empowerment is also further enhanced for the child. Where this cyclic relationship is construed in a positive way, it is predicted that a foster

carer would be encouraged to continue in her caring role. Conversely, where the relationship does not develop positively, this cycle diminishes, the child is not empowered towards optimal functioning, and from the perspective of the foster carer, the relationship and the placement could deteriorate. The individual relationship between foster carer and child may also fluctuate between positive reinforcement and negative deterioration. The model does not suggest that a relationship must be completely positive or entirely negative. Rather, degrees of positivity and negativity can exist and alternate, leading to dynamic variations within the relationship over time.

This bonding relationship exists due to the foster carer taking on parental responsibilities for the child (see Section 1.4). It is in the daily provision of care that a foster carer and a child become familiar with each other and develop their bond. The processes within this component of the model can be just as appropriately applied to other caregiving scenarios (e.g., parenting or kinship care). Specific features of these contexts may differ (e.g., child's age when the relationship commenced, biological relationship, etc.), however, the interaction between caregiver contribution and child contribution is valid for both foster carers and parents. This raises the question as to whether these are experienced in a similar fashion by each group.

The relationship has been modelled as existing within the context of the foster carer's identity. That is, the manner in which she relates to the child is a function of her understanding of her own identity, and this identity is in turn influenced by her interpretation of the relationship, whether or not she is consciously aware of the process. It is here that Kelly's (1955) sociality corollary becomes particularly relevant. The extent to which a foster carer is able to play a meaningful social role within the life of a child is dictated by the extent to which she is able to construe his psychological processes. Within the relationship context, the foster carer construes how the child sees her as a caregiver. When considered alongside the foster carer's constructions of her own identity, the degree of congruence between the foster carer's view of herself and her perception of the child's view of her can have significant ramifications for the ongoing relationship. The validation or invalidation of self-constructions through this process is predicted by the model as influencing the carer's ongoing satisfaction and consequent willingness to continue fostering.

5.2.3 Empowerment

The concept of empowerment holds two important positions within the model. Firstly, empowerment as experienced by the foster carer is important in terms of how she construes her role. Secondly, empowerment forms a major part of the relationship between carer and child, through the foster carer's attempts to empower the child in her care.

In the context of the relationship, empowering the child is depicted by this model as a key component of a foster carer's role. While the extent to which this is possible, and the specific manner in which this may occur is likely to significantly differ across placements, children, and carers, the idea that a caregiver's role is to promote the empowerment of a child in her care exists across both fostering and parenting (see Chapters 3 and 4). This aspect of the model suggests that any attempts by a foster carer to support a child in developing skills to most optimally function in his present and future environments will influence her satisfaction and intent to continue providing care. This will most notably take place through the bonding relationship discussed in Section 5.2.2 and Chapter 3. The degree of success a foster carer construes in empowering the child influences her experience of the relationship and ultimately her own identity (as well as her satisfaction with the role).

Empowerment is not only relevant in the context of a foster carer's attempts to empower a child in her care, but also serves as a dynamic link between the placement and external influences (e.g., government, foster care agency, and social supports such as support groups, family, friends). In particular, any attempt by agencies to empower foster carers in their task of providing OOHC must be viewed in light of policy regulations, the needs of the individual child, the support and training offered to carers, and accountability within the legal system. According to the model, a foster carer can look towards external sources to be empowered in her role. Seeking empowerment in this manner should be understood in the context of concern for the wellbeing of the child in care, the desired outcome of empowering the child towards self-fulfilment, and the underlying influence of the foster carer's identity.

As the dynamic link between a foster care placement and external influences, empowerment within the model refers to both *intrinsic empowerment* and *extrinsic*

empowerment as defined in Chapter 4. As well as the input of external sources empowering foster carers, this aspect of the model refers to a foster carer's capabilities and skills, plus her legal rights and responsibilities. The degree of empowerment in this respect must again be viewed in the overarching context of the wider OOHC system and regulations imposed under such a framework. Whether referring to *intrinsic empowerment* or *extrinsic empowerment*, this aspect of the model clearly infers the significant place of external influences and authorities in relation to bestowing rights and responsibilities, and providing the necessary resources to carry these out.

As with relationship experiences, the foster carer's identity exists as a significant background issue to experiences of empowerment. A foster carer's constructs regarding her own empowerment and her ability to empower the child exist within the context of her role and self-identity. The extent to which real life experiences of empowerment validate or invalidate constructs pertaining to self-identity consequently influences future anticipations regarding the self. Furthermore, both the extent to which a foster carer construes herself as being empowered and the extent to which she construes herself as effectively empowering the child in her care, are depicted as influencing her contribution to the relationship. The extent of a foster carer's empowerment can dictate her emotional investment and practical involvement in the relationship. Her experience of being empowered in the daily task of providing care is also shown by the model as directly influencing satisfaction.

Empowerment as depicted in the model also raises issues of accountability. Foster carers are required to provide care for a child while remaining accountable to foster care agencies and/or government departments. Similarly, the model depicts these agencies or departments as being placed to empower foster carers, through ongoing support and training, while working within the broader context of their own regulations and the wider legal system. While necessary in the child welfare system, these regulations may contribute to certain tensions. These tensions indicate major differences that are apparent between foster carers and parents. While issues of empowerment and accountability are significant for foster carers, parents do not face the same accountability to external sources. These issues of empowerment and accountability are therefore shown to exert an influence on the bond that develops between a foster carer and child in a manner that is not seen within a parent-child relationship. Again, questions are raised as to the similarity between foster carers' and parents' constructions of their

respective roles and the extent to which they are empowered to carry it out. It may be argued that foster carers are likely to receive more support services to empower them in their role, while parents are generally likely to have more legal rights and entitlements. Issues of empowerment are therefore relevant across caregiving contexts, though differences in caregivers' constructions of their own empowerment are likely to have implications for ongoing satisfaction (see Chapter 4).

The extent to which a foster carer feels empowered to carry out her role as she sees fit (as opposed to the extent to which she feels restricted by her accountability to external authorities) is argued to influence her contribution to the relationship with the child in her care. As discussed previously, any perceived restrictions due to agency involvement can hinder the emotional investment of a foster carer in her relationship with the child and thus negatively influence the future of this relationship. This can also prove detrimental to a foster carer's ongoing satisfaction and willingness to continue fostering.

Considering that empowerment has been located within multiple areas of the model, the application of this aspect to parents shows both similarities and differences to its application to foster care. In relation to bonding relationships, a caregiver's interactions with a child reflect her attempts to empower him towards personal fulfilment and optimal functioning. Just as the modelled processes of bonding relationships have been argued to exist in similar fashions between foster carers and parents, so too can attempts to empower the child be viewed in this way.

Conversely, the model depicts empowerment as a link between foster carers and external sources of training and support. In this instance, clear differences are noted between the caregiving experiences of foster carers and parents. While both groups are equally likely to have the social support of friends and family, parents typically do not experience the type of training, caseworker or agency involvement that characterise foster care. As discussed previously, the involvement of foster care authorities may have either a positive or negative influence on a foster carer's experience of being empowered. The model therefore does not predict the extent of empowerment a parent should experience compared to foster carers, but does imply that differences are more likely to exist between foster carers and parents in relation to their sense of being empowered.

5.2.4 Implications

While both bonding and empowerment have been argued to individually exert an influence on role satisfaction, this model provides a framework whereby the interactions between these issues can be seen. Due to its theoretical basis of PCP, the model also indicates that a perception of one's own identity forms a unifying backdrop to these and other significant issues within foster care placements. Kelly's (1955) concept of experimentation applies to these major issues, and the influence of this experimental process on an individual foster carer's construct system demonstrates how identity may be affected across all experiences of providing care. Identity therefore provides the theoretical link between experiences of bonding and empowerment, which may otherwise seem somewhat unrelated. PCP also provides a means of explaining individual differences between foster carers. Specific behaviour demonstrated by a child or involvement by authorities can elicit different responses from different foster carers. These individual nuances are dictated by the individual foster carer's construct system, the subtleties of which cannot be fully depicted in a theoretical model such as that being presented in this chapter.

The value of this theoretical model of foster care therefore lies in understanding significant issues within foster care placements. It has the potential to inform essential aspects on foster carer training and ongoing support, especially the impact and resolution of the tensions described above. For example, a thorough understanding of how bonding relationships, empowerment and role identity influence foster carers' satisfaction may help inform the extent to which these issues are addressed within training programs and also the manner in which support is offered to carers. However, the model first requires testing against the real world situation of OOHC placements and the manner in which that care is construed by foster carers. Only after an assessment of the goodness of fit between this theoretical model and practical foster care experiences can specific implications arising from this model development be meaningfully drawn. Furthermore, the potential similarities and differences between the experiences of a foster carer providing OOHC and those of a parent caring for her own child may have significant implications for foster carer training, support, and broader OOHC policy. In particular, investigating the extent of similarity between these two roles may help inform best practice regarding approaches to foster care relationships, whether characterised by emotional investment or protective distance. Again, empirically testing those aspects of

the model that have been argued to reflect similarities and differences between the two roles will allow insight into these, and also allow for implications of the differences to be meaningfully understood.

5.3 Research questions

The current research project therefore seeks to evaluate the relevance and implications of this model in light of real life experiences of foster carers. Based on the above discussion, three specific research questions have been raised, which will be investigated in the remaining chapters:

1. What is the influence of bonding and empowerment on satisfaction with foster care provision?
2. How is the experience of providing care associated with a foster carer's sense of role identity?
3. How do foster carers and parents differ in terms of their experiences of bonding, empowerment, and satisfaction with their respective forms of caregiving?

Chapter 6: Methodology

6.1 Introduction

This study sought to investigate the experiences of authorised foster carers in their provision of OOHHC. Specifically, this research sought to test out the theoretical model of foster care developed in Chapter 5 by addressing three main research questions:

1. What is the influence of bonding and empowerment on satisfaction with foster care provision?
2. How is the experience of providing care associated with a foster carer's sense of role identity?
3. How do foster carers and parents differ in terms of their experiences of bonding, empowerment and satisfaction in their respective forms of caregiving?

Since the theoretical model was developed from the perspective of long-term care foster care placements, this thesis specifically studied foster carers involved in long-term placements, as opposed to short-term, respite, or crisis placements.

This project consisted of two distinct phases. First, a qualitative pilot study was conducted with a sample of foster carers, in order to investigate issues pertaining to role identity. The second phase was a quantitative survey conducted with a wider sample of foster carers and a comparative sample of parents, aimed at investigating key issues raised by the development of the theoretical model of foster care.

6.2 Pilot study

The pilot study served three purposes:

1. Investigating similarities and differences between the role of a foster carer and the role of a parent (as construed by foster carers);
2. Identifying key personal characteristics that participants considered to describe the role identity of a foster carer; and
3. Providing preliminary feedback regarding the utility of a series of questionnaires that were selected to investigate issues of bonding, empowerment, and

satisfaction across a wider population of foster carers (as described in Section 6.2.4).

6.2.1 Participants

To obtain a sample of foster carers for the pilot study, the coordinators of two foster carer support groups – one in the Illawarra region of NSW and one in Sutherland (in the southern suburbs of Sydney) – were contacted and asked to advertise the research amongst their respective groups. Information was provided regarding the overall aims of the research, and the outcomes the project was designed to achieve – namely, providing insight into major issues within foster care placements and how such information could be utilised to provide better support to foster carers in their role. This process ensured that participants were informed of the nature of the research prior to volunteering to participate.

The support group coordinators provided the researcher with contact details of group members who were interested in participating. These potential participants were then provided with a Participant Information Statement and Consent Form (Appendix A), which they were asked to read through, and return a signed copy of the Consent Form. A total of 16 foster carers involved in long-term placements expressed an interest in participating in the pilot study. A demographic summary of this sample is provided in Section 6.2.4.

The sample size of 16 participants was considered sufficient for the purposes of this pilot study. According to Bertaux (1981), a minimum sample size of 15 is required for qualitative research, however, many other authors argue for minimum sample sizes of 20 or 30 depending on the type of research being conducted (e.g., Bernard, 2000; Cresswell, 1998; Morse, 1994). The purposes of these pilot study interviews were to identify personal characteristics that foster carers considered to be important in their role, and to elucidate their perceptions of similarities and differences between fostering and parenting. With this sample of 16, a degree of commonality was found throughout interview data, suggesting that saturation of themes had been achieved (see Chapter 7). In addition, as the main component of the overall project was a larger scale quantitative survey, a sample of 16 interviews for the pilot study was deemed adequate.

The pilot study consisted of three components:

- A hypothetical web based scenario (Section 6.2.2);
- A telephone interview (Section 6.2.3); and
- Piloting an online survey to be used for the main quantitative study (Section 6.2.4).

6.2.2 Web based scenario

Prior to an interview, pilot study participants were emailed with a link to a website where they were presented with a paragraph describing a hypothetical scenario involving a child and his caregiver (see Appendix B). This scenario was developed in consultation with the Manager of Client Services (Out-of-home care, Illawarra/Shoalhaven region) to ensure that it depicted a realistic example of a caregiving encounter. The aim of presenting this scenario to carers was to investigate how they would respond if they were in that situation themselves, and ultimately to explore the personal characteristics they felt directed their own behaviour in providing foster care.

Having read this paragraph, participants were asked to assume that the caregiver in the scenario (named Lisa) was a foster carer, and were asked to consider three questions:

1. What thoughts do you think would be running through Lisa's head during this scenario?
2. How do you think Lisa would feel during this scenario?
3. How do you think Lisa would act in this situation?

They were then asked to assume that the caregiver (Lisa) was the child's biological parent, and asked the same three questions. These comparisons formed the basis of a discussion surrounding foster carers' role identity as construed by foster carers themselves, the results of which are presented in Chapter 7. Furthermore, this in-depth exploration of foster carers' constructions of foster caring and parenting roles provided a framework of personal accounts through which to interpret main study survey results relating to each of the three research questions (Chapters 8 to 10).

Participants were asked to respond to these questions via the website on which they read the scenario. Their written responses guided each participant's specific interview discussion in the subsequent component of the pilot study.

6.2.3 Interview procedure

Having completed this exercise, each participant was contacted as soon as possible to organise a convenient time for them to participate in a semi-structured telephone interview elucidating their responses. In these interviews, participants were asked to explain why they thought Lisa would respond in the manner they had described.

The process of asking 'why?' was a form of the PCP technique known as 'laddering' outlined in Chapter 2 (Walker & Crittenden, 2012). The interview procedure used was a 'soft' form of laddering, meaning that it tended not to interrupt the flow of speech, but focused on responding to the interviewee's answers (Walker & Crittenden, 2012). While acknowledging that the most appropriate approach to laddering is likely to be determined by the specific research aims, Russell et al. (2004) suggest that 'soft' laddering is generally a preferable approach to the comparatively structured 'hard' laddering. Adaptations of the laddering interview method have been effectively used in a variety of contexts (Rugg & McGeorge, 1995), including investigating personal values (Bourne & Jenkins, 2005), marketing contexts (Gutman & Reynolds, 1979; Walker & Crittenden, 2012), and knowledge acquisition (Walker & Crittenden, 2012).

By asking participants the reasons for certain behaviour and why such actions were important, insight can be gained into higher order constructs within the individual's personal construct system. Furthermore, participants were explicitly questioned as to what these responses showed about the caregiver in the scenario, that is, personal characteristics that would lead her to respond as described. In doing so, the higher order constructs that were targeted were those corresponding most directly to participants' sense of role identity as a foster carer. Through describing characteristics of a hypothetical caregiver, it was assumed that participants would project their own self-constructions onto the situation, thereby reflecting on how they would respond themselves, and their own sense of role identity. The ways in which participants phrased their responses to interview questions appeared to support this assumption.

The characteristics described by participants through the laddering process were utilised in the main study in the form of a questionnaire (from here on in referred to as the Identity Questionnaire) as outlined in Section 6.2.4.

6.2.4 Survey Procedure

After the completion of the interviews, all pilot participants were invited to complete an online survey. This survey consisted of a set of purposefully selected questionnaires designed to address core aspects of the theoretical model of foster care under investigation and to answer the research questions posed at the beginning of this chapter. This survey was intended to be used with a significantly larger sample of foster carers (and a comparative sample of parents) in the main study. Pilot study participants were asked to complete this survey in order to identify any potential issues with the selected questionnaires or data collection procedure prior to its implementation with a larger sample. Pilot testing suggested that the survey (comprising seven questionnaires) could be completed in approximately 30 minutes.

In addition to requesting further demographic information from participants, the survey included the questionnaires listed in Table 3.

Table 3
Questionnaires Included in Main Survey

Questionnaire	Author	Concept measured	Additional information
<i>Child Parent Relationship Scale (CPRS)</i>	Pianta (1992)	Child's bond towards caregiver	Appendix C
<i>Parent Child Relationship Questionnaire (PCRQ)</i>	Furman (1991)	Caregiver's bond towards child	Appendix D
<i>Making Decisions Empowerment Scale (MDES)</i>	Rogers et al. (1997)	General sense of empowerment	Appendix E
<i>Family Empowerment Scale (FES)</i>	Koren, DeChillo, and Friesen (1992)	Empowerment in the context of caring for a child	Appendix F
<i>Parent Satisfaction Scale (PSS)</i>	Halverson and Duke (2001)	Satisfaction with caring for a child	Appendix G
<i>Satisfaction With Foster Parenting Inventory (SFPI)</i>	Stockdale, Crase, Lekies, Yates, and Gillis-Arnold (1997)	Satisfaction with role specific aspects of foster caring	Appendix H
<i>Identity Questionnaire</i>		Role identity as described by foster carers in the pilot study	Appendix I

Four of the questionnaires used (CPRS, PCRQ, FES and PSS) were initially developed for use with parents in relation to their experiences of parenting and relationships with their own biological children. Therefore, the wording of some items was not entirely appropriate for use with a foster carer population, such as referring to “my child”. To address this, participants were instructed to think of one particular foster child in their care, who would subsequently be referred to as “This Child” for the remainder of the survey. Participants were asked to select any child of their choice rather than any other predetermined criteria (such as the oldest/youngest child in their care, or the child who they had been caring for longest) in order to randomise across variables such as the child's age and the length of the placement. However, it is acknowledged that allowing participants to select the child they referred to throughout the survey

creates the potential for other biases, such as the likelihood of selecting a child with whom they have the most positive relationship. This issue is discussed in Section 0.

As well as replacing the term “my child” with “This Child” in these four questionnaires, the term “parent” was replaced with the more general term “caregiver”. For example, the CPRS item “I share an affectionate, warm relationship with my child” was reworded as “I share an affectionate, warm relationship with This Child”, and the PSS item “In general, as a parent I am happy most of the time” was altered to “In general, as a caregiver I am happy most of the time”. The concepts that each item referred to (such as a relationship with the child in question, or satisfaction with providing care) were considered to be relevant to foster caring situations as well as parenting scenarios, and these slight alterations in wording ensured that each item remained semantically appropriate. Piloting the questionnaires with pilot study participants was conducted to determine whether or not these foster carers considered the altered questionnaires to be relevant and appropriate for their situations.

Additional Demographic Information

As part of the survey process, additional demographic information was collected from the participants. This information was collected to be included as potential covariates in quantitative analyses. The demographic information included: gender, age, geographic location, marital status, educational level, cultural background, income, number of biological children, number of years’ experience in providing OOHC, and training received. Demographic information was also collected in relation to the foster child chosen by the participant, including: gender, age, length of current placement, cultural background, and contact with birth family. Participants had the option of declining to answer any of these demographic questions. A summary of demographic characteristics of pilot study participants is provided in Table 4.

Table 4
Demographic Summary of Pilot Study Participants (N=16)

Variable	Category	N	Range	Mean (SD)
Region	Illawarra	9		
	Sutherland	7		
Gender	Female	14		
	Male	2		
Age (years)			32 – 70	47.40 (10.36)
Experience (years)			2 – 38	10.63 (9.44)
Marital Status	Never married	1		
	Married/de facto	12		
	Divorced	1		
	Widowed	2		
Education	Less than Year 10	3		
	Year 10/Year 12	3		
	TAFE (or equivalent)	2		
	University	7		
	Other	1		
Annual household income	< \$60,000	6		
	\$60,000 - \$100,000	4		
	> \$100,000	5		
	Declined	1		
Number of biological children	0	4		
	1	5		
	2	3		
	3+	4		
Number of foster children ever cared for	1	3	1 – 120	21 (33.10)
	2 – 10	7		
	11 – 20	3		
	21+	3		
Length of current placement (years)	1 – 2	4	1 – 15	5.78 (4.07)
	3 – 5	5		
	6+	7		

Questionnaires

This section describes each of the scales used in the survey and references previous research studies where these tools have been utilised. Each scale was purposefully selected to measure specific elements of the theoretical model of foster care. The analyses that follow (Chapters 8 to 10) investigated the statistical relationships between scores on these scales in order to evaluate the relationships between relevant components within the theoretical model and therefore provide insights into the three research questions outlined previously.

Child Parent Relationship Scale (CPRS)

The CPRS is a 30 item self-report scale, assessing a caregiver's perception of her relationship with a particular child (see Appendix C). With its development grounded in attachment theory, items focus on the child's behaviour within the context of the relationship between child and caregiver, for example, "If upset, This Child will seek comfort from me", "This Child easily becomes angry at me" and "This Child openly shares his/her feelings and experiences with me". The CPRS therefore reflects the manner in which the child responds to the caregiver (from the caregiver's point of view), and thus addresses the aspect of the theoretical model that refers to the child's contribution to the bonding relationship. As well as being totalled to provide a score reflecting the overall quality of the relationship (with higher scores indicating a more positive relationship), scores can be obtained for two subscales – *closeness* and *conflict*. The *closeness* subscale measures the extent to which a carer feels that the relationship is characterised by typical features of a secure attachment relationship, as demonstrated by items such as "I share an affectionate, warm relationship with This Child" and "This Child spontaneously shares information about him/herself". Conversely, the *conflict* subscale reflects the degree to which the carer feels the relationship is characterised by typical features of an insecure attachment relationship, using items such as "This Child and I always seem to be struggling with each other" and "This Child is sneaky or manipulative with me". Participants respond on a scale of 1 (definitely does not apply) to 5 (definitely applies).

The CPRS is not age dependent and is therefore able to be used in relation to children of all ages (Thomson, Longden, Harrison, & valentine, 2007). This scale has been widely used in several different contexts and has reliably demonstrated important

parameters in the caregiver/child relationship (Hadeed, 2005). For example, the CPRS has been used with samples of mothers of children aged between 1 month and 11 years (Bell & Belsky, 2008a; Pianta & Stuhlman, 2004; Thomson et al., 2007), parents of children with ADHD (Harrison, Manocha, & Rubia, 2004), and has been translated for use with Chinese parents of pre-school children (Zhang & Chen, 2010). A shortened, 15 item version of the CPRS has also been used in a range of contexts, with parents of children aged between 1 month and 13 years (Bell & Belsky, 2008b; Ganjavi, Abedin, & Monirpoor, 2010; Germon, Goldberg, & Keller, 2009; Perdue, Manzeske, & Estell, 2009; Robertson et al., 2008). This shortened version of the CPRS has also been previously used with a sample of Australian foster carers to assess the quality of the relationship with children in their care (Whenan et al., 2009).

It is important to note that the CPRS requires caregivers to respond based on their perceptions of a child's behaviour towards them. It is therefore not an objective measure of child behaviour. Rather, it is a subjective measure of how a caregiver construes the child's contribution to their bonding relationship.

The internal reliability of the CPRS and subscales has regularly been demonstrated to be very good. In the studies cited above, Cronbach's alpha for the full scale has ranged from $\alpha=.84$ to $\alpha=.86$, and from $\alpha=.77$ to $\alpha=.85$ for the shortened version. Cronbach's alpha for the *conflict* subscale has ranged from $\alpha=.72$ to $\alpha=.85$, and from $\alpha=.65$ to $\alpha=.81$ for the *closeness* subscale. Cronbach's alpha for the CPRS in this study was $\alpha=.90$ amongst foster carers and $\alpha=.78$ amongst parents.

Furthermore, Pianta and Stuhlman (2004) argue that these two subscales represent two distinct aspects of the relationship, due to their observation of a negative correlation between subscale scores, $r=-.16$. Bell and Belsky (2008b) provide further support for this, having reported statistically significant negative correlations between the subscales, $-.32 \leq r \leq -.37$, $p<.001$. The wide use of the CPRS and its demonstrated reliability is further outlined in Appendix C.

Parent Child Relationship Questionnaire (PCRQ)

The PCRQ is a 40 item self-report measure of the caregiver-child relationship (see Appendix D). However, in contrast to the CPRS, the PCRQ focuses on the caregivers' response towards the child, for example, "How much do you play around

and have fun with This Child?”, “How much do you nag or bug This Child to do things?” and “How much do you want This Child to do things with you rather than with other people?”. The PCRQ also reflects the caregiver’s attempts to empower the child towards further growth and development, for example, “How much do you ask This Child for his or her opinion on things?” and “How much do you give This Child reasons for rules you make for him or her to follow?”. While the CPRS addresses the child’s contribution to the bonding relationship within the theoretical model, the PCRQ addresses the caregiver’s contribution. This caregiver contribution reflects typical caregiving behaviour that is theorised to account for the development of particular attachment styles within children. The combination of these two questionnaires therefore provided the mechanism by which the cyclical bonding relationship component of the theoretical model of foster care was investigated and evaluated. The PCRQ is comprised of five subscales, each reflecting different aspects of the caregiver-child relationship:

1. *Warmth*: reflecting mutual feelings of care, respect and admiration between carer and child, for example, “How much do you and This Child care about each other?”
2. *Personal relationship*: reflecting shared interests and open relationship, for example, “How much do you and This Child tell each other everything?” and “How much do you and This Child have in common?”
3. *Disciplinary warmth*: reflecting positive reinforcement and shared decision making, for example, “How much do you talk to This Child about why he/she is being punished or not allowed to do something?”
4. *Power assertion*: reflecting an authoritarian style of discipline, for example, “How much do you forbid This Child to do something he/she really likes to do when he/she has been bad?”
5. *Possessiveness*: reflecting a desire to always be involved in the child’s world, for example, “How much do you want This Child to be around you all of the time?”

Participants respond on a scale of 1 (hardly at all) to 5 (extremely much). However, due to the fact that two items relate to the use of corporal punishment (“How much do you spank This Child when he/she misbehaves?” and “How much do you hit This Child when he/she has been bad?”), the low end of the scale was modified to “not at all/hardly at all”. Foster carers were therefore able to select an appropriate response, considering the use of corporal punishment is prohibited in foster care placements.

Although psychometric information regarding the PCRQ is somewhat limited, Furman and Giberson (1995) reported convergent validity, with moderate and expected correlations existing between subscales and parent management techniques. For example, the *warmth* subscale was correlated with positive reinforcement, and the *power assertion* subscale was correlated with punishment strategies. The subscales have also been shown to be significantly related to parenting and discipline strategies in paediatric psychiatric samples (Gerdes, Hoza, & Pelham, 2003; Johnston, Murray, Hinshaw, Pelham Jr., & Hoza, 2002)

The PCRQ has been widely used to investigate parent-child relationships in a number of different populations, for example, children diagnosed with ADHD (Chi & Hinshaw, 2002; Chronis, Gamble, Roberts, & Pelham, 2006; Gerdes et al., 2003; Hinshaw et al., 2000; Johnston et al., 2002; Rieppi et al., 2002), children with paediatric bipolar disorder (Schenkel, West, Harral, Patel, & Pavuluri, 2008), children with externalising behavioural issues (Feinfeld & Baker, 2004), and in assessing family aggression and parenting (Margolin, Gordis, Medina, & Oliver, 2003; O'Brien & Bahadur, 1998). These studies have reported very high levels of internal consistency amongst the subscales, with Cronbach's alpha ranging from $\alpha=.71$ to $\alpha=.88$. Cronbach's alpha for the PCRQ in the present study was $\alpha=.83$ amongst foster carers and $\alpha=.81$ amongst parents. A summary of the use of the PCRQ is shown in Appendix D.

Making Decisions Empowerment Scale (MDES)

The MDES is a 28 item self-report questionnaire developed to measure the construct of empowerment as defined by consumers of mental health services (see Appendix E). Items on this scale were modelled after the Rotter Internal-External Locus of Control Instrument (Rotter, 1966), the Self-Efficacy Scale (Sherer & Adams, 1983) and the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and is thus a general measure of empowerment as opposed to being specific to a caregiving context. Empowerment is assessed through five separate factors:

1. *Self-esteem/self-efficacy*: involving self-confidence, self-worth and a belief in one's abilities, for example, "I see myself as a capable person" and "I have a positive attitude towards myself".

2. *Power/powerlessness*: reflecting a belief in one's personal influence as opposed to following the direction of others, for example, "Experts are in the best position to decide what people should do or learn".
3. *Community activism and autonomy*: reflecting beliefs regarding the influence of people working together, for example, "People have more power if they join together as a group".
4. *Optimism and control over the future*: indicative of a positive attitude towards one's own future, for example, "I can pretty much determine what will happen in my life".
5. *Righteous anger*: reflecting a passionate attitude towards wanting to change things in one's world, for example, "Getting angry about something is often the first step toward changing it".

These subscales refer to the three legs of the tripod metaphor of empowerment referred to in Chapter 4. This measure of empowerment is therefore argued to specifically address the three aspects of the triune conceptualisation. Despite addressing each of the aspects from the triune conceptualisation of empowerment, being a self-report measure, the MDES can only empirically measure the intrinsic component of empowerment as described in Chapter 4.

Participants respond on a scale of 1 (strongly disagree) to 4 (strongly agree). In developing and validating the MDES, Rogers et al. (1997) found that empowerment did not differ by race, gender, marital status, employment status or educational level. However, significant relationships were found between empowerment and income, $r=.24$, $p<.001$, and between empowerment and the number of community activities participants were involved in, $r=.15$, $p=.02$. Rogers et al. (1997) also found that a sample of self-help program attendees scored significantly higher than a sample of hospitalised mental health patients, and significantly lower than a sample of college students, leading them to argue for the ability of the MDES to discriminate between populations whose feelings of empowerment would be expected to significantly differ.

The MDES has been predominantly used with mental health populations (Lloyd, King, & Moore, 2010; McCorkle, Rogers, Dunn, Lyass, & Wan, 2008; Rogers et al., 2007; Swarbrick, Schmidt, & Pratt, 2009; Wowra & McCarter, 1999; Yangerber-Hicks, 2004). However, in the development of this scale, empowerment was defined as having

decision-making power, a range of options to choose from, and access to information (Rogers et al., 1997). Since this definition is not specific to mental health populations, and the MDES was also validated with a sample of college students, its use with other populations (e.g., foster carers) may be supported. The internal reliability of total MDES scores has been reported as ranging from $\alpha=.81$ to $\alpha=.86$, and individual subscales ranging from $\alpha=.55$ to $\alpha=.91$. Cronbach's alpha for the MDES in this study was $\alpha=.77$ amongst foster carers and $\alpha=.80$ amongst parents. An outline of previous uses of the MDES is shown in Appendix E.

Family Empowerment Scale (FES)

The FES (see Appendix F) was developed to assess empowerment in families whose children have emotional disabilities, and is based on a two dimensional conceptual framework of empowerment – one dimension reflecting empowerment with respect to the family, the service system, and the wider community and political environment, and the other reflecting the expression of empowerment through attitudes, knowledge and behaviour (Koren et al., 1992). While not all children in OOHC have emotional disabilities, there is a greater likelihood of some form of disturbance being present (particularly in relation to attachment relationships, as discussed in Chapter 3). It is therefore argued that the issues addressed by items in the FES will be relevant to foster carers providing care for a child with potential emotional or attachment related issues.

The work by Koren et al. (1992) distributes items across three theoretically derived subscales – *family*, *service system*, and *community/political*. Only the *family* subscale has been utilised in the current project, as items focus specifically on how empowered a caregiver feels in fulfilling the specific requirements of her role within the family, for example, “When problems arise with This Child, I handle them pretty well” and “I feel my family life is under control”. This subscale is an assessment of the caregiver's ability to manage day-to-day situations with the child in his/her care, and is thus relevant to all forms of care provision for children. Since the FES was developed in relation to children receiving services for emotional disabilities, the *service system* and *community/political* subscales were not considered to be contextually relevant to foster carers and were therefore not included in this study. Participants respond on a scale of 1 (not true at all) to 5 (very true).

The FES has been extensively used in previous research, across a wide variety of populations, including families with children with emotional and behavioural disorders (Akey, Marquis, & Ross, 2000; Curtis & Singh, 1996; Dempsey & Dunst, 2004; Graves & Shelton, 2007; Koren et al., 1992; Singh et al., 1995; Singh et al., 1997; Thompson et al., 1997; Yatchmenoff, Koren, Friesen, Gordon, & Kinney, 1998), families requiring mental health services for children (Koroloff, Elliott, Koren, & Friesen, 1996; Resendez, Quist, & Matshazi, 2000; Scheel & Rieckmann, 1998), parents/grandparents of children with intellectual disability (McCallion, Janicki, Kolomer, & Heller, 2004; Nachshen, Garcin, & Minnes, 2005), parents of children admitted to hospital for general medical care (Walsh & Lord, 2004), low income custodial grandmothers (Whitley, Kelley, & Campos, 2011), families with juvenile offending children (Cunningham, Henggeler, Brondino, & Pickrel, 1999), and family members caring for adult family members with mental illness (Dixon et al., 2001). Several of these samples also contained a minority of foster carers, indicating the broad utility of the FES across caregiving contexts. The internal reliability of the FES has been reported as ranging between $\alpha=.90$ and $\alpha=.95$, and the *family* subscale ranging between $\alpha=.85$ and $\alpha=.88$. Cronbach's alpha for the *family* subscale of the FES in this study was $\alpha=.90$ amongst foster carers and $\alpha=.88$ amongst parents. A summary of previous use of the FES is shown in Appendix F.

Parent Satisfaction Scale (PSS)

The PSS is a 30 item scale designed to measure different aspects of satisfaction in the parenting role (see Appendix G). Items reflect three separate subscales:

1. *Pleasures of parenting*: for example, "Watching children grow and develop is especially satisfying" and "I frequently have fun with the children in my care at home".
2. *Burdens of parenting*: for example, "Children limit my freedom" and "You know, it's hard being stuck at home with the children".
3. *Importance of parenting*: for example, "Compared with outside employment, child rearing is more satisfying" and "Being a caregiver is the best way to achieve self-fulfilment".

As previously mentioned, despite the overt references to parenting, the content of questionnaire items can be reasonably applied to long-term foster care settings.

Participants respond on a scale of 1 (always disagree) to 7 (always agree). Halverson and Duke (2001) report Cronbach's alpha for the three factors comprising this scale, $\alpha=.85$ (*pleasures*), $\alpha=.80$ (*burdens*), and $\alpha=.84$ (*importance*). Cronbach's alpha for the PSS in this study was $\alpha=.94$ amongst foster carers and $\alpha=.92$ amongst parents.

The PSS has been used in a number of different studies, including a comparison of intergenerational parenting styles (Martin, Halverson, Wampler, & Hollett-Wright, 1991), examining the effect of child autism on parenting and parental wellbeing (Abdullah, Ly, Thorsen, Grondhuis, & Goldberg, 2009), and examining the relationship between parenting beliefs, number of children, and life satisfaction (Holloway, Suzuki, Yamamoto, & Mindnich, 2006). An outline of the use of the PSS is provided in Appendix G.

Satisfaction with Foster Parenting Inventory (SFPI)

The SFPI is a 22 item questionnaire that explores foster carers' satisfaction with experiences that are contextually specific to providing OOHC (see Appendix H). Since the SFPI specifically addressing issues within foster care placements, it was administered to the foster carer sample in this study, but not the comparative parent sample. Participants respond on a scale of 1 (very dissatisfied) to 5 (very satisfied) to a range of items, resulting in an overall satisfaction score, as well as three subscale scores pertaining to satisfaction with:

1. *Role demands*: for example, "relationship with foster children" and "balancing foster care with your own family's schedule".
2. *Social service support*: for example, "working relationships with social service agencies" and "opportunities to meet other foster families".
3. *Personal needs*: for example, "feeling appreciated for being a foster carer" and "amount of payment for providing foster care".

Stockdale et al. (1997) report the internal consistency of the overall scale to be $\alpha=.84$, and each of the subscales to be $\alpha=.71$ (*role demands*), $\alpha=.80$ (*social service support*), and $\alpha=.80$ (*personal needs*). Cronbach's alpha for the SFPI in this study was $\alpha=.89$. The SFPI has been used in a number of studies pertaining to the satisfaction of foster carers, as outlined in Appendix H.

Identity Questionnaire

As described earlier (Section 6.2.3), a selection of characteristics of a ‘foster carer’ described in pilot study interviews were utilised in questionnaire form (see Appendix D). Items for the Identity Questionnaire were developed based on 16 representative characteristics of foster carers that were elicited from responses to the pilot study interviews. As these items were derived through a process of laddering, they are argued to reflect participants’ personal constructs with a range of convenience specific to identifying the self within a caregiving role. While any individual completing the questionnaire is likely to construe the meaning of each item in their own personal way, it is important to reiterate that they were common themes throughout each of the pilot study interviews. Therefore, these items reflect the manner in which the pilot study sample of foster carers construed themselves within their caregiving role. They included the following:

1. I am focused on the big picture, rather than the here-and-now.
2. I am confident in myself and my abilities.
3. I want to help This Child with his/her problems.
4. I want to know that This Child trusts me.
5. I stand up for This Child’s rights.
6. It’s important to me that This Child thinks well of me.
7. I try to understand the reasons behind This Child’s misbehaviour.
8. When things go wrong for This Child, I want to fix them.
9. I am rational and logical.
10. I face the reality of situations.
11. I am emotionally strong.
12. I don’t take things personally.
13. I try to equip This Child with skills for the future.
14. I have insight into This Child’s point of view.
15. I want to protect This Child.
16. I have learnt to stay calm even if it doesn’t come naturally.

Participants indicated the extent to which they felt each characteristic personally applied to them on a scale of 1 (totally unlike me) to 7 (totally like me). Items that were included in the questionnaire provided insights into some of the personal characteristics

considered to be particularly significant in providing foster care. It is worth noting the extent these statements reflect the previously discussed concepts of bonding (e.g., “I want to know that This Child trusts me”), and empowerment (e.g., “I am emotionally strong”). The concepts of bonding and empowerment in relation to the Identity Questionnaire are discussed in greater detail below. Although originally elicited in relation to fostering (as opposed to parenting), the characteristics are general enough to be relevant to different caregiving situations, including both fostering and parenting.

The following section describes how carer responses to the Identity Questionnaire in the main study were analysed, by using a process of data reduction. This data reduction was conducted using the survey responses from the wider main study sample of foster carers (N=123). Further detail regarding this sample of participants is provided in Section 6.3.1.

Data Reduction

Data reduction is a process whereby large amounts of data are condensed into a more manageable and usable data set. It determines whether the relationships between a large number of variables can be summarised into a smaller set of components – that is, groupings of highly related variables (Hair, Black, Babin, Anderson, & Tatham, 2006). Data reduction techniques provide a mechanism whereby the relationships between the 16 identity questionnaire items can be understood in terms of a much smaller number of variables. These new variables can then be utilised in subsequent analyses, thereby simplifying analysis while retaining a majority of the meaning and variance of the original questionnaire items (Hair et al., 2006).

Data reduction criteria and methodology

Certain criteria must be met to ensure that conducting data reduction is appropriate. Firstly, measure of sampling adequacy (MSA) values must be greater than .50 for the overall analysis, and also for each of the individual variables (Hair et al., 2006; Kaiser, 1970; Kaiser & Rice, 1974). Furthermore, data reduction analyses require sufficient correlations between variables, as indicated by a statistically significant Bartlett’s test of sphericity (Hair et al., 2006). A minimum of at least five observations for each analysed variable must be included, and preferably over 100 observations in total (Hair et al., 2006). Since 16 variables are being analysed in this study, a minimum of 80 observations are required according to this criterion. These criteria were both met

in the present study, as the data reduction was conducted using the responses of 123 long-term foster carers.

Data reduction was conducted utilising a principal components extraction method, allowing for the reduction of a large number of variables into a smaller number of uncorrelated components. A latent root criterion was applied to determine the number of components extracted, ensuring that each component accounted for the variance in at least one variable (Hair et al., 2006). Having conducted the data reduction analysis, the component solution was rotated to using a Varimax method with Kaiser normalisation. This rotation method is most commonly used, and is preferred when the aim of the analysis is data reduction (Hair et al., 2006). Varimax ensures that the rotated factors are not correlated, which Hair et al. (2006) argue is an important consideration when factor results are to be used in subsequent analysis, as it eliminates collinearity.

While no concrete cut off value exists for determining significant component loadings, Hair et al. (2006) argue that a factor loading of .30 is the minimum requirement for inclusion, while loadings greater than .40 are considered to be significant. The current analysis considered factor loadings of .30 and greater to warrant initial inclusion, subject to subsequent consideration of the overall component structure.

In assessing component structure, communalities were also assessed as indications of the reliability of each indicator. Communalities greater than .60 were considered to be acceptable, and communalities lower than .50 viewed as potentially problematic (MacCallum, Widaman, Zhang, & Hong, 1999).

Final component solution

Three iterations of principal components analysis were conducted in order to establish the final component solution (described fully in Appendix P). Through the first two iterations, two of the initial questionnaire items were removed from the component structure due to statistical issues of cross-loading and one single item component being extracted. In the final iteration, KMO measure of sampling adequacy (.80) was acceptable, as were the measures of sampling adequacy for each item, ranging from .67 to .88 (see Table 6). Bartlett's Test of Sphericity was significant, $\chi^2_{(91)}=673.61, p<.001$.

This analysis produced a three component solution, accounting for 58.03% of the variance, as demonstrated in Table 5.

Table 5

Variance Explained by Data Reduction Analysis: Final Solution

Rotated Component	Eigenvalue	% of Variance	Cumulative %
1	3.25	23.23	23.23
2	3.04	21.70	44.93
3	1.83	13.10	58.03

In social science disciplines, data reduction analyses that account for 60% of the total variance (and in some cases even less) are considered satisfactory (Hair et al., 2006). Therefore, this component solution is worthy of being utilised in further analyses in this study.

As previously mentioned, the component solution was rotated using a Varimax method with Kaiser normalisation in order to produce a simpler and more theoretically meaningful pattern matrix (Hair et al., 2006). The rotated component structure (including communalities and MSA) is shown in Table 6.

Table 6
Rotated Component Loading Values: Final Solution

Item	Label	Comp. 1	Comp. 2	Comp. 3	Comm.	MSA
15	I want to protect This Child	.77*	.02	-.05	.60	.72
5	I stand up for This Child's rights	.72*	.26	.22	.64	.80
8	When things go wrong for This Child, I want to fix them	.70*	.08	.07	.50	.74
7	I try to understand the reasons behind This Child's misbehaviour	.67*	.23	.26	.56	.87
3	I want to help This Child with his/her problems	.64*	.18	.52*	.71	.85
13	I try to equip This Child with skills for the future	.62*	.33*	.27	.56	.80
2	I am confident in myself and my abilities	-.01	.76*	.15	.61	.74
12	I don't take things personally	.03	.73*	-.05	.54	.67
11	I am emotionally strong	.25	.71*	.21	.61	.88
10	I face the reality of situations	.34*	.67*	.18	.60	.79
16	I have learnt to stay calm even if it doesn't come naturally	.12	.60*	-.12	.39 [†]	.80
9	I am rational and logical	.27	.57*	.22	.45 [†]	.78
6	It's important to me that This Child thinks well of me	.06	.05	.85*	.72	.74
4	I want to know that This Child trusts me	.37*	.10	.70*	.64	.81

*Significant component loadings (i.e., >.30)

[†]Low (potentially problematic) communality

The data reduction analysis relies on these component loadings, by using them as the basis for formulating summated scales (i.e., questionnaire subscales) for use in subsequent analysis. Communalities exceeded .50 for 12 of the 14 items. The two items with low communalities were items 16 (.39; “I have learnt to stay calm even if it doesn’t come naturally”) and 9 (.45; “I am rational and logical”). For the purposes of this analysis, these low communalities were ignored, since the items in question are contextually and theoretically related to the components to which they have been assigned.

Items 3, 10 and 13 showed significant loading on two components. However, each loaded noticeably more heavily on one component over others. Therefore, each of these items was considered to align with the component on which the greatest loading was evident.

The results of this data reduction analysis show three separate components consisting of a number of items in each.

The first component comprises the following six items:

- Item 15: I want to protect This Child.
- Item 5: I stand up for This Child’s rights.
- Item 8: When things go wrong for This Child, I want to fix them.
- Item 7: I try to understand the reasons behind This Child’s behaviour.
- Item 3: I want to help This Child with his/her problems.
- Item 13: I try to equip This Child with skills for the future.

These items reflect attitudes of wanting to help children, encourage their future development, and advocate for their needs to be met (including preparing them with necessary skills for future life). Therefore, this component has been labelled ‘*Protecting and Advocating*’. The internal reliability of this subscale was very good, $\alpha=.82$. The correlations between items ranged between $r=.30$ and $r=.63$ (each of which were statistically significant at the .01 level), supporting the notion that each item was associated with each other. A strong case can also be argued for the face validity of this subscale. That is, each of the items appears to relate to the concepts of protecting and/or advocating for a child, and none of the item labels appear unrelated. This component accounted for 23.23% of the variance in Identity Questionnaire scores.

The second component consists of the following six items:

- Item 2: I am confident in myself and my abilities.
- Item 12: I don't take things personally.
- Item 11: I am emotionally strong.
- Item 10: I face the reality of situations.
- Item 16: I have learnt to stay calm even if it doesn't come naturally.
- Item 9: I am rational and logical.

These items reflect concepts such as self-confidence, self-belief and self-efficacy. Therefore, this component has been labelled '*Intrinsic Empowerment*'. It is worth noting that this component closely aligns with the concept of *intrinsic empowerment* described in Chapter 4. The internal reliability of this subscale was also good, $\alpha=.76$. Correlations between items ranged from $r=.24$ to $r=.62$. All of these correlations were statistically significant at the .01 level, indicating that these items measure a related concept. This subscale also displays strong face validity, with each of the item descriptions closely reflecting the notion of *intrinsic empowerment* described in Chapter 4. This component accounted for 21.70% of the variance in Identity Questionnaire item scores.

The third component consisted of the following two items:

- Item 6: It's important to me that This Child thinks well of me.
- Item 4: I want to know that This Child trusts me.

These items are reflective of a desire to receive a positive response from the child in care. Therefore, this component has been labelled '*Desire for Affirmation*'. The internal reliability of this subscale was adequate, especially considering that it consisted of only two items, $\alpha=.57$. The two items were positively correlated, $r=.42$, $p<.001$. Once again, strong face validity is shown by the two item descriptions within this subscale closely resembling a desire for affirmation. This component accounted for 13.10% of the variance in Identity Questionnaire item scores.

Data reduction analysis therefore revealed three aspects of foster carers' collective role identity. The first aspect was an intention to protect and advocate for children in their care. That is, they wanted to shelter these children from any negative

influences or outcomes in their lives, while also attempting to ensure that they were given every opportunity to interact positively with their world. This aspect of role identity relates to the development of a bond between foster carer and child (see Chapter 3). It also reflects the notable aspect of empowerment whereby a foster carer is empowered to empower others (see Chapter 4 and Chapter 5).

Secondly, participants described a series of characteristics that outlined an internal strength and sense of ability – that is, an intrinsic sense of empowerment. This indicated the extent to which caregivers believed they possessed certain abilities and strengths, and was very much aligned with the concept of *intrinsic empowerment* as discussed in Chapter 4.

Finally, participants described a personal desire to receive some form of positive affirmation from children in their care. Although not as significant as the previous two aspects of role identity, this desire remains particularly relevant, as it relates strongly to issues regarding motivation and the personal needs of foster carers. It also demonstrates an ultimate desire amongst foster carers for the bonding experience to be reciprocated. While a major component of the bond relates to the foster carer's contribution and attempts to empower the child, a desire for the child to positively reciprocate is also evident. The existence of foster carers' desire for a positive reciprocal response within a construction of their role identity reflects the previously cited literature pertaining to the influence of child behaviour on foster carer satisfaction (e.g., Broady et al., 2010; McHugh et al., 2004; Triseliotis, Borland, & Hill, 1998; Triseliotis et al., 2000; Whenan et al., 2009). In referring to foster carers' perceptions of how children perceive them, *Desire for Affirmation* demonstrates sociality as defined by PCP (see Section 2.5.3).

The final component solution has significant ramifications for the present study. As the theoretical model of foster care (Chapter 5) demonstrates, a foster carer's sense of role identity exists as an overarching concept that both frames, and may be influenced by, experiences of bonding and empowerment within a given placement. The component solution produced by analysis on the Identity Questionnaire items suggests that a foster carer's sense of identity is significantly based on three major characteristics: *Protecting and Advocating*, *Intrinsic Empowerment*, and *Desire for Affirmation*. The impact of these characteristics is discussed throughout the remainder of this chapter and their

association with other key aspects of the theoretical model of foster care is investigated in Chapters 9.

Component solution use

This component solution was subsequently used in further analysis. Each component was treated as a questionnaire subscale. Each participant's score on these subscales was calculated by summing their responses to each of the relevant questionnaire items. Using components as summated scales such as this can reasonably be considered the end result of data reduction, and as a practical measure of the identified components (McDonald, 1985). The use of summated scales was selected over the use of factor scores, which weight component scores according to the loading of each variable. While deriving factor scores is the most comprehensive method for complete data reduction, a summated scale approach only considers the questionnaire items that significantly load on each component and excludes those with minimal impact, thereby simplifying interpretation (Hair et al., 2006). This approach also maximises generalisability and transferability to other studies. This is considered a valuable characteristic for the present study, particularly as it allows for the opportunity to validate or elaborate the Identity Questionnaire in future research. Such replication would be particularly valuable in light of the excellent psychometric properties demonstrated by the questionnaire in this study. When demonstrating excellent psychometric properties such as these, Hair et al. (2006) argue that summated scales are generally the best approach to using a final component solution. Although further testing and validation of the Identity Questionnaire would be required before making any confident claim of its value for wide usage, this is a potential implication from this study, which is further discussed in Chapter 11. Since the Identity Questionnaire has not yet been tested or validated beyond this study, however, there is a need for any findings relating to the use of these factors to be interpreted cautiously.

As this scale was developed on the basis of pilot study participant comments, a more detailed discussion regarding the content of the questionnaire is provided in Chapter 7.

Alterations

Each questionnaire was initially completed by pilot study participants to help determine the relevance of the selected scales prior to use in the main study. No significant issues in terms of survey content or data collection procedure were encountered during this phase of research. Minor adjustments were made to the wording of some questions that some pilot study participants found somewhat ambiguous. For example, clarification was provided regarding what different levels of education were intended to refer to, such as “Undergraduate university (e.g., Bachelor’s degree); Postgraduate university (e.g., Master’s degree, PhD)”. The remainder of the survey was unanimously deemed appropriate.

6.3 Main Study

The aim of the main study was to quantitatively assess the validity of the theoretical model of foster care, and also to provide evidence regarding the research questions stated at the beginning of this chapter. In order to achieve this, the survey consisting of the questionnaires described above was distributed to a significantly larger sample of foster carers involved in long-term placements. In addition, the survey was also used with a comparative sample of parents with children under the age of 18 living at home. The purpose of including the comparative sample of parents with children was to draw comparisons between the processes involved in caring for a foster child and parenting one’s own child (as per the third research question).

6.3.1 Participants

In order to recruit foster carers to participate in the study, foster care agencies and support groups across Australia were contacted and asked to advertise the research to foster carers within their respective organisations. A total of 13 different organisations of varying size and from different locations agreed to support the research (a complete list of these organisations is provided in Appendix J). Relevant people within each organisation were provided with a letter to introduce the research, along with details as to how the survey could be accessed online and what information should be passed along to potential participants (see Appendix K). Through this approach, no foster carers were directly contacted, ensuring the confidentiality and anonymity of participants (and potential participants who declined participation). While the aim of this research focuses

on the experiences of foster carers providing long-term placements, this convenience sampling approach resulted in a small number of foster carers who were only providing short-term, respite, or crisis care (i.e., not long-term placements) completing the survey. Data on all carers not providing long-term care were excluded from analyses. While a majority of the 123 foster carer participants (69%) were from NSW, smaller proportions were from other Australian states (e.g., 12% from South Australia, 7% from Queensland, and 6% from Victoria).

Surveys were primarily distributed via the internet. Supporting organisations were provided with details that would direct participants to a website hosting the survey. Participants were therefore able to access and complete the survey at their own convenience. The website also contained a link whereby participants were able to download a copy of the Participant Information Sheet. This enabled participants to be fully informed of the details and requirements of participation in this project prior to completing the survey. The website also outlined a process of informed consent, that is, by completing and submitting the survey, participants were considered to have provided their tacit consent. Any incomplete survey responses were excluded from the analysis.

Hard copies of the survey were also made available for potential participants who preferred this over the online option. Advertising material distributed by organisations contained contact details for the primary researcher, and invited participants to contact him directly to arrange for a hard copy to be mailed. These participants were sent a copy of the survey along with a Participant Information Sheet and a reply paid envelope to return the completed survey.

The same process outlined above was implemented with parents with children, with recruitment occurring through two separate church and community based organisations (details provided in Appendix J). A total of 97 parent participants were recruited. Table 7 demonstrates some of the demographic characteristics of main study participants – both foster carers and parents (a more comprehensive demographic profile of participants is provided in Appendix L).

Table 7
Demographic Summary of Main Study Participants

Variable	Category	Foster Carers (N=123) n (%)	Parents (N=97) n (%)
Gender	Female	108 (88%)	77 (79%)
	Male	15 (12%)	20 (21%)
Age		28 – 70 years (M=48.04; SD=9.59)	24 – 61 years (M=35.74; SD=7.29)
Marital status	Married/de facto	91 (74%)	90 (93%)
	Separated/divorced	18 (15%)	7 (7%)
	Never married	9 (7%)	0 (0%)
	Widowed	3 (2%)	0 (0%)
Number of biological children	0	27 (22%)	0 (0%)
	1	29 (24%)	22 (23%)
	2	21 (17%)	32 (33%)
	3	29 (24%)	34 (35%)
	4	7 (6%)	4 (8%)
	5+	10 (8%)	1 (1%)
Education	Year 10 or less	18 (15%)	4 (4%)
	Year 12	15 (12%)	10 (10%)
	TAFE or equivalent	38 (31%)	24 (25%)
	University	41 (33%)	57 (59%)
Ethnicity	Australian	101 (82%)	86 (89%)
	European	18 (15%)	12 (12%)
	ATSI	5 (4%)	1 (1%)
	Other	9 (7%)	5 (5%)
Household income	<\$40,000	32 (26%)	9 (9%)
	\$40,000 - \$60,000	24 (20%)	15 (16%)
	\$60,000 - \$80,000	19 (15%)	14 (14%)
	\$80,000 - \$100,000	17 (14%)	10 (10%)
	>\$100,000	22 (18%)	42 (43%)

As with most foster care research, respondents in this study were predominantly female (88%). The comparative parent sample was also predominantly female, although the proportion of females was slightly lower (79%). Nevertheless, both groups represent a significant female majority of caregivers. The sample of foster carers in this study also displayed characteristics similar to those reported by Siminski et al. (2005), McHugh et

al. (2004) and McDermid et al. (2012) in their respective studies of foster carer demographics in NSW and the UK (as discussed in Chapter 1). The following trends were particularly evident:

- A majority of foster carers in this study were middle aged.
- Foster carers were on average, older than parents.
- Foster carers reported slightly lower levels of formal education than parents.
- Foster carers reported lower household incomes than parents.

These comparisons reflect the trends discussed earlier in comparing foster carer demographics with those of the wider population. Despite these differences, the foster carer sample and parent sample appear very similar in terms of ethnicity (82% and 89% Australian, respectively). Apart from the 22% of foster carers without their own biological children, the distribution of number of biological children was also relatively similar between the two groups. While the above demographic breakdown does not necessarily imply that the present sample is representative of either the wider foster carer population or the wider parent population, the similarities and differences briefly outlined here are in line with the findings of previous foster carer demographic research, and also suggest that reasonable comparisons may be drawn between the two groups. When appropriate, demographic differences were statistically controlled in analyses.

6.4 Research issues and challenges

6.4.1 Sampling

This research utilised a convenience sampling approach. The only requirement for participation in the research was being a foster carer involved in a long-term placement or the parent of a child under the age of 18 living at home. In order to conduct quantitative analyses with suitable statistical power, the recruitment of a large enough sample size was a significant consideration. Acquiring the necessary sample size was therefore a primary concern of the recruitment process, to ensure that the numbers and caregiver characteristics were as accurate as possible in representing the wider foster carer and parent populations. While a convenience sampling procedure may reduce the generalisability of any findings, demographic variables were included in analyses to control for any statistical influence of group differences.

The recruitment approach raises issues of a sampling bias. Firstly, by using a procedure of self-nomination, it is possible that those who did volunteer to participate were more motivated or had more positive attitudes towards their experiences as a foster carer than those who were not willing to participate. Also, by advertising for participants through foster care associations and support groups, those who were more heavily involved with such groups (and thus receiving more support) were more likely to be made aware of the research. The sample of foster carers obtained for this study is therefore unlikely to be entirely representative of foster carers in general across Australia. Such bias may be noted across every aspect of the theoretical model being tested. For example, those who were willing to participate in the study may be more likely to have experienced positive relationships and bonding with the children in their care, experienced higher levels of empowerment, and maintained a more positive sense of self-identity overall. Conversely, participants may have been willing to participate in order to make known any extremely unpleasant experiences they may have had, either in terms of relating to child in their care, or the agencies responsible for the provision of OOHC. It is therefore possible that participants in this study represented extreme cases, either positive or negative. These issues need to be considered when drawing any conclusions from the results.

6.4.2 Reliability and validity

From a statistical perspective, each questionnaire selected for this study has demonstrated good internal reliability in previous studies. The theoretical model of foster care under investigation contains three major components:

1. The bond between carer and child;
2. The carer's sense of empowerment; and
3. Satisfaction with providing care.

Each of these components was investigated through two separate questionnaires. In doing so, no individual scale was relied on to provide an accurate measurement of the particular construct in question. Theoretically, positive correlations should therefore exist between scores on each pair of questionnaires (i.e., both bonding questionnaires, both empowerment questionnaires, and both satisfaction questionnaires). Bivariate correlations confirmed this assumption (see Appendix M).

Despite the fact that some of the questionnaires used were developed for use with parents (as opposed to foster carer populations), the items contained within these questionnaires demonstrate sufficient face validity for the foster carer population under investigation. As previously mentioned, the specific terminology used in these questionnaires was altered in order to be semantically relevant to all caregiver populations. The face validity of these items was supported by pilot study participants, none of whom reported any concerns regarding the relevance of any items.

6.4.3 Ethics

Ethics approval was granted by the University of New South Wales Human Research Ethics Committee (HREC 10143; Appendix N). Evidence of this approval was provided to each foster care agency and support group contacted during recruitment. For each of the organisations formally agreeing to support the research, UNSW HREC approval was sufficient evidence of the ethical nature of the research methodology.

6.4.4 Analysis

The analyses in the following chapters attempt to answer the research questions outlined at the beginning of this chapter:

1. What is the influence of bonding and empowerment on satisfaction with foster care provision?
2. How is the experience of providing care associated with a foster carer's sense of role identity?
3. How do foster carers and parents differ in terms of their experiences of bonding, empowerment and satisfaction in their respective forms of caregiving?

The discussion following these analyses (Chapter 11) focuses on the extent to which the study's findings support the theoretical framework and model, and the extent to which they concur with other studies that have investigated similar issues. The discussion also elaborates on findings by suggesting implications and recommendations for relevant theory, policy and practice.

In order to answer the research questions, qualitative data from the pilot study were coded with NVivo 9 to aid with determining major themes, and quantitative data were analysed using SPSS 20.

The following quantitative analyses were undertaken for each respective research question, with an alpha level of .05 used for all statistical tests:

Research Question 1: Regression analyses were conducted using a stepwise procedure, with bonding and empowerment questionnaire scores (and demographic variables) as independent variables, and satisfaction questionnaire scores as dependent variables. This procedure is essentially a composite of forward and backward regression methods, which includes independent variables in the regression model only if they significantly contribute to the predicted variance of the dependent variable. Therefore, only those variables with the greatest predictive statistical significance are included (Meyers, Gamst, & Guarino, 2006). A stepwise methodology identifies which variables should be included in the model purely on statistical grounds, rather than on theoretical grounds controlled by the researcher (Meyers et al., 2006). Variables are therefore entered into regression equations according to their statistical significance, which highlights the most significant predictors from a number of theoretically possible independent variables. Residual statistics were investigated for each analysis to screen for outliers on any independent or dependent variables. Any such outliers were subsequently excluded from the analyses to ensure that regression models were not influenced by extreme responses.

Research Question 2: The same approach was taken with regression analyses with scores on each of the bonding, empowerment and satisfaction questionnaires as independent variables and scores on the Identity Questionnaire subscales as dependent variables.

Research Question 3: First, regression analyses were undertaken with demographic variables as the only independent variables and each of the bonding, empowerment, and satisfaction questionnaires as dependent variables. Any significant demographic variables from these analyses were then included as potential covariates in subsequent analyses. The mean scores of foster carers and parents on each questionnaire were then compared, controlling for potential covariates.

Chapter 7: Results of the Pilot Study

This chapter presents the results of the pilot study outlined in Chapter 6. Particular attention is paid to the manner in which foster carers' construed their role and any similarities or differences they identified with parenting roles. These results are utilised as a framework in interpreting the quantitative results from the main study (Chapters 8 to 10).

As described in Chapter 6, the pilot study consisted of semi-structured interviews conducted with 16 foster carers who were providing long-term foster care. While primarily based on a hypothetical caregiving scenario (Appendix B), these interviews provided a forum for participants to reflect on their own experiences of providing OOHC and their individual perceptions of their role as a foster carer, as dictated by their own personal system of constructs. In doing so, these individuals expressed views that reflected both similarities and differences between providing OOHC and parenting one's own child, as well as describing the extent to which issues of bonding and/or empowerment had been influential in their fostering experiences.

A major goal of the pilot study was to identify personal characteristics that foster carers considered to be important in determining how they think, feel and act in their role. However, in doing so, participants also expressed views and opinions regarding other significant issues about the experience of providing OOHC.

Four major themes were derived from participants' responses in the interviews. Each of these major themes contained a number of sub-themes, which are discussed in the following sections. Table 8 outlines the major themes and corresponding sub-themes.

Table 8
Major Themes and Sub-Themes Emerging From Pilot Study Interviews

Major Theme	Sub-Themes
Expectations and perceptions of foster children	<ul style="list-style-type: none"> • Child's background issues • Easy to over-analyse
Relationship with child	<ul style="list-style-type: none"> • Familiarity and understanding of particular child • Same as relationship with own child • Different from relationship with own child
Role of foster carer	<ul style="list-style-type: none"> • Different from parenting • Same as parenting • Characteristics of foster carer • Advocate • Protect child • Empower child
Other issues related to providing foster care	<ul style="list-style-type: none"> • Support received as foster carer • Child's birth family • Stigma of being a foster child

Each theme relates to at least one of the three research questions directing this study. The first research question (the influence of bonding and empowerment on foster carer satisfaction) is addressed through the second and third themes (*Relationship with child* and *Role of foster carer*). The second research question (association between providing care and role identity) is addressed through the third theme (*Role of foster carer*). Finally, the third research question (differences between foster carers and parents) is addressed through comments in each of the four themes. Therefore, the relevance of comments to these research questions is a prime concern of this presentation of the pilot study results.

7.1 Expectations and perceptions of foster children

One major theme that emerged through the course of these interviews was that of the foster carers' expectations and perceptions of children in OOHHC. Over 60% of participants (10 out of 16) reported having preconceived ideas about how a child in care would behave, as illustrated by one participant's comment:

You do training and everything and learn to expect certain behaviour.

Statements aligning with this theme showed that amongst the 16 participants, a variety of preconceived ideas regarding children in OOHC were held. In describing these assumptions, participants demonstrated an ability to consciously reflect on how they construed foster children. From a PCP perspective, these expectations and perceptions can be seen to represent personal constructs through which they construed foster children in general, and any specific child entering their care. The expectations and perceptions of children described by participants provided evidence of some similarities and differences perceived to exist between providing OOHC and parenting, reflective of the third research question. These similarities and differences are demonstrated through the subthemes below.

7.1.1 Child's background issues

A majority of preconceived perceptions related to the child having background issues. This notion became evident when discussing the behaviour of the child in the hypothetical scenario. Eight participants described feeling sympathetic towards a misbehaving child, due to beliefs regarding the child's family background, as demonstrated by the following quotes:

There's a deeper cause than that day's incident. It's important to understand why the bigger situation is occurring.

These children are not equipped with knowledge or confidence.

These kids are in pain due to their background.

These children come from having nothing, no bond or connection.

Foster children often haven't had that caring, they've been neglected.

They've missed out on family from their birth family.

When asked how a foster carer would feel when the child had been visibly upset, participants reported feelings of sadness, concern, frustration and anger. On further discussion, these feelings were described as being due to a sympathetic concern for the child, particularly in light of the negative experiences that they imagined the child had already lived through:

He's had more than his fair share of hardships already.

They've already come from abuse.

He has so many burdens. This is something else they don't need.

He's got enough to deal with.

He's got enough issues.

The majority of foster carers therefore described how their responses to a foster child's maladaptive behaviour were influenced by an empathic and sympathetic understanding of the hardships they assumed the child had already endured. This alludes to one significant difference between providing foster care and parenting – that the child's behaviours are viewed in the context of a maladaptive early home environment – and again point to the preconceived personal constructs through which children in foster care were viewed. This group of foster carers described their own response as being sympathetic and sensitive to the child's previous negative experiences, the specifics of which are generally unknown to the carer. Such sensitivity is not required by a parent who has been present throughout a child's early experiences. This indicates a further difference in the bonding experience, reflecting a caregiver's knowledge of the child's relational history and her subsequent sensitivity to that history.

7.1.2 Easy to over-analyse child

In contrast, two participants commented that there is not necessarily a serious issue behind every act of misbehaviour:

It's easy to over-analyse kids in care, but it's not necessarily something bigger.

This belief was reinforced by the following comment:

They [foster carers] might make it a bigger issue than it really is, overdo it, focussing too much on the specific issue.

The two participants who made these comments expressed their belief that a foster child's misbehaviour is not necessarily due to a serious, overarching issue or negative early caregiving experiences. Rather, they suggested that the child may be misbehaving in the same way as any child might, regardless of family background.

It is interesting to note that 14 interviewees suggested that the child's personal and family history was most likely to be a significant influence in any instance of misbehaviour, while only two individuals described being aware of potentially over-analysing such behaviour. As suggested by the previously mentioned participant comment, this may be a function of learnt expectations acquired through initial foster carer training. Regardless of the specific reasons, it is clear that the majority of pilot study participants construed children in foster care as being likely to misbehave due to significant negative background issues.

Foster carers' expectations and perceptions of children may have significant ramifications in relation to any developing relationship between foster carers and individual children in their care. These expectations and perceptions also demonstrate one potential area of difference between foster carers and parents. Construing a child in such a way as to explaining his misbehaviour in terms of early family experiences has the potential to guide caregiving attitudes and behaviour. For example, a foster carer might be more permissive or sympathetic towards a child, believing that any maladaptive behaviour is the result of a poor upbringing in the past. In this way, foster carers can place blame on others (i.e., birth parents).

7.2 Relationship with child

Several comments were also made regarding the relationship between a foster carer and the child in their care. These comments were categorised into the following sub-themes:

- Familiarity and understanding of particular child.
- Same as with own child.
- Different from that with own child.

7.2.1 Familiarity and understanding of particular child

When discussing how to respond to an upset and angry foster child, participants commented on the importance of their familiarity with, and understanding of the child, making comments such as:

If they've been there for a week they could be reacting to a new situation. If they've been there for five years, you know their behaviour and are more likely to be able to tell if it's part of something bigger.

If you've raised the kid for 12, 13, however many years, you're used to his behaviour.

If she's had him for a while, she knows the way the child would act.

These participants expressed how a growing familiarity with a particular child would enable a foster carer to better determine whether or not behaviour such as that described in the hypothetical scenario was due to an ongoing issue, and therefore how this familiarity would influence her response. In other words, her continual reconstruing of the child allows for more useful predictions and understanding of him and his behaviour. Furthermore, participants often alluded to the manner in which their relationships with children in their care had developed over time, as illustrated by the following comment:

Over time the emotional distance starts to break down. You don't realise your love grows. You get to understand them more, become more involved, go into bat for them.

This statement encapsulates the type of experience described by 11 of the 16 participants, whereby a growing familiarity with the child in their care led to a deepening emotional relationship and a stronger motivation to become more heavily involved in important areas of the child's life. Reflective of the first research question, these participants demonstrated how the development of their bonding relationship with the child was a significant influence on the overall quality of their caregiving experience, particularly in relation to satisfaction and willingness to continue.

7.2.2 Same as relationship with own child

In discussing the relationship between a foster carer and the child in care, several comments were made comparing this relationship with that between a foster carer and their own biological child, again reflecting the issues raised by the third research

question. Half of the participants (8 out of 16) described how the bond they experienced with foster children could not be differentiated from the relationship of a parent and biological child:

My child's long-term so I have the same bond as with my natural son.

I still love him like my own son. He's my son.

In my heart I feel no different.

These participants expressed their feelings as being no different regardless of whether they were talking about a foster child in their care, or their own biological child. This is reflective of the long-term nature of these placements, where the parental responsibilities undertaken by foster carers include an expectation that the child becomes part of the family.

Another participant, who was not a parent, said that in her opinion, there is no difference:

I don't have the comparison of my own birth kids, but from what others have told me about having their own kids, the feelings are the same.

Even though this particular foster carer was not able to directly compare her relationship with a foster child to a relationship with her own child, she still made comparisons with other people's reports of having their own children. From this, she came to the conclusion that what she felt in her relationship with the child in her care was identical.

Yet another participant described the relationship as being the same as with her own children, but still having an awareness of the fact that a foster child is ultimately someone else's child:

Even though they're not yours, you treat them like they're yours. While they're with you, they're yours.

While this foster carer made it clear that she was aware of the child ultimately being somebody else's child, her opinion was still that for as long as she was providing care, that child was hers. These comments all suggest that this particular group of foster

carers construed the experience of caring for a foster child in the same way as they construed parenting their own child.

7.2.3 Different from relationship with own child

Conversely, other participants (n=7) expressed a very real awareness of the differences between their relationship with the foster children in their care and their relationships with their own children. A number of comments were made that suggested the major difference between such relationships was an awareness of a foster child's background and personal issues (as described by the first theme in Section 7.1.1), for example:

The only difference is that foster children have more issues.

Foster kids are in complex circumstances. There's more to contribute to the anger reflex.

This was contrasted with the comparatively minimal issues participants thought were faced by their own children, for example:

You don't tend to think as your own kid that there's something deeper. You know he's been raised well.

Issues aren't as wide or deep.

Furthermore, these participants acknowledged a difference between the level of familiarity and understanding they would have with their own children compared to foster children, as shown by the comments:

A foster carer might not have the same knowledge of the child.

It's different than with your own child. You have no reference point to empathise. It's difficult to know where they're coming from. With your own child, you know where they're coming from. It can be difficult to understand an upbringing that you haven't seen for yourself.

One participant described this difference in her approach towards the foster child's level of connection and involvement in her family, in that she provided the offer of a family, but left it up to the child to make the decision as to how connected they wanted to become:

I say to them, 'You have to choose to be part of our family. I can't make you. If you don't want to call me mum, you don't have to'.

These participants all expressed an awareness of ways in which their relationship with a foster child in their care was different from a relationship with their own children. Whether it was due to being aware of a foster child's background issues or a comparative lack of familiarity with the child, these participants described their understanding of situational influences that ensured their relationship with a foster child would always be inherently different from the relationship they shared with their own biological children. Other contextual issues (e.g., the child's birth family and contact, involvement of foster care agencies and caseworkers, etc.) may also be reasonably argued to highlight differences in these relationships. Such issues were discussed more specifically by participants in relation to their foster caring role as opposed to bonding relationships and are described in Section 7.3. While there was a sense that some of these differences would minimise over time (as the child spent more time in the one placement and the level of familiarity between carer and child grew), it appeared that some participants construed the relationship as maintaining some differential features to a relationship between a biological parent and her child, even if these relationships became increasingly similar over time.

7.3 Role of foster carer

As well as identifying similarities and differences between the relationships that foster carers and parents each have with the children they care for, participants provided suggestions that the role of a foster carer was either the same as, or inherently different from, the role of a parent. In discussing a foster carer's role, connections with personal characteristics and specific aspects of the foster caring role were also explored.

7.3.1 Same as parenting

Half of the participants (n=8) expressed a belief that their role as a foster carer was in no way different from the role of a parent, as shown by statements such as:

For a normal parent, it's your child. For a foster carer, you treat them as your child.

While in your care, the child should be yours.

When discussing how a foster carer would respond to an upset child (as described in the hypothetical scenario), a number of comments were made that suggested these participants saw the role of foster carer and the role of parent as being inseparable at practical and emotional levels, for example:

There's no difference between caring for a foster child or your own. You have the same love and concern for the child.

At the end of the day, the child is still a child. There may be deeper issues with a foster child, but the ways of dealing with the issues are the same.

You don't want them to feel like a boarder. This is their home.

One participant spoke of her strategies with dealing with a foster child's misbehaving, saying:

It's what you do with your kids.

This participant made no distinction between foster children or biological children, referring to them all as “your kids”. These participants all described how, in their view, the role of caring for a child carries with it the same responsibilities, evokes the same emotions, and therefore warrants the same approach to caregiving, regardless of whether the child is a biological child or a child in foster care. These participants therefore suggested that they construed the roles of foster carer and parent in very much the same way.

7.3.2 Different from parenting

The remaining eight participants, however, identified differences in what the two roles entailed. For example, some participants explained how there are more issues present in foster care placements than there are in parenting situations, with the result of needing to think more deeply about how to respond to the child. This was indicated by the following comments:

They're similar roles, but quite different. You think about your responses more as a foster carer. You have training and deeper discussions.

As a foster carer you still parent, but you have added issues and you're thinking all the time.

Another difference between the two roles related to restrictions placed upon foster carers which do not apply to parents. One significant difference between the two roles is illustrated by restrictions relating to physical discipline, as shown by the following comments:

As a foster carer you can't smack them. You love them the same, but there are some things you can't do.

Some parents hit or smack their own kids. You can't with kids in care.

Similarly, the influence of external authorities was identified as a constant reminder of the differences between their role as a foster carer and the role of a parent, as shown by comments such as:

There's big brother looking over things if it's not handled well.

Comments were also made that showed a realisation of the potentially temporary nature of foster care placements, even amongst long-term placements, with the knowledge that the child in care could leave at any time, for example:

In foster care, there's still the backdoor – "I can leave and go somewhere else" – even if they don't understand the ramifications of that.

One participant further commented on how this potential instability influenced his interactions with children in care:

There's got to be a boundary somewhere.

When the above comments are considered alongside the question of how foster carers and parents differ in their respective experiences of care provision, these pilot study participants indicate specific ways in which providing foster care is different from parenting. This is due to the fact that carers have a degree of accountability to a third party (i.e., the fostering agency) not required by parents. The way these foster carers construed their role could therefore be described as 'parenting plus more, but with less' (i.e., less autonomy and individual authority – components of *extrinsic empowerment*). Those participants who saw no difference between the role of a foster carer and that of a parent highlighted the similarities that are likely to be present between the two roles. However, the comments discussed in this section demonstrate an understanding that the

roles are in fact different – particularly in terms of the increased caregiving demands of foster carers, and simultaneous decreased autonomy within the caring scenario. Interestingly, in discussing similarities and differences between these two roles, no participant mentioned the child’s contact with his birth family. Despite the existence of the child’s parents being a fundamental difference of the foster caring role, pilot study participants focused on discussing their role in terms of their care provision within the context of their own homes. However, three participants did make passing references to the child’s birth family, as outlined in Section 7.4.2.

7.3.3 Personal characteristics of foster carers

Throughout the course of the interviews, participants described the ways in which they believed a foster carer would respond to certain situations. Through a process of laddering (outlined in Chapter 6), they were further asked what these responses showed about that foster carer, particularly the personal characteristics would lead her to respond in the manner described. A wide variety of characteristics were identified, such as “*caring*”, “*compassionate*”, “*loving*”, “*sympathetic*” and “*protective*”. A number of other personal characteristics were also identified, that participants described as being beneficial either in terms of forming a strong relationship with the child in care, or in terms of ensuring the foster carer’s own wellbeing and coping during difficult times of providing care. Similar characteristics were identified across responses from all 16 participants, and a representative sample of these is presented below:

- Focused on the big picture, rather than the here-and-now.
- Confident in themselves and their abilities.
- Want to help the child with his problems.
- Want to know that the child trusts them.
- Stand up for the child’s rights.
- Important to them that the child thinks well of them.
- Tries to understand the reasons behind the child’s misbehaviour.
- When things go wrong for the child, want to fix them.
- Rational and logical.
- Face the reality of situations.
- Emotionally strong.

- Don't take things personally.
- Try to equip the child with skills for the future.
- Have insight into the child's point of view.
- Want to protect the child.
- Learnt to stay calm even if it doesn't come naturally.

This list of characteristics was utilised in the survey aspect of the main study in a questionnaire format (described in Chapter 6), where participants were asked to indicate the extent to which they each felt of the characteristics applied to them personally. In doing so, a foster carers' role identity was able to be investigated in light of relationships with children in care, and foster carers' sense of empowerment, as per the second research question.

7.3.4 Specific aspects of foster carers' role

In discussing the role of a foster carer, participants described three specific aspects of this role:

1. Advocating for the child.
2. Protecting the child.
3. Empowering the child.

Participants made comments such as:

The child can't do it for themselves, so you need to advocate for them.

It's my role to help and deal with it.

That's our job, to advocate for them.

These participants suggested that an important part of their role as a foster carer is to fight for the child and stand up for his rights when he is not capable of doing so himself.

Similarly, a strong motivation behind certain behaviour and the cause of particular feelings was a desire to protect the child in their care, as suggested by the following comments:

She wants to protect the child.

The mother lion tends to rise up.

These protective tendencies were described as significant reasons for foster carers feeling upset over particular struggles encountered by the children in their care. The concept of the “mother lion” as described by one participant demonstrates the caring and parental nature of a foster carer.

Finally, the idea of empowering the child was expressed through comments such as:

You're a role model. You give them different ways of dealing with situations.

You've got to come back and equip the child.

It's important to equip them to deal with issues.

These comments indicate that these foster carers saw their role as being important in encouraging a child to move from a position of relative powerlessness to one of greater control over life circumstances. The role of a foster carer was therefore seen as a conduit for the empowerment process referred to in Chapter 4. According to these participants, their input is vital in enabling fostered children to develop skills and strategies to deal with challenges they may face throughout their lives. While the task of empowering children also applies to parenting situations, participants reflected the greater perceived need for this in relation to foster children:

They're just not equipped. If you sit by, they don't learn

Through comments such as this, participants emphasised their belief that children in foster care were less able to handle life challenges, thus elevating the importance of their own role in caring for these children.

7.4 Other issues related to providing foster care

Within this final theme, participants made reference to other issues that had been significant in their fostering experiences. Although not directly related to their perceptions of the foster carer role, or the relationship between foster carer and child, these other issues exerted a significant influence on the ways in which they construed their role and their ongoing satisfaction with providing OOHC.

7.4.1 Support received

Receiving support in a caregiving role does not exclusively apply to foster care, but may be equally relevant to parenting. Nevertheless, this issue was raised by participants in reference to providing foster care. Three participants referred to different sources of support in their provision of care. For example:

You'd want help from your partner to discuss through what's happened.

You might talk to the school about what's going on.

Somebody removed from the situation can give you advice if you're overreacting, particularly if they have qualifications.

Comments such as these suggest that these participants could identify particular sources of support and assistance to help them deal with challenging situations as they arose. The specifics of the given situation influence the particular source of support that these participants would seek assistance from. Foster carers in this pilot study suggested that knowing where to turn for formal and informal support was particularly important in terms of their daily functioning and ongoing satisfaction.

7.4.2 Child's birth family

Despite the fact that it was not a specific focus of the interview questions, three participants referred to the child's birth family. Two participants referred to the birth family in a negative manner:

He's in care because of his parents, not her [foster carer].

[With contact] he can see his mother and know why he's with us, because of the mental illness, or the drugs. He can see for himself, mum and her problems. He can form his own opinion rather than me tell him why he's in care.

These two comments illustrate a certain degree of blame being placed on birth parents by foster carers, intimating that birth parents are responsible for the negative circumstances leading to the child being placed into OOHC. However, one of these participants also described the benefits of a foster child having contact with his birth parents, saying that it is important for a child “to know where they come from”. She also suggested the benefits of such contact for herself, saying:

It can also be for your own peace of mind, to know that you're not holding them back from seeing their family.

The third participant displayed a much more sympathetic attitude towards birth parents, describing one of the rewards of providing foster care as:

You know you're doing a great service to those who can't care for their kids.

The existence of the child's birth family brings to light a significant area in which the experience of foster carers is different from that of parents. Regardless of the nature of the influence of a child's birth family, their very existence results in an aspect of foster care placements that is distinctly different from the experience of parents caring for their own children. This difference is particularly noteworthy in light of those participants who described their role as being no different from parenting. At the very least, the existence of birth parents suggests that a tangible difference between the roles does exist. However, it must also be noted that birth parents do not necessarily play a major part in a foster child's life and may not have frequent contact. Furthermore, these interviews investigated how foster carers construed their role, rather than the tangible or practical features of the reality of their role. As outlined in Chapter 2, PCP asserts that each individual construes reality through her own personal set of constructs and therefore possesses a unique view of the world (c.f., individuality corollary). From this theoretical standing, it is entirely possible for a foster carer to construe her role as being identical to a parental role, even if others would not construe her situation in the same way. Similarly, it is plausible for a foster carer to construe certain aspects of her role as identical to a parental role (e.g., relationship with a child), while being different in other respects (e.g., presence of birth parents, accountability to a foster care agency).

7.4.3 Stigma of being a foster child

Finally, six participants referred to the stigma a child in care may experience, suggesting that:

There's a horrible stigma with being fostered.

One participant admitted that the children in her care were aware of such stigma, saying:

My kids want to change their name because they don't want to be known as foster kids.

These participants expressed a shared opinion that society in general views foster children in a negative light, which they considered to be unjustified, making comments such as:

Society needs to change its attitude towards it, towards foster care, the labelling of foster children and the stigma that comes with being a foster child.

The child shouldn't be labelled as being different.

In response to this, participants described their desire to make the child feel as though they are a part of the family:

I'd let them know that they're just as important. They're a valued part of the family.

Participants also described the negative outcomes that would arise if this effort was not made:

Making them feel like a foster child – not fully part of the family, but part of the department. It gives the message that “we're just caring for you”.

In doing so, participants expressed the importance of integrating the child into their family, and also referred to the previously discussed issue regarding the similarities and differences between the foster caring role and the role of a parent.

7.5 Chapter summary

The major issue arising throughout the pilot study interviews related to the similarities and differences between the role and experiences of foster carers as opposed to parents. In particular, participants discussed similarities in their personal responses within caregiving roles alongside differences that could exist in terms of understanding the child's relationship history, and the sensitivity of caregiver response to the child's behaviour and background issues. Interview responses suggested that providing foster care allowed for emotionally and relationally similar experiences to parenting, but that significant differences arose in the practicalities of providing care, particularly regarding the relative lack of freedom and autonomy afforded to foster carers, and also in relation to concerns such as contact with the child's birth family. The role of a foster carer as construed by these pilot study participants bore significant similarities to that of a parent, but with added requirements of thinking more carefully about caregiver responses and being aware of the restrictions and boundaries that are necessarily in place for foster carers. In attempting to relationally respond to a fostered child in the same way as with a biological child, these foster carers described their role in a way that may be summarised as 'parenting plus more, but with less'. In describing foster care in this manner, participants acknowledged certain relational and contextual similarities between the two roles, but also emphasised that providing foster care requires greater personal investment and dedication in a context of less personal authority.

In addition, issues surrounding the influence of bonding and empowerment were discussed throughout pilot study interviews. These concepts were prominent in participants' descriptions of personal characteristics of foster carers, comparisons between the roles of foster carer and parent, aspects of the foster caring role, and the suggestion of stigmatisation as experienced by children in care. In this way, the notions of bonding and empowerment were addressed in such a way as suggested by the theoretical model of foster care outlined in Chapter 5. It is worth noting that interview questions were not structured to directly address these issues. Rather, themes reflective of bonding and empowerment were raised independently by participants in this pilot study. In this way, the central significance of these issues to the experience of providing foster care was noted, providing additional support for them to frame the theoretical model of foster care.

Finally, issues of role identity were discussed. Sixteen personal characteristics were identified that reflected participants' constructions of the role of a foster carer, providing a framework through which this concept may be investigated. The pilot study therefore provided an initial exploration of foster carers' sense of role identity, allowing for further investigation in the main study (Chapter 9).

The value of this pilot study therefore lies in three main areas, each addressing one of the three research questions. Firstly, in relation to the influence of bonding and empowerment on satisfaction with providing foster care, the pilot study provided indications that these core issues addressed by the theoretical model of foster care were appropriate and relevant. In particular, results strongly indicated the importance of both bonding and empowerment in the experience of providing foster care. The positive and negative framing of carer statements suggest that these issues are likely to play a role in ongoing satisfaction with foster care to some degree, and these are investigated further in the following chapter.

Secondly, through a process of laddering (see Chapter 2 and Chapter 6), pilot study results suggest that higher order constructs (related to role identity) lie behind the experiences of bonding and empowerment, again as suggested by the theoretical model of foster care. By identifying certain characteristics that participants considered particularly relevant to their concept of role identity, these findings provide a basis from which a more in-depth investigation of identity could be conducted through the main study (see Chapter 9). This is of particular value to the thesis due its basis in PCP and the importance of core identity constructs to both this theory and the theoretical model of foster care discussed in Chapter 5.

Finally, interview responses provide some evidence as to how and why the role of a foster carer may be considered as either similar or different from that of a parent. Participants gave indications regarding the extent to which they construed their foster caring role as either similar to or different from the manner in which they construed the role of a parent. While comparisons between foster caring roles and parenting roles will be addressed further in the main study, pilot study results provided personal narratives of the experience of these similarities and differences. These individual narratives will be drawn upon in explaining the quantitative results of the main study relating to the third research question (Chapter 10).

The pilot study therefore provided initial support for the relevance of the specific areas of inquiry of this thesis. Each of the pilot study participants could relate to the issues being discussed from their reading of the hypothetical scenario, and each provided valuable insights from their own personal experiences of providing foster care. The results presented here provide individual stories that will be able to be mapped on to the general results of the main quantitative survey. The following chapters present the survey results from the main study, and relate the quantitative findings back to the qualitative themes derived in the pilot study.

Chapter 8: Results of the Main Study: Research Question 1

This chapter will present and discuss main study survey results pertaining to the first research question:

What is the influence of bonding and empowerment on satisfaction with foster care provision?

To address this question, stepwise regression analyses were conducted using foster carers' scores on the satisfaction scales (PSS and SFPI) as dependent variables, and each of the bonding and empowerment scales (CPRS, PCRQ, FES, and MDES) as potential independent variables. Demographic and personal variables were also included as potential independent variables in order that their association with foster carers' satisfaction was acknowledged and accounted for. The final regression models are outlined in the following sections.

8.1 Parent Satisfaction Scale (PSS)

Stepwise regression analysis with PSS (i.e., parenting satisfaction) scores as the dependent variable included the variables outlined in Table 9.

Table 9
Summary of Stepwise Regression Analysis for Variables Predicting Foster Carers' PSS Scores (n=110)

Variable	<i>B</i>	<i>SE(B)</i>	β
Constant	26.64	14.99	
FES	2.04	.26	.60***
PCRQ	.39	.12	.26***
Education	-2.51	.73	-.20***
Gender	-9.15	3.42	-.16**

Note. Adjusted $R^2 = .68$.

** $p \leq .01$

*** $p \leq .001$

This regression provided a statistically significant model, $F_{(4,96)}=53.81$, $p<.001$, accounting for 68% of the variance in foster carers' PSS scores, adjusted $R^2=.68$.

Higher PSS scores were associated with higher FES (i.e., family specific empowerment) and PCRQ scores (i.e., caregiver contributions to relationships), as well

as foster carers being female and having attained lower levels of formal education. PSS scores were not significantly associated with scores on the CPRS (child contributions to relationship), $p=.68$, or MDES (general empowerment), $p=.72$.

As predicted by the theoretical model of foster care, higher satisfaction was associated most strongly with higher empowerment scores (though this was found to only be the case within the family context) and more positive ratings of the foster carer's contribution to the bonding relationship. In this sense, foster carers who felt more in control of their family life and felt more able to purposefully invest into the relationship with the child in their care were more satisfied with that relational aspect of their caregiving role.

8.2 Satisfaction with Foster Parenting Inventory (SFPI)

Stepwise regression analysis with SFPI (i.e., foster caring satisfaction) scores as the dependent variable included the variables outlined in Table 10 through four iterations.

Table 10

Summary of Stepwise Regression Analysis for Variables Predicting Foster Carers' SFPI Scores (n=122)

Variable	<i>B</i>	<i>SE(B)</i>	β
Constant	22.97	9.29	
FES	1.22	.17	.58***
Gender	-6.26	3.06	-.16*

Note. Adjusted $R^2 = .34$.

* $p \leq .05$

*** $p \leq .001$

This regression analysis provided a statistically significant model, $F_{(2,103)}=28.53$, $p<.001$, accounting for 34% of the variance in SFPI scores, adjusted $R^2=.34$. Higher SFPI scores were associated with higher FES (family specific empowerment) scores, as well as by being female. SFPI scores were not significantly associated with scores on the CPRS (child contributions to relationships), $p=.77$, PCRQ caregiver contributions to relationships), $p=.72$, or MDES (general empowerment), $p=.96$.

The variables that were significantly associated with foster caring satisfaction were also significantly associated with parenting satisfaction, further suggesting that

family empowerment and gender are particularly important in relation to the ongoing satisfaction of foster carers – both in terms of satisfaction with carer-child relationships, and satisfaction with broader demands of the foster caring role. This similarity is not unexpected, as the relationship between a foster carer and child is a major aspect of any long-term placement (hence its focus within this thesis). However, since the PSS and SFPI were selected to measure satisfaction with two very different aspects of foster caring, the significance of family empowerment and gender is particularly reinforced by these findings.

The association between family empowerment and foster caring satisfaction scores raises the same questions for satisfaction specific to foster caring (i.e., SFPI scores) as with parental satisfaction (i.e., PSS scores). The relationship between empowerment in a family specific context and satisfaction (as measured by both satisfaction questionnaires) is notable. Despite SFPI scores reflecting satisfaction with aspects of foster care that are not necessarily related to the daily provision of care within the family home (e.g., understanding the role of foster carer, assistance from social workers, liability protection), empowerment within the family context was still statistically significantly associated with satisfaction with those external aspects of providing OOHC. The results therefore suggest that these varied aspects of providing foster care should not be differentiated from the family context in which the provision of care takes place. Despite the fact that the SFPI measured satisfaction with the foster caring role in terms of social service support, personal needs and role demands, empowerment in the vastly different aspect of caring within a family context was still significantly associated with this satisfaction. It is therefore suggested that a sense of empowerment in relation to caring for children within family environments translates beyond that family context to broader aspects of foster caring experience.

8.3 Discussion

The results presented in this chapter found that family empowerment and caregiving behaviour are both associated with foster carers' satisfaction. These specific aspects of empowerment and bonding were both associated with satisfaction with the relational aspect of caring for a child (i.e., PSS), while family empowerment alone was associated with satisfaction with characteristic aspects of the foster caring role (i.e., SFPI). Taken together, these results suggest that to a certain extent, both bonding and

empowerment influence satisfaction as predicted by the theoretical model of foster care. However, the results also provide greater detail regarding specific characteristics of bonding and empowerment that are likely to influence satisfaction with varying facets of foster caring experiences.

8.3.1 Empowerment

Satisfaction was associated with empowerment specific to the family context. Importantly, this specifically focuses on a caregiver's capabilities within the family. That is, satisfaction is associated with a foster carer believing 'I am a capable caregiver', rather than the more general statement 'I am capable'. While an individual may construe themselves as being capable in other arenas (e.g., work, friendships, community involvement, recreational activities, etc.), results suggest that empowerment within the family context is particularly significant in relation to satisfaction with care provision. Even if a foster carer feels generally empowered, or empowered in any other context, if she does not feel empowered in the context of providing care within her family, her satisfaction with providing OOHC is less likely to be positive. As the 'I am, I can, I will' cycle suggests, a foster carer who believes she is capable and empowered in her family context is more likely to continue providing OOHC (i.e., *empowerment in action*). Similarly, positive experiences of providing care and greater satisfaction are likely to enhance those positive personal beliefs regarding her efficacy in providing care, through the validation of constructs dictated by Kelly's (1955) notion of experimentation.

The relevance of empowerment within the family context (i.e., FES scores), but not a more general sense of personal empowerment (i.e., MDES scores) gives some insight into how the theoretical model may be adapted to more accurately reflect the real life experiences of foster carers in this study. Where the model refers to the empowerment of foster carers, it would be more accurate to describe this as 'family empowerment'. In doing so, acknowledgement is given to the finding that empowerment is instrumental in predicting foster carers' satisfaction, especially when it applies specifically to the family context.

8.3.2 Bonding

In line with the theoretical model of foster care, satisfaction with relational aspects of foster care was associated with carers' contributions to bonding relationships.

However, the reciprocal response of the child did not have any significant statistical influence on satisfaction within the present sample. This is in contrast to much of the literature discussed in Chapter 1, which indicates that child behaviour (whether related to attachment, or behaviour more broadly) has been regularly reported by foster carers as a significant influence on the quality of their relationships and their satisfaction and willingness to continue providing OOHHC (e.g., Alexandris, Hammond, & McKay, 2013; Blythe et al., 2014; Broady et al., 2010; Khoo & Skoog, 2014; McHugh et al., 2004; Octoman et al., 2014; Pithouse et al., 2004; Triseliotis et al., 1998; 2000; Whenan et al., 2009; Wilson et al., 2000).

It is possible that the children referred to by participants in this study did not exhibit behavioural problems to the same extent as has often been found amongst foster care populations in the research cited above. However, results presented in Chapter 10 demonstrate that the foster carers in this study construed child behaviour more negatively than a comparative sample of parents (in relation to their own children). This suggests that foster carer participants did encounter negative child behaviour in a similar way to that reported in previous research (Alexandris et al., 2013; MacDonald & Turner, 2005; Pithouse et al., 2004; Strijker, Van Oijen, & Knot-Dickscheit, 2011). It is therefore unlikely that comparatively mild instances of child misbehaviour effectively explain the lack of association between child behaviour and foster carer satisfaction.

An alternative explanation is that the influence of child behaviour in regard to relationship quality is a less significant influence on foster carer satisfaction than caregiver investment and family empowerment. Foster carers' reports of child behaviour (i.e., CPRS scores) were significantly associated with satisfaction when no other variables were considered (see Appendix O for analyses demonstrating this). However, the regression models presented in Sections 8.1 and 8.2 account for significantly more variance in satisfaction scores than regression models utilising CPRS scores as the sole independent variable. Child behaviour is likely to be an issue that immediately comes to mind when foster carers are asked about factors influencing their satisfaction, since it is very tangible and observable. However, the present results suggest that empowerment within the family context and committing to a positive investment into a relationship with the child are more significant influences on foster carer satisfaction than child behaviour. In fact, the results suggest that family empowerment and investment are so central to satisfaction that the impact of child behaviour is insignificant by comparison.

The results of this study and findings of previous research are therefore not contradictory. Rather, the present results help to provide a fuller picture of those factors that are most salient in relation to foster carer satisfaction, particularly that family empowerment and caregiver relationship contributions are more relevant than child behaviour. These findings may also be indicative of the success of foster carer training, whereby carers are informed that child behaviour is likely to be influenced by many more factors than the actions of the foster carer (e.g., past negative experiences of abuse/neglect). By understanding that there are several other possible influences on a child's behaviour, foster carers may be able to position themselves to remain personally unaffected by the child's misbehaviour, in spite of the frustrations they are likely to experience. This point reflects findings from the pilot study, specifically where participants described their perceptions of the child's background issues and how they were likely to be a driving force behind his behaviour (Section 7.1.1). The by-product of this is that caregivers' satisfaction with providing foster care is most significantly associated with and influenced by personal experiences of family empowerment and their own contribution to bonding relationships, rather than maladaptive child behaviour.

8.3.3 Demographic variables

The findings also indicate that satisfaction with providing foster care was associated with gender and educational levels. Although personal and demographic variables were not directly addressed by the theoretical model, their inclusion in the analysis is not insignificant. Individual characteristics such as these are likely to be reflected in a foster carer's sense of identity, which operates as a significant background issue with the model. Since current models of foster care reflect traditional conceptualisations of the family (i.e., male breadwinner and female carer of children), it is suggested that there may be greater satisfaction with such a role existing amongst females with lower levels of educational attainment. This suggests a closer fit of the caregiver mother within traditional family models and alludes to a sense of role identity more closely aligned with these traditional values.

8.4 Chapter summary

This chapter investigated survey responses relating to the first research question:

What is the influence of bonding and empowerment on satisfaction with foster care provision?

Being a cross-sectional study, it is not possible to ascertain any causality from the present results. However, strong associations were evident between satisfaction with providing foster care, empowerment within a family context, and carer contributions to the bonding relationship. This is reflective of pilot study results where these issues of bonding and empowerment were central to the narrative experience of providing foster care. The findings provide some degree of support to the assertions derived from the theoretical model of foster care – namely that positive experiences of bonding and empowerment are likely to promote ongoing satisfaction with providing OOHC and consequently encourage carers to remain in the role. Similarly, the experience of fostering could lead to a foster carer's enhanced sense of family empowerment and also facilitate the development of more positive bonding relationships. As suggested by the model, these associations are likely to progress in a cyclical manner, so that construing one aspect of the model in a positive manner will increase the likelihood of positive construal processes across other aspects.

Chapter 9: Results of the Main Study: Research Question 2

This chapter will present and discuss results pertaining to the second research question:

How is the experience of providing care associated with a foster carer's sense of role identity?

In addressing this research question, pilot study participants were first interviewed regarding their perceptions of their role identity (see Chapter 7). Based on a summary of their perceptions, an Identity Questionnaire was formulated and used in the main study (see Section 6.2.4).

This chapter first discusses how foster carers perceive their role identity as modelled by the Identity Questionnaire. It then discusses the associations between current caregiving experiences and role identity, and discusses the significance from a PCP perspective. Due to its basis in PCP, the theoretical model of foster care suggests that the concept of role identity exists as a background issue throughout the provision of care – both influencing and being influenced by tangible caregiving experiences. While PCP suggests that previous caregiving experiences are likely to influence a foster carer's construction of her identity, the present study focuses specifically on the impact of current experience. Participants' role identity was investigated through responses to the Identity Questionnaire, which was administered in the context of their current caring situation. This cross-sectional methodology enables a focus on associations between participants' current role identity constructions and their experiences of providing foster care in their current placement.

In addressing the second research question, stepwise regression analyses were conducted using the three Identity Questionnaire components (i.e., *Protecting and Advocating*, *Intrinsic Empowerment*, and *Desire for Affirmation*) as dependent variables and each of the bonding, empowerment and satisfaction scales (i.e., CPRS, PCRQ, FES, MDES, PSS, and SFPI) as potential independent variables. Demographic and personal variables were also included as potential independent variables to acknowledge any association with the dependent variables. The final regression models are outlined in the following sections.

9.1 Protecting and Advocating

The best predictive model of foster carers' *Protecting and Advocating* scores through two iterations is outlined in Table 11.

Table 11
Summary of Stepwise Regression Analysis for Variables Predicting Foster Carers' Protecting and Advocating Scores (n=118)

Variable	<i>B</i>	<i>SE(B)</i>	β
Constant	30.32	2.25	
PCRQ	.09	.02	.54***
CPRS	-.03	.01	-.29**

Note. Adjusted $R^2 = .18$.

** $p \leq .01$

*** $p \leq .001$

This regression analysis provided a significant model, $F_{(2,102)}=12.53$, $p<.001$, accounting for 18% of the variance in *Protecting and Advocating* scores, adjusted $R^2=.18$. Higher *Protecting and Advocating* scores were associated with higher PCRQ scores (i.e., caregiver contributions to relationships) and lower CPRS scores (i.e., child contributions to relationships), but were not associated with participants' scores on the FES (family empowerment), $p=.91$, MDES (general empowerment), $p=.36$, PSS (parental satisfaction), $p=.68$, or SFPI (foster caring satisfaction), $p=.26$.

As described in Section 6.2.4, items loading on the *Protecting and Advocating* component relate to foster carers' contributions to their relationships with children in their care – particularly in terms of protecting a child from misfortune and advocating for his needs. The significant association between *Protecting and Advocating* scores and caregiver contributions to relationship (i.e., PCRQ scores) therefore demonstrates convergent validity. Similarly, higher *Protecting and Advocating* scores were associated with more negative child behaviour within the relationship (i.e., lower CPRS scores), suggesting that foster carers' tendency to protect and advocate for children in their care is more pronounced when children exhibit more negative behaviour, and may thus be considered to be in greater need of protection and empowerment.

These results also demonstrate the theoretical link between identity and behaviour. The *Protecting and Advocating* component can be seen to represent higher

order constructs that relate to lower order constructs directing carers' behaviour in attempting to develop a relationship with the child in their care.

9.2 Intrinsic Empowerment

The best predictive model of foster carers' *Intrinsic Empowerment* scores through five iterations included the variables outlined in Table 12 below.

Table 12

Summary of Stepwise Regression Analysis for Variables Predicting Foster Carers' Intrinsic Empowerment Scores (n=118)

Variable	<i>B</i>	<i>SE(B)</i>	β
Constant	6.01	4.58	
MDES	.23	.05	.36***
FES	.22	.05	.35***
No. of children	.45	.17	.21**
Proportion	-2.71	.89	-.24**
Contact impact	-.36	.18	-.16*

Note. Adjusted $R^2 = .38$.

* $p \leq .05$

** $p \leq .01$

*** $p \leq .001$

This regression analysis provided a significant model, $F_{(5,100)}=13.79$, $p<.001$, accounting for 38% of the variance in *Intrinsic Empowerment* scores, adjusted $R^2=.38$. Higher *Intrinsic Empowerment* scores were associated with higher FES (family empowerment) and MDES (general empowerment) scores, as well as by having more biological children, a smaller proportion of the child's life having been spent in the current placement, and a more positive perceived impact of parental contact on the child in care. *Intrinsic Empowerment* scores were not significantly associated with scores on the CPRS (child contributions to relationships), $p=.34$, PCRQ (caregiver contributions to relationships), $p=.09$, PSS (parental satisfaction), $p=.12$, or SFPI (foster caring satisfaction), $p=.92$.

The positive associations between *Intrinsic Empowerment* scores and both family specific empowerment and general empowerment (i.e., FES and MDES scores respectively) demonstrates convergent validity between these three separate indicators of empowerment. Although each of these scales refers to different contexts, they are each

self-reports of empowerment in some form and therefore can be seen to relate to *intrinsic empowerment* as defined in Chapter 4. This finding suggests that this component of the Identity Questionnaire has merit in measuring an individual's sense of *intrinsic empowerment*, and may therefore have ramifications beyond the scope of this single study, as will be discussed further in Section 9.4.

Certain individual variables were also associated with *Intrinsic Empowerment* scores: having raised more biological children, the current child in care having spent a smaller proportion of his life in the placement, and a more negative impact of parental contact on the child. Despite the fact that *Intrinsic Empowerment* has been conceptualised here as an aspect of role identity, it was associated with variables relating to the child in care (i.e., proportion and contact impact). This may be due in part to the fact that the Identity Questionnaire was included in a survey on carers' current placements. Greater *Intrinsic Empowerment* within the context of current placements could be related to these child-related variables in a manner that reflects participants' beliefs that they have effectively managed negative impacts of parental contact, and that they are capable of providing effective care to a child who is not their own. At a theoretical level, this could be argued to be reflective of the PCP notion of 'experiment' where evidence from real life experience serves to enhance prior held views – in this case, regarding a personal sense of *intrinsic empowerment*.

9.3 Desire for Affirmation

The best predictive model of foster carers' *Desire for Affirmation* scores only included PCRQ scores, as shown in Table 13.

Table 13
Summary of Stepwise Regression Analysis for Variables Predicting Foster Carers' Desire for Affirmation Scores (n=122)

Variable	<i>B</i>	<i>SE(B)</i>	β
Constant	8.32	1.44	
PCRQ	.03	.01	.28**

Note. Adjusted $R^2 = .07$.

** $p \leq .01$

This regression analysis provided a significant model, $F_{(1,104)}=9.08$, $p=.003$, accounting for 7% of the variance in *Desire for Affirmation* scores, adjusted $R^2=.07$.

Higher *Desire for Affirmation* scores were associated with higher PCRQ scores (caregiver contributions to relationships), but were not significantly associated with participants' scores on the CPRS (child contributions to relationships), $p=.11$, FES (family empowerment), $p=.31$, MDES (general empowerment), $p=.23$, PSS (parental satisfaction), $p=.90$, or SFPI (foster caring satisfaction), $p=.99$.

According to these results, a stronger *Desire for Affirmation* is related to a greater contribution to the bonding relationship (as measured by the PCRQ). This can be argued to demonstrate a degree of convergent validity, in that the desire to receive positive affirmation from a child is likely to manifest through attempts to develop a positive bonding relationship. However, this finding must be considered in light of the results presented in Chapter 8. While foster carers may proactively attempt to foster a positive bond, the findings in Chapter 8 suggest that satisfaction with the foster caring role is not dependent on such a relationship developing. Despite being somewhat unnecessary for role satisfaction, the mutually positive benefits of developing a positive relationship cannot be discounted, both in light of previous research and the presently reported significance of *Desire for Affirmation* to a foster carer's role identity. A positive response from a child in care may therefore be seen as not essential, but nevertheless beneficial, to a foster carer's satisfaction.

Desire for Affirmation consisted of only two items, and therefore is potentially the least valid component within the Identity Questionnaire. However, the psychometric properties of this two-item component (e.g., reliability, communality – see Section 6.2.4) were adequate, particularly considering that it only consisted of two items. There is merit in future research more closely investigating the influence of this desire for affirmation as a particular trait on the suitability of potential foster carers for the role.

9.4 Discussion

This chapter focused on the main study responses to the Identity Questionnaire that was developed from pilot study responses. The aim was to investigate associations between an individual's sense of role identity and her experiences of providing care within the context of the theoretical model of foster care. Although causality cannot be assumed from this cross-sectional survey, statistical associations between variables were identified, and the theoretical position of PCP provides a framework through which to

interpret these statistical relationships. Through this process, the potential usefulness of the Identity Questionnaire is indicated. The psychometric properties and face validity demonstrated in this study are more than adequate. However, it must be noted that these properties have been investigated with a sample of 123 foster carers and more extensive testing with a significantly larger sample of foster carers should be conducted before any conclusions can be drawn about its wider utility and validity. In light of this limitation, some caution should be exercised in interpreting responses to the Identity Questionnaire. Nevertheless, the findings discussed in this chapter suggest that the questionnaire may be useful for future research and/or for foster carer screening and training processes.

The present analysis identified three major aspects of foster carer role identity: *Protecting and Advocating*, *Intrinsic Empowerment*, and *Desire for Affirmation*. This component structure proved to be very useful, particularly since these identified components reflected the other major issues being investigated – bonding and empowerment.

The relatedness of Identity Questionnaire components to bonding and empowerment was particularly significant in terms of specifying the theoretical model of foster care. Initial development of this model suggested that a foster carer's sense of role identity would exist in the background of any foster caring experiences. Developing the Identity Questionnaire and subsequently defining three subscales allowed a specification of the manner in which foster carers in this study perceived themselves within their roles. These aspects of role identity bore significant similarities to the issues of bonding and empowerment, exemplifying the importance of these issues within foster care placements and supporting their foundational positions within the theoretical model of foster care. The results presented in this chapter therefore offer suggestions as to how the model could be adapted to more specifically and accurately reflect the nature of foster care experiences from a PCP perspective – that is, through providing detail as to aspects of foster carer role identity that pertain to the elements of bonding and empowerment throughout the model. This will be further discussed in Section 11.2.

The statistical associations between components identified in the Identity Questionnaire and the more directly observable phenomena of bonding and empowerment (measured by bonding and empowerment questionnaires) reflect the hierarchical nature of a system of personal constructs. The manner in which a foster

carer experiences bonding and empowerment throughout her provision of foster care is not only influenced by her sense of role identity as a foster carer, but also has the potential to influence that identity. That is, she views her daily caregiving experience through the lens of how she sees herself within her role. It is important to note that the present results do not demonstrate a causal relationship, due to this study's cross-sectional methodology. However, clear associations between variables were demonstrated, and the manner in which the variables interact have been interpreted through the framework of PCP, whereby higher order constructs are seen to provide an overarching framework for directing behavioural interactions with the real world. For example, a foster carer who construes her role as requiring her to protect a child in her care is likely to provide care in a way that is characterised by this protective nature. The hierarchical nature of these constructs was further demonstrated through the process by which Identity Questionnaire items were initially elicited in the pilot study. The process of laddering encouraged participants to reflect on a deeper personal level than the practical experience of daily care provision (to which the bonding and empowerment questionnaires referred). Associations between responses to these questionnaires and identity components therefore demonstrate relationships between hierarchical levels of construing.

The findings also demonstrate convergent validity between the extracted identity components and the related concepts addressed by other questionnaires. Interpreting the results from a PCP perspective suggests that the concepts measured by Identity Questionnaire operate at a higher level within a personal construct system than those measured by other questionnaires in this study. However, statistical analysis supported the notion that they are concerned with similar theoretical concepts. Not only does this provide some support for the utility of the Identity Questionnaire, it also demonstrates that the practical experience of providing foster care is likely to be influenced by and/or exert a corresponding influence on higher order perceptions of self and role identity. As suggested by PCP theory, the real world experience of providing OOHC does not exist in a vacuum, nor can it be separated from personal implications for carers.

It is worth noting the adjusted R^2 values of the analyses within this section. These values indicate the amount of variance in dependent variable scores that can be attributed to variation in independent variable scores. These analyses accounted for between 7% and 39% of the variance in the dependent variable scores being

investigated. In this form of social research, most of these values are not worryingly low, but nor are they particularly high. This raises the question as to what might be influencing the variance that the statistical models do not account for. While some of this variance can be explained by individual differences in participants, the very real possibility also exists that there are other significant factors that have not been included in this study, or have not been effectively measured. This is particularly likely to be the case when considered in light of the literature cited in Chapter 1 which indicated a plethora of potential issues that have been found to significantly influence the manner in which a foster carer experiences OOHC provision. This potential limitation will be discussed further in Chapter 11 (Section 11.7.5).

9.5 Chapter summary

This chapter sought to present findings related to the significance of foster carers' role identity within the experience of providing OOHC. Taking a PCP approach, higher order constructs (including those reflected through results of the principal components analysis – *Protecting and Advocating*, *Intrinsic Empowerment*, and *Desire for Affirmation*) that enable a carer to make sense of her identity within her foster caring role are closely attuned to personal experiences of bonding and empowerment through foster care placements. Thus, it is argued that the experience of providing care and the manner in which carers perceive their role identity are both influential in encouraging foster carers to continue in the role. In addition, the methodological approach taken to investigating issues of role identity resulted in the development of an Identity Questionnaire that, although requiring further psychometric testing and validation, appears to have value beyond the scope of the present study, both in terms of future research and the more practical contexts of foster carer recruitment, training and support.

Chapter 10: Results of the Main Study: Research Question 3

This chapter presents results pertaining to the third research question:

How do foster carers and parents differ in terms of their experiences of bonding, empowerment, and satisfaction with their respective forms of caregiving?

The similarities and differences between foster care and parenting roles have previously been identified (see Chapters 1 and 3) and were further evident throughout pilot study interviews (Chapter 7). These varying role constructions may have significant implications for a carer's sense of personal identity, and experiences of bonding and empowerment, and satisfaction with providing care. This chapter extends this comparison by investigating similarities and differences between foster carers' and parents' constructions of their respective caregiving experiences.

The comparisons were made in a two-step process. First, comparisons were made between the questionnaire scores of foster carers (n=123) and parents (n=97) (see Appendix Q for descriptive statistics for each group). Throughout this chapter, these comparisons are referred to as comparing by 'role', that is, the role of foster carer versus the role of parent.

The second step shows comparisons between the mean scores for the following:

1. Foster carers who were also parents (FCP; n=96);
2. Foster carers who were not parents (FCNP; n=27); and
3. Parents who were not foster carers (P; n=97).

These comparisons are referred to as comparing by 'category'. Categories were compared in order to determine whether having any birth children influenced foster carers' perceptions of bonding, empowerment and satisfaction within placements, compared to foster carers without children and also parents who were not foster carers.

Regression analyses were run (as per the process outlined in Chapter 6) to identify if any demographic or personal variables exerted a significant influence on questionnaire scores. Any identified variables were included as covariates in the subsequent statistical comparisons. Throughout this chapter, graphical representations of

each ANCOVA model have been provided in order to visually indicate differences evident between roles and categories.³

10.1 Bonding

10.1.1 Child Parent Relationship Scale (CPRS)

Bonding as measured by the CPRS refers to the child's behaviour in the context of the caregiving relationship. Regression analysis indicated that the child's current age and age upon entering the current placement (henceforth "age at placement") were the only demographic variables significantly associated with caregivers' CPRS scores. These have therefore been included as covariates in the following analyses, which compare CPRS scores by role (i.e., foster carers and parents) and category (i.e., parents, foster carer/parents, and foster carer/non-parents).

Comparison by role

When controlling for current child age and "age at placement", the difference between the mean CPRS scores of foster carers ($M=112.67$, $SD=18.28$) and parents ($M=121.42$, $SD=10.99$) was not significant, $F_{(1,212)}=1.90$, $p=.17$. There was, however, a significant interaction between role and current child age, $F_{(1,212)}=7.84$, $p=.01$. The best statistical model for predicting CPRS scores is outlined in Table 14 and represented in Figure 3.

³ The values of certain variables have been graphically modelled beyond the reported range of the present sample. This approach has purposefully been taken to provide visual representations of trends in the data, not to attempt to graphically recreate the reality of individual participant scores.

Table 14
Analysis of Covariance: CPRS Scores by Role

Source	<i>df</i>	<i>F</i>	η^2
Age at placement	1	39.38***	.15
Child age	1	2.93	.01
Role	1	1.90	.01
Role x Child age	1	7.56**	.03
Error	212	(212.64)	

Note. Values enclosed in parentheses represent mean square errors.

** $p \leq .01$

*** $p \leq .001$

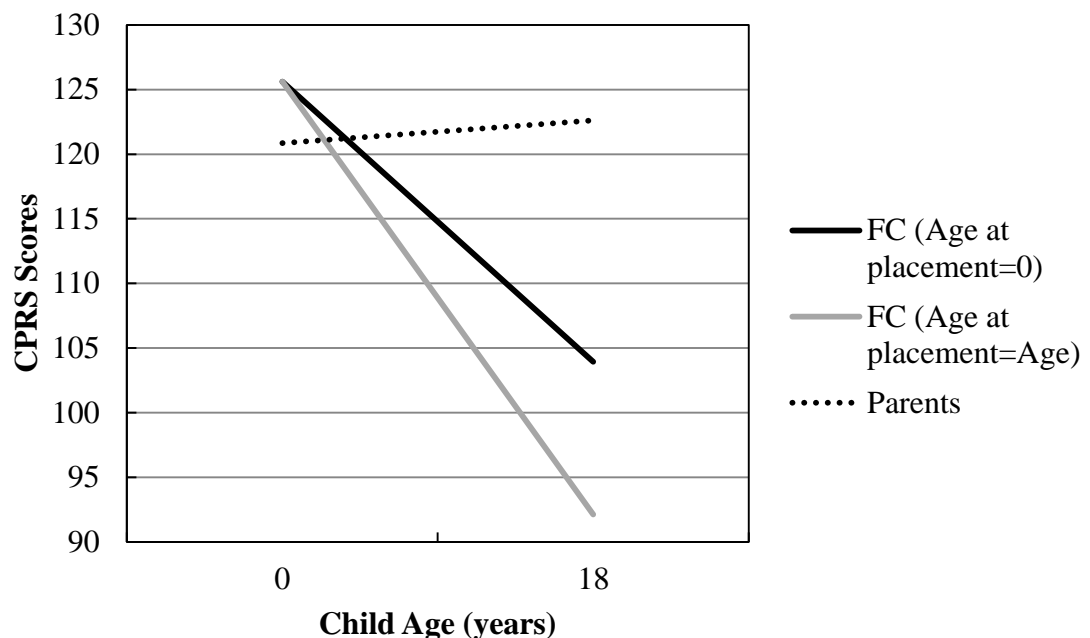


Figure 3. CPRS scores by role and child age

As indicated by Figure 3, foster carers reported marginally higher CPRS scores than parents when referring to very young children, but significantly lower scores for older children. Furthermore, the significant effect of “age at placement” shown in Table 14 suggests that parents tended to report higher CRPS scores than foster carers on average, although this difference was negligible amongst foster carers who had a child placed with them at a very young age.

Comparison by category

When controlling for current child age and “age at placement”, there was no significant difference between the mean CPRS scores of foster carer/parents ($M=112.27$,

SD=18.27), foster carer/non-parents (M=114.11, SD=18.60) and parents (M=121.42, SD=10.99), $F_{(2,210)}=1.07$, $p=.35$. There was, however, a significant interaction between category and current child age, $F_{(2,210)}=3.83$, $p=.02$. The best statistical model for predicting CPRS scores is presented in Table 15 and represented in Figure 4.

Table 15
Analysis of Covariance: CPRS Scores by Category

Source	<i>df</i>	<i>F</i>	η^2
Age at placement	1	39.08***	.15
Child age	1	2.91	.01
Category	2	1.07	.01
Category x Child age	2	3.83*	.03
Error	210	(214.25)	

Note. Values enclosed in parentheses represent mean square errors.

* $p \leq .05$

*** $p \leq .001$

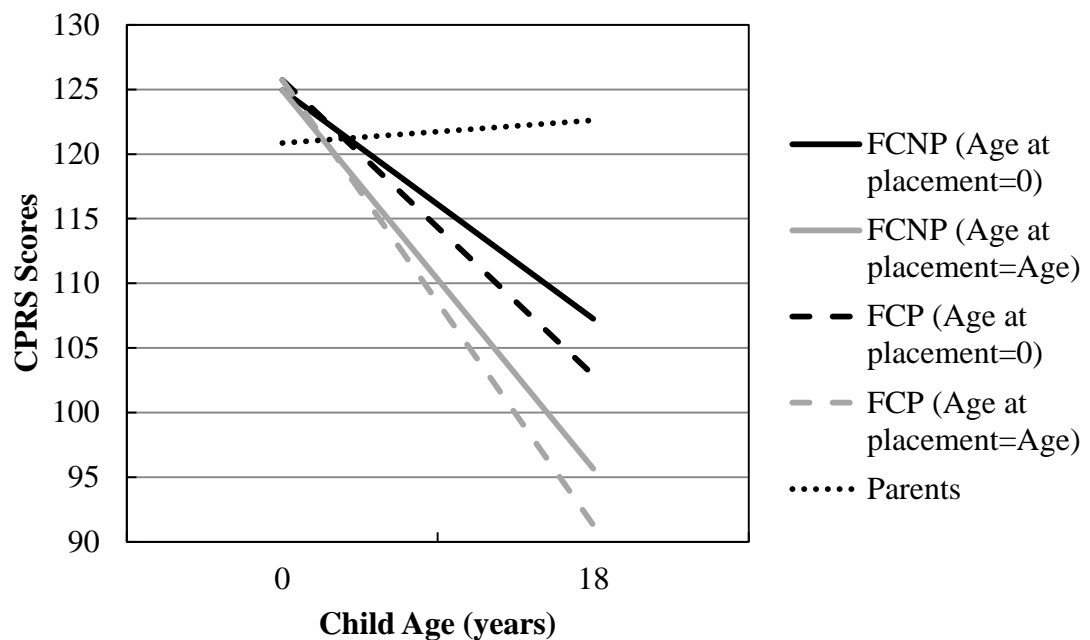


Figure 4. CPRS scores by category and child age

As with the comparison by role, parents' CPRS scores increased slightly with increasing child age, while foster carers' CPRS scores decreased significantly. This trend was more pronounced amongst foster carer/parents than it was amongst foster carer/non-parents. While this finding suggests that parents reported more positive relationships with their children as they aged, it does not necessarily mean that foster

carers relationships became more distant over time. Rather, this trend must be viewed alongside the significant effect of “age at placement”, whereby entering the current placement at younger ages was associated with higher CPRS scores. It therefore stands to reason that foster carers of older children who entered their care at a very young age experienced mutually positive relationships in a similar manner to parents (evidenced by the regression coefficients of age at placement and the interaction between category and child age respectively), as suggested by pilot study responses (see Chapter 7). However, the combination of entering a placement at an older age and being older culminated in particularly poor outcomes in terms of relationship quality between foster carers and children.

Summary of CPRS comparisons

These analyses show an important difference between foster carers and parents. With younger children, foster carers and parents reported similar scores to reflect their perceptions of relationships with respect to the child’s bonding behaviour. However, with older children, foster carers reported significantly lower scores than parents. This finding suggests that the relationships of foster carers with older foster children are noticeably less positive than those reported by parents with their own similarly aged children. The fact that this trend is stronger amongst foster carer/parents than foster carer/non-parents suggests an influence of comparative experiences. That is, foster carers who have the experience of parenting their own children are better able to discern these differences than are foster carers who do not have such experience.

Higher CPRS scores were also associated with the child entering the current placement at a younger age. Despite the fact that the effects of role and category were not statistically significant when controlling for demographic differences between groups, the association between CPRS scores and “age at placement” shows that a certain difference between roles does exist. These results suggest that the difference is not between foster carers and parents per se, but is rather due to the child’s age when the caregiving relationship begins. Therefore, these results appear to indicate that it is familiarity with the child rather than the role which is the main factor influencing the bonding between child and carer.

As reported in previous literature, these results support the idea that the behaviour of children in foster care is perceived more negatively than that of children being raised by their biological parents (Alexandris et al., 2013; Bernedo, Salas, García-Martín, & Fuentes, 2012; Leathers, 2003; 2006; Lindsey, 2001; Pithouse et al., 2004; Strijker et al., 2011) – a trend which is more evident amongst older foster children (Bates & Dozier, 2002; Oosterman, Schuengel, Wim Slot, Bullens, & Doreleijers, 2007; Rushton, Mayes, Dance, & Quinton, 2003). This has further been identified in previous research as a major influence on foster carers' ongoing satisfaction and wellbeing (Denby et al., 1999; Fees et al., 1998; Geiger et al., 2013; Leathers, 2006; Whenan et al., 2009). Interestingly, negative behaviour appears to not be a major concern amongst participants in this study when referring to very young children. Behavioural issues are seemingly seen as cause for concern primarily amongst older children and adolescents in foster care.

10.1.2 Parent Child Relationship Questionnaire (PCRQ)

Bonding as measured by the PCRQ refers to caregiver behaviour and attitudes towards the child for whom they care. Regression analysis indicated that employment status and current child age were the only demographic variables significantly associated with PCRQ scores. These have therefore been included as covariates in the following analyses, which compare PCRQ scores by role (i.e., foster carers and parents) and category (i.e., parents, foster carer/parents, and foster carer/non-parents).

Comparison by role

When controlling for employment status and current child age, there was no significant difference between the mean PCRQ scores of foster carers ($M=152.11$, $SD=14.08$) and parents ($M=151.86$, $SD=11.32$), $F_{(1,212)}=1.36$, $p=.25$. There was, however, a significant interaction between role and employment status, $F_{(1,212)}=12.94$, $p<.001$. Table 16 and Figure 5 illustrate the best statistical model for predicting PCRQ scores.

Table 16
Analysis of Covariance: PCRQ Scores by Role

Source	<i>df</i>	<i>F</i>	η^2
Employed	1	.05	.00
Child age	1	26.79***	.11
Role	1	1.36	.01
Role x Employed	1	12.94***	.05
Error	212	(140.25)	

Note. Values enclosed in parentheses represent mean square errors.

*** $p \leq .001$

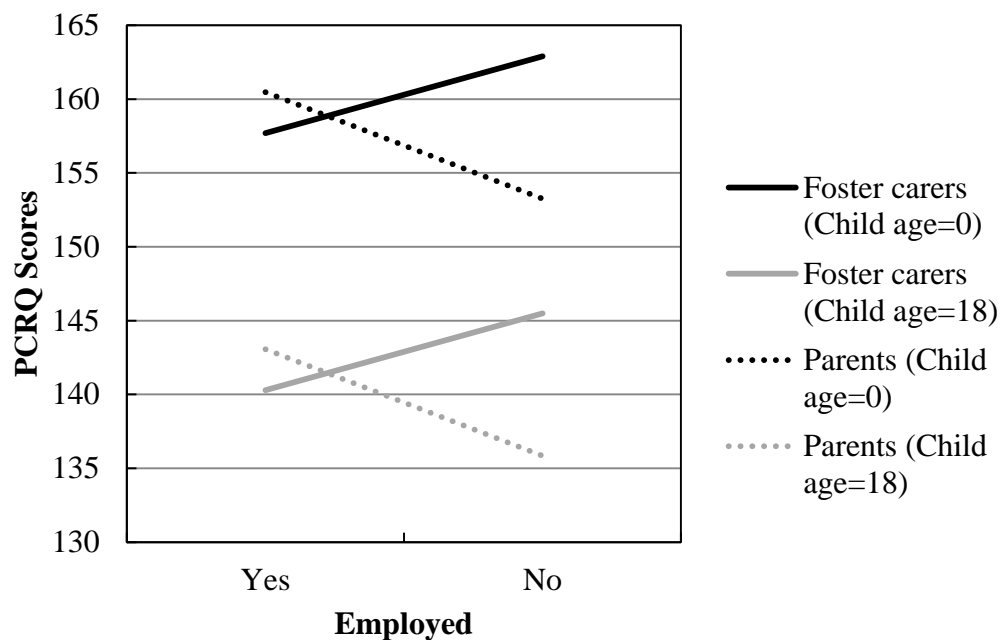


Figure 5. PCRQ scores by role, employment status and child age

Foster carers who were employed reported lower PCRQ scores than their unemployed counterparts. Conversely, parents who were employed reported higher PCRQ scores than unemployed parents. This suggests a difference in participants' perceptions of their roles, in that being employed outside of the caregiving role was associated with opposite effects on the caregiver bond to the child between foster carers and parents.

Comparison by category

When controlling for employment and child age, there was no significant difference between the mean PCRQ scores of foster carer/parents ($M=152.29$,

SD=13.95), foster carer/non-parents (M=151.44, SD=14.78) and parents (M=151.86, SD=11.32), $F_{(2,210)}=.77$, $p=.46$. There was, however, a significant interaction between category and employment, $F_{(2,210)}=7.27$, $p=.001$, as depicted in Table 17 and represented in Figure 6.

Table 17
Analysis of Covariance: PCRQ Scores by Category

Source	<i>df</i>	<i>F</i>	η^2
Employed	1	.05	.00
Child age	1	26.77***	.11
Category	2	.77	.01
Category x Child age	2	7.27***	.06
Error	210	(140.39)	

Note. Values enclosed in parentheses represent mean square errors.

*** $p \leq .001$

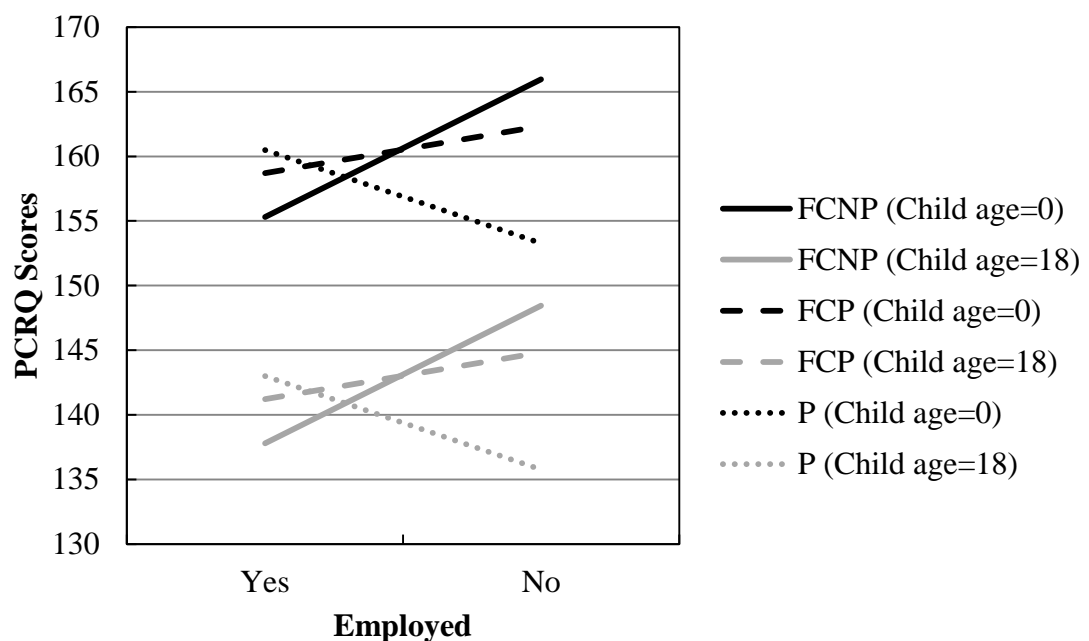


Figure 6. PCRQ scores by category, employment status and child age

Both foster carer/parents and foster carer/non-parents reported lower PCRQ scores when employed, however this trend was much more pronounced amongst foster carer/non-parents. Again, parents demonstrated the opposite effect, with employment being associated with higher PCRQ scores.

Summary of PCRQ comparisons

Higher PCRQ scores were associated with not being employed amongst foster carers, and conversely with being employed amongst parents. Thus, many parents in this study reported being able to effectively manage positive investments into a relationship with their children and simultaneously engage in employment, but foster carers were more likely to report positive investments into carer-child relationships when their caregiving represented a larger component of their personal identity.

These differences may also be a result of the additional requirements of foster caring roles that are not present for parents (e.g., case management meetings, caring for children with challenging behaviours or special needs). Specific demands of fostering and the needs of the child dictate foster carers' availability to work. Depending on certain contextual factors (e.g., the individual needs of the child), some foster agencies may require that at least one foster carer within a couple remain at home to provide full-time care. Similarly, due to these role demands, foster carers may choose to not work, but rather devote themselves to their caring role. In this way, the view of foster care as a 'professional' role may be supported, through the requirement or decision to provide full time care at the expense of participation in employment outside the home.

A more pronounced difference was evident amongst foster carer/non-parents than foster carer/parents. These results suggest that parenting one's own children can mediate the experiences of foster carers in caring for someone else's child. It may be that working foster carer/non-parents construed the children in their care as more vulnerable and in greater need of their attention, thus considering their own contribution to bonding relationships as less when they spent time away from the family due to work. Conversely, foster carer/parents appear less likely to negatively rate their bonding contributions, potentially due to the experience of raising their own children, and consequently believing that spending time at work does not have as dire consequences as might be expected by foster carer/non-parents.

Higher PCRQ scores were also associated with younger children. The effect of child age was present across both foster carers and parents in the statistical models presented above, suggesting that foster carers and parents perceive the need to invest more as a caregiver when caring for younger children.

10.1.3 Summary of bonding questionnaire comparisons

These results demonstrate both similarities and differences in the experiences of foster carers and parents, which were evident across variations in demographic and situational variables, as outlined throughout Section 10.1.

Child contributions to bonding relationships (as measured by the CPRS) were very similar from the perspectives of foster carers and parents when the child had entered their current placements at a young age, that is, when foster placements more closely reflected typical parenting situations. The differences that existed between parents' and foster carers' relationships with the children in their care became increasingly evident when children entered their current foster care placements at later stages. These differences may be attributed to the degree of familiarity experienced, as indicated by pilot study participants.

The placement of older children also introduces other significant issues relating to the child's background, such as his relationship with his birth family. Children entering foster care at birth have no experience of living with their birth families, so their bonding related behaviour with foster carers is likely to be more closely aligned with that of children towards their own parents. Conversely, older children entering foster care are better able to comprehend that they are no longer living with their own parents, and are thus more likely to respond differently to their new caregiving situation. Survey data indicate that foster carers' reports of positive child behaviour decreased significantly as the age of the child increased. The behavioural difficulties evidenced by older children entering new placements have been well supported by previous literature (Bates & Dozier, 2002; Oosterman et al., 2007; Rushton et al., 2003).

In relation to the third research question, these results suggest that foster carers and parents differ in terms of their constructions of children's behaviour, with foster carers construing more negatively. This may be due to the behaviour actually being more negative, or as a result of a construct system that perceives the child (and his behaviour) as a product of a maladaptive early relationship environment. However, this difference is not evident in reference to younger children, who are unlikely to have experienced the same degree or longevity of previous negative relationship experience (from abuse and/or neglect) as older placed children.

These findings have clear implications for foster carer training. While existing training approaches involve informing prospective foster carers about behavioural problems that foster children may exhibit, alongside the implications of poor early attachment experiences, present results suggest that it is also important to explicitly address a foster child's potential behavioural problems in terms of his behaviour not being reflective of the foster carer's own child. This is particularly salient considering that a desire to expand one's family is a commonly cited motivation for becoming a foster carer (Andersson, 2001; Baum et al., 2001; Cole, 2005a; MacGregor et al., 2006; Riggs et al., 2009; Rodger et al., 2006). Prospective foster carers would benefit from developing an effective understanding of the initial disruptions that fostering may cause to existing family dynamics, particularly through the introduction of a very different behavioural relationship with a foster child.

In terms of caregivers' contributions to bonding relationships, comparisons between mean scores on the PCRQ revealed differences between foster carers and parents in relation to their employment status. While parents reported greater investment into the relationship when they were in paid employment, foster carers reported the opposite trend. This effect was significantly more pronounced amongst foster carer/non-parents than foster carer/parents.

Being in paid employment has been associated with several positive outcomes, including financial security, social inclusion and self-esteem (Arksey, 2002; Barnett & Hyde, 2001; Campione, 2008; Trukeschitz, Schneider, Mühlmann, & Ponocny, 2013). In this way, parents may feel that they are better able to provide for their families and develop more effective relationships with their children when in paid employment. Conversely, foster carers reported lower PCRQ scores when employed, suggesting that being more available to personally invest in a bonding relationship is more highly valued than employment by foster carers. Foster carers who construe children in their care as needing extra attention (as suggested by pilot study participants) would logically value the time that they could spend developing a bonding relationship, rather than being in paid employment outside the home.

Interestingly, this tendency was more pronounced amongst foster carers who did not have their own children. This raises issues of motivation, such as how initial motivations for becoming a foster carer can influence behaviour within a given

placement. Amongst foster carers/non-parents, research has regularly identified the desire for children to be a major motivating factor for taking on the role (e.g., Andersson, 2001; Broady et al., 2010; De Maeyer, Vanderfaeillie, Vanschoonlandt, Robberechts, & Van Holen, 2014; MacGregor et al., 2006). Such motivations could therefore influence a foster carer's behaviour regarding her relationship with a child in her care, for example, being more determined to invest in a relationship when having the time to devote to such an end (through not being in paid employment), or conversely feeling as though her caregiving efforts were not good enough when external factors (such as work) interfere with home life. Alternatively, foster carer/non-parents may be more inclined to consider fostering as an alternative to paid employment. Regardless, the possibility exists that differences between foster carer/non-parents' and foster carer/parents' initial motivations for providing foster care serve to influence their respective role constructions, particularly regarding the balance between caring responsibilities and paid employment.

The statistical analyses presented in this chapter ultimately suggest that personal experience and the manner in which caregivers construe the children they care for significantly influence bonding relationships. While certain similarities were apparent, demographic variables illustrate conditions under which the differences between roles/categories were most notable. In particular, the age of children and the age at which they enter the current placement appear to be major considerations, as does the availability of caregivers due to employment commitments. Contextual variables are therefore paramount and must be considered in any research or practice with an emphasis on relationships between foster carers and the children they care for.

10.2 Empowerment

10.2.1 Family Empowerment Scale (FES)

Empowerment as measured by the FES reflects a sense of empowerment within the specific context of providing care for a child in the family. Regression analysis indicated that current child age and the proportion of the child's life spent in the current placement (henceforth "proportion") were the only demographic variables significantly associated with FES scores. These have therefore been included in the following

analyses, which compare FES scores by role (i.e., foster carers and parents) and category (i.e., parents, foster carer/parents, and foster carer/non-parents).

Comparison by role

When controlling for current child age and “proportion”, there was a significant difference between the mean FES scores of foster carers ($M=51.30$, $SD=6.53$) and parents ($M=50.56$, $SD=5.90$), $F_{(1,212)}=4.25$, $p=.04$. The best statistical model for predicting FES scores is presented in Table 18 and represented in Figure 7.

Table 18
Analysis of Covariance: FES Scores by Role

Source	<i>df</i>	<i>F</i>	η^2
Child age	1	7.11**	.03
Proportion	1	.15	.00
Role	1	4.25*	.02
Error	212	(36.48)	

Note. Values enclosed in parentheses represent mean square errors.

* $p \leq .05$

** $p \leq .01$

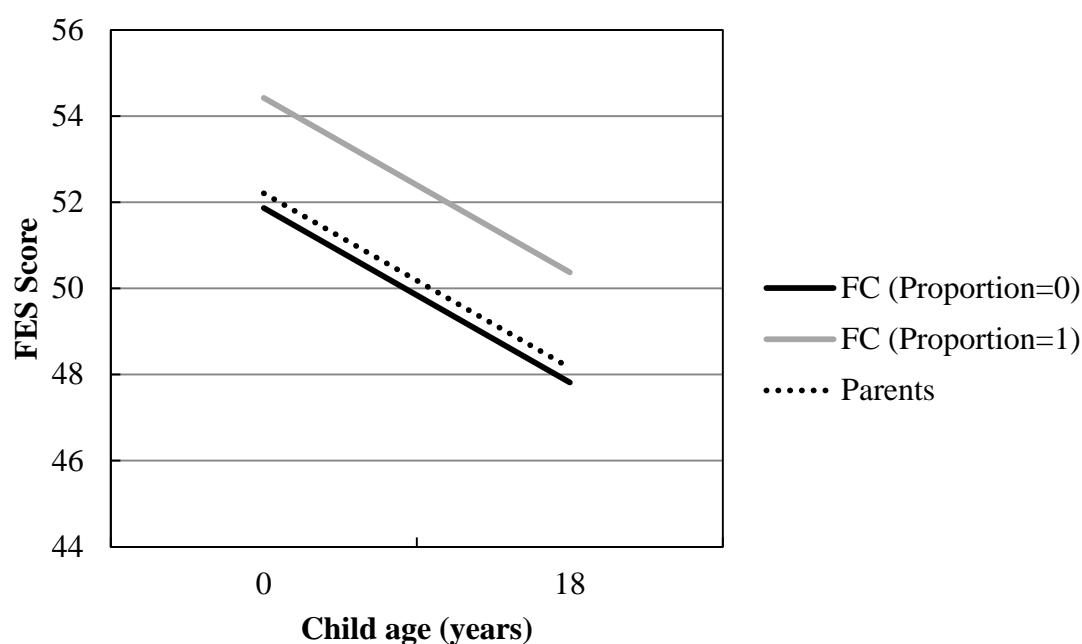


Figure 7. FES scores by role, child age and proportion⁴

As demonstrated by Figure 7, foster carers who had been caring for a child for a majority of that child’s life reported significantly higher FES scores than parents. With smaller proportions of the child’s life being spent in the current placement, foster carers’ FES scores were closer to parents’. However, the effect of “proportion” was not independently statistically significant. Nevertheless, controlling for variation in “proportion” allowed for differences between the two roles to become evident. Table 18 also indicates that there was a significant effect of current child age, with higher FES scores associated with caring for younger children. That is, across both roles, caregivers felt more empowered within their family when they were caring for younger children.

Comparison by category

When controlling for current child age and “proportion”, the differences between the mean FES scores of foster carer/parents ($M=51.33$, $SD=6.31$), foster carer/non-parents ($M=51.19$, $SD=7.40$) and parents ($M=50.56$, $SD=5.90$) were not significant, $F_{(2,209)}=1.97$, $p=.14$, as shown in Table 19.

⁴ ‘Proportion’ refers the proportion of the child’s life spent in the current placement and is calculated by dividing the time spent in this placement by the child’s age (to give a value between 0 and 1). For example, a 10 year old child who had been in a placement for 9 years would have a proportion value of 0.9.

Table 19
Analysis of Covariance: FES Scores by Category

Source	<i>df</i>	<i>F</i>	η^2
Child age	1	7.08**	.03
Proportion	1	.15	.00
Category	2	2.14	.02
Error	211	(36.64)	

Note. Values enclosed in parentheses represent mean square errors.

** $p \leq .01$

While the same significant effect of child age and non-significant effect of “proportion” as previously described were again present in this model, the differences between categories were not statistically significant.

Summary of FES comparisons

Higher FES scores were associated with caring for younger children amongst both foster carers and parents. While causality cannot be inferred, indications of increased empowerment when caring for younger children are reflective of the literature that reports more difficult behaviour being exhibited by older children/adolescents and its likely influence on caregiver empowerment (Bates & Dozier, 2002; Oosterman et al., 2007; Rushton et al., 2003). It may also be the case that participants who completed the survey in relation to younger children had previous caregiving experiences, whether parents’ own older children or foster carers’ longer standing or previous placements. Should these previous caregiving experiences have been construed positively, participants would consequently have been more likely to enter new placements or caregiving relationships feeling more empowered and confident in their caring abilities.

Interestingly, this trend existed across both roles, suggesting a similarity in certain caring demands placed on foster carers and parents (related to the child’s age). That is, results may be interpreted as suggesting that older children are more challenging to care for, thus resulting in reduced family empowerment for foster carers and parents alike. As described by some pilot study participants, the needs and behavioural responses of children in foster care may not necessarily be any different from those of other children. These results are therefore reflective of the parental nature of foster care in providing day-to-day care for a child (as described in Chapter 1).

Foster carers reported higher FES scores than parents, suggesting that they construed themselves as being more empowered in the context of their own families than parents did. However, this was only evident when controlling for the proportion of a child's life spent in the current placement. Family empowerment was higher for foster carers where children had been living with them for a larger percentage of their life, compared to foster carers of children who had spent a comparatively small proportion of their life in the current placement. Variation in the proportion of the child's life in the current placement is one major difference between roles. Though statistically non-significant, it was only when this effect was controlled for that the difference between foster carers and parents became evident.

It is possible that foster carers in this study felt more empowered within their families prior to commencing their foster caring role, or it may be that providing foster care enhanced their sense of family empowerment. Being a cross-sectional study, causality between these variables cannot be inferred, but important implications are raised regardless. If an enhanced sense of family empowerment was a pre-existing condition amongst foster carers, these findings could well assist in identifying suitable candidates to recruit as new foster carers, namely those with more positive perceptions of their own empowerment within the family. At the very least, those demonstrating the greatest baseline family empowerment (or even the theoretically related concept of self-efficacy) could be targeted for foster care recruitment. However, if this was the case, it stands to reason that the effect of child age outlined above should not have been present. It is therefore more likely that family empowerment was enhanced amongst foster carers in this study through experiences of providing foster care in a manner they considered to be effectual, and the validation of their constructions of themselves as caregivers. Furthermore, this appeared more likely to occur when caring for younger children (and particularly when they entered a placement shortly after birth).

Despite the apparent differences between foster carers and parents in relation to family empowerment, no significant differences were found between FES scores of foster carer/parents, foster carer/non-parents, and parents. Although not statistically significant, it is worth noting that the FES scores of foster carers who had their own experiences of parenting were slightly higher than both parents' scores and foster carer/non-parents'. This trend again points towards the influence of personal comparative experiences, where validation as a parent and as a foster carer combines to

enhance constructions of self as a caregiver. Theoretically, this interpretation suggests that parenting and foster caring roles are construed in similar, if not identical, manners.

10.2.2 Making Decisions Empowerment Scale (MDES)

Empowerment as measured by the MDES reflects a more general personal outlook across contexts than the family specific FES. Regression analysis indicated that caregiver age was the only demographic variable significantly associated with MDES scores. This was therefore included as a covariate in the following analyses, which compared MDES scores by role (i.e., foster carers and parents) and category (i.e., parents, foster carer/parents, and foster carer/non-parents).

Comparison by role

When controlling for caregiver age, the difference between the mean MDES scores of foster carers ($M=86.34$, $SD=6.23$) and parents ($M=84.65$, $SD=6.69$) was not statistically significant, $F_{(1,211)}=.80$, $p=.37$, as shown in Table 20.

Table 20
Analysis of Covariance: MDES Scores by Role

Source	<i>df</i>	<i>F</i>	η^2
Age	1	5.54*	.03
Role	1	.80	.00
Error	211	(41.56)	

Note. Values enclosed in parentheses represent mean square errors.

* $p \leq .05$

The statistical model presented in Table 20 shows that caregiver age was the sole significant predictor of MDES scores. When the difference in age between foster carers and parents in this sample was accounted for, no significant difference between roles was apparent.

Comparison by category

When controlling for caregiver age there was no significant difference between the mean MDES scores of foster carer/parents ($M=86.32$, $SD=5.76$), foster carer/non-parents ($M=86.41$, $SD=7.82$) and parents ($M=84.65$, $SD=6.69$), $F_{(2,210)}=.64$, $p=.53$, as demonstrated in Table 21.

Table 21
Analysis of Covariance: MDES Scores by Category

Source	<i>df</i>	<i>F</i>	η^2
Age	1	5.53*	.03
Category	2	.64	.01
Error	210	(41.66)	

Note. Values enclosed in parentheses represent mean square errors.

* $p \leq .05$

Again, caregiver age was the only significant predictor of MDES scores with older caregivers reporting higher MDES scores.

Summary of MDES comparisons

Empowerment as measured by the MDES reflects a more general personal outlook across contexts than the family specific FES and was found to increase with caregiver age. This reflects the findings of a number of previous research project in which older people reported higher levels of empowerment than their younger counterparts (e.g., Dimitriadis & Kufidu, 2004; Gupta & Yesudian, 2006; Mahmud, Shah, & Becker, 2012). Although these previous projects measured empowerment with different questionnaires to the present study, they have demonstrated a positive relationship between empowerment and age amongst a range of populations, including traditionally marginalised groups, such as women from low socioeconomic or rural areas. The finding that caregiver age was the only significant predictor of MDES scores has certain implications regarding the issues raised by the theoretical model of foster care. These results suggest that life experience has an influence on personal empowerment. As caregivers age, they continue to experience their world, construing and re-construing events. According to PCP theory, the ongoing re-construal of events results in greater confidence in psychological processes and therefore increases an individual's assuredness in facing her world, particularly as constructs are validated. These results appear to support this notion, with increased age (and thus, construing experiences) being associated with an increased sense of empowerment in relation to making decisions and being able to make a difference in the community.

When controlling for age, no difference was evident between foster carers and parents. Unlike the family context, where foster carers exhibited higher levels of

empowerment, no difference between roles was apparent in empowerment across more general contexts.

10.2.3 Summary of empowerment questionnaires

The comparative experiences of foster carers and parents in regards to their personal empowerment displayed both differences and similarities. Firstly, when considered within the specific context of the family (as measured by the FES), foster carers reported greater family empowerment than parents. This concept of empowerment reflects a belief of being in control of family circumstances and being capable of finding resources to address family based issues when necessary. The findings therefore suggest that foster carers tend to exhibit a greater sense of belief and confidence in their own abilities within the context of caring for children than do parents. This interpretation is also supported by the literature previously discussed, whereby a belief in one's own caring abilities was described as a significant motivation for undertaking the role of a foster carer in the first place (e.g., Brown et al., 2012; Brown et al., 2007; Buehler et al., 2003; McDermid et al., 2012; Sebba, 2012).

However, this difference only became apparent when controlling for the age of the child in care and the proportion of the child's life spent in the current placement. The effect of child age was statistically significant, with greater empowerment being associated with younger children. This association was common across foster carers and parents, and reflects the literature that suggests that caring for a child (particularly in OOHC arrangements) generally becomes more difficult with older children and teenagers than with younger children (Bates & Dozier, 2002; Oosterman et al., 2007; Rushton et al., 2003). When a child's behaviour is construed as more negative (as literature suggests is often the case amongst older foster children), this can have significant influence on a foster carer's sense of family empowerment.

Similarly, controlling for the differences in the proportion of the child's life spent in the current placement demonstrated differences between foster carers' and parents' constructions of their own family empowerment. Although not a statistically significant influence independently, a greater proportion of the child's life in the current placement was associated with greater family empowerment. This would suggest that foster carers experience greater family empowerment when their current placement more closely

reflected a parental situation, through caring for the child from as close to birth as possible. As described earlier in this section, family empowerment is likely to be enhanced under these circumstances where experience validates foster carers' constructions of themselves as effective and competent caregivers.

Foster carers' personal empowerment appears to be closely related to caregiving experiences. Therefore, child characteristics (including potentially complex emotional and behavioural issues) may play a significant role in foster carers' empowerment. Children with complex issues may be more likely to challenge a foster carer's construction of herself as an effective and competent caregiver and thus result in lesser empowerment. In this way, the empowerment of a foster carer can be seen to be affected by the characteristics of any children and placements she is involved in over time. Should repeated experience continue to affirm her constructions of herself as a competent caregiver, it is likely that a sense of family empowerment will form part of her construed sense of identity. Constructs related to her identity are, by definition, more stable and resistant to change, meaning that any contradictory caregiving experiences in the future may not have the same impact on a foster carer's empowerment, for example, she may be better able to maintain a sense of empowerment in spite of caring for a child with more complex behavioural needs or who does not demonstrate any signs of positive development.

In contrast to family empowerment results, no differences were apparent between foster carers' and parents' reports of contextually non-specific empowerment (when controlling for demographic differences). Greater empowerment was only associated with older caregiver age. As described earlier, this is likely to reflect a personal history of more validating life experiences and developing a construct system that better enables useful prediction of the world, irrespective of role.

It is interesting that foster carers were more empowered in the family context, but there was no difference between groups in a more general context. These results suggest an important difference in role construing and identity. That is, the context of family caregiving is a particular aspect of role identity that should be considered separately from general concepts of empowerment and/or identity. This has implications for the theoretical model of foster care and also for foster care practice – specifically, foster carers are likely to feel more empowered in relation to their provision of day to day care,

though not necessarily with other aspects of providing OOHC (e.g., regulations, agencies, etc.).

Similarities between foster caring and parenting roles were apparent when referring to empowerment in general contexts, while differences were evident when referring to family specific contexts. The benefits of enhanced empowerment are therefore likely to be most pronounced in relation to relational experiences with children in care, but are unlikely to be evident in other aspects of foster care, such as interactions with agencies or professionals, or adhering to regulations.

10.3 Satisfaction

10.3.1 Parent Satisfaction Scale (PSS)

Satisfaction as measured by the PSS refers to satisfaction with the relational aspects of caring for a child. Regression analysis indicated that caregiver education level and the child's "age at placement" were the only demographic variables associated with PSS scores. These were therefore included as covariates in the following analyses, which compare PSS scores by role (i.e., foster carers and parents) and category (i.e., parents, foster carer/parents and foster carer/non-parents).

Comparison by role

When controlling for caregiver education and child's "age at placement", there was no significant difference between the mean PSS scores of foster carers ($M=169.89$, $SD=23.70$) and parents ($M=174.89$, $SD=19.87$), $F_{(1,212)}=.07$, $p=.79$, as demonstrated in Table 22.

Table 22
Analysis of Covariance: PSS Scores by Role

Source	<i>df</i>	<i>F</i>	η^2
Age at placement	1	12.60***	.05
Education	1	4.85*	.02
Role	1	.07	.00
Error	212	(432.27)	

Note. Values enclosed in parentheses represent mean square errors.

* $p \leq .05$

*** $p \leq .001$

Despite the effect of role not being statistically significant, “age at placement” was significantly associated with PSS scores. This suggests that there were negligible differences between parents and foster carers who had children placed at birth, but that foster carers reported lower relational satisfaction when children entered their care at older ages. In addition, lower levels of formal education were associated with greater satisfaction with the relational component of caregiving.

Comparison by category

When controlling for the child’s “age at placement” and caregiver education, there was no significant difference between the mean PSS scores of foster carer/parents ($M=170.84$, $SD=22.39$), foster carer/non-parents ($M=166.52$, $SD=28.08$) and parents ($M=174.89$, $SD=19.87$). There was, however, a significant interaction between category and “age at placement”, $F_{(1,210)}=11.59$, $p=.001$, as depicted by Table 23 and represented in Figure 8.

Table 23
Analysis of Covariance: PSS Scores by Category

Source	<i>df</i>	<i>F</i>	η^2
Age at placement	1	13.24***	.05
Education	1	5.10*	.02
Category	2	.68	.01
Category x Age at placement	1	11.59***	.05
Error	210	(411.18)	

Note. Values enclosed in parentheses represent mean square errors.

* $p \leq .05$

*** $p \leq .001$

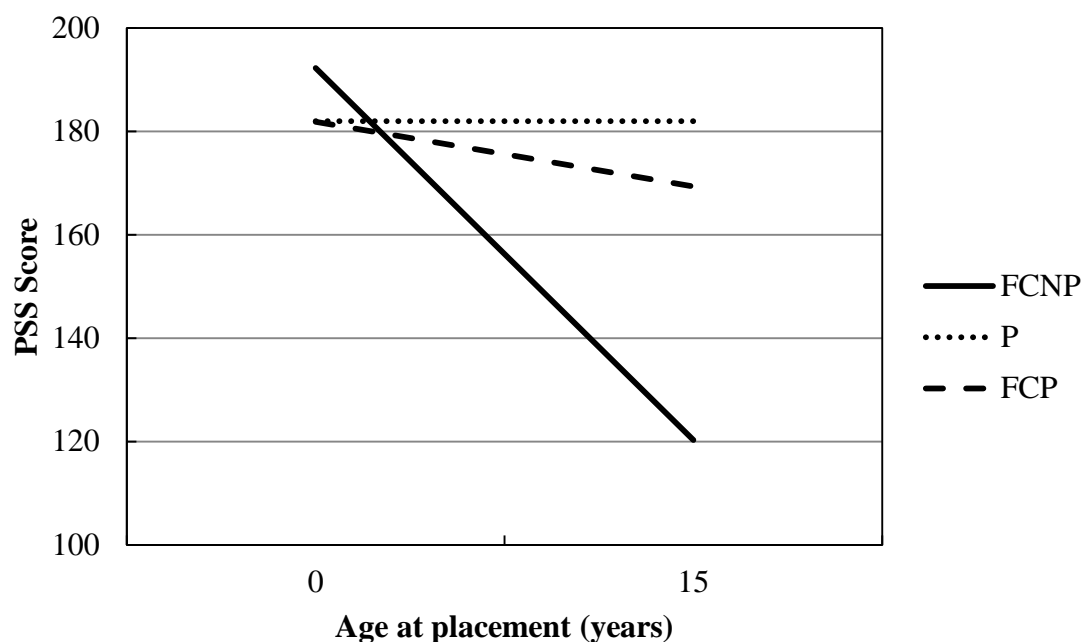


Figure 8. PSS scores by category and age at placement⁵

N.B. The line representing parents' scores is horizontal since "age at placement" was always equal to zero.

As with the comparison by role, PSS scores were no different across categories when children had been cared for since birth, but foster carers reported lower PSS scores when older age children had been placed. This effect was significantly stronger amongst foster carer/non-parents than amongst foster carer/parents, suggesting that parenting experience mitigated the negative influence of children's older "age at placement" on foster carer satisfaction.

Summary of PSS comparisons

Although the effects of role and category were not statistically significant, the effect of "age at placement" suggests that there is a difference between foster carers and parents in terms of this measure of satisfaction. However, this difference is negligible in situations of a foster child entering a placement at birth or shortly thereafter. The older a child is when entering a placement, the less satisfied foster carers were with relational aspects of caring. Once again, this is supported by previous literature that indicates children placed at older ages are more behaviourally challenging, which influences foster carer satisfaction (e.g., Bates & Dozier, 2002; Oosterman et al., 2007; Rushton et

⁵ Figure 8 demonstrates the effects of category and age at placement only. Education has been excluded from this graphical representation.

al., 2003). This effect was stronger amongst foster carers who are not also parents, suggesting that not having a birth child (and therefore having limited parenting experience) exaggerated the comparatively lower satisfaction when children were placed at older ages. This again raises implications for the training and support of foster carers who have older children placed in their care. As well as supporting findings from previous research regarding the association between a child's "age at placement", his behaviour, and foster carer satisfaction, these results suggest additional support and training needs of those foster carers who do not have previous parenting experience.

Lower levels of formal education were also associated with greater satisfaction. While the relationship between education and satisfaction was not explicitly addressed by the theoretical model of foster care, a foster carer's educational history can be argued to comprise a certain component of her identity. In this way, these results reflect the aspect of the model that suggests an association between identity, satisfaction with caring experiences, and the intent to continue in the role. The association between lower educational levels and increased satisfaction may be seen to reflect conceptualisations of foster care as reflecting traditional family units, with a male breadwinner and female caregiver. Within such understandings, it is likely that formal education has little perceived benefit to caregiving roles. Therefore, survey respondents who had completed higher levels of formal education may have reported less satisfaction with their caring role due in part to experiencing comparatively greater satisfaction with roles associated with their qualifications.

10.3.2 Satisfaction with Foster Parenting Inventory (SFPI)

Satisfaction as measured by the SFPI referred to satisfaction with role-specific issues related to the experience of being a foster carer. Since the SFPI was completed by foster carers only (not the comparative parent group), comparisons could only be made between foster carer/parents' and foster carer/non-parents' scores. Regression analysis indicated that child "age at placement" was the only demographic variable significantly associated with SFPI scores. This was therefore included in the following analysis, comparing category (i.e., foster carer/parents and foster carer/non-parents).

Comparison by category

When controlling for demographic differences, there was no significant difference between the mean SFPI scores of foster carer/parents ($M=78.82$, $SD=13.34$) and foster carer/non-parents ($M=77.70$, $SD=11.92$), $F_{(1,118)}=.31$, $p=.58$. There was, however, a significant interaction between category and child “age at placement”, $F_{(1,118)}=8.31$, $p=.01$, as depicted by Table 24 and represented in Figure 9.

Table 24

Analysis of Covariance: SFPI Scores by Category

Source	<i>df</i>	<i>F</i>	η^2
Age at placement	1	4.29*	.03
Category	1	.31	.00
Category x Age at placement	1	8.31**	.06
Error	118	(150.41)	

Note. Values enclosed in parentheses represent mean square errors.

* $p \leq .05$

** $p \leq .01$



Figure 9. SFPI scores by category and age at placement

SFPI scores slightly decreased with older child “age at placement” amongst foster carer/parents. However, amongst foster carer/non-parents, SFPI scores significantly decreased with placements of older children.

As with PSS scores, the interaction between role and child “age at placement” indicates how also being a parent can influence a foster carer’s experience of providing OOHC. Foster carers who did not have their own parenting experience were less likely to be satisfied with specific role demands of fostering when older children entered their care.

10.3.3 Summary of satisfaction questionnaires

Satisfaction with foster care, both in terms of the relational aspect of caring for a child and specific role demands showed certain differences between foster carers and parents. However, these differences were not evident until controlling for demographic differences. The younger the child was when entering a placement, the greater the satisfaction with caregiving relationships and with specific issues related to foster care. As with results of CPRS scores reported in Section 10.1.1, this suggests some degree of difference between parents and foster carers. However, no difference was evident between parents and foster carers who had children enter their care near birth. The differences in satisfaction between the two roles became more evident under circumstances where children were older at the commencement of a placement. It therefore stands to reason that caregiving satisfaction is not associated with role type (i.e., parental or foster caring), but rather the degree of familiarity between child and caregiver (as dictated by the child’s age at which the relationship commenced), and other issues that are dependent on the child’s “age at placement” (e.g., relationship history with birth family, or characteristics of older children).

While all foster carers reported lower satisfaction in relation to placements of older children, this trend was significantly more pronounced amongst those carers who were not also parents. In this way, the experience of raising one’s own children appears to moderate the negative impacts of children entering care at older ages in terms of satisfaction with caregiving relationships and role specific demands.

10.4 Chapter summary

In determining the accuracy of the theoretical model of foster care, an important consideration is the extent to which it applies specifically to foster carers. The relational side of the model could be argued to apply to other forms of care provision beyond foster care, due to the wide applicability of concepts surrounding bonding relationships

and family empowerment, and the considerable overlap between the experiences of foster carers and parents (see Chapter 1). Therefore, the results presented in this chapter have investigated the similarities and differences between foster carers' and parents' caregiving experiences. This issue also relates to the manner in which foster carers construe their role – whether as a 'parent' role, or as a 'not parent' role. A PCP approach will be taken towards this discussion in order to address foster carers' constructions of their role.

Across the domains of bonding, empowerment and satisfaction, a number of differences between foster carers' and parents' experiences were noted. However, most of these differences were not evident in direct comparisons of questionnaire scores, but rather, were present through interactions with particular demographic or circumstantial variables. Most notably, the age at which the child entered a foster care placement played a significant role in identifying differences between the two roles. Placements of older children were associated with less positive reports of child behaviour and lower satisfaction. On the other hand, when children entered a foster care placement at birth (i.e., the same age at which a child enters his parents' care) or shortly thereafter, no significant difference was evident between foster carers' and parents' respective reports of child behaviour or their own satisfaction. It may therefore be suggested that the age at which a child enters a foster care placement has a significant bearing on the manner in which a foster carer construes her relationship with him, and her own satisfaction with her caregiving role. Under circumstances that more closely reflect a parental relationship, it may be more likely that a foster carer will construe her role and relationship with the child as being parental in nature, thereby viewing the child's behaviour and experiencing her own role satisfaction through a similar framework to that of parents in relation to their own biological children.

It is possible that other factors (e.g., personal characteristics or previous experiences of foster care/children) also exert an influence on how a foster carer construes her role. However, within the current sample, there were no discernible differences between the demographic or personal variables reported by foster carers with children placed at (or very near) birth and those with children placed at older ages. The age at which a child entered a foster care placement was found to be significantly associated with carers' constructions of their caregiving experiences, with no other investigated variables able to account for the differences.

It is also worth noting that the effect of child “age at placement” on carer satisfaction was more pronounced amongst foster carers who were not also parents than those who were. While the small sample size (particularly of non-parent foster carers) limits the statistical significance and overall generalisability of this trend, results nevertheless suggest that parenting one’s own children can mitigate some of the negative impacts associated with older children entering a placement. This may be due to learning through the experience of previously raising children, and thus being more familiar with what to expect at different ages. However, the number of previous foster care placements was not found to have any statistical influence, suggesting that only previous *parenting* experience mitigated the effects of a foster child’s “age at placement”, not other caregiving experiences. It may therefore be suggested that foster carers with their own comparative parenting experiences were better placed to construe the differences between the two roles, and thus be better able to anticipate and predict differences. In line with a PCP interpretation, this would enable them to shift their expectations and more effectively construe the personal impact that providing OOHC would have, and consequently have less deleterious effects on their overall role satisfaction.

Direct differences were also noted in two key areas. Firstly, with increasing child age, parents reported slightly more positive child contributions to their relationships, whereas foster carers reported less positive child behaviour. The differences between foster carers and parents in relation to reports of child behaviour are likely to reflect some of the findings of previous literature cited in Chapter 1 that suggest children in foster care are more likely to exhibit challenging behaviour (e.g., Broady et al., 2010; McHugh et al., 2004; Pithouse et al., 2004; Triseliotis et al., 2000; Wilson et al., 2000). Interestingly, this trend was significantly more pronounced amongst foster carers who were also parents than amongst those who were not. This difference once again indicates the potential importance of previous personal experiences. Foster carers who were also parents have the benefit of using their own children as a benchmark for any foster children entering their care. If bonding relationships do not progress in the mutually fulfilling manner that may be expected, these foster carers may reflect on their own parenting experiences to determine how much more negative the child’s behaviour appears to them. However, despite the suggestion that previous parenting experience can have a negative influence on foster carers’ perceptions of child behaviour, this must be considered in light of the findings alluded to in the previous paragraph – namely, that

foster carers with parenting experience tended to remain more satisfied in their role. Being a parent as well as a foster carer may therefore serve to increase the awareness of differences between the two roles (particularly in relation to the relationship quality with children), but also aid in deriving and maintaining role satisfaction. This finding implies that foster carers without their own children may benefit from specific training and/or support in this area. Furthermore, caseworkers and other support services ought to be aware of the potential influence that having (or not having) birth children can exert on a foster carer's construed experience, particularly in relation to their satisfaction with this particular caregiving role.

The second direct difference between foster carers and parents related to their self-perceptions of family empowerment. Even when controlling for circumstantial and demographic variables, foster carers reported higher family empowerment scores than parents. As this study is cross-sectional, it is unclear whether individuals with a greater sense of family empowerment are more likely to become foster carers, or whether family empowerment was enhanced as a result of providing foster care. However, as mentioned in Section 10.2.1, the latter explanation appears more likely (based on current data and analyses).

These findings therefore indicate a significant difference between foster carers and parents in this study. Specifically, construing foster caring experiences as being successful may have a particularly beneficial influence on a foster carer's sense of family empowerment – more so than is evident amongst parents – possibly due to construing herself as being capable of competently providing care for a child under difficult circumstances. This holds implications for the support of foster carers in their long-term provision of care. While it has been suggested that negative experiences can discourage foster carers from continuing in their role, these findings not only suggest that positive outcomes are possible, but that they can have an even greater beneficial influence on a foster carer's sense of family empowerment than parenting experience.

One possible implication of these findings is that less experienced foster carers should have less challenging children placed in their care. Additionally, all foster carers (and particularly those with less fostering experience) ought to be supported and encouraged to develop their skills and capabilities. Explicit encouragement and caseworker support through the early stages of providing foster care and throughout

difficult times of the caregiving may help to sufficiently support foster carers' experiences of empowerment to continue. The implication of present findings is that by choosing to continue in the role, foster carers are more likely to experience enhanced family empowerment. It may well be the case that this already occurs across foster care jurisdictions. Nevertheless, findings from this study provide evidence as to why this approach is likely to be beneficial, and therefore should be encouraged to continue, or even to be further promoted.

Alongside these apparent differences, certain similarities between foster caring and parenting roles were also evident. For example, with increasing child age, both foster carers and parents reported less investment into the relationships on their own part and decreased levels of family empowerment. As older children and adolescents develop increasing personal independence, they are less likely to need the same level of support and active caregiving as younger children, so it is understandable that neither parents nor foster carers invest as heavily into the relationship as children mature. Similarly, as children become more independent, a caregiver's sense of empowerment in relation to caring for that child may diminish as a result of not being needed to the same extent. In this respect, children in foster care face similar experiences as all children, and the care they receive in their foster home environments must therefore reflect this.

Similarities were also apparent in relation to foster carers' and parents' general sense of empowerment across all contexts (rather than specific to the family). This is particularly noteworthy in light of the differences in family specific empowerment between these two groups. While it has been demonstrated that effectively providing foster care is positively associated with family empowerment, no such trend was evident regarding empowerment in general. This may therefore indicate that providing OOHC for a child is a very contextually specific role. The benefits of positive outcomes appear limited to the family context and caregiving role from which they emanated. Any attempts to encourage or support foster carers may therefore benefit from ensuring that the focus remains on that specific family context, rather than more generalised or even individual-based support.

While the theoretical model predicted that empowerment would play a significant role in the overall experience of providing foster care, it did not predict that this would be focused solely on empowerment within the family context. The present

findings therefore provide insight into how the model may be further developed. As will be elaborated in Section 11.2, the concept of empowerment within the model can be better represented by ‘family empowerment’, thus emphasising the specific context through which empowerment is likely to have its expected benefits.

Overall, the results presented in this chapter highlight the inherent, though at times subtle, differences that exist between foster carers’ and parents’ respective caregiving experiences. Although certain similarities were noted, the nuanced differences between the two roles provide insight into how foster carers experience their role, relationships, empowerment and satisfaction. Generally speaking, greater foster carer satisfaction was evident in situations that were likely to be construed as contextually more similar to typical parenting scenarios. In this way, implications for recruitment, support and retention may be drawn, as will be discussed in Chapter 11.

The influence of foster carers’ experiences of being a parent (or not) is also worthy of further attention. Those with previous parenting experience appeared to be better able to identify role differences, and also to withstand negative repercussions. As will be further discussed in Chapter 11, foster carers who do not have children may benefit from consideration as a separate group within the wider foster carer population, rather than being considered in the same manner as foster carers who are also parents. This group of foster carers may benefit from specific training and support related to the differences between foster caring and parenting roles. Accurate expectations and understandings of normal child behaviour (including foster child behaviour) is likely to be beneficial in ensuring that non-parent foster carers are empowered in their role and remain satisfied with providing care.

Motivations of these different sub-groups of foster carers may well differ, as might their expectations. Without the benefit of comparative experience, non-parent foster carers may hope that providing OOHC will provide them the opportunity to parent a child who is not their own. However, as demonstrated in this chapter, certain differences between the roles are likely to exist that would conflict with such expectations. The invalidation of personal constructs in this way has the potential to hold significant implications for the individual foster carer. The wider relevance of such outcomes will be further elaborated in Chapter 11.

The possibility must also be raised that the non-parent foster carers in this sample may have had more behaviourally challenging children placed in their care (due to concerns regarding the potential impact on any of the foster carer's birth children still living with them). It is not possible to objectively investigate this issue from the present survey data, since the focus of this thesis is foster carers' perceptions of their caregiving experience. However, regardless of whether or not this is the case, practical implications for supporting this group of foster carers remain. Whether their construed experience of foster care differs from carers with their own children because of their comparative parental status, or due to characteristics of children who are placed in their care, survey results suggest that non-parent foster carers could benefit from targeted training and support related to their individual situations.

Chapter 11: Discussion

11.1 Introduction

This chapter expands on the initial discussions of results presented in Chapters 7 through to 10. First, the accuracy of the theoretical model of foster care developed in Chapter 5 is discussed in light of the results previously described. Following this, the discussion draws specifically on PCP in addressing the bipolar nature of construing the foster caring role, particularly in terms of the role being construed as ‘parent’ or ‘not parent’. The influence of socio-demographic variables in relation to the main issues studied in this thesis will also be discussed. These issues will be considered in relation to their relevance to the three research questions addressed in this thesis. This chapter will conclude by discussing implications for foster care practice and relevant theory, the limitations of the project, and suggested directions for further research.

11.2 Accuracy of model

Based on a review of the literature, the theoretical model of foster care presented in Chapter 5 suggests how issues of bonding and empowerment mutually interact within foster care placements, influencing a foster carer’s ongoing role satisfaction and willingness to continue providing care. A foster carer’s sense of role identity is seen to interact with her experiences of providing care – both in terms of her own behaviour and the manner in which she construes the placement, the child and herself. These modelled interactions can be seen in the diagrammatic representation of the model, presented again in Figure 10.

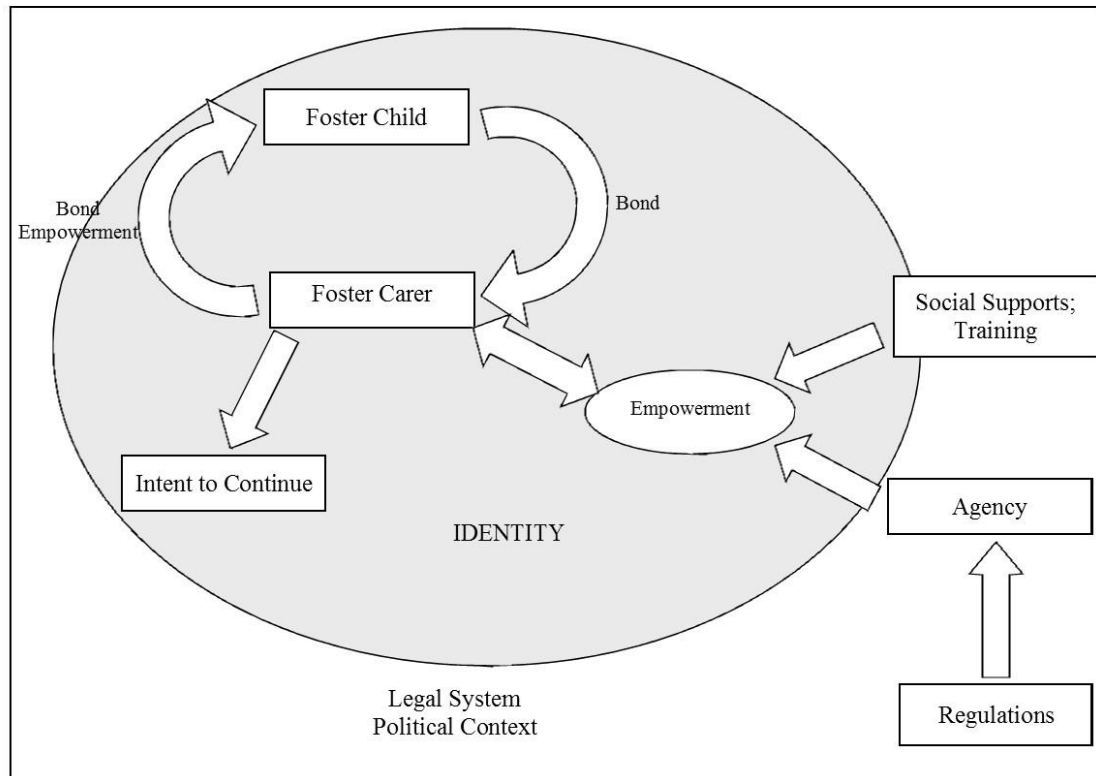


Figure 10. Theoretical model of foster care

The accuracy of this model was tested through the first two research questions:

1. What is the influence of bonding and empowerment on satisfaction with foster care provision? (Chapter 8)
2. What impact does the experience of providing care have on a foster carer's sense of role identity? (Chapter 9)

The results presented in reference to these research questions provide basic support for the accuracy of the theoretical model. As described in Chapter 8, experiences of bonding and empowerment were related to role satisfaction amongst foster carers in this study. Furthermore, results presented in Chapter 9 demonstrate how constructions of role identity were found to be linked with these experiences within foster care placements. However, the findings also suggested that the interactions between bonding, empowerment, satisfaction and role identity were only significant under certain circumstances. Therefore, the theoretical model has been revised to more accurately reflect participants' constructions of their experiences in providing OOHC. This revised model is presented in Figure 11.

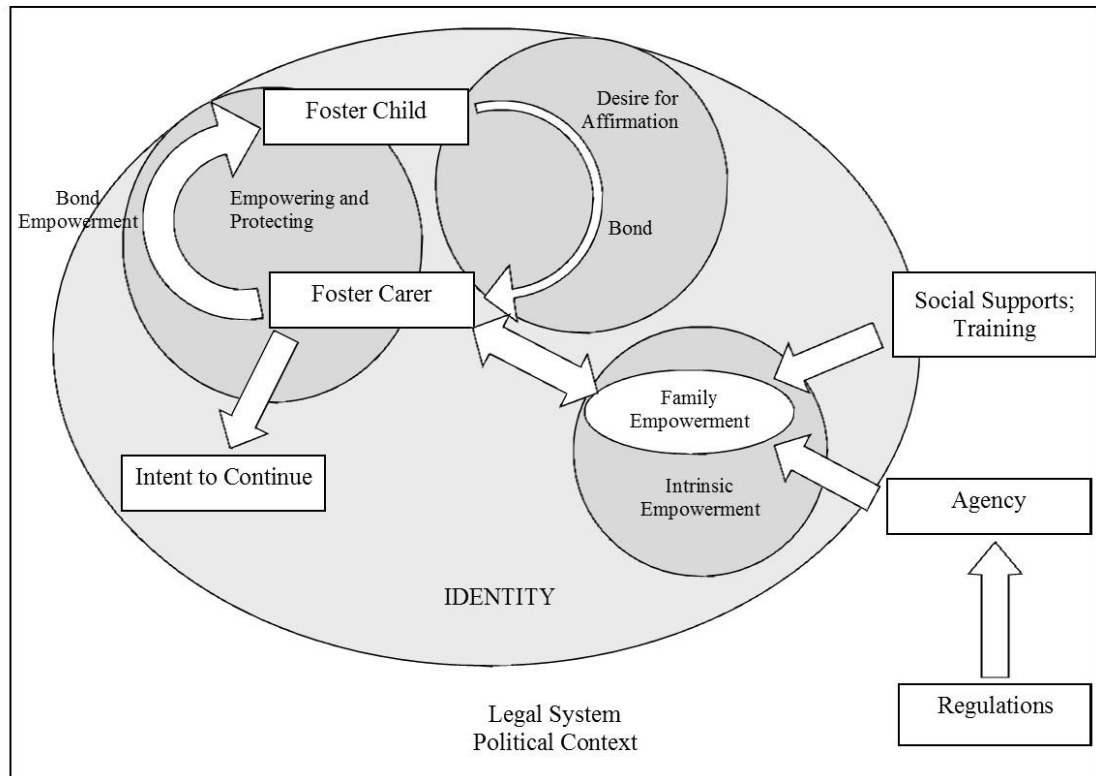


Figure 11. Revised theoretical model of foster care

The revisions to the theoretical model include specific dimensions that enrich the initial conceptualisation. Firstly, the concept of empowerment has been relabelled ‘family empowerment’ to reflect the specific context in which empowerment was found to be most significant. Results presented in Chapters 8 and 9 demonstrate that FES scores (family empowerment) were significantly associated with fostering experience (as modelled), while MDES scores (general empowerment) were not. Furthermore, FES scores (and not MDES scores) were found to differ between foster carers and parents, demonstrating the significance of empowerment in the family context in foster care placements. The influence of this particular contextual form of empowerment is still shown to exist in the same way as suggested by the original conceptualisation of the model discussed in Chapter 5. However, the model now suggests that a sense of empowerment within the family (as opposed to generalised empowerment) is associated with enhanced role satisfaction amongst foster carers.

Secondly, the influence of the child’s contribution to the bonding relationship is now seen to be less important than predicted in the original model, while the carer’s contribution is comparatively more important. While the results of this study do not suggest any significant influence of child contributions to bonding, the overwhelming

evidence in previous literature strongly warrants its retention in the model. However, since Parent Child Relationship Questionnaire (PCRQ) scores, but not Child Parent Relationship Scale (CPRS) scores, were found to be statistically significant predictors of satisfaction with foster care (see Chapter 8), foster carers' contributions to bonding relationships are argued to hold greater significance than the contributions of foster children. The greater significance of carer contributions to bonding relationships is also reflected in results related to role identity (see Chapter 9). While both PCRQ and CPRS scores were associated with *Protecting and Advocating* scores, only PCRQ scores were associated with *Desire for Affirmation* scores. In this way, the bonding behaviour of foster carers can be seen to be particularly significant when considering the issues addressed by the theoretical model of foster care.

The contribution of the child has the potential to influence a caregiver's reciprocal behaviour – that is, individual contributions to a relationship do not exist in isolation from each other. However, it is also entirely possible that a foster carer is able to positively invest into a fulfilling bonding relationship with a child even when that child does not positively respond. The ability of foster carers to accept a minimal level of reciprocity from a foster child could, in part, be due to their training and preparation to accept this behaviour. Despite the difficulties and challenges that a foster carer's personal investment could potentially face, the results suggest that this is one significant path that leads to increased role satisfaction. Therefore, the theoretical model has been adjusted to reflect this.

Results also suggest that foster carers' experiences of bonding and satisfaction vary significantly with the child's current age and his age upon entering the current placement. Since caring for younger children (and those entering placements at younger ages) was associated with more positive bonding experiences and role satisfaction, the associations between variables within the model must be viewed within the context of such child characteristics (e.g., age, placement history, previous caregiving experiences, etc.). While these characteristics cannot be discounted, the revised model suggests that the ability to provide an optimal caring environment for that child (regardless of his positive or negative response) is a more significant factor in promoting foster carers' ongoing satisfaction than the direct influence of the child himself.

This in turn raises the question of other sources of affirmation and support that are available to foster carers, beyond positive affirmation from children in their care. As suggested by the theoretical model, social supports and other external influences (e.g., spouse/partner, caseworkers, agencies, etc.) can provide significant input into a foster care placement and an individual carer's experience. While this broader contextual influence has not been specifically investigated in this thesis, it is important that the theoretical model recognises the major influence these sources can exert.

Finally, the depiction of a foster carer's role identity has also been elaborated. As with the alterations to the concept of empowerment, the function of role identity within the model has not changed. However, the three identity components that were derived through pilot study interviews and the ensuing survey responses have been purposefully positioned in the relevant areas of the model diagram.

Protecting and Advocating represents that aspect of role identity whereby a foster carer naturally strives to safeguard a child from experiencing further hurt or misfortune, while also strengthening him and providing him with personal resources to function optimally across wider social and environmental contexts. This describes a key aspect of the foster carer's contribution to the bonding relationship, and has been placed in the appropriate area of the diagram in Figure 11. In this way, the model suggests that the protective nature of a foster carer's identity influences the manner in which she attends to the child in her care. Furthermore, a carer's behaviour within the context of her relationship with the child can also provide validating (or invalidating) evidence regarding her personal constructions of that aspect of her role identity.

Intrinsic Empowerment has been located alongside the section of the model that refers to a foster carer's personal sense of (family) empowerment. This demonstrates an important chain of association in terms of empowerment. *Intrinsic Empowerment* as an aspect of role identity is closely related to a personal sense of family empowerment, which is argued to also be influenced by external forces such as social supports and foster care agencies/caseworkers. This sense of family empowerment is then argued to manifest within the context of bonding relationships between a foster carer and the child in her care, particularly in relation to a carer's attempts to empower a child to competently face his world. Construing practical experiences of providing foster care (including elements such as bonding relationships with children in care, and interactions

with caseworkers and agencies) form the evidence by which personal constructs surrounding the *Intrinsic Empowerment* aspect of role identity are validated or invalidated. The personal impacts of both external supports and bonding experiences within a placement can therefore be seen.

Desire for Affirmation refers to the hopes a foster carer is likely to have regarding a child's behavioural response towards her as a caregiver, and is therefore located in close proximity to the child's contribution to the bonding relationship. Although the child's contribution to the relationship has been minimised in the revised model, its relevance to the notion of *Desire for Affirmation* should not be underestimated, particularly since the desire to experience a mutually fulfilling relationship with a foster child has been identified as a major motivation for undertaking the role of a foster carer in the first place (see Chapter 1). Once again, the validation process becomes relevant as a foster carer construes the placement in relation to her initial motivations for taking on the caregiving role.

It may be argued that positive affirmation from other sources (e.g., caseworkers, family, friends, etc.) also plays a similar role in foster carers' experiences of care provision. However, in discussing these experiences specifically within the context of current placements (as is the focus of this thesis), participants referred only to a desire to receive affirmation from the child in care. It is thus argued that affirmation from the child is a particularly salient issue, to the exclusion of affirmation from other sources.

This component of role identity is particularly interesting in light of the finding that child behaviour is not significantly associated with foster carers' satisfaction (see Chapter 8). The existence of foster carers' desire for a positive reciprocal response within a construction of their role identity supports existing literature pertaining to the influence of child behaviour on foster carer satisfaction (e.g., Broady et al., 2010; Cross et al., 2013; McHugh et al., 2004; Triseliotis et al., 1998; 2000; Whenan et al., 2009). As suggested in Chapter 8, it is possible that foster carers recognise the vast array of influences on a child's behaviour, thus being able to personally distance themselves from the impacts of any lack of positive reciprocity. In other words, a differentiation exists between foster carers' desires and their expectations. While the desire for positive affirmation from a child has been identified as an inherent characteristic of foster carers'

role identity, results also suggest that they do not necessarily expect to receive this affirmation, nor are their experiences negatively tainted in its absence.

The interactions discussed in this section therefore provide preliminary support for the accuracy of the theoretical model of foster care. The model was assessed in relation to the influence of bonding and empowerment on satisfaction with providing OOHC (and consequent intent to continue), and in relation to any associations between these experiences and a foster carer's sense of role identity. By providing a level of insight into the associations between these variables and the personal impact that may be experienced by foster carers in their provision of OOHC, certain implications are raised for providing ongoing support to carers in their role.

Present findings suggest that two key areas in which foster carers may be most effectively supported are: 1) family empowerment, and 2) carers' behaviour within bonding relationships. Those foster carers who construed themselves as having the ability to positively invest into a relationship with a foster child, and having the capacity to effectively cope and solve problems within a family caregiving context were more satisfied in their role. Foster carers' professional and informal support networks may therefore be most effective when they focus on enhancing a foster carer's ability to positively invest into her relationship with any given child in her care, and also supporting her sense of empowerment within her caregiving context. As suggested by Kelly's (1955) sociality corollary, it is important for support personnel to effectively construe a foster carer's constructions of her family empowerment and her relationship with the child in her care. While the results of this study suggest particular areas where generalised foster carer training and support is likely to be most effective, the theoretical basis of PCP further argues that the subjectively construed experience of the individual within these areas must also be considered. Since personal construal processes vary between individuals, training or support is construed differently by different carers, as are perceptions of what it means to be empowered or what a positive investment into a relationship with a child involves.

11.3 Situational variables

The results of this study demonstrated demographic and personal variables that reflected certain similarities between foster caring and parenting and how they were associated with caregiving experiences. In particular, the child's age upon entering a placement, the proportion of the child's life spent in the placement, and the amount of contact with birth parents indicate the degree to which any individual foster care placement reflects typical parenting situations.

Children entering a placement at a younger age was associated with foster carers reporting more positive contributions from children to their relationships (CPRS), and increased satisfaction in respect to both the parental nature of providing care (PSS) and specific aspects of foster care (SFPI). In relation to the child's "age at placement", foster care can be seen to most closely resemble parenting scenarios when children enter a placement at birth. The older a child is when entering a particular placement, the more demographically removed that placement is from typical parenting situations. The results of this study suggest that foster carers are more likely to positively construe their experience of child bonding behaviour and role satisfaction when placements reflect 'normal' parenting (i.e., when a child enters foster care at a very young age).

Similarly, differences between foster care and parenting also existed in terms of the proportion of the child's life spent in that placement. A greater proportion of a child's life spent in a foster care placement represents a caregiving situation that is more closely aligned with parenting and is associated with a greater sense of empowerment of the carer within the context of the family. Conversely, greater divergence from parental scenarios was associated with higher ratings of *Intrinsic Empowerment*. As previously discussed (see Chapter 9), these findings can be most reasonably seen to reflect situations whereby construing the effective provision of foster care promotes an enhanced view of self-empowerment.

The child's "age at placement" and the proportion of his life spent in the current placement indicate situational differences between foster care and parenting situations. However, these variables are likely to result in many other related differences. For example, entering foster care at a younger age or spending a greater proportion of life in OOHC dictates that less time has been spent in the care of the birth family. Relationships

with birth parents are likely to vary according to these variables. Similarly, the consistency of care a child experiences will similarly vary according to the age at which he enters foster care, and also according to any experience of multiple placements. This is an important issue, though one that is beyond the scope of this thesis. Furthermore, the extent and nature of parental contact in foster care placements should also be considered in discussing these differences between foster care and parenting. While these variables were not statistically significant in the analyses comparing foster carers and parents, the presence of birth parents (through parental contact arrangements) remains a clear reminder to foster carers of the differences between their role and parenting, particularly when considered alongside the key variables discussed in the previous paragraphs.

The situational variables discussed in this section suggest the likelihood of enhanced foster carer satisfaction when placements are demographically reflective of typical parenting scenarios. In noting these apparent benefits, it may be suggested that priority be given to children being placed in long-term care at a young age, thereby more closely resembling parenthood. According to the trends evident in this study, such approaches could promote positive experiences for foster carers. In particular, this would increase the likelihood of foster carers construing their role as a ‘parent’ as opposed to a ‘job’, which has been shown in this study to promote foster carers’ role satisfaction. Additionally, foster carer training programs could benefit from addressing these situational and demographic issues. Providing foster carers with: 1) the insight to identify the extent to which their placements reflect parenting scenarios, and 2) the skills and knowledge to effectively negotiate the relevant challenges throughout their daily care provision may assist foster carers in navigating the unknown world of caring for another person’s child.

Alongside the potential benefits of training, the ‘fit’ between foster carers and children must also be considered. While the provision of effective training is likely to equip foster carers with the knowledge and skills (i.e., *extrinsic empowerment*) to negotiate these challenges, the natural ‘fit’ or ‘chemistry’ between carer and child is a major influence on relationship development (Doelling & Johnson, 1990; Orme, Cuddeback, Buehler, Cox, & Le Prohn, 2007; Sinclair & Wilson, 2003; Storer et al., 2014). As the results of this study suggest, the development of relationship over time is a major influence on foster carers’ experiences and role satisfaction. Therefore, alongside prioritising children’s long-term placement at a young age and ensuring effective

training around the differences between fostering and parenting, the natural development of relationship ‘chemistry’ ought to be recognised and respected.

As outlined in Chapter 1, child protection policies tend to prioritise protecting children within their birth family environments and placing them in OOHC only as a last resort. Focusing on reunification and the maintenance of the birth family unit may create some tension with the notion of encouraging foster care placements that demographically reflect parental scenarios. However, alongside the overarching goal of maintaining birth families where possible, policies regarding permanency planning are receiving increasing support, whereby decisions regarding long-term plans for children in OOHC are made as early as possible. According to such policies, and supported by this study, children who are assessed as requiring long-term foster care ought to enter a stable placement as early as possible, and remain there for as long as possible. In this way, the age at which they enter the placement and the proportion of their life spent there will more closely reflect parenting situations, which the results of this study suggest can have positive influences on foster carers’ experiences of the placement and their wider role satisfaction. Alongside any ethical or political concerns regarding the removal of a child from his birth family, the longstanding benefits of an early long-term placement (for both child and foster carer) ought to be considered.

The case is clearly different amongst children and families who are assessed as warranting attempts at reunification. Under such circumstances, current policy suggests that rehabilitation efforts should commence early and develop rapidly, in order that final reunification is achieved as quickly as possible. It is here that the interests of foster carers must be carefully considered and managed. Typically, foster carers are informed of the case plan for the foster child and have a good understanding of the nature of most placements they undertake. Situations exist with uncertainty around decisions on the nature of the care to be provided and where the carer’s role diverges from typical parenting, which could well be associated with less satisfaction with the foster caring role. However, these results also indicate the possible influences of other factors on foster carers’ role satisfaction. As literature also suggests, satisfaction could well be influenced by caseworker relationships and support, or carer-child relationship issues (e.g., Denby et al., 1999; Geiger et al., 2013; Rodger et al., 2006; Triseliotis et al., 1998; Whenan et al., 2009). Nevertheless, the potential negative influence of caring scenarios

that are particularly different from typical parenting situations are also worthy of consideration in providing effective training and support to foster carers.

11.4 Conceptualising the foster carer role

One major implication of the present results revolves around definitions or conceptualisations of the foster caring role – in particular, the issue of the extent to which a foster carer may be considered a ‘parent’ to the child in her long-term care. Such conceptualisations of a foster carer’s role must be viewed from several different perspectives, including official policy positions, the views of children in OOHC, and the role constructions of foster carers themselves. Of these perspectives, the present study has only investigated the role constructions of foster carers (i.e., their sense of role identity). As demonstrated by pilot study results (Chapter 7), considerable variation exists in relation to individual foster carers’ constructions of themselves and their role as ‘parent’ or ‘not parent’. The comparisons between foster carers’ and parents’ experiences of caregiving also indicate certain key areas in which constructions of foster caring may show varying degrees of similarity or divergence from parents’ constructions of their caregiving experience (Chapter 10).

These are two different but related issues. Firstly, pilot study findings relate to the constructions of individual foster carers as they pertain to their own comparisons with a parental role, that is, the extent to which they construe their fostering role as being a ‘parent’, as opposed to ‘not parent’. Secondly, the comparisons between foster carers and parents (Chapter 10) provide insight into how foster carers construe their caregiving role, compared to how parents construe theirs. The results of the two different approaches to investigating similarities and differences between fostering and parenting produced analogous findings. Just as pilot study results suggested that some foster carers construe their role as being identical to that of a parent, survey data also suggest that under certain circumstances particular aspects of foster carers’ and parents’ caregiving experiences are very similar. Furthermore, just as the pilot study indicates that other foster carers construe their role as being different from that of a parent, survey data also support that differences in caregiving experiences exist, and also indicate certain situations where these differences are substantially more pronounced.

The importance of personal experience is empirically demonstrated by the apparent mediating effect of having parented one's own children on fostering experiences (Chapter 10). Despite a limited sample size, results indicate that foster carers with parenting experience are less likely than those without such experiences to construe their fostering experiences in the same way as parenting. Implications regarding role conceptualisation extend into the realms of bonding and empowerment – bonding, in relation to how foster carers attempt to invest in relationships with children, and empowerment in relation to the degree of authority and autonomy to which they consider they should be entitled. It is here that policy, agencies' and caseworkers' constructions of the foster caring role can serve an important function. Any misalignment between role constructions and expectations between foster carers, agencies and caseworkers may be a source of conflict and dissatisfaction. Conversely, united views on the nature of the role and what it entails is likely to enhance a team approach to OOHHC.

While this study did not investigate the views of caseworkers or agencies, the responses of pilot study participants indicate a wide variety of perspectives regarding the nature of a foster carer's role. When considering the substantial variation in these perspectives, the potential for conflict between individuals who hold opposing views is also apparent. For example, should a foster carer construe her role as being equivalent to that of a parent, but a caseworker maintains the position described by one pilot study participant whereby "there's got to be a boundary somewhere", the possibility of conflicting opinions regarding caregiving practices could occur. Individual case planning may go some way in addressing this issue, as literature suggests foster carers appreciate being explicitly valued for their contributions and being included in decision making (Austerberry et al., 2013; Denby et al., 1999; Rodger et al., 2006; Sanchirico et al., 1998). Thus, while foster carers may be cognitively prepared in regards to agency expectations, through their ongoing experience, it is entirely possible that they come to construe their role and placements in a manner that does not necessarily adhere to initial case plans, nor their expectations.

The personal experience of parenting one's own child has also been demonstrated to play a part in foster carers' constructions of their role. Throughout Chapter 10, comparisons were made between parents, foster carers who were also parents, and foster carers who were not parents. Although only a small proportion of the

foster carer sample were not also parents, statistical trends suggest that some differences existed between the construed caregiving experiences of these two groups of foster carers. At an aggregated level, the results suggest that the experience of parenting one's own children enables foster carers to construe the differences between the two caregiving roles more effectively and noticeably. Non-parent foster carers in this study therefore appear more likely to construe their fostering experiences in a similar way to parents construing their parenting experiences.

Considering the inherent differences that exist between the two caregiving roles, these findings hold implications for foster carer training and support. On the one hand, non-parent foster carers may benefit from specific training focused on the statutory limitations of their parental responsibilities. Caseworkers who are aware of this increased potential for non-parent foster carers to construe their role in a manner reflective of biological parents may also assist this group of carers to navigate the complexities of their role and relationships with children in OOHC. This is a particularly important issue in light of results in this study that suggest construing the foster caring role as a 'parent' role is associated with increased satisfaction. While this role satisfaction is beneficial for foster carers, such a way of viewing the world may equally become problematic under circumstances that highlight the differences between the two roles (e.g., commencing the process for reunification with birth parents). In such instances, foster carers who are able to reconstrue their role in light of invalidatory evidence to incorporate both similarities and differences between fostering and parenting will be better able to usefully construe their fostering experience (in line with the notion of constructive alternativism). That is, they will retain the capacity for increased satisfaction that is associated with construing the role as a 'parent', while also being able to make sense of any situations that clearly contradict this sense of role identity. Secondly, foster carers with parenting experience may benefit from initial training that emphasises the differences they are likely to encounter in fostering when compared to parenting. Supporting foster carers to form useful constructions of their role from its commencement is likely to reduce the potential for negative personal outcomes or self-construal from the invalidation of personal constructs (as per the 'experimental' process described in Chapter 2).

Understanding these findings from a PCP perspective holds additional meaning for training and support. As well as the potential influences on role and self-identity that

a process of construing can have, a PCP framework introduces the potential utility of constructive alternativism. This notion is a central assumption of PCP theory, suggesting that there are always alternative ways of interpreting and construing events (see Chapter 2). Therapeutic techniques based on PCP utilise this idea (e.g., Kelly, 1955; Stein et al., 2012), and foster carer support practices may equally benefit from employing a premise of constructive alternativism. Supportive practices that encourage foster carers to consider alternative ways of construing their experiences may hold significant benefits in enabling them to predict the replication of themes throughout the complexities of their ongoing fostering experience, with the ultimate goal of increasing construct validation.

As with parenting experience, foster carers' previous fostering experience is likely to play a significant role in terms of their ongoing role constructions. As discussed above, previous experiences of parenting may influence the manner in which foster carers construe their role in caring for a child in OOHC, particularly in relation to the degree of similarity construed between the two roles. This has been considered from the perspective of PCP, based on the assertion that an individual takes note of recurrent themes throughout her lived experience and consequently comes to predict the replication of these themes in future events. A clear implication of this approach is that previous fostering experience will also exert some influence on future role constructions. For example, a foster carer who undertakes a placement bearing close similarity to a parental situation (e.g., child placed at birth, negligible contact with birth parents) may be more likely to construe future placements through that same lens. PCP further suggests that repeated experience that conforms to a particular way of construing will strengthen adherence to the constructs in question. In instances where a foster carer construes multiple placements (and her role within them) in the same manner, her way of viewing foster care through those constructs will be repeatedly strengthened. Alternatively, a foster carer who undertakes a series of very different placements and construes her role differently in each will be more likely to construe the possibility for these variations within the foster caring role. The cross-sectional nature of this study prevents any detailed investigation of participants' previous placements, including the extent to which they reflected typical parenting or the manner in which they construed them. However, neither the number of previous placements nor the length of time participants had been fostering emerged as a significant variable in any analyses in this thesis. Therefore, as much as PCP suggests that previous fostering experience could

direct the construal of current caregiving arrangements and relationships, these results indicate that other variables (particularly those related to current situations) are most salient in relation to construed caregiving experience. Furthermore, this also highlights the importance of personal parenting experiences as a reference point from which to construe similarities and differences between fostering and parenting roles.

Further implications exist for the conceptualisation of caregiving roles. Under a traditional model of a family unit, parents hold certain rights and responsibilities when it comes to the care and raising of their children. While foster carers are given the task of taking on certain parental responsibilities, legal guardianship often rests with governmental authorities. Circumstances do arise whereby foster carers have full responsibility for the child (e.g., orders for Sole Parental Responsibility), and sometimes foster carers ultimately adopt children in their care. These possibilities must be acknowledged, but so too must situations whereby ultimate legal responsibilities remain outside the foster home (as is the focus of this thesis – see Chapter 1). Furthermore, a strong tendency exists within foster care practice to focus on reunification – by returning children, where appropriate, to the care of their birth parents. Therefore, the rights of birth parents in raising children are strongly recognised. The question is therefore raised as to the extent to which foster carers are entitled to parental rights. It is apparent from the results of this study that some foster carers construe their role as indistinguishable from that of a parent, and also that many construe their caregiving experience in the same way as parents construe theirs.

The degree to which a foster carer should be entitled to parental rights is dictated by underlying assumptions and conceptualisations of what role a foster carer should play in the life of a child. Results of this study demonstrate the varying constructions of the role held by foster carers. It therefore stands to reason that conceptualisations regarding a foster carer's role in relation to parental rights and entitlements will similarly vary significantly across carers, case workers, and policy makers, as well as the specific circumstances of the case. The rights to which foster carers ought to be entitled are not a focus of this thesis and it is therefore not possible to draw any specific conclusions on this issue. However, the investigation of foster carers' role constructions point towards the issue of foster carer rights as an avenue for further investigation. In particular, official policy documentation (e.g., a charter of rights for foster carers) could be beneficial in clarifying role constructions and practical repercussions, such as that

launched by the UK Government in 2011 (DFE, 2011b). Similar documents have been developed in some Australian jurisdictions (e.g., South Australia, Victoria). Other states (e.g., NSW, Queensland) have developed charters regarding the rights of children in care, but not specifically for foster carers, though carers' rights are acknowledged in government documentation (e.g., FACS, 2013). Establishing an official foster carer charter of rights may be one effective way of clarifying and standardising the extent to which foster carers are entitled to parental rights and authorities in their provision of OOHC. The PCP framework utilised in this study and the theoretical model of foster care both have the potential to provide meaningful insights into individual foster carers' views on this important issue.

One issue that is worthy of notable mention is that of child behaviour. This has been widely reported as a significant concern in terms of ongoing foster carer satisfaction (Broady et al., 2010; McHugh et al., 2004; Pithouse et al., 2004; Triseliotis et al., 2000; Wilson et al., 2000). However, the results of this study suggest that child behaviour is not the most pertinent issue to be addressed in attempting to enhance foster carers' satisfaction. Rather, results suggest that focusing on building up a foster carer's concept of empowerment within the family context and role identity, as well as facilitating her personal attempts at investing in relationships with a child are of more salience. This does not discount the influence that a child's behaviour can have on a foster carer. It does raise the possibility, however, that developing other skill sets and providing the appropriate scaffolding to develop the aforementioned personal characteristics can assist in mitigating or even negating the effect of negative child behaviour on a foster carer's ultimate satisfaction with the role.

11.5 Implications for training

Literature suggests that effective training can significantly enhance the retention of foster carers (Denby et al., 1999; Esaki et al., 2012; Masson et al., 2013; Ogilvie et al., 2006; Price et al., 2009). In contrast, results of the main study did not find any significant association between training (either the quantity of training received or any particular type of training) and any of the other outcomes measured (bonding, empowerment, and satisfaction). It is important to note that participants' perceptions of the quality of their training were not measured in any way. Training quality has been identified in the literature as being a particular quality that can influence foster carer

experiences and role satisfaction (Esaki et al., 2012; Fees et al., 1998). Qualitative data from pilot study interviews suggest that training had assisted some foster carers to hold more realistic expectations of children entering a placement, thereby reducing the stress and potential personal impacts of caring for a child displaying unexpected behaviour (as per the experimental metaphor of PCP). Therefore, while quantitative analyses did not indicate any significant association between training and the major components of the theoretical model of foster care, qualitative results do still indicate the potential importance of effective training for foster carers on an individual level. In particular, the PCP framework of this study emphasises the potential importance of training programs. As described by pilot study participants, foster carer training can help in learning to expect certain child behaviour and how to cope with it. That is, formalised training programs can play a part in elaborating personal constructs related to children in foster care. According to PCP theory, training is most likely to be of use to an individual foster carer when it enables the development of constructs that more accurately predict recurring themes throughout their foster care provision, thereby increasing the likelihood of construct validation as carers undertake new placements.

This thesis has demonstrated the importance of bonding relationships and family specific empowerment in terms of enhancing foster carers' ongoing role satisfaction. Therefore, any training and supportive practices that enable foster carers to experience enhanced empowerment and to more positively invest in relationships with children in their care are those most likely to promote positive construing of caregiving experiences, enhance role satisfaction, and thus encourage longer term retention.

Despite the lack of statistical association between training and other foster caring experience in this study, effective training that directly and realistically addresses issues of bonding and empowerment has the potential to enhance foster carer satisfaction, and can also safeguard against any personal challenges to a sense of role or personal identity that foster carers may otherwise face. The direct findings of this study indicate specific areas in which effective training may be targeted (i.e., bonding and empowerment within family contexts), and also how different groups of foster carers (i.e., those with and without parenting experience) may benefit from training specifically tailored to their backgrounds and situations.

11.6 Implications for theory

11.6.1 Personal construct psychology

One noteworthy conclusion from this study is the utility of personal construct theory in the context of foster care. As was suggested in Chapter 2, the framework of a hierarchy of personal constructs described by Kelly's (1955) theory was effectively applied to the experiences of foster carers. The application of this theory is more than descriptive, as PCP asserts that constructs pertaining to self-identity exist at the highest levels within the hierarchy, framing lower order constructs and directing a person's behaviour as a result of interactions with the world. Drawing on the basic tenets of PCP, the theoretical model was developed around specific issues that were considered to be particularly salient amongst foster carers. The results of the main study then supported the existence of certain relationships between experiences of bonding, empowerment and satisfaction. Furthermore, potential links were established between the behavioural experiences and interactions of providing foster care and more abstract notions of role identity and self-concept, as per the framework of a personal construct system. This study therefore supports the assumption that a theoretical approach of PCP is useful for understanding foster carers' experiences, and also in effectively developing approaches to provide ongoing, tailored support to carers and both individual and collective levels.

As suggested by the term 'personal construct psychology', this theory has a strong focus on the individual, that is, how each individual person experiences and interprets the world. Present data suggest a wide range of construed experiences amongst participants, reflective of this notion of individuality. However, strong similarities are also apparent across individual participants. For example, the pilot study reveals distinct similarities between the manners in which participants construe their respective caregiving experiences, demonstrated through the elicitation of four main themes that permeated the interviews. Similarities were particularly evident in terms of those higher order constructs that were suggested to direct behavioural responses. The usefulness of applying a theory of personality is thus demonstrated in being able to account for group similarities and individual differences.

The significance of higher order or core constructs in this study indicates how PCP theory can describe group similarities and identify where individual differences lie.

Despite the range of behavioural responses provided by 16 pilot study participants, their reasons for behaving in such fashions exhibited strong similarities. This was evidenced through data reduction which revealed three principal components, which summarised and categorised the majority of these reasons. Results of this study therefore suggest that higher order constructs are similar across individuals. That is, a relatively small, finite number of core constructs exist between people (Rowe, 2003), particularly those in similar situations. It therefore follows that individual differences exist through lower order constructs – especially those directly related to interactions with the real world.

This emphasises the personal nature of the way in which an individual interprets the world (i.e., through lower order constructs), while also pointing to the collective similarities that exist amongst certain population groups (e.g., foster carers) through constructs that are higher up the hierarchy, as well as issues that are generalised across all people (i.e., core constructs).

11.6.2 Attachment

In demonstrating ways in which foster carers and parents experience their respective forms of care provision similarly, implications for attachment theory are raised. Notably, circumstances arise where the attachment relationship between a foster carer and child distinctly mirror that of a parent with their biological child. While attachment theory predominantly addresses the development of relationships from an evolutionary perspective (i.e., for the benefit of nurturing and protecting a child in dangerous environments), this study also raises the issue of attachment relationships from caregivers' perspectives. In particular, the tendency of a caregiver to protect a child in her care was significant throughout this study. Furthermore, the quality of the attachment relationship existing from a caregiver's perspective was associated with that caregiver's satisfaction with her care provision – both in terms of the relational component of providing care, and the role specific demands of foster care.

Secure patterns of attachment have been strongly associated with a vast range of positive developmental and social outcomes for children (Bohlin et al., 2000; Cantos et al., 1997; Howe, 2005). However, the implications of attachment relationships on caregivers have been less rigorously studied. Results of this study indicate that the potential exists for relationships within foster care placements to be construed by carers

in the same way that parents construe relationships with their biological children. This manner of construing may have significant ramifications across the course of a foster placement, particularly in instances of placement breakdown or reunification. The prospect of a child in care leaving a placement (e.g., to be reunited with his family of origin) is a major difference between fostering and parenting roles, yet participants in this study still indicated the possibility of construing their relationship in the same manner as a parent. In situations of reunification, foster carers may therefore be subject to a difficult emotional experience, including grief and loss (Hebert, Kulkin, & McLean, 2013; McHugh, 2007). While foster carers are generally included in transitional reunification processes, McHugh (2007) notes examples where carers' grief was unrecognised by caseworkers or counselling services. It is therefore worth highlighting the prospect of foster carers construing reunification as the loss of 'their child', and the necessity for adequate supports to be put in place under such circumstances.

Understanding how secure attachment relationships can develop between foster carers and children in their care, as well as the influences of these relationships and their disruption, can inform foster care practice and policy. Current policy prioritises reunification when possible and appropriate, and the decision regarding whether or not to pursue reunification over a permanent placement is made as early as possible. Results of this study support this early decision-making process. Situations are likely to eventuate, however, whereby some degree of uncertainty exists, for example, if reunification is the desired goal, but takes an extended period of time to achieve. Encouraging the development of secure attachment relationships may provide certain positive outcomes while the placement remains intact, but also raises the possibility of foster carers experiencing a significant loss, as outlined above. Although the primary focus of foster care is – and always should be – the best interests of the child, considering the wellbeing of foster carers is also of vital importance. This is particularly true in current child protection climates, where the ever increasing demand for foster carers is not being met.

Findings from this study indicate the complexities of attachment related issues within foster care placements, and therefore suggest that there is unlikely to be any single best approach to providing foster care in all situations. Further research is warranted to investigate how attachment theory could inform policy decisions and the circumstances under which approaches focused on developing secure attachment

relationships might be most beneficial. However, it is clear from the results of this study that attachment relationships play an important part in the quality of foster carers' experiences and are significantly associated with their ongoing satisfaction in the role.

11.6.3 Empowerment

One major implication of this study in relation to empowerment revolves around the concept of 'family empowerment'. Chapter 4 theoretically discussed ways in which the empowerment can be applied to foster care scenarios. The results of this study suggest that these processes are most salient in the specific context of the family. In this way, the discussion of empowerment also reflects foster carers' perceptions of their own role. The significance of family empowerment (as opposed to a generalised sense of empowerment) demonstrates specific contexts in which targeted support may be most effective in providing scaffolding for ensuring that foster carers continue to believe they are appropriate and capable resources for providing OOHc.

Although not directly tested, the 'I am, I can, I will' cycle outlined in Chapter 4 was supported by the results of this study. In measuring empowerment through self-report questionnaires, *intrinsic empowerment* was the aspect that was specifically addressed. As well as being reflected through the two empowerment scales (i.e., FES and MDES), this concept of *intrinsic empowerment* was also identified as a component of the Identity Questionnaire. A foster carer's construction of herself is therefore argued to lend itself to the process of empowerment depicted by the 'I am, I can, I will' cycle. This is particularly relevant in light of the findings that suggest a foster carer's sense of personal empowerment (i.e., *intrinsic empowerment*), most notably within the context of her own family (i.e., 'family empowerment'), is highly related to satisfaction with providing foster care, and consequently, her intention to continue in the role (i.e., *empowerment in action*). Therefore, the results of this study further support the theoretical position set forth in Chapter 4, whereby empowerment is considered to be an internally subjective experience, as well as having an outward focus.

The influence of *extrinsic empowerment* cannot be discounted. However, this study did not specifically measure external aspects of empowerment (e.g., foster carers' skills, rights, or entitlements). Since the main focus of the study was on foster carers' personal experiences, these external aspects of empowerment were considered to be less

salient to the overall model than were intrinsic aspects. However, future research focusing on the empowerment of foster carers ought to consider extrinsic factors and their influence on *intrinsic empowerment* and *empowerment in action*.

A final implication of this study in relation to empowerment relates to the *Protecting and Advocating* component of the Identity Questionnaire. The significance of this issue raises a valuable purpose of a foster carer's own empowerment – that is, a primary benefit of a foster carer being empowered, is for the benefit of others, most notably the child in her care. The results suggest that this is typical of the foster carers in this study. Once again, the importance of an outwardly focused position of empowerment is demonstrated. As well as considering the importance of *empowerment in action* in relation to continuing the provision of foster care, these results suggest the importance of *empowerment in action* relating to improving outcomes for those who may be considered vulnerable (e.g., children in foster care).

11.7 Limitations

Several limitations within this study are worth noting. As discussed below, these limitations have specific implications for the results discussed thus far and the manner in which they are interpreted.

11.7.1 Cross-sectional research design

A cross-sectional research design was purposefully selected for this project in order to investigate current caregiving experiences in a timely manner. Since the focus of this thesis was foster carers' present caregiving experiences, a cross-sectional design was appropriate to answer the research questions. It was also considered that collecting data at a single time point was the most ethically appropriate methodology, given the potential time consuming nature of participants' caregiving responsibilities. In addition, this approach was considered the most effective for recruiting a large enough sample to conduct quantitative statistical analyses. However, a major limitation of this methodological approach is that previous caregiving experience could not be effectively accounted for. As discussed throughout this thesis, PCP suggests that previous caregiving experience is likely to influence present and future constructions of caregiving roles and experiences. Therefore, the findings of this study could be extended through longitudinal investigation of foster carers' experiences and the manner in which

they construe their role over time and through various placements. Longitudinal investigation would also allow investigation of causal relationships amongst the associations identified in this study. While such an approach is beyond the scope of the present study, it would serve to extend these results and empirically validate the theoretical approach.

11.7.2 Representativeness of sample

The degree to which the present sample is representative of the wider foster carer population is a significant issue. Demographically speaking, the foster carer sample is very similar to the wider demographic profile outlined in Chapter 1. However, compared to the demographic profiles outlined in Chapter 1, the present sample displayed a higher proportion of foster carers who had a partner and their own dependent children.

The representativeness of the parent sample must also be considered. When compared to the foster carer sample, differences between these participant groups reflect the literature. Although a lower proportion than amongst foster carers, the fact that 79% of parents were female indicate that this sample is not fully representative of the wider parent population. However, primary caregivers in traditional family units, particularly as represented in research, are more likely to be female. The present sample therefore reflects this overrepresentation of females as primary caregivers. Since both foster carer and parent samples were predominantly female, there was not a significant gender difference between the samples, thus allowing for appropriate comparisons to be drawn. Furthermore, a very high proportion (93%) of the parent sample indicated that they were married or living with their partner. This particularly high proportion may be due to the recruitment avenues used for parents (i.e., church groups and other community based organisations – see Appendix J).

Overall, the present sample is fairly representative of demographic profiles reported in previous literature. It is important to note that the statistical influence of demographic variables was minimal throughout the analyses outlined in Chapters 8 to 10. Rather, the theoretical variables under investigation were more significant. It therefore stands to reason that demographic variables have not significantly influenced the findings of this study.

11.7.3 Sample bias

Alongside the demographic representativeness of the present sample, issues pertaining to bias must also be raised. In particular, access to foster carers was somewhat limited. Appendix J lists each of the non-government agencies who formally agreed to support the study and advertise the survey to their foster carer contacts. Government agencies and some other non-government agencies declined to support the study due to their involvement in other research projects or for other unknown reasons. The sample therefore is biased towards foster carers in non-government agencies. However, the study was also publicly advertised through several avenues, and was therefore made available to departmental foster carers.

Sample bias is also likely to exist through the self-nomination of participants. This method of participant recruitment was chosen in order to eliminate issues of coercion and to ensure confidentiality and privacy. However, in relying on participants to self-nominate in their participation, it may be the case that particularly motivated foster carers or those in the most positive situations were more likely to complete the survey. The results of this study may therefore represent a ‘best case scenario’ of foster care, rather than providing a truly representative picture of the issues being investigated. Conversely, participants may have been motivated to participate if they had particularly negative experiences and thus wanted to express their displeasure. Considering the overall positive nature of most of the results, it seems that this is a less likely bias, but nevertheless, the possibility that results represent either extremely positive or extremely negative experiences must be considered. Therefore, implications of the results may not wholly apply across all long-term foster care scenarios, but are an indication of how foster caring experiences can progress.

The potential for best case reporting also exists due to participants being asked to select which child they would answer survey questions in relation to (in situations where they cared for more than one child). Alternative approaches could have involved directing participants to respond in relation to the oldest (or youngest) child in their care, or the child who had been in their care for the longest (or shortest) period of time. However, as both child age and the length of time spent in the current placement were identified as statistically significant variables in a number of quantitative analyses, it appears that maximising the variance across these variables was a worthwhile approach.

Nevertheless, the potential for overly positive sample bias due to this self-nomination must be acknowledged.

Sample bias is also likely to have been present within the parent sample. Particularly due to the church and community based organisations used to recruit participants, it is possible that parents in this sample possessed different attitudes towards parenting and family than a more generalised parent sample. However, if it is the case that both foster carer and parent samples have completed the survey from a particularly positive point of view, the comparisons between these groups are likely to remain valid.

11.7.4 Statistical analyses

Ideally, the theoretical model of foster care would have been assessed using statistical techniques such as structural equation modelling. This would have allowed for an investigation of the relationships between each variable simultaneously, rather than as individual statistical relationships (Hair et al., 2006). Although opinions vary regarding minimum sample sizes required for such analyses (e.g., Hair et al., 2006; MacCallum, 2003; MacCallum, Widaman, Preacher, & Hong, 2001; Wolf, Harrington, Clark, & Miller, 2013), the present sample size is not large enough to meet suggested criteria for the number of variables in this study. Therefore, it is highly unlikely that these modelling techniques would have been appropriate to use with this data. Despite this limitation, the regression analyses and ANCOVAs conducted provided valuable insights into the relationships between each of the variables included within the model, while generally holding positive psychometric properties. Since each major concept was measured and analysed using multiple questionnaire scales, and the results based on each of these were consistent, the analyses appear to have provided valid results. Future research could extend this study by utilising structural equation modelling procedures with larger populations in order to more accurately identify associations between variables and enhance the generalisability of results.

11.7.5 Explained variance

The amount of variance accounted for in the analyses must be considered. A majority of analyses accounted for between 20% and 60% of the variance in dependent variable scores, demonstrated by most coefficient of determination (r^2) values ranging

from .20 to .60. While this amount of explained variance is acceptable in social research of this nature, the sources of the remaining variance in questionnaire scores must also be questioned. The theoretical model of foster care under investigation is clearly not a comprehensive picture of every issue at play within any given placement, and nor was this its intention. Rather, the model presents a simplified version of several major issues that were theoretically considered to be particularly salient, and the results of this study provide general support for this. Nevertheless, the individual nature of different foster carers, their placements, and their experiences mean that large amounts of variance in questionnaire responses cannot be accounted for. Similarly, effect sizes were generally quite low (.15 or lower). Since this research aimed to examine the influence of a purposefully selected set of variables, comprehensively identifying all variables that may influence the issues at hand is beyond the scope of this project. Future research may address these issues through conducting more rigorous statistical analyses with larger sample sizes (as outlined in Section 11.7.4).

Similarly, it is possible that correlations between scores may have been underestimated due to measurement error, that is, attenuation. However, since correction formulas for attenuation are functions of reliability measures (Lavrakas, 2008) and Cronbach's alpha for the questionnaires used in this study were all greater than $\alpha=.77$, such correction is unlikely to significantly alter correlation calculations.

11.7.6 Limitations of questionnaires

The questionnaires included in this study were purposefully selected to represent specific aspects of the theoretical model of foster care being investigated. As has already been acknowledged, the model is not intended to represent every aspect of foster carers' experiences in providing OOHC. Therefore, the questionnaires do not represent all aspects of foster care. In focusing on the issues within the theoretical model, this study did not measure certain other issues that are likely to be related to foster carers' experiences of bonding, empowerment and role satisfaction, including child characteristics such as mental health, number of previous placements, or the type of maltreatment experienced. These issues therefore could not be accounted for in the present analyses. However, since the focus of this thesis is foster carers' experiences of providing OOHC, it was considered to be more important to select measures that directly related to caregivers, as opposed to children's background characteristics (or other

broadly related issues). Future research, however, may benefit from more extensively investigating these broader issues and their influence of the interactions observed within the theoretical model of foster care.

In addition, the questionnaires are quite transparent in relation to the concepts they measure. That is, participants would have been able to respond in such a way as to make their caring experiences appear more positive than they really were. There is a distinct possibility that the present sample was particularly inclined to do so. While several participants reported negative caregiving experiences, the majority were much more positive. Future research would benefit from including a measure of participants' propensity to respond in such a socially desirable manner.

11.8 Directions for future research

One area that warrants further investigation is that which relates to the influence of child behaviour on caregiver satisfaction. Previous research has suggested that children's challenging behaviour and/or special needs (particularly serious challenging behaviours) is a major contributor to dissatisfaction with, and subsequent withdrawal from the foster caring role (Broady et al., 2010; McHugh et al., 2004; Pithouse et al., 2004; Triseliotis et al., 2000; Wilson et al., 2000). However, child behaviour was not a statistically significant influence in this study. As discussed in Section 11.2, this may be due to the overriding influence of family empowerment and caregiver contribution to the bonding relationship. Further research is warranted to investigate these specific relationships in greater depth with larger and more diverse samples. In particular, future research would benefit from comparing the experiences of former foster carers in this regard. Such an approach would help to minimise any bias created through self-nomination, such as the tendency to focus on stable placements in which positive relationships have been developed between a foster carer and child in a long-term placements.

Similarly, further research is warranted in empirically testing the adapted model of foster care presented in Section 11.2 (Figure 11). Results of this study provided general support for the initial model developed in Chapter 5, although some modifications were subsequently made. Considering the statistical and methodological limitations of the present study (e.g., sample size and bias), future research would

benefit from assessing this adapted model with a significantly larger and more diverse sample. This would enable more rigorous statistical analyses to be conducted (e.g., structural equation modelling), and would also address the potential response bias that has previously been discussed. Repeatedly assessing this model with large, diverse samples of foster carers (including from a variety of different foster care jurisdictions) would help to draw conclusions and implications of the model with greater confidence.

A number of inferences have been made in this thesis regarding the influential nature of certain theoretical variables on others. However, being a cross-sectional design, causal relationships could not be accurately determined. Further research is therefore warranted in longitudinally assessing these interactions to determine the extent to which the model accurately predicts causality. Extending this research through a longitudinal methodology would also enable investigation as to how the manner in which foster carers construe their role and caregiving experiences over time. As mentioned in Section 11.7.1, this would provide further empirical evidence regarding the validity of using a PCP framework for investigating foster carers' experiences.

Developing the Identity Questionnaire was one particular contribution of this study (see Chapter 6 and Chapter 9). Despite the limited sample size, the Identity Questionnaire and its three subscales demonstrated strong psychometric properties. The utility of this questionnaire beyond the present study is therefore an issue worthy of consideration. At a practical level, the questionnaire may have utility as a foster carer screening and/or tracking tool. The Identity Questionnaire may be useful in assisting foster care agencies to identify potential foster carers who are well-suited to the role. Similarly, if these characteristics develop over time, then the questionnaire has the potential to be equally useful in tracking a foster carer's progress. Furthermore, it may enable the identification of foster carers who either thrive or struggle with the ongoing provision of foster care. In this way, foster care authorities may be better equipped to offer personalised and effective support to foster carers in a timely manner. However, further research is warranted in assessing its validity. Once again, larger and more diverse samples of foster carers could be utilised to provide statistical validation for the questionnaire as a whole, and also the component structure identified in this study. Initial suggestions for the wider utility and usage of this questionnaire have been previously discussed, but these implications must be considered cautiously prior to

further research supporting the statistical properties and content validity of the questionnaire.

As mentioned in Section 11.7.5, a substantial amount of variance in questionnaire scores was not explained by the variables measured in this study. While this may be due to sample size, there may also be other variables that warrant inclusion. The variables selected for this study were chosen based on those regularly included in previous research. However, this was not intended to be an entirely comprehensive list. It was also necessary to limit the number of variables measured, in order to minimise participant burden through reducing the time necessary to complete the survey. Further research (particularly qualitative methodology) could therefore attempt to identify demographic and personal variables that are most relevant in understanding foster carers' satisfaction.

In addition, the present study noted the significance of the bonding relationships to foster carers' satisfaction with providing OOH. This was investigated from the perspectives of foster carers themselves, which resulted in a one-dimensional account of relationships. Future research is warranted to investigate the influence of child experiences, and also the degree and quality of birth family involvement in regards to attachment relationships. In this way, a more comprehensive understanding of circumstances surrounding bonding relationships may be achieved.

Finally, this study identified the need to further investigate bonding relationships from the perspective of foster carers. Significant amounts of research have focused on the important role that patterns of attachment and attachment relationships can have in relation to children's outcomes, but much less has utilised attachment theory in understanding the experience of foster carers. Results of this study have demonstrated the possibility of foster carers developing a mutual attachment relationship with children in their care in a similar manner to parents, and therefore, the significance of foster carers' attachment to children must be noted. Implications from attachment theory have been considered in developing foster care policies such as permanency planning and emphasising reunification. Future research could also benefit from investigating attachment theory from a foster carer's perspective and the implications that attachment relationships may have on the quality of a foster carer's experience.

11.9 Conclusion

This thesis investigated the experiences of long-term foster carers in relation to their bonding relationships with fostered children, their sense of empowerment in the role, and their satisfaction with providing care from a perspective of PCP. In doing so, the thesis argues that PCP provides a valuable theoretical framework for understanding foster carers' experiences and appreciating the potential that the construed experience of providing OOHC can have on a deeply personal level (regarding a sense of self and identity). Through this framework, the development and revision of a theoretical model of foster care demonstrated the manner in which care experiences surrounding bonding relationships and family empowerment can influence role satisfaction and identity. These experiences were compared with those of parents, demonstrating that these two forms of caring bear significant similarities in certain regards, but inherent differences in others.

Ultimately, the findings outlined and discussed in this thesis contribute to an important area of policy discussion regarding the role of foster carers, the approach that should be taken toward the children in their care, and issues that must be considered (on an individual basis) to ensure that the most optimal and appropriate support mechanisms are put in place. In doing so, individual foster carers' role satisfaction is likely to be promoted, with the end goal of encouraging them to continue providing care within a child welfare system that desperately needs them.

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1. Pilot Study



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Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission, except as required by law. If you give us your permission by submitting the completed questionnaires, we plan to publish the results in a relevant doctoral dissertation, as well as peer-reviewed academic publications. In any publication, information will be provided in such a way that you cannot be identified.

To thank you for your time and cooperation, you will be offered a gift card to the value of \$20 upon completion of the questionnaires.

Complaints may be directed to the Ethics Secretariat, The University of New South Wales, SYDNEY 2052 AUSTRALIA (phone: 02 9385-4234, fax: 02 9385-6648, email: ethicssec@unsw.edu.au). Any complaint you make will be investigated promptly and you will be informed of the outcome.

Following the completion of this study, a summary of the research findings will be made available to you. This report will be made available on the Social Policy Research Centre website (www.sprc.unsw.edu.au). If you indicate that you would prefer for a copy to be sent to you directly, then arrangements will be made to accommodate this request.

Your decision whether or not to participate will not prejudice your future relations with the University of New South Wales. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice. You will be asked at each stage of the research whether or not you are willing to continue your participation, and are free to discontinue at any point. You are under no obligation to submit the questionnaires (either online or by return post). Should you not select the final "submit" option on the website, your responses will not be recorded and will therefore not be included in any analysis. Your completion and submission of questionnaires will be considered consent for your responses to be included in our study.

If you have any questions, please feel free to ask us. If you have any additional questions later, Tim Broady (ph: 02 9620-7623, m: 0427327593, email: tbroady@student.unsw.edu.au) will be happy to answer them.

With thanks,

Tim Broady

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM (continued)
Parental Bonding and Empowerment in Foster Care

You are making a decision whether or not to participate. Your signature indicates that, having read the information provided above, you have decided to participate.

Please indicate times that would generally be suitable for you to be contacted.

	Morning (9am-Noon)	Afternoon (Noon-5pm)	Evening (5pm-8pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Contact phone number:

Email address:

.....
Signature of Research Participant

.....
Signature of Witness

.....
(Please PRINT name)

.....
(Please PRINT name)

.....
Date

.....
Date of Witness

Parental Bonding and Empowerment in Foster Care

REVOCATION OF CONSENT
Parental Bonding and Empowerment in Foster Care

I hereby wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with The University of New South Wales

.....
Signature

.....
Date

.....
Please PRINT Name

The section for Revocation of Consent should be forwarded to Tim Brandy, Social Policy Research Centre, The University of New South Wales, Sydney, 2052.

2. Main Study (Foster Carers)

UNSW



Social Policy Research Centre

HREC 10143

THE UNIVERSITY OF NEW SOUTH WALES
PARTICIPANT INFORMATION STATEMENT
Parental Bonding and Empowerment in Foster Care

Dear sir/madam,

You are invited to participate in a study of the experiences of authorised foster carers. I hope to understand the experiences of foster carers around the issues of the bond existing between foster carer and child, and the ability of the foster carer to support, nurture and encourage the child within foster care settings. Ultimately, I hope that this information will inform the development of an evidence-based training and support program that will purposefully address the major issues raised by foster carers. You have been selected as a possible participant in this study because of your experience as a foster carer.

If you decide to participate, I will ask you to complete a series of short questionnaires relating to your experiences with the children in your care, the extent to which you feel personally empowered in your role, and your intention to continue providing care. It should not take more than approximately 30 minutes of your time to complete all the questionnaires. They will be made available to you on a secure internet site, or mailed to you if you do not have internet access, and may be completed at any time of your own convenience.

All the information obtained in this study will be used to inform training and support programs for foster carers. This is an opportunity for you to have your say in future developments in foster carer training and support.

I cannot and do not guarantee or promise that you will receive any benefits from this study.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission, except as required by law. If you give us your permission by submitting the completed questionnaires, we plan to publish the results in a relevant doctoral dissertation, as well as peer-reviewed academic publications. In any publication, information will be provided in such a way that you cannot be identified.

Complaints may be directed to the Ethics Secretariat, The University of New South Wales, SYDNEY 2052 AUSTRALIA (phone: 02 9385 4234, fax: 02 9385 6648, email: ethicssec@unsw.edu.au). Any complaint you make will be investigated promptly and you will be informed of the outcome.

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THE UNIVERSITY OF NEW SOUTH WALES
UNSW SYDNEY NSW 2052 AUSTRALIA
A.B.N. 57 122 473 173
CRICOS Provider Number: 00094G

Following the completion of this study, a summary of the research findings will be made available to you. This report will be made available on the Social Policy Research Centre website (www.sprc.unsw.edu.au). If you indicate that you would prefer for a copy to be sent to you directly, then arrangements will be made to accommodate this request.

Your decision whether or not to participate will not prejudice your future relations with the University of New South Wales. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice. You are under no obligation to submit the questionnaires (either online or by return post). Should you not select the final "submit" option on the website, your responses will not be recorded and will therefore not be included in any analysis. Your completion and submission of questionnaires will be considered consent for your responses to be included in our study.

If you are interested in participating in this research, please visit the following website to complete the survey:

www.surveymonkey.com/s/fostercareresearch

Alternatively, please contact me directly and I will arrange to send you a copy of the survey to complete and return to me.

If you have any questions, please feel free to ask. If you have any additional questions later, I (Tim Broady, ph: 02 9385-7824, email: tbroady@student.unsw.edu.au) will be happy to answer them.

With thanks,



Tim Broady
PhD Scholar
Social Policy Research Centre
University of New South Wales, Sydney
+61 (02) 9385 7824
tbroady@student.unsw.edu.au

3. Main Study (Parents)

UNSW



Social Policy Research Centre

HREC 10143

THE UNIVERSITY OF NEW SOUTH WALES
PARTICIPANT INFORMATION STATEMENT
Parental Bonding and Empowerment in Foster Care

Dear sir/madam,

You are invited to participate in a study comparing the experiences of parents with those of authorised foster carers. I hope to investigate the similarities and differences between the role of a parent and the role of a foster carer, particularly concerning the issues of the bond existing between parent or foster carer and child, and the ability of the parent or foster carer to support, nurture and encourage the child. Ultimately, I hope that this information will inform the development of an evidence-based training and support program that will purposefully address the major issues faced by foster carers, and which acknowledges the similarities and differences of the role of a foster carer and that of a parent. You have been selected as a possible participant in this study because of your experience as a parent.

If you decide to participate, I will ask you to complete a series of short questionnaires relating to your experiences with your child/ren, the extent to which you feel personally empowered as a parent, and your satisfaction with parenting. It should not take more than approximately 15 minutes of your time to complete all the questionnaires. They will be made available to you on a secure internet site, or mailed to you if you do not have internet access, and may be completed at any time of your own convenience.

All the information obtained in this study will be used to inform training and support programs for foster carers. This is an opportunity for you to assist in future developments in foster carer training and support.

I cannot and do not guarantee or promise that you will receive any benefits from this study.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission, except as required by law. If you give us your permission by submitting the completed questionnaires, we plan to publish the results in a relevant doctoral dissertation, as well as peer-reviewed academic publications. In any publication, information will be provided in such a way that you cannot be identified.

Complaints may be directed to the Ethics Secretariat, The University of New South Wales, SYDNEY 2052 AUSTRALIA (phone: 02 9385-4234, fax: 02 9385-6648, email:

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THE UNIVERSITY OF NEW SOUTH WALES
UNSW SYDNEY NSW 2052 AUSTRALIA
A.B.N. 27 121 072 170
CRICOS Provider Number: 00098G

ethics.sec@unsw.edu.au). Any complaint you make will be investigated promptly and you will be informed of the outcome.

Following the completion of this study, a summary of the research findings will be made available to you. This report will be made available on the Social Policy Research Centre website (www.sprc.unsw.edu.au). If you indicate that you would prefer for a copy to be sent to you directly, then arrangements will be made to accommodate this request.

Your decision whether or not to participate will not prejudice your future relations with the University of New South Wales. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice. You are under no obligation to submit the questionnaires (either online or by return post). Should you not select the final "submit" option on the website, your responses will not be recorded and will therefore not be included in any analysis. Your completion and submission of questionnaires will be considered consent for your responses to be included in our study.

If you are interested in participating in this research, please visit the following website to complete the survey:

www.surveymonkey.com/s/fuparent

Alternatively, please contact me directly and I will arrange to send you a copy of the survey to complete and return to me.

If you have any questions, please feel free to ask. If you have any additional questions later, I (Tim Broady, ph: 02 9385-7824, email: t.broady@student.unsw.edu.au) will be happy to answer them.

With thanks,



Tim Broady
PhD Scholar
Social Policy Research Centre
University of New South Wales, Sydney
+61 (02) 9385 7824
t.broady@student.unsw.edu.au

Appendix B: Hypothetical caregiving scenario

Lisa was casually going about doing the housework when she heard the front door creak open. Ben had just arrived home from another day of year 7 at his new school. He quietly began to sulk his way down the hallway, in an obvious attempt to avoid being seen. “Hi Ben,” Lisa called out as he shuffled past. “How was your day?” Looking sideways at Lisa, Ben hardly slowed as he grunted and apathetically shrugged his shoulders. “What’s wrong?” asked Lisa. “Did something happen at school?” Ben hesitated, and then stopped wandering down the hall. Still refusing to look directly at Lisa, he mumbled something incoherently. Crouching down to Ben’s eye level, Lisa reassured him, “You can tell me, it’s ok.” Reluctantly, Ben replied, “The other guys were all teasing me...” Probing a little further, Lisa asked, “How come?” Ben was overwhelmed by a sudden burst of emotion and frustration. “Because I’m different!!!” he yelled. “I’m not the same as them! I don’t fit in!” As he stormed off in anger, slamming doors behind him, Lisa heard him continue his rant, “And it’s all YOUR fault!!!”

Appendix C: Child Parent Relationship Scale

1. I share an affectionate, warm relationship with This Child.
2. This Child and I always seem to be struggling with each other.
3. If upset, This Child will seek comfort from me.
4. This Child is uncomfortable with physical affection or touch from me.
5. This Child values his/her relationship with me.
6. This Child appears hurt or embarrassed when I correct him/her.
7. This Child does not want to accept help when he/she needs it.
8. When I praise This Child, he/she beams with pride.
9. This Child reacts strongly to separation from me.
10. This Child spontaneously shares information about himself/herself.
11. This Child is overly dependent on me.
12. This Child easily becomes angry at me.
13. This Child tries to please me.
14. This Child feels that I treat him/her unfairly.
15. This Child asks for my help when he/she really does not need help.
16. It is easy to be in tune with what This Child is feeling.
17. This Child sees me as a source of punishment and criticism.
18. This Child expresses hurt or jealousy when I spend time with other children.
19. This Child remains angry or is resistant after being disciplined.
20. When This Child is misbehaving, he/she responds to my look or tone of voice.
21. Dealing with This Child drains my energy.
22. I've noticed This Child copying my behaviour or ways of doing things.
23. When This Child is in a bad mood, I know we're in for a long and difficult day.
24. This Child's feelings toward me can be unpredictable or can change suddenly.
25. Despite my best efforts, I'm uncomfortable with how This Child and I get along.
26. I often think about This Child when at work.
27. This Child whines or cries when he/she wants something from me.
28. This Child is sneaky or manipulative with me.
29. This Child openly shares his/her feelings and experiences with me.
30. My interactions with This Child make me feel effective and confident as a caregiver.

Appendix C (continued)

Details of Full Length CPRS (30 Item) and its Use in Previous Research Studies

Authors	N size	Sample Description	Adult Age	Child Age	Demographics	Internal Reliability
Alexandris et al. (2013)	46	Victorian foster carers of children in permanent placements	34 – 66 years (M=48.39)	3 – 12 years (M=8.10)	89% female Placements > 6 months	Not reported
Bell and Belsky (2008a)	835	National Institute of Child Health and Human Development Study of Early Child Care and Youth Development	Not reported	4.5 – 10 years	81% White 13% Single parents	Closeness: $\alpha=.65-.80$ Conflict: $\alpha=.79-.84$
Pianta and Stuhlman (2004)	1,364	Mothers of pre-school and first grade children (derived from NICHD Study of Early Child Care and Youth Development)	Not reported	1 month – first grade	24% children of colour 11% mothers did not complete high school 14% single mothers	Closeness: $\alpha=.72$ Conflict: $\alpha=.83$
Harrison et al. (2004)	61	Parents of children with ADHD	27 – 50 years	4 – 12 years	75% parents in couple relationship 95% Caucasian Majority of parents completed tertiary education	CPRS: $\alpha=.84-.86$
Zhang and Chen (2010)	100	Chinese parents of pre-school children	24 – 42 years	2 – 3 years (M=33.3 months)	97.4% parents cohabiting 95% only child 76.3% mothers, 79.7% fathers college degree or higher	Closeness: $\alpha=.69-.80$ Conflict: $\alpha=.71-.76$ (mothers)

Appendix C (continued)*Details of Short Version CPRS (15 Item) and its Use in Previous Research Studies*

Authors	N size	Sample Description	Adult Age	Child Age	Demographics	Internal Reliability
Bell and Belsky (2008b)	658	National Institute of Child Health and Human Development Study of Early Child Care and Youth Development	Not reported	Third grade and fifth grade	20% ethnic minority children 11% single parents	Closeness: $\alpha=.65-.80$ Conflict: $\alpha=.79-.84$
Ganjavi et al. (2010)	200	Parents of children receiving cancer treatment	M=35.89 years	6 – 12 years (M=9.15)	159 mothers, 41 fathers	Closeness: $\alpha=.81$ Conflict: $\alpha=.75$
Germo et al. (2009)	102	Mothers of pre-school children	22 – 49 years (M=36.7)	36 – 69 months (M=54.9)	56.9% European descent 76% college degree 83% married 52% employed outside home	CPRS: $\alpha=.77$
Perdue et al. (2009)	1,364	National Institute of Child Health and Human Development Study of Early Child Care and Youth Development	Not reported	Third grade	76% White/European American 24% classified as living in poverty	CPRS: $\alpha=.81$
Whenan et al. (2009)	58	Australian foster carers	M=43.84 years	2 – 11.8 years (M=6.63)	60.3% married 41.4% tertiary education 50% no biological children	CPRS: $\alpha=.85$

Appendix D: Parent Child Relationship Questionnaire

1. Some caregivers want the children in their care to spend most of their time with them, while other caregivers want these children to spend just some of the time with them. How much do you want This Child to spend most of his/her time with you?
2. How much do you not let This Child go places because you are afraid something will happen to him/her?
3. How much do you and This Child care about each other?
4. How much do you and This Child disagree and quarrel with each other?
5. How much do you and This Child do nice things for each other?
6. How much do you and This Child like the same things?
7. Some caregivers praise and compliment the children in their care a lot, while other caregivers hardly ever praise and compliment their children. How much do you praise and compliment This Child?
8. How much do you order This Child around?
9. How much do you and This Child tell each other everything?
10. How much do you spank This Child when he/she misbehaves?
11. How much do you admire and respect This Child?
12. How much does This Child admire and respect you?
13. Some caregivers take away privileges a lot when the children in their care misbehave, while other caregivers hardly ever take away privileges. How much do you take away This Child's privileges when he/she misbehaves?
14. How much do you show This Child how to do things that he/she doesn't know how to do?
15. How much do you yell at This Child for being bad?
16. How much do you ask This Child for his/her opinion on things?
17. How much do you and This Child go places and do things together?
18. How much do you make This Child feel ashamed or guilty for not doing what he/she is supposed to do?
19. Some caregivers talk to the children in their care a lot about why they're being punished, while other caregivers do this a little. How much do you talk to This Child about why he/she is being punished or not allowed to do something?
20. How much do you want This Child to do things with you rather than with other people?

21. How much do you not let This Child do something he/she wants to do because you are afraid he/she might get hurt?
22. How much do you and This Child love each other?
23. How much do you and This Child get mad at each other and get into arguments with each other?
24. How much do you and This Child give each other a hand with things?
25. Some caregivers and children have a lot of things in common, while other caregivers and children have a little in common. How much do you and This Child have things in common?
26. How much do you tell This Child that he/she did a good job?
27. How much do you tell This Child what to do?
28. How much do you and This Child share secrets and private feelings with each other?
29. How much do you hit This Child when he/she has been bad?
30. How much do you feel proud of This Child?
31. Some children feel really proud of their caregivers, while other children don't feel very proud of their caregivers. How much does This Child feel proud of you?
32. How much do you forbid This Child to do something he/she really likes to do when he/she has been bad?
33. How much do you help This Child with things he/she can't do by him- or herself?
34. How much do you nag or bug This Child to do things?
35. How much do you listen to This Child's ideas before making a decision?
36. How much do you play around and have fun with This Child?
37. Some caregivers make the children in their care feel bad about themselves a lot when they misbehave, while other caregivers do this a little. How much do you make This Child feel bad about him- or herself when he/she misbehaves?
38. How much do you give This Child reasons for rules you make for him/her to follow?
39. How much do you want This Child to be around you all of the time?
40. How much do you worry about This Child when he/she is not at home?

Appendix D (continued)

Details of PCRQ and its Use in Previous Research Studies

Authors	N size	Sample description	Adult age	Child age	Demographics	Internal reliability
Chronis et al. (2006)	51	Mothers of children with ADHD	Not reported	5 – 13 years (M=9.48)	21 lifetime diagnosis of depression 30% children ODD; 58% CD 92% children male & Caucasian	Warmth: $\alpha=.88$ Personal Relationship: $\alpha=.84$ Disciplinary Warmth: $\alpha=.76$ Power Assertion: $\alpha=.78$ Possessiveness: $\alpha=.72$
O'Brien and Bahadur (1998)	43	Mother-child dyads, with no psychiatric diagnosis & never resided in domestic violence shelter	31 – 51 years (M=40.5)	8 – 12.6 years (M=10.09)	61% Caucasian 44% employed fulltime 66% never been separated	Power Assertion: $\alpha=.86$ Disciplinary Warmth: $\alpha=.72$
Gerdes et al. (2003)	271	Parents of boys with ADHD (+ control group)	Not reported	7.33 – 12.75 years (M=9.59)	Predominantly married & Caucasian	Subscales: $\alpha=.71-.83$ (mothers); $\alpha=.73-.90$ (fathers)
Feinfield and Baker (2004)	47	Families of children with externalising behaviour problems	M=38.4 years	4.3 – 8.3 years (M=6.6)	44.7% White 49% married/living with partner 21% children on medication	Personal Relationship: $\alpha=.71$ Power Assertion: $\alpha=.78$
Johnston et al. (2002)	136	Mothers with boys with ADHD	24 – 60 years (M=37.70)	7 – 10 years (M=8.37)	65% White 38% children ODD; 3% CD; 21% both	All subscales: $\alpha>.85$

Appendix E: Making Decisions Empowerment Scale

1. I can pretty much determine what will happen in my life.
2. People are only limited by what they think is possible.
3. People have more power if they join together as a group.
4. Getting angry about something never helps.
5. I have a positive attitude toward myself.
6. I am usually confident about the decisions I make.
7. People have no right to get angry just because they don't like something.
8. Most of the misfortunes in my life were due to bad luck.
9. I see myself as a capable person.
10. Making waves never gets you anywhere.
11. People working together can have an effect on their community.
12. I am often able to overcome barriers.
13. I am generally optimistic about the future.
14. When I make plans, I am almost certain to make them work.
15. Getting angry about something is often the first step toward changing it.
16. Usually I feel alone.
17. Experts are in the best position to decide what people should do or learn.
18. I am able to do things as well as most other people.
19. I generally accomplish what I set out to do.
20. People should try to live their lives the way they want to.
21. You can't fight city hall.
22. I feel powerless most of the time.
23. When I am unsure about something, I usually go along with the rest of the group.
24. I feel I am a person of worth, at least on an equal basis with others.
25. People have the right to make their own decisions, even if they are bad ones.
26. I feel I have a number of good qualities.
27. Very often a problem can be solved by taking action.
28. Working with others in my community can help to change things for the better.

Appendix E (continued)

Details of MDES and its Use in Previous Research Studies

Authors	N size	Sample description	Age	Demographics	Internal reliability
Rogers et al. (1997)	271	Members of self-help programs	Not reported	210 not working	MDES: $\alpha=.86$
	56	Hospitalised mental health patients	Not reported	3 months – 22.6 years in hospital (M=4.3 years)	Not reported
	200	College students	Not reported	Not reported	Not reported
Wowra and McCarter (1999)	283	Adult outpatient mental health population	62% 36 – 55 years	67% female 64% Caucasian 69% unemployed	MDES: $\alpha=.85$ Subscales: $\alpha=.55 - .91$
Rogers et al. (2007)	1,827	Consumers of consumer operated service programs	M=42.7 years	60.1% female 56.9% White 52.8% parents	MDES: $\alpha=.81$
Yangarber-Hicks (2004)	151	People receiving services for serious mental illness diagnoses	18 – 71 years (M=41.6)	51% female 66% White 29.3% less than high school education 68.8% unemployed	MDES: $\alpha=.86$
Swarbrick et al. (2009)	144	Participants of self-help centres	Not reported	56% male 64% Caucasian 56% never married; 23% divorced	MDES: $\alpha=.81$

Appendix F: Family Empowerment Scale ('Family' subscale)

1. When problems arise with This Child, I handle them pretty well.
2. I feel confident in my ability to help This Child grow and develop.
3. I know what to do when problems arise with This Child.
4. I feel my family life is under control.
5. I am able to get information to help me better understand This Child.
6. I believe I can solve problems with This Child when they happen.
7. When I need help with problems in my family, I am able to ask for help from others.
8. I make efforts to learn new ways to help This Child grow and develop.
9. When dealing with This Child, I focus on the good things as well as the problems.
10. When faced with a problem involving This Child, I decide what to do and then do it.
11. I have a good understanding of This Child's problems.
12. I feel I am a good caregiver.

Appendix F (continued)

Details of FES and its Use in Previous Research Studies

Authors	N size	Sample description	Adult age	Child age	Demographics	Internal reliability
Koren et al. (1992)	440	Parents of children with emotional, behavioural or mental disorders	M=40 years	Under 21 years	94% female 79% completed high school	Family: $\alpha=.88$ Test-retest (3-4 weeks): $r=.83$
Yatchmenoff et al. (1998)	214	Families of children with severe emotional disorders	Not reported	M=11.9 years	72% Caucasian 55% employed 41% children ADHD	FES: $\alpha=.89$
Thompson et al. (1997)	270	Families receiving intervention for child disability	M=32.2 years	0 – 4 years	79.2% White 93.2% female 56.8% children boys	Family: $\alpha=.85$
Dempsey and Dunst (2004)	122	Parents of preschool children with disability	Predominantly 20 – 39 years	68.7% 3 years or younger	83% mothers 50.7% unemployed	FES: $\alpha=.93$
Akey et al. (2000)	293	Parents of children with disability	M=35.42 years	3 months – 21 years (M=8.88)	89.1% White Most children multiple diagnoses 23 foster carers	Convergent validity with Psychological Empowerment Scale
Graves and Shelton (2007)	79	Families of children with severe emotional disturbance	Not reported	5 – 17 years (M=12.05)	36% White, 55% Black 74% single parent 6% foster carers	FES: $\alpha=.90$ (time 1); $\alpha=.95$ (time 2)

Appendix G: Parent Satisfaction Scale

1. Caring for children is worth all the sacrifices.
2. I derive a great deal of fun and enjoyment from being a caregiver.
3. Companionship with the children in my care is a particular source of satisfaction for me.
4. In general, as a caregiver I am happy most of the time.
5. Watching children grow and develop is especially satisfying.
6. Caring for children is the most important aspect of life.
7. Surprisingly, child rearing is not as rewarding as I thought it would be.
8. I like showing pictures of the children in my care and talking about them to my friends.
9. I frequently have fun with the children in my care at home.
10. Children limit my freedom.
11. Compared with outside employment, child rearing is more satisfying.
12. I believe caregiving is one of the main goals in life for me.
13. I am unhappy in the caregiving role most of the time.
14. Being able to provide a good home for the children in my care has been the source of great satisfaction to me.
15. Child rearing is one of the most stimulating things I can think of.
16. I try to be with the children in my care as often as I can because I enjoy it so much.
17. Children are a large burden for me.
18. Being a caregiver has always been enjoyable.
19. The rewards for being a caregiver easily outweigh the effort and hard work.
20. Just thinking about the times the children in my care and I spend together makes me happy.
21. I don't like to complain, but being a caregiver isn't all it's cracked up to be.
22. Being a caregiver is the best way to achieve self-fulfilment.
23. I really enjoy talking about the children in my care.
24. You know, it's hard being stuck at home with the children.
25. Having children to care for is a lot of fun.
26. I love spending time watching the children in my care.
27. Being with the children in my care is more boring than I thought it would be.
28. I enjoy being a caregiver more than most caregivers I know.

29. I have regretted being a caregiver.

30. The following line represents different levels of satisfaction in your role as a caregiver. The middle point is "satisfied" and represents the level of satisfaction that most caregivers have in their relationships with the children in their care. Please mark on this line the option that best describes how satisfied you are with being a caregiver.

Extremely dissatisfied	Fairly dissatisfied	A little dissatisfied	Satisfied	Very satisfied	Extremely satisfied	Couldn't be better
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Appendix G (continued)

Details of PSS and its Use in Previous Research Studies

Authors	N size	Sample description	Adult age	Child age	Demographics	Internal reliability
Martin et al. (1991)	60	Mothers and maternal grandmothers of preschool children	Mothers: 29 – 42 years (M=36) Grandmothers: 56 – 74 (M=65)	Not reported	Mothers: 88% tertiary education 31% fulltime home duties Grandmothers: 78% tertiary education 71% fulltime home duties	PSS: $\alpha=.93$
Abdullah et al. (2009)	52	Parents of children with autism (+ control group)	Not reported	M=11 – 12 years	Predominantly Caucasian, well-educated, middle class	Not reported
Holloway et al. (2006)	116	Japanese women preschool child	M=35.81 years	M=5.20 years	Education and income comparable to national population	Not reported

Appendix H: Satisfaction with Foster Parenting Inventory

How satisfied are you with:

1. Understanding your responsibilities as a foster carer.
2. Your working relationship with social service agencies (social worker/caseworker, foster care agency, etc.).
3. Your working relationship with other agencies related to This Child (schools, counsellors, etc.).
4. Your relationship with This Child.
5. Your relationship with This Child's biological family.
6. Balancing foster care with your own family's schedule.
7. Recognition from your community for foster caring.
8. Having enough information about the children placed in your home.
9. Being able to get respite care when needed.
10. Being able to reach social workers/caseworkers when needed.
11. Amount of payment for providing foster care.
12. Being included in planning for the needs of This Child.
13. Relationship of your own children with This Child.
14. Availability of additional training.
15. Assistance from social workers.
16. Feeling appreciated for being a foster carer.
17. Understanding the legal system.
18. Obtaining liability protection.
19. The ways in which your foster placements have ended.
20. Opportunities to meet other foster families.
21. Your role in helping children.
22. Your overall level of satisfaction with foster caring.

Appendix H (continued)*Details of SFPI and its Use in Previous Research Studies*

Authors	N size	Sample description	Adult age	Child age	Demographics	Internal Reliability
Whenan et al. (2009)	58	Australia foster carers	M=43.84 years	2 – 11.8 years (M=6.63)	60.3% married 41.4% tertiary education 50% no biological children 5 months – 26 years' experience	SFPI: $\alpha=.82$
Fees et al. (1998)	48	Foster carers 1 year after training	22 – 60 years (M=39)	Not reported	37% tertiary education 81% Caucasian 72.9% married 89.6% planning to continue	SFPI: $\alpha=.84$
Samya (2009)	154	Former and current foster carers	28 – 84 years (M=47.07)	Not reported	66% married 80% female 55.9% White >70% employed fulltime M=5.66 years' experience 0 – 300 children fostered	Not reported

Appendix I: Identity Questionnaire

1. I am focused on the big picture, rather than the here-and-now
2. I am confident in myself and my abilities
3. I want to help This Child with his/her problems
4. I want to know that This Child trusts me
5. I stand up for This Child's rights
6. It's important to me that This Child thinks well of me
7. I try to understand the reasons behind This Child's misbehaviour
8. When things go wrong for This Child, I want to fix them
9. I am rational and logical
10. I face the reality of situations
11. I am emotionally strong
12. I don't take things personally
13. I try to equip This Child with skills for the future
14. I have insight into This Child's point of view
15. I want to protect This Child
16. I have learnt to stay calm even if it doesn't come naturally

Appendix J: Supporting Organisations and Agencies

1. Foster carer recruitment

- Anchor
- Anglicare (Sydney)
- Australian Foster and Kinship Care Partnership
- Catholic Care (Hunter-Manning)
- Centacare Broken Bay
- Connecting Carers
- Connecting Foster Carers
- Foster Care Association of Victoria
- Macarthur District Temporary Family Care
- Mercy Family Services
- MercyCare
- Wesley Mission (Penrith)
- William Campbell College

2. Parent recruitment

- Kingsway Community Church
- Rivergum Community Care Inc.

Appendix K: Information Letter for Organisations and Agencies

UNSW



Social Policy Research Centre

To whom it may concern,

My name is Tim Broady and I am a PhD candidate at the University of New South Wales. I am conducting research in the area of foster care, specifically investigating the bond that exists between the foster carer and the child and the ability of the foster carer to support, nurture and encourage the child. The overall aim of my research is twofold. First, I wish to understand the experiences of foster carers around these central issues, and second, I wish to develop an evidence-based training and support program that purposefully addresses the major issues raised by foster carers.

Foster carers will be invited to participate in my research. This research will involve foster carers anonymously completing a series of short questionnaires that will describe the relationship existing between the foster carer and the child in his or her care. These questionnaires will also describe the extent to which they feel personally empowered to carry out the role of foster care, as well as their intention to continue providing care.

The goal of this research is to understand how both positive and negative experiences of providing foster care influence carers at a personal level, and to determine how they may be supported in their role. This information will be used to inform the development of a training program that will be made available to both Government and non-Government organizations for future use in providing specific training and support for foster carers.

For this research to take place, I am seeking the co-operation of foster care agencies in contacting foster carers who may be willing to participate. All responses will be kept confidential and individual foster carers will have the freedom to participate or not at their own discretion.

If you are able to assist me by putting me in contact with foster carers, please express this in writing (on your agency's letterhead) and return this letter to me either via the enclosed stamped, self-addressed envelope, or email (t.broady@student.unsw.edu.au). Once I have received your letter, I will contact you in order to discuss the specifics of this process.

Should you have any questions or concerns please do not hesitate to contact me by email (t.broady@student.unsw.edu.au), or by telephone (at university: 02 9385 7824; or mobile: 0427 327 593). You may also refer your concerns to the Ethics Secretariat, The University of New South Wales, Sydney, 2052 (phone: 02 9385 4234, fax: 9385 6648, email: ethics.sec@unsw.edu.au).

I look forward to your response and the possibility of working together on this project.

With thanks,

Tim Broady

THE UNIVERSITY OF NEW SOUTH WALES
UNSW SYDNEY NSW 2052 AUSTRALIA
A B 5 5 1 1 5 B 7 1 1 7 9
CRICOS Provider No. 900010

Appendix L: Participant Demographic Profile – Main Study

Variable	Category	Parents (N=97)		Foster Carers (N=123)		FCP (N=96)		FCNP (N=27)	
		N	%	N	%	N	%	N	%
Gender	Female	77	79	108	88	82	86	26	96
	Male	20	21	15	12	14	15	1	4
Age		24-61 years (M=35.74; SD=7.29)		28-70 years (M=48.04; SD=9.59)		30-70 years (M=49.24; SD=9.55)		28-63 years (M=43.52; SD=8.48)	
Location	NSW	56	58	78	63	66	69	12	44
	SA	0	0	16	13	11	12	5	19
	Vic	3	4	11	9	6	6	5	19
	Qld	13	13	8	7	7	7	1	4
	WA	0	0	2	1.5	1	1	1	4
	NT	0	0	1	1	0	0	1	4
	Tas	19	20	0	0	0	0	0	0
	Declined	6	6	7	6	5	5	2	7

Appendix L (continued)

Variable	Category	Parents (N=97)		Foster Carers (N=123)		FCP (N=96)		FCNP (N=27)	
		N	%	N	%	N	%	N	%
Marital status	Married/Living with partner	90	93	91	74	72	75	19	70
	Divorced	1	1	16	13	13	14	3	11
	Never married	0	0	9	7	5	5	4	15
	Widowed	0	0	3	2	3	3	0	0
	Separated	6	6	2	1.5	1	1	1	4
	Other	0	0	2	1.5	2	2	0	0
Number of birth children	0	0	0	27	22	0	0	27	100
	1	22	23	29	24	29	30	0	0
	2	32	33	21	17	21	22	0	0
	3	34	35	29	24	29	30	0	0
	4	8	8	7	6	7	7	0	0
	5	1	1	5	4	5	5	0	0
	6	0	0	3	2	3	3	0	0
	7	0	0	1	1	1	1	0	0
	8	0	0	0	0	0	0	0	0
	9	0	0	1	1	1	1	0	0

Appendix L (continued)

Variable	Category	Parents (N=97)		Foster Carers (N=123)		FCP (N=96)		FCNP (N=27)	
		N	%	N	%	N	%	N	%
Education	< Year 10	0	0	6	5	4	4	2	7
	Year 10	4	4	12	10	11	12	1	4
	Year 12	10	10	15	12	11	12	4	15
	TAFE	24	25	38	31	31	33	7	26
	Undergraduate	41	42	22	18	17	18	5	19
	Postgraduate	16	17	19	15	12	13	7	26
	Other	2	2	10	8	9	9	1	4
	Declined	0	0	1	1	1	1	0	0
Ethnicity (as many as apply)	Australian	86	89	101	82	79	82	22	82
	NZ	2	2	3	2	2	2	1	4
	European	12	12	18	15	14	15	4	15
	Asian	1	1	1	1	0	0	1	4
	North American	1	1	1	1	1	1	0	0
	Other	3	3	7	6	6	6	1	4
	ATSI	1	1	5	4	5	5	0	0

Appendix L (continued)

Variable	Category	Parents (N=97)		Foster Carers (N=123)		FCP (N=96)		FCNP (N=27)	
		N	%	N	%	N	%	N	%
Household income	< \$40k	9	9	32	26	26	27	6	22
	\$40-60k	15	16	24	20	18	19	6	22
	\$60-80k	14	14	19	15	14	15	5	19
	\$80-100k	10	10	17	14	14	15	3	11
	> \$100k	42	43	22	18	17	18	5	19
	Declined	7	7	9	7	7	7	2	7
Fostering experience				6 months- 38 years (M=10.36; SD=9.27)		6 months-38 years (M=11.23; SD=9.85)		6 months- 20 years (M=7.13; SD=5.74)	
# of foster children				1-2000		1-2000		1-30	
Form of care	Long-term			123	100	96	100	27	100
	Short-term			54	44	45	47	9	33
	Respite			57	46	46	48	11	41
	Crisis			34	28	27	28	7	26
	Kinship			7	6	5	5	2	7

Appendix L (continued)

Variable	Category	Parents (N=97)		Foster Carers (N=123)		FCP (N=96)		FCNP (N=27)	
		N	%	N	%	N	%	N	%
Organisation	Government			45	37	38	40	7	26
	NGO			75	61	56	58	19	70
	Declined			3	2	2	2	1	4
Training	None	40	41	0	0	0	0	0	0
	Initial Foster Care Training	0	0	121	98	95	99	26	96
	Parenting Program	35	36	75	61	66	69	9	33
	Foster Care Conference	0	0	66	54	53	55	13	48
	Child Protection	35	36	84	68	69	72	15	56
	Challenging Behaviour	14	14	94	76	79	82	15	56
	Other	16	17	71	58	60	63	11	41

Appendix L (continued)

Variable	Category	Parents (N=97)		Foster Carers (N=123)		FCP (N=96)		FCNP (N=27)	
		N	%	N	%	N	%	N	%
Child gender	Male	52	54	66	54	49	51	17	63
	Female	44	45	57	46	47	49	10	37
	Declined	1	1	0	0	0	0	0	0
Child age		0-18 years (M=6.72; SD=5.02)		9 months- 18 years (M=8.43; SD=4.59)		17 months- 18 years (M=8.43; SD=4.66)		9 months- 16 years (M=8.43; SD=4.41)	
Time in care				1 month-18 years (M=4.45; SD=3.89)		3 months-18 years (M=4.45; SD=3.89)		1 month-14 years (M=4.46; SD=3.99)	
Age at placement				0-15 years (M=4.02; SD=4.25)		0-15 years (M=4.03; SD=4.39)		0-15 years (M=3.97; SD=3.80)	
Proportion of life in current placement				.01-1.00 (M=.57; SD=.35)		.02-1.00 (M=.58; SD=.35)		.01-1.00 (M=.53; SD=.34)	

Appendix L (continued)

Variable	Category	Parents (N=97)		Foster Carers (N=123)		FCP (N=96)		FCNP (N=27)	
		N	%	N	%	N	%	N	%
Child ethnicity (as many as apply)	Australian	95	98	117	95	90	94	27	100
	NZ	1	1	3	2	2	2	1	4
	European	9	9	7	6	5	5	2	7
	Middle Eastern	0	0	1	1	1	1	0	0
	Asian	3	3	3	2	3	3	0	0
	African	1	1	1	1	1	1	0	0
	North American	1	1	0	0	0	0	0	0
	South American	2	2	0	0	0	0	0	0
	Pacific Islander	1	1	1	1	0	0	1	4
	Other	1	1	4	3	3	3	1	4
	Declined	0	0	2	2	2	2	0	0
	ATSI	1	1	27	22	23	24	4	15

Appendix L (continued)

Variable	Category	Parents (N=97)		Foster Carers (N=123)		FCP (N=96)		FCNP (N=27)	
		N	%	N	%	N	%	N	%
Frequency of contact with parents	Weekly (or more)			16	13	13	14	3	11
	Fortnightly			6	5	6	6	0	0
	Monthly			22	18	14	15	8	30
	1-3 months			28	23	21	22	7	26
	3-6 months			9	7	8	8	1	4
	6-12 months			6	5	4	4	2	7
	<12 months			10	8	9	9	1	4
	Never			26	21	21	22	5	19

Appendix M: Bivariate Correlations Between Questionnaires

Questionnaire	PCRQ	MDES	FES	PSS	SFPI
CPRS	.59**	-.01	.66**	.40**	.43**
<i>p</i>	<.001	.89	<.001	<.001	<.001
<i>N</i>	123	123	122	123	123
PCRQ		.16	.66**	.61**	.41**
<i>p</i>		.07	<.001	<.001	<.001
<i>N</i>		123	122	123	123
MDES			.22*	.10	.07
<i>p</i>			.01	.26	.46
<i>N</i>			122	123	123
FES				.68**	.59**
<i>p</i>				<.001	<.001
<i>N</i>				122	122
PSS					.60**
<i>p</i>					<.001
<i>N</i>					123


* Correlation is significant at the .01 level (2-tailed)

** Correlation is significant at the .001 level (2-tailed)

N.B. Shaded boxes indicate correlations between conceptually related questionnaires (i.e., bonding, empowerment, satisfaction).

Appendix N: Human Research Ethics Committee Approval

THE UNIVERSITY OF
NEW SOUTH WALES



HUMAN RESEARCH ETHICS
COMMITTEE (HREC)

7 June 2010

Professor Ian Katz
Social Policy Research Centre
Building G2

Dear Professor Katz,

**Parental Bonding and empowerment in foster care
HREC 10343**

Thank you for the letter and attachments from Professor Ian Katz to the Ethics Secretariat dated 25 May 2010.

The Executive of the HREC considered the above protocol at its meeting held on 1 June 2010 and is pleased to advise it is satisfied that this protocol meets the requirements as set out in the National Statement on Ethical Conduct in Human Research*.

Having taken into account the advice of the Committee, the Deputy Vice-Chancellor (Research) has approved the project in principle.

Would you please note:-

- approval is valid for five years (from the date of the Executive meeting i.e. 1 June 2010);
- you will be required to provide annual reports on the study's progress to the HREC, as recommended by the National Statement;
- you are required to immediately report to the Ethics Secretariat anything which might warrant review of ethical approval of the protocol (National Statement 3.3.22, 5.5.7) including:
 - a) serious or unexpected outcomes experienced by research participants (using the Serious Adverse Event proforma on the University website at http://www.unsw.edu.au/Ethics/HumanEthics/Information/or/Applications/Proformas/Template/C13_SA2%20Proforma.rtf);
 - b) proposed changes in the protocol; and
 - c) unforeseen events or new information (eg from other studies) that might affect continued ethical acceptability of the project or may indicate the need for amendments to the protocol;
- any modifications to the project must have prior written approval and be ratified by any other relevant Human Research Ethics Committee, as appropriate;

Yours faithfully,

J. L.

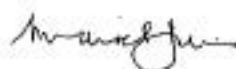
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Location: Rupert Myers Building
C/O Research Office J Ethics,
Suite 14, Barker Street Kensington
A B S T R A C T A

(HREC 10/43: cont'd)

..2.

- If there are implantable devices, the researcher must establish a system for tracking the participants with implantable devices for the lifetime of the device (with consent) and report any device incidents to the TGA;
- if the research project is discontinued before the expected date of completion, the researcher is required to inform the HREC and other relevant institutions (and where possible, research participants), giving reasons. For multi-site research, or where there has been multiple ethical review, the researcher must advise how this will be communicated before the research begins (National Statement 3.3.25 and 5.5.4);
- consent forms are to be retained within the archives of the Centre and made available to the Committee upon request.

Yours sincerely,



Professor Michael Grimm
Presiding Member
HREC

*<http://www.nhmrc.gov.au>

Appendix O: Child Behaviour and Satisfaction Scores

Table O-1

Summary of Regression Analysis for CPRS Scores Predicting Foster Carers' PSS Scores (n=122)

Variable	<i>B</i>	<i>SE(B)</i>	β
Constant	115.24	11.68	
CPRS	.49	.10	.40***

Note. Adjusted $R^2 = .15$.

*** $p \leq .001$

Table O-2

Summary of Regression Analysis for CPRS Scores Predicting Foster Carers' SFPI Scores (n=123)

Variable	<i>B</i>	<i>SE(B)</i>	β
Constant	44.52	6.68	
CPRS	.30	.06	.43***

Note. Adjusted $R^2 = .17$.

*** $p \leq .001$

Appendix P: Principal Component Analysis of Identity Questionnaire

This appendix describes the three iterations conducted to produce the final component structure of the Identity Questionnaire described in Chapter 6.

First iteration

Principal component analysis was conducted on the initial 16 items derived from pilot study interviews. This analysis produced a four component solution, accounting for 60.31% of the variance in the 16 variables, as demonstrated in Table P-1.

Table P-1
Variance Explained by Data Reduction Analysis: First Iteration

Rotated Factor	Eigenvalue	% of Variance	Cumulative %
1	3.46	21.60	21.60
2	3.08	19.23	40.83
3	1.61	10.08	50.91
4	1.50	9.40	60.31

Measures of sampling adequacy were adequate in this analysis, KMO=.80, and the MSA values of individual items ranging from .69 to .89 (see Table P-2). Bartlett's Test of Sphericity was also significant, $\chi^2_{(120)}=755.12, p\leq.001$.

Communalities were greater than .50 for 13 of the 16 items. Those items with low communalities were items 16 (.40; "I have learnt to stay calm even if it doesn't come naturally"), 9 (.44; "I am rational and logical") and 14 (.45; "I have insight into This Child's point of view"). The rotated component structure (including communalities and MSA) is shown in Table P-2.

Table P-2
Rotated Component Loading Values: First Iteration

Item	Label	Comp. 1	Comp. 2	Comp. 3	Comp. 4	Comm.	MSA
15	I want to protect This Child	.75*	-.02	-.08	.14	.58	.72
5	I stand up for This Child's rights	.74*	.28	.13	.11	.66	.81
7	I try to understand the reasons behind This Child's misbehaviour	.68*	.23	.19	.10	.56	.89
3	I want to help This Child with his/her problems	.68*	.18	.45*	.12	.71	.86
8	When things go wrong for This Child, I want to fix them	.66*	.21	.13	-.27	.57	.75
13	I try to equip This Child with skills for the future	.65*	.23	.15	.37*	.63	.82
12	I don't take things personally	.01	.77*	-.06	.04	.60	.72
10	I face the reality of situations	.32*	.70*	.17	.11	.63	.78
11	I am emotionally strong	.22	.69*	.22	.14	.59	.83
2	I am confident in myself and my abilities	-.02	.64*	.09	.50*	.67	.69
9	I am rational and logical	.25	.56*	.20	.16	.44	.79
14	I have insight into This Child's point of view	.37*	.54*	-.02	-.16	.45	.85
16	I have learnt to stay calm even if it doesn't come naturally	.10	.46*	-.17	.39*	.40	.82
6	It's important to me that This Child thinks well of me	.10	.12	.88*	-.07	.80	.75
4	I want to know that This Child trusts me	.43*	.02	.61*	.35*	.68	.82
1	I am focused on the big picture, rather than the here-and-now	.14	.15	-.09	.79*	.67	.71

*Significant factor loadings (i.e., >.30)

As can be seen in Table P-2, several items significantly loaded on multiple components. However, each loaded noticeably more heavily on one component than others. Therefore, each of these items was each considered to align with the component on which the greatest loading was evident.

The first component comprised the following six items:

- Item 15: I want to protect This Child.
- Item 5: I stand up for This Child's rights.
- Item 7: I try to understand the reasons behind This Child's behaviour.
- Item 3: I want to help This Child with his/her problems.
- Item 8: When things go wrong for This Child, I want to fix them.
- Item 13: I try to equip This Child with skills for the future.

As described in Chapter 6, this component has been labelled '*Protecting and Advocating*'. The internal reliability of this component was very good, $\alpha=.82$. The correlations between items ranged between $r=.30$ and $r=.63$ (each of which were statistically significant at the .01 level), supporting the notion that each item was associated with each other. A strong case can also be argued for the face validity of this component. That is, each of the items appears to relate to the concepts of protecting and/or advocating for a child, and none of the item labels appear unrelated.

The second component consisted of the following seven items:

- Item 12: I don't take things personally.
- Item 10: I face the reality of situations.
- Item 11: I am emotionally strong.
- Item 2: I am confident in myself and my abilities.
- Item 9: I am rational and logical.
- Item 14: I have insight into This Child's point of view.
- Item 16: I have learnt to stay calm even if it doesn't come naturally.

As described in Chapter 6, this component has been labelled '*Intrinsic Empowerment*'. It is worth noting that this component closely aligns with the concept of *intrinsic empowerment* described in Chapter 4. The internal reliability of this

component was also very good, $\alpha=.77$. Correlations between items ranged from $r=.15$ to $r=.62$. All but one of these correlations (between Item 14: “I have insight into This Child’s point of view”; and Item 16: “I have learnt to stay calm even if it doesn’t come naturally”) were statistically significant at the .01 level, indicating that these items measure a related concept. This component also displays strong face validity, with each of the item descriptions reflecting the notion of *intrinsic empowerment* as described in Chapter 4.

The third factor consisted of the following two items:

- Item 6: It’s important to me that This Child thinks well of me.
- Item 4: I want to know that This Child trusts me.

As described in Chapter 6, this component has been labelled ‘*Desire for Affirmation*’. The internal reliability of this component was good, especially considering that it consisted of only two items, $\alpha=.57$. The two items were positively correlated, $r=.42$, $p\leq.001$. Once again, strong face validity is shown by the two item descriptions within this component closely resembling a desire for affirmation.

Component 4 only had two items with significant loading (Items 1 and 2). However, since Item 2 loaded more heavily on *Intrinsic Empowerment*, it was considered to align with that component. Therefore, Component 4 became a single item component, consisting of Item 1 only (“I am focused on the big picture, rather than the here-and-now”). From a face validity point of view, this item stands somewhat alone. It does not clearly align with the concepts referred to by the first three components, and statistically appears isolated. Since this item did not significantly load on any other component, it was removed from the analysis, and data reduction was conducted on the 15 remaining items.

Second iteration

Principal components analysis was conducted on the 15 remaining items. KMO measure of sampling adequacy was still acceptable (.81), as were the measures of sampling adequacy for each item, ranging from .71 to .90 (see Table P-4). Bartlett’s Test of Sphericity remained significant, $\chi^2_{(105)}=711.22$, $p\leq.001$. This analysis produced a

three factor solution, accounting for 55.99% of the variance in the 15 variables, as shown in Table P-3.

Table P-3
Variance Explained by Data Reduction Analysis: Second Iteration

Rotated Component	Eigenvalue	% of Variance	Cumulative %
Protecting and Advocating	3.38	22.54	22.54
Intrinsic Empowerment	3.17	21.16	43.70
Desire for Affirmation	1.84	12.30	56.00

This factor solution was also rotated using a Varimax method with Kaiser normalisation. The rotated component structure (including communalities and MSA) is presented in Table P-4.

Communalities exceeded .50 for 11 of the 15 items. The four items with low communalities were items 16 (.35; “I have learnt to stay calm even if it doesn’t come naturally”), 14 (.37; “I have insight into This Child’s point of view”), 9 (.44; “I am rational and logical”) and 8 (.49; “When things go wrong for This Child, I want to fix them”).

Once again, Items 3, 10, 13 and 14 produced a significant loading on two components. They were each considered to align with the factor on which they loaded most heavily. However, Item 14 (“I have insight into This Child’s point of view”) loaded almost equally across *Protecting and Advocating* and *Intrinsic Empowerment*.

Table P-4
Rotated Component Loading Values: Second Iteration

Item	Label	PAA	IE	DFA	Comm.	MSA
5	I stand up for This Child's rights	.75*	.26	.18	.67	.81
15	I want to protect This Child	.73*	.00	.02	.53	.72
8	When things go wrong for This Child, I want to fix them	.69*	.07	.09	.49	.75
7	I try to understand reasons for This Child's misbehaviour	.67*	.22	.25	.56	.88
3	I want to help This Child with his/her problems	.64*	.18	.52*	.71	.86
13	I try to equip This Child with skills for the future	.61*	.32*	.29	.56	.81
2	I am confident in myself and my abilities	-.01	.76*	.16	.61	.75
12	I don't take things personally	.07	.74*	-.10	.55	.71
11	I am emotionally strong	.23	.69*	.28	.59	.86
10	I face the reality of situations	.35*	.67*	.17	.60	.80
16	I have learnt to stay calm even if it doesn't come naturally	.07	.59*	-.03	.35	.81
9	I am rational and logical	.26	.57*	.23	.44	.80
14	I have insight into This Child's point of view	.43*	.43*	-.07	.37	.90
6	It's important to me that This Child thinks well of me	.06	.05	.84*	.71	.74
4	I want to know that This Child trusts me	.37	.10	.70*	.64	.81

*Significant component loadings (i.e., >.30)

Through this iteration, *Protecting and Advocating* comprised the same six items as with the first iteration, with the added inclusion of Item 14 ("I have insight into This Child's point of view"). The internal reliability of this component remained very good, $\alpha=.81$. Correlations between these items ranged from $r=.17$ to $r=.63$, with all except the

correlation between Item 14 (“I have insight into This Child’s point of view”) and Item 15 (“I want to protect This Child”) being significant at the .01 level.

The component structure of *Intrinsic Empowerment* and *Desire for Affirmation* remained the same as through the first iteration.

Item 14 (“I have insight into This Child’s point of view”) loaded almost equally across *Protecting and Advocating* and *Intrinsic Empowerment*. Hair et al. (2006) argue that there is merit in removing a variable with multiple high loadings from final component structures, particularly those where there is no noticeable distinction between the size of the multiple loadings. The description of Item 14 does not appear to align particularly closely with either of the concepts outlined by the components on which it loads (i.e., *Protecting and Advocating* or *Intrinsic Empowerment*). Due to its statistical cross loading and its contextual misalignment, this item was removed and the data reduction analysis performed on the 14 remaining items.

Third iteration

Principal components analysis was conducted on the 14 remaining items. KMO measure of sampling adequacy was again acceptable (.80), as were the measures of sampling adequacy for each item, ranging from .67 to .88. Bartlett’s Test of Sphericity remained significant, $\chi^2_{(91)}=673.61, p\leq.001$.

This analysis produced a three factor solution, accounting for 58.03% of the variance, as shown in Table P-5.

Table P-5
Variance Explained by Data Reduction Analysis: Third Iteration

Rotated Component	Eigenvalue	% of Variance	Cumulative %
Protecting and Advocating	3.25	23.23	23.23
Intrinsic Empowerment	3.04	21.70	44.93
Desire for Affirmation	1.83	13.10	58.03

This component solution was also rotated using a Varimax method with Kaiser normalisation. The rotated component structure (including communalities and MSA) is shown in Table P-6.

Table P-6
Rotated Component Loading Values: Third Iteration

Item	Label	PAA	IE	DFA	Comm.	MSA
15	I want to protect This Child	.77*	.02	-.05	.60	.72
5	I stand up for This Child's rights	.72*	.26	.22	.64	.80
8	When things go wrong for This Child, I want to fix them	.70*	.08	.07	.5	.74
7	I try to understand the reasons behind This Child's misbehaviour	.67*	.23	.26	.56	.87
3	I want to help This Child with his/her problems	.64*	.18	.52*	.71	.85
13	I try to equip This Child with skills for the future	.62*	.33*	.27	.56	.80
2	I am confident in myself and my abilities	-.01	.76*	.15	.61	.74
12	I don't take things personally	.03	.73*	-.05	.54	.67
11	I am emotionally strong	.25	.71*	.21	.61	.88
10	I face the reality of situations	.34*	.67*	.18	.60	.79
16	I have learnt to stay calm even if it doesn't come naturally	.12	.60*	-.12	.39	.81
9	I am rational and logical	.27	.57*	.22	.45	.78
6	It's important to me that This Child thinks well of me	.06	.05	.85*	.72	.74
4	I want to know that This Child trusts me	.37*	.10	.70*	.64	.81

*Significant factor loadings (i.e., >.30)

Communalities exceeded .5 for 12 of the 14 items. The two items with low communalities were items 16 (.39; "I have learnt to stay calm even if it doesn't come naturally") and 9 (.45; "I am rational and logical").

As with the previous two iterations, Items 3, 10 and 13 showed significant loading on two components, but as mentioned previously, were each considered to align with the component with greatest loading.

Although this component structure accounted for slightly less variance in item scores than the first iteration, it is still considered to be a more useful representation of the underlying structure of the questionnaire, due to the presence of a single-item component in the first iteration. Despite the low communalities of two items, the overall structure of this component solution is statistically acceptable. The results of this principal component analysis show three separate components, outlined below.

Final component structure

Protecting and Advocating

This component comprised the following six items:

- Item 15: I want to protect This Child.
- Item 5: I stand up for This Child's rights.
- Item 8: When things go wrong for This Child, I want to fix them.
- Item 7: I try to understand the reasons behind This Child's misbehaviour.
- Items 3: I want to help This Child with his/her problems.
- Item 13: I try to equip This Child with skills for the future.

The internal reliability of this component was very good, $\alpha=.82$, and correlations between the items were all significant at the .01 level (ranging from $r=.30$ to $r=.63$). As has already been mentioned, this component retains good face validity. This component accounted for 23.23% of the variance in Identity Questionnaire item scores.

Intrinsic Empowerment

This component consisted of six items:

- Item 2: I am confident in myself and my abilities.
- Item 12: I don't take things personally.
- Item 11: I am emotionally strong.
- Item 10: I face the reality of situations.

- Item 16: I have learnt to stay calm even if it doesn't come naturally.
- Item 9: I am rational and logical.

The internal reliability of this component was very good, $\alpha=.76$, with all correlations being significant at the .01 level (ranging from $r=.24$ to $r=.62$) and retaining good face validity. This component accounted for 21.70% of the variance in Identity Questionnaire item scores.

Desire for Affirmation

The final component consisted of two items:

- Item 6: It's important to me that This Child thinks well of me.
- Item 4: I want to know that This Child trusts me.

The internal reliability of this two item component was good, $\alpha=.57$, and the items were significantly correlated, $r=.42$, $p\leq.001$, while demonstrating good face validity. This component accounted for 13.10% of the variance in Identity Questionnaire item scores.

Appendix Q: Questionnaire Descriptive Statistics

Questionnaire	Possible range	Foster carers (N=123)			Parents (N=97)		
		Range	Mean	SD	Range	Mean	SD
CPRS	30-150	57-144	112.67	18.28	91-144	121.42	10.99
PCRQ	40-200	116-189	152.11	14.08	121-176	151.86	11.32
MDES	28-112	71-101	86.34	6.23	72-107	84.65	6.69
FES	12-60	33-60	51.30	6.53	32-60	50.56	5.90
PSS	30-210	81-210	169.89	23.70	116-206	174.89	19.87
SFPI	22-110	46-107	78.58	13.00	-	-	-