THE UNIVERSITY OF HULL

Exploring Wellbeing in Foster Care: Learning from the Stories of Children, Young People and Foster Carers

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by

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Overview

This portfolio thesis comprises three parts: a systematic literature review, an empirical paper and appendices. Collectively, these parts seek to explore children, young people and foster carers' experiences of wellbeing, attending to the complex interplay of interpersonal, organisational and societal factors.

Part One: A Systematic Literature Review

The systematic literature review explored children and young people's experiences of belonging in foster care. A systematic search identified ten suitable papers, which were evaluated using the Critical Appraisal Skills Programme (CASP) assessment tool. Narrative synthesis identified five components of belonging: (1) reciprocity, (2) integration, (3) acceptance, (4) identity, and (5) nurturing environments. The review adopts a systemic lens to belonging, indicating the importance of relational understandings of trauma, organisational change, and shifts in societal discourses.

Part Two: An Empirical Study

The empirical study explored foster carers' experiences and narratives of using respite care. Narrative analysis was used to interpret the content and form of eleven foster carers' stories of respite. Foster carers' stories typically followed a 'romance' plot trajectory and most experienced a turning point related to their use or perception of respite. Experiences and consequences of respite were inherently complex, often related to planning, stability and stigma of support. The research primarily emphasises the importance of implementing a relational approach to respite care, de-stigmatising its use and therapeutically supporting foster carers.

Part Three: Appendices

The appendices comprise information and documentation concerning the systematic literature review and empirical paper, including a reflective and epistemological statement.

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Definitions

Throughout this portfolio thesis, the term ‘children looked after’ will be used which refers to children who have been in the care of the Local Authority for more than 24 hours (Children Act, 1989). This has been adapted from the current language of ‘looked after children (LAC)’ which is perceived to be controversial and suggest children are ‘lacking’ something (The Adolescent and Children’s Trust, 2019). The research chooses to utilise ‘children looked after’ to maintain a stance consistent with existing literature whilst emphasising the child or young person at the forefront of the term. This term will not be abbreviated within the research to ‘CLA’ as this is deemed to detract from the individual at the centre.

References:

Children Act 1989 (c.41) https://www.legislation.gov.uk/ukpga/1989/41/part/III/crossheading/duties-of-local-authorities-in-relation-to-children-looked-after-by-them

TACT Fostering & Adoption. (2019). *Language That Cares. Changing the Way Professionals Talk About Children in Care.* https://www.tactcare.org.uk/content/uploads/2019/03/TACT-Language-that-cares-2019_online.pdf

Part One: Systematic Literature Review

Cultivating a Sense of Belonging in Foster Care: A Systematic Literature Review of Children and Young People's Experiences

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Highlights

- Reciprocal, trusting relationships and sense of safety facilitated belonging.
- Sense of belonging was impacted by the authenticity of integration and acceptance.
- Belonging was hindered by stigma and the socio-political context of fostering.
- A systemic approach is necessary to understand and cultivate children's belonging.
- Future studies should ensure transparency of methods and researcher reflexivity.

Abstract

Belonging is widely accepted as a fundamental human need yet can be challenging for children looked after due to disrupted attachments, placement instability and the socio-political context of fostering. Despite its importance for wellbeing, there is limited research exploring belongingness in foster care, with existing studies primarily capturing adult perspectives. This systematic literature review used narrative synthesis to identify, evaluate and integrate literature exploring children and young people's experiences of belonging in foster care. The included studies were generally of good quality, however most lacked transparency regarding data analysis and researcher reflexivity, which raised concerns about potential bias in findings. The review highlighted five key components of belonging concerning reciprocity, integration, acceptance, identity, and nurturing environments. These factors generally aligned with conceptualisations of belonging which place emphasis on valued involvement and fit, however the review highlighted the underlying need for safe and nurturing environments, which has often been neglected within research. This review emphasised the importance of adopting a systemic approach to belonging, as a variety of factors could facilitate or hinder children looked afters' sense of belonging.

Keywords: Foster Care; Children Looked After; Systematic Literature Review; Belonging; Acceptance; Inclusion

1. Introduction

Despite long-standing notions of ‘belonging’, there is no universally agreed upon definition (Antonsich, 2010). This review adopted the definition that a sense of belonging is “the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment” (Hagerty et al., 1992, p. 173). Belonging therefore develops when one feels valued and accepted by the system, together with a perception that they are compatible and harmonious with the system (Hagerty et al., 1992; Kesternberg & Kesternberg, 1988). This conceptualisation is consistent with the studies included within this review.

The current literature base extends this understanding further by identifying an additional component central to belonging, namely the role of self-determination (Mahar et al., 2013). This places emphasis on an individual’s choice and power to develop belonging, acknowledging a lack of control or choice as a barrier to belonging. The role of self-determination is particularly pertinent within foster care whereby children and young people often lack agency over their individual circumstances (Munro, 2001).

Belonging is widely recognised as a fundamental and intrinsic human need (Bowlby, 1979; Klein, 1933; Maslow, 1943). The belongingness hypothesis posits that human beings are inherently social and demonstrate a need to form and maintain meaningful interpersonal relationships (Baumeister & Leary, 1995). Developing a sense of belonging is therefore considered integral to maintaining wellbeing, offering a source of social and psychological support (Roffey, 2013). A lack of belonging is believed to have a detrimental effect on one’s mental and physical health (Mattes & Lang, 2021).

Belonging can be difficult to cultivate for children and young people in foster care (Bruskas, 2008). Children looked after may have experienced relational and developmental trauma leading to disrupted attachments, which can impact an individuals' felt security and belonging within later relationships (Steenbakkers et al., 2021). Children looked after may also experience ambiguous loss due to being removed from their biological families with limited understanding or lack of a recognised ending (Boss, 2006). Although foster care is intended to provide children with a safe and loving home, they may experience repeated loss due to placement breakdowns (Samuels, 2009). This tends to lead to instability and a disconnection from significant relationships and environments, thus making a sense of belonging difficult to achieve (Mitchell, 2016). The challenges of cultivating belonging within foster care are further complicated by the professional context of fostering and the implicit messages this conveys to children about their place within the foster family (Antonsich, 2010).

Evidently, if children looked after are unable to develop a sense of belonging, this can have a negative impact on their wellbeing (Skoog et al., 2015; Thoburn, 1994), thus its importance cannot be understated. Nonetheless, literature surrounding wellbeing tends to focus on the impact of trauma and placement breakdown, neglecting the role of belonging. Research exploring belonging has primarily been undertaken in Scandinavian countries, with limited studies occurring in the UK. The literature base also tends to focus on adult perspectives, including foster carers, social workers and adults with experiences of living in foster care.

This literature review was therefore devised to synthesise the current literature base exploring how belonging is cultivated, and maintained, within foster care. The review aimed to highlight children and young people's experiences of belonging as their voices often go unheard. This has important clinical and service implications for fostering as it can support the wider system, including foster families, birth families and professionals, to identify ways to cultivate belonging and improve young people's wellbeing. The PICOS framework was adapted to **P**opulation, Phenomenon of

Interest and **C**ontext to guide the research question (Stern et al., 2014). The following research question was developed:

> ‘How do children and young people experience a sense of belonging whilst living in foster care?’

2. Method

2.1 Search Strategy

A systematic search of the literature up to and including August 2022 was conducted using seven electronic databases on EBSCO Host: APA PsycInfo, APA PsycArticles, Academic Search Premier, MEDLINE, CINAHL Complete, Education Research Complete and ERIC. The search incorporated databases from multiple disciplines, all of which may have researched the experiences of children looked after, thus increasing the likelihood of reviewing all pertinent literature.

2.2 Search Terms

An initial scoping search of the literature base identified relevant search terms, key words and subjects. Additional synonyms were considered to ensure that all variations in terminology were included. The search terms were reviewed by a research supervisor and third party experienced in conducting systematic literature reviews. Limiters were applied during the search protocol to refine the search to academic journals and English language only. The search terms were as follows:

"child, foster" or "foster child*" or "looked after child*" or "looked-after child*" or child* or adolescent* or youth or young people or "formerly in care" or "ageing out of care"

AND

"foster care" or "foster home care" or "out of home care" or "out-of-home care"

AND

belong* or connect* or acceptance or inclusion

AND

experience* or perception* or attitude* or view* or feeling* or qualitative or perspective*

2.3 Study Screening and Selection

All articles identified by the search were initially screened by their title and abstract to assess their relevance and suitability, in line with the inclusion and exclusion criteria outlined in Table 1 and Table 2. At this stage, 817 articles were excluded. Full text articles were accessed and eligibility was determined by applying the aforementioned criteria, thus 41 articles were subsequently excluded at this point. To ensure all appropriate literature was identified, citation searches and manual searches of reference lists were completed. These were screened for eligibility but no additional papers were deemed to qualify. Figure 1 demonstrates the process of study screening and selection.

Table 1

Inclusion Criteria and Rationale

Inclusion criteria	Rationale
Population: Studies that involved children who were currently, or formerly, living in foster care.	This review aimed to explore the experiences and perspectives of children in foster care therefore only research directly investigating their perspectives were included.
Phenomenon: Studies that aimed to explore sense of belonging or identified belonging as a significant theme.	This review aimed to explore experiences of belonging, therefore only studies with sufficient focus on this construct were included.
Context: Studies that identified foster care as the type of out-of-home care (either traditional or kinship care).	This review focused on foster home care as it was believed that experiences of belonging may be different in other types of out-of-home care (for example, group or institutional care), supported by a scoping literature review which identified fundamental differences in biological, individual, family, care history and social-cultural contexts of children in different types of out-of-home care (Leloux-Opmeer et al., 2016). Furthermore, existing research highlights differences in a related psychological concept, identity formation, across out-of-home care settings (Neagu & Sebba, 2019).
Context: Studies that explored belonging across various contexts, including at home, school and within the community.	This review did not specify context due to the understanding that belonging is influenced by multiple interconnected systems and environments within a child's network.
Study type: Full text, primary research articles published in an academic peer-reviewed journal.	This review aimed to explore original empirical studies exploring the topic of interest. Only peer reviewed studies were included to improve the likelihood of high-quality studies.

Study design: Qualitative or mixed-methods design.	This review aimed to explore experiences and perceptions of belonging therefore rich, qualitative data was deemed to be most suitable.
Language: English	To ensure studies could be read and understood by the researcher.

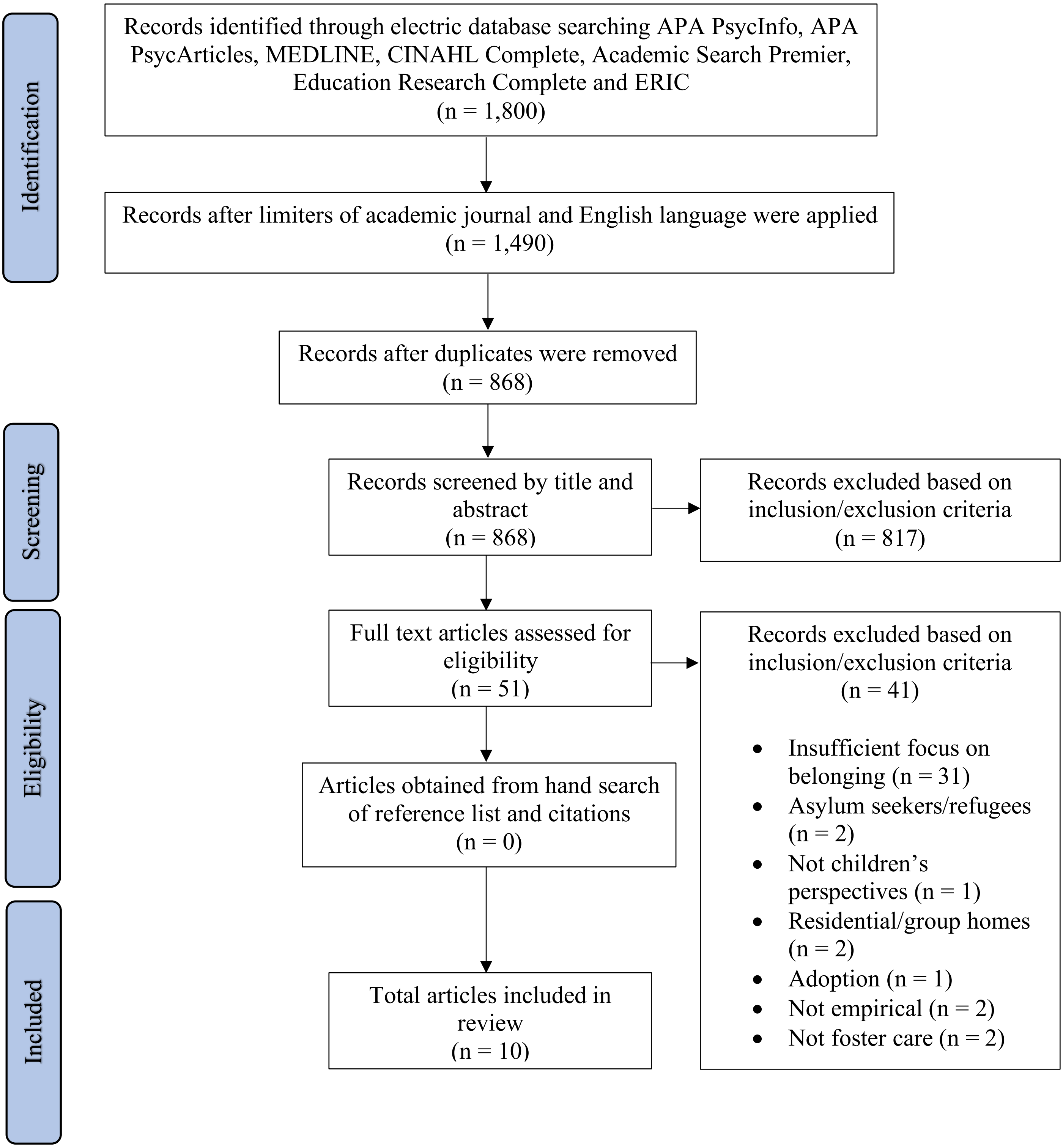
Table 2

Exclusion Criteria and Rationale

Exclusion criteria	Rationale
Population: Studies that did not include children's perspectives.	Research was not included if children were not directly involved. Children's perspectives may be complemented by foster carers, birth parents and/or professionals' perspectives, but focus remained on the children's participation.
Population: Children in foster care who were unaccompanied asylum seekers or refugees.	Studies recruiting unaccompanied asylum seekers or refugees in foster care were not included as it was believed that their experiences of belonging would vary greatly due to the socio-political context of being an asylum seeker.
Population: Children who had been adopted from out-of-home care.	Studies involving children who were adopted were not included as it was believed their sense of belonging may differ due to the difference in perception of permanency between adoption and foster care.
Phenomenon: Insufficient focus on a sense of belonging.	Studies were not included if research did not directly explore belonging or it was not found as a significant finding.
Context: Studies that focused on experiences within other types of out-of-home care, including group and residential care.	Studies were not deemed relevant if they explored experiences in alternative out-of-home care as it was believed that children's experiences of belonging may vary greatly across types of out-of-home care.
Study type: Secondary research articles and articles that were not published in an academic peer-reviewed journal. All papers that were abstracts, literature reviews, meta-analyses, grey literature, editorials, discussion papers and singular case studies.	Secondary research was beyond the scope of the review and the scientific rigor of non-peer-reviewed studies could not be determined.
Study design: Quantitative	This research aimed to explore individuals' experiences, thus quantitative research involving objective measures was not deemed to be appropriate.
Language: Non-English	This could not be read or understood by the researcher.

Figure 1

PRISMA Flow Diagram Outlining Study Screening and Selection Process (Moher et al., 2009)



2.4 Data Extraction

A bespoke data extraction form (see Appendix C) was devised to collate the key data from each study. Information deemed relevant to answer the research question included the study aim(s), participant characteristics, design and analysis, methods, and relevant significant findings.

2.5 Quality Assessment

The quality of the studies included in the review were assessed using the Critical Appraisal Skills Programme (CASP) Qualitative Research Checklist (CASP, 2018) (See Appendix D). This checklist comprises ten questions designed to evaluate the scientific rigor of qualitative research, including the appropriateness of research design and methods, as well as the validity and value of findings (CASP, 2018). The CASP tool is widely used within health and social care related reviews (Dalton et al., 2017), thus was deemed to be appropriate for the context of this review. The CASP tool was also chosen as it is believed to be suitable for novice researchers (Long et al., 2020).

The quality assessment process involved completing ten questions that had three possible answers: ‘Yes’, ‘Can’t Tell’ or ‘No’. The CASP does not offer guidance on scoring or interpretation (CASP, 2018), thus the researcher chose to score ‘Yes’ responses as ‘1’ and ‘No/Can’t tell’ answers as ‘ - ’. The categories ‘Can’t Tell’ and ‘No’ are recognised as difficult to differentiate, due to a lack of clarity about whether the quality concern is owing to the methodology itself, or a reporting issue (Long et al., 2020). The overall quality rating was therefore calculated as a score out of ten, denoting the sum of the ‘Yes’ responses. In line with guidance, articles scoring between 8-10 were interpreted as ‘very good quality’ (Long et al., 2020) and no studies were excluded on the basis of their quality appraisal (Sandelowski et al., 2007); all studies were deemed to offer valuable insight into experiences of belonging however quality appraisal results were used to inform the data synthesis.

To establish inter-rater reliability, three articles of highest, median and lowest ranking were rated by an independent researcher. The percentage level of agreement was 93.3%. Any discrepancies in scoring were discussed until a consensus was reached. Due to the high inter-rater reliability, the remaining sample were not peer reviewed.

2.6 Data Synthesis

Narrative synthesis is acknowledged as a form of storytelling (Popay et al., 2006), thus deemed to be appropriate for this review question as experiences tend to be shared through storytelling. Narrative synthesis was also felt to be consistent with the review's aims as it adopts a textual approach, ensuring children and young people's voices were at the forefront of the review. Furthermore, the included studies tended to vary in terms of qualitative methodologies and sample sizes, thus a narrative approach was deemed suitable as it is able to synthesise studies of a heterogeneous nature (Popay et al., 2006).

In line with Popay et al.'s (2006) guidance, thematic analysis was used to conduct the preliminary synthesis. The 'findings/results' sections of individual articles were read thoroughly, focusing only on the information directly gathered from children and young people. The key concepts, ideas and direct quotations within each article were highlighted. For the six papers that directly explored belonging, all data and quotations were considered. However, for the four studies that did not aim to explore belonging but identified it as a significant outcome, only the data within the belonging theme were initially considered. The data were then translated through an inductive process of identifying patterns, similarities and differences across the studies. Recurrent and conceptually similar findings were subsequently grouped into themes. At this point, the researcher assessed evidence for the preliminary themes across studies, inclusive of data that were not explicitly related to belonging, to ensure potentially relevant data were not ignored on the basis of previous researchers' subjective judgements. Support for four subthemes included evidence that was not explicitly linked to belonging within the study, however it was deemed relevant to the research question as it had been captured within at least three studies that directly explored the concept in relation to belonging. Following this, conceptual mapping was used to review and refine the preliminary synthesis. An ecomap (Hartman, 1978) was created to explore the relationships between the identified themes within and across the studies. The themes, subthemes and ecomap were discussed in research supervision to support sense-making.

3. Results

3.1 Overview of included studies

In total, ten studies were included in the review and have been summarised within Table 3. The included studies were published between 1999 and 2021, although only two were published before 2013 (Andersson, 1999; Schofield, 2002), whilst five have been published since 2020. Research spanned a range of countries with three studies occurring in the United Kingdom (UK), two in the United States of America (USA), one in the Netherlands, and the remaining four studies conducted in Scandinavian countries.

Six of the studies intended to explore belonging, whilst four adopted a wider focus yet identified belonging as a significant finding (Fylkesnes et al., 2021; Schofield, 2002; Steenbakkers et al., 2021; Storer et al., 2014). Seven of the ten studies recruited children currently living in foster care, whilst three utilised retrospective perspectives of young adults who had previous experience living in foster care (Schofield, 2002; Steenbakkers et al., 2021; Storer et al., 2014). Furthermore, within five studies, children’s perspectives were complemented by those of other key adults, however it was deemed possible to disentangle these views from the voices of the children and young people (Andersson, 1999; Biehal, 2014; Christiansen et al., 2013; Greenwood & Kelly, 2020; Storer et al., 2014). Although all were of qualitative design, the chosen analysis was variable and often deemed to be vague (Christiansen et al., 2013; Johnson et al., 2020) or unspecified (Andersson, 1999; Bengtsson & Luckow, 2020; Schofield, 2002).

Table 3

Summary of Included Studies

Author(s) and Year of Publication	Study Aim(s)	Participant Characteristics	Design and Analysis	Methods	Relevant significant findings	Quality assessment rating
Andersson (1999)	To explore children's perceptions of foster care, relationships and family belonging.	11 of 22 foster children in Sweden (aged 10-11 years old). 6 boys, 5 girls.	Qualitative study, analysis unspecified.	Interviews with children and foster parents. Children were interviewed on three occasions.	Children perceived themselves as belonging to their foster family only. They referred to foster parents as 'mummy and daddy', ranked foster parents as the most important people, wanted to live permanently in the foster home and described no difference to 'normal' or 'ordinary' families. Most children also enjoyed contact from their birth mother although had experienced disappointments within this.	6
Bengtsson & Luckow (2020)	To explore how children living in foster care create sense of belonging across diverse family relationships	2 of 11 children living in foster care in Denmark (aged 12 and 15 years old).	Qualitative study, methodology and analysis unspecified.	Video diaries supported by semi-structured interviews.	Sense of belonging was connected to emotional, physical and functional attachments. Belonging was acknowledged to be dynamic and impacted by the family's daily practices, role of the birth family and the social context of foster care.	6
Biehal (2014)	To explore how fostered children develop a sense of belonging to	13 children in long-term foster placements in the UK (aged 9-17 years old). 8 male, 5 female.	Qualitative study using narrative analysis.	Semi-structured interviews with children and foster carers. Interviews with children	Four key themes of belonging: (1) Foster carers viewed 'as if' they were their parents. (2) Foster carers perceived 'just like' another set of parents.	7

	their substitute families.	All white. 3 in kinship foster care.		involved visual exercises, including a relational mapping exercise.	(3) Ambivalent, qualified sense of belonging to foster families. (4) Sense of belonging is provisional and undermined by key adults. Belonging was influenced by the emotional commitment of foster carers; inclusion in routine family activities; symbolistic terms (‘mum’ and ‘dad’), and how individuals make sense of their historical and current experiences.	
Christiansen et al. (2013)	To explore how central actors describe the relationships between young people in foster care and their foster families.	43 young people in foster care in Norway (aged 13-20), who had lived in their foster placement for a minimum of 4 years. 31 male, 12 female. 36 Norwegian origin.	Mixed-method longitudinal study using explorative analysis.	Structured interviews with young people, foster carers, birth parents and social workers.	Most children had developed a sense of belonging to the foster family but also described belonging to their birth family. Belonging was influenced by inclusion practices and proclamations of belonging. Belonging to two families was acknowledged as enriching but also difficult due to a lack of coherence and conflicts of loyalty.	6
Fylkesnes et al. (2021)	To identify what constitutes appropriate help and support from the perspectives of young	178 young people in foster care in Norway (aged 11-18), who had lived in their current foster home for at least 6	Qualitative study using content analysis.	Questionnaires involving an open-ended question (‘what advice would you give adults who help young people living in foster care?’)	Children emphasised the role that adults can play in cultivating a sense of belonging through ensuring a good match, supporting transition, treating children as part of the family and supporting relationships with the birth family.	7

	people in foster care.	months. 91 male, 87 female.				
Greenwood & Kelly (2020)	To explore the experiences of young people in care and educational practitioners regarding a sense of belonging during an atypical transition to a new school.	6 young people with experience of foster care and atypical in-year school transitions in the UK (year 7 - year 10).	Qualitative study using appreciative inquiry.	Semi-structured focus groups.	Young people described various forms of support including being eased into lessons, buddy systems and the importance of uniform. The focus groups identified four priority propositions which focused on developing friendships, having a key person to support the young person, logistics and having a personalised and bespoke approach.	8
Johnson, Strayhorn & Parler (2020)	To amplify the often unheard voices of youth in foster care and their experiences in high school.	46 high school youth in foster care in the USA (9th grade -12th grade). 20 males, 26 females.	Qualitative study using a team-based approach to analysis.	Semi-structured focus group interviews.	Students wanted to belong at school and thus negotiated disclosure of their ‘foster youth’ identity as a strategy for feeling normal and ‘fitting in’. Educational instability, due to placement changes, reduced any sense of belonging.	10
Schofield (2002)	To develop a model that practitioners would find helpful in making sense of the stories they hear and in promoting security and stability.	40 adults who grew up in foster families in the UK (aged 18-30 years old). 30 female, 10 male.	Qualitative study, methodology and analysis unspecified.	Interviews.	Five key features of belonging: (1) Family solidarity (2) Family rituals (3) Family identity (4) Family relationships (5) Family culture Family membership tended to be ongoing after children had left care.	5

Steenbakkers, Van der Steen & Grietens (2021)	To explore what contributes to successful family foster care from the perspective of young people.	44 Dutch adolescents and young adults (formerly) living in a foster family (aged 16-28). 35 female, 9 male.	Qualitative study using reflexive thematic and structural analysis.	Interviews involving an open-ended question (‘what is the most positive memory you have of when you were in family foster care?’)	Belongingness was identified as a key theme of successful foster care, in which the foster family was seen as a home, individuals did not need to change to fit in and they were treated as regular family members. This was showcased by everyday and big gestures, and a long-term commitment of foster parents.	8
Storer et al. (2014)	To describe the foster youth and caregiver relationship, and explore what qualities and experiences foster youth desire from their caregivers.	20 young adults who had been placed in foster homes during their adolescence in the USA (aged 18-21 years old). 18 female, 2 male.	Qualitative study using thematic content analysis.	Semi-structured focus group interviews conducted separately with young adults, foster parents and Children’s Administration staff.	Foster youth described feeling that they did not belong and perceived a mismatch to their foster families. They described relationships lacking connection and bond. When describing supportive foster homes, foster youth identified sense of belonging as a key element: they desired genuine relationships with caregivers who are interested in them and treat them like a ‘regular kid’.	9

3.2 Quality of included studies

Quality assessment resulted in four of the included studies being rated as 8-10 and therefore interpreted as ‘very good quality’. One of these studies scored the maximum rating of 10 (Johnson et al., 2020). The remaining six studies scored between 5-7, thus no studies were deemed to be of low quality. An overview of the quality assessment ratings can be found in Appendix E.

Overall, all articles included a well-defined research aim, which often comprised a focus on exploring participants’ experiences thus qualitative methodology was deemed to be appropriate. However, most studies lacked adequate explanation or rationale for the chosen research design and methodology thereby limiting the study’s scientific rigor. Studies generally offered sufficient detail about recruitment procedures and with the exception of Fylkesnes et al. (2021) and Schofield (2002), all studies provided clear and replicable data collection procedures. However, five studies gave inadequate consideration to ethical issues, although most acknowledged receiving ethics committee approval thus this was likely due to reporting rather than a concern of methodological quality.

Across papers, the data analysis method was often unspecified or vague. Most papers provided clarity through an in-depth explanation of the analysis process, however two studies did not discuss analysis (Andersson, 1999; Bengtsson & Luckow, 2020) and two did not offer any explanation (Biehal, 2014; Schofield, 2002). This lack of transparency limited the validity of findings as it was difficult to ascertain how the researcher derived the themes and conclusions. Nonetheless, papers scored highly on their findings, which were consistently well-presented and discussed in relation to existing literature, clinical implications and future avenues for research.

A common weakness across papers was the lack of reflexivity, known to be essential within qualitative research due to the influential position of the researcher. Although reflexivity was considered in three studies, this tended to be generic, involving a brief acknowledgement that the researchers' identities and lived experience would impact the research (Johnson et al., 2020; Storer et al., 2014), with only one study considering their role in relation to the chosen methodology (Greenwood & Kelly, 2020). This made it difficult to consider potential biases within the research, thus caution was exercised during the secondary interpretation of the data.

3.3 Narrative synthesis

Data synthesis identified five themes integral to children and young people's experiences of belonging. Table 4 summarises the overarching themes and their subthemes, whilst the ecomap depicts the relationship between themes (see Appendix F). To support theme generation, two theoretical frameworks were used. Belongingness is conceptualised as an innate human drive to form and maintain relationships (Baumeister & Leary, 1995) thus attachment theory was deemed relevant as this underpins this notion, positing the importance of early attachment with caregivers (Bowlby, 1979). Furthermore, Maslow's hierarchy of needs was utilised as this suggests individuals are motivated to fulfil their love and belonging needs in order to reach self-actualisation (Maslow, 1943). The following section provides a written narrative of the themes and related ecomap. See Appendix G for an overview of the support for themes.

Table 4

Overview of Overarching Themes and Subthemes

Overarching theme	Subtheme
Reciprocity	1. Trusting Relationships 2. Support
Integration	1. Authentic Inclusion 2. A Good 'Fit' 3. Future Security
Acceptance	1. Embracing into the Family

	2. Definitions of ‘Family’ 3. Meaning-Making
Identity	1. Ambivalent Identities 2. Stereotypes and Stigma 3. ‘Normalcy’
Nurturing environments	1. Supporting Transitions 2. Continuity 3. Structure and Routines

3.3.1 Reciprocity

This theme highlighted the importance of reciprocity within belonging, in line with existing conceptualisations of belonging in the literature (Mahar et al., 2013). Reciprocal relationships were primarily characterised by trust and support. Attachment theory supported this theme as it attends to the role of mutual responsiveness and attunement, whereby the caregiver and infant elicit a response from each other. Caregivers’ responsiveness supports children to learn that their needs can be met and in turn, they display trust, which has been linked to children and young people’s experiences of belonging in the studies. Furthermore, Maslow’s hierarchy of needs underpins this theme as it suggests individuals have the capacity to give and receive love, and that reciprocal relationships may support individuals to feel secure and cared for, meeting their safety and belonging needs.

Trusting Relationships

The experience of reciprocal, trusting relationships were deemed to be important for young people’s felt sense of belonging (Biehal, 2014; Christiansen et al., 2013; Greenwood & Kelly, 2020; Johnson et al., 2020). Children identified qualities such as trust, kindness and humour to be essential components of these relationships (Fylkesnes et al., 2021) and expressed a wish for caregivers to take an active interest in them (Storer et al., 2014). Although this theme centred around foster carers, children also shared the importance of having friends and ‘available and consistent’ professionals (Fylkesnes et al., 2021; Greenwood & Kelly, 2020; Johnson et al., 2020).

> *"Show that you can be trusted, maybe by opening-up to the child first? Then it might be easier to open-up to you…" (Fylkesnes et al., 2021, page 9)*

Young people rarely commented on the reciprocal nature of relationships (Andersson, 1999; Bengtsson & Luckow, 2020; Biehal, 2014), however this was described by researchers, perhaps highlighting the implicit and fundamental role of reciprocity within belonging.

> *"I just feel like it is my family and I know (a little laugh) they also think I am a part of them." (Bengtsson & Luckow, 2020, page 110)*

All studies were represented within this subtheme, suggesting its importance, however some only implicitly referred to trusting relationships (Andersson, 1999; Bengtsson & Luckow, 2020; Steenbakkers et al., 2021), whilst others conceptualised this as separate from belonging (Fylkesnes et al., 2021; Schofield, 2002; Storer et al., 2014). As many of these studies lacked transparency regarding analysis, it was unclear how their themes were derived which subsequently limits the reliability of this subtheme in response to the review question.

Support

The experience of support was also strongly linked to belonging (Bengtsson & Luckow, 2020; Greenwood & Kelly, 2020; Schofield, 2002) and general wellbeing (Steenbakkers et al., 2021; Storer et al., 2014). Although this support was manifested as a practicality, it was deduced that young people may have experienced the offering of support as a display of love and care, and therefore representative of family membership (Schofield, 2002). This again appeared to be reciprocal in nature, with children expressing trust and gratitude in return (Bengtsson & Luckow, 2020; Steenbakkers et al., 2021). However, not all children felt supported by their foster carers or key adults (Storer et al., 2014), which was perceived as a lack of care and acted as a barrier to belonging.

> *"I had trouble getting there [school] and then, I guess my foster parents at the time didn't really push me too hard… maybe because… I'm not their family so they didn't really push me because they didn't care too much." (Storer et al., 2014, page 114)*

Only four studies defined belonging, all of which varied greatly (Bengtsson & Luckow, 2020; Greenwood & Kelly, 2020; Johnson et al., 2020; Steenbakkers et al., 2021), and children were not asked about their understanding of belonging, thus it was unclear whether young people considered support to be integral to belonging or a different experience.

3.3.2 Integration

This theme explored how integration with a family or system shaped a young person's sense of belonging, considering the role of 'fit', inclusion and future security. Attachment theory links to this theme as it emphasises the importance of proximity to caregivers, which aids the development of a secure base. This therefore implies that proximity, in the form of integration, inclusion and continued involvement, may enhance children and young people's sense of belonging. Additionally, Maslow's hierarchy of needs highlights how children may be intrinsically motivated to meet their love and belonging needs, therefore try to adapt to fit in with the family or system, supporting this subtheme.

Authentic Inclusion

Being treated equally and included in family practices had a strong and influential impact on experiences of belonging (Bengtsson & Luckow, 2020; Biehal, 2014; Christiansen et al., 2013; Fylkesnes et al., 2021; Schofield, 2002; Steenbakkers et al., 2021). This inclusion was demonstrated by gestures, day-to-day practices and family rituals (Biehal, 2014; Steenbakkers et al., 2021; Schofield, 2002; Storer et al., 2014). However, this review emphasises the importance of authenticity; being involved in family practices was not sufficient (Biehal, 2014; Schofield, 2002), these rituals had to be extended to 'embrace' the young person, so that they were able to become 'part of' the family. For that reason, the review assumes that inclusion is strongly connected with the notion of acceptance and that children must be legitimately accepted as part of the family in order to be authentically included (Biehal, 2014). However, as only one study within this subtheme considered reflexivity (Storer et al., 2014), these findings may have been susceptible to researcher bias, thereby limiting the validity of the results.

> *"They've included me in holiday trips and that kind of thing, just like their own children really… I don't know what to say. Somehow I feel they've almost always treated me like their own child."*
>
> *(Christiansen et al., 2013, page 727)*

A Good 'Fit'

Some children expressed a lack of 'fit' (Bengtsson & Luckow, 2020; Johnson et al., 2020; Storer et al., 2014) which greatly reduced their sense of belonging and has therefore been depicted within the ecomap as weakly linked to belonging. Although some children placed responsibility for goodness-of-fit on the fostering teams and families (Fylkesnes et al., 2021), most children placed onus on the child (Bengtsson & Luckow, 2020; Johnson et al., 2020; Schofield, 2002; Storer et al., 2014), highlighting the underlying expectation that foster children must adapt to the existing family practices and culture, or subsequently risk not fitting in. Within this, the review recognised a stressful relationship between societal stigma and 'fit' (Johnson et al., 2020), as the stigma associated with being a 'foster child' reduced ones' ability to fit in, whilst the experience of not fitting in was often experienced as stigmatising itself.

"It was like me and my brother was like the ugly ducklings, like nobody was gonna speak to us." (Storer et al., 2014, page 113)

However, not all studies in the review identified 'fit' as important to belonging, which may be due to the variability in study aims. Two of the studies that contributed to this subtheme aimed to elicit guidance for professionals (Fylkesnes et al., 2021; Schofield, 2002), perhaps suggesting children understand 'fit' and the matching process as a practicality for placements (Ofsted, 2020).

Future Security

Future security, in the form of a long-term commitment from the foster carers to young people, impacted children's belonging (Andersson, 1999; Christiansen et al., 2013; Schofield, 2002; Steenbakkers et al., 2021) and has been illustrated as a strong relationship on the ecomap. Some children demonstrated certainty about their future security, which was perceived to be an indication of ongoing family membership, ensuring children felt 'part of' the family system. However, doubt about future security tended to challenge any feelings of belongingness, suggesting a stressful relationship between the two concepts (Christiansen et al., 2013). This review postulates that the professional nature of foster care complicated and acted as a barrier to belonging, thus a foster carers' ongoing commitment, after their role has ceased, counteracted this. In line with this, the fostering system's focus on promoting independence rather than interdependence (Schofield, 2002) may have inadvertently challenged children's feelings of belonging. However, it is unclear whether the age of the child impacts the importance of future security as three of the studies contributing to the subtheme recruited older adolescents (Christiansen et al., 2013) and young adults formerly living in foster care (Schofield, 2002; Steenbakkers et al., 2021).

"I'll live here until I'm more grown up and maybe get a home of my own." (Andersson, 1999, page 180)

3.3.3 Acceptance

Consistent with understandings of belonging (Hagerty et al., 1992), the included papers demonstrated a strong relationship between the experience of acceptance and sense of belonging. There were deemed to be parallels between this theme and attachment theory, as caregivers who are able to accept, tolerate and soothe an infant's distress, may support the development of a secure attachment style. This theme follows a similar premise, implying that if children feel accepted by a foster family, they may be more likely to develop a sense of belonging. This theme was also supported by Maslow's hierarchy of needs, which emphasise the need to feel accepted within friendships, familial relationships and social groups in order to develop belongingness. Acceptance was perceived to be a two-way process and was influenced by ones' definitions of family and meaning-making of their experiences.

Embracing into the Family

Children and young people shared experiences of feeling accepted, or sometimes rejected, by the family or system, which was recognised as central to feelings of belongingness (Andersson, 1999; Bengtsson & Luckow, 2020; Biehal, 2014; Christiansen et al., 2013; Fylkesnes et al., 2021; Johnson et al., 2020; Schofield, 2002; Steenbakkers et al., 2021). Children referenced the importance of approval of foster carers, extended family, birth family, friends and professionals (Biehal, 2014; Fylkesnes et al., 2021). Contact with birth families was felt to be an indication of approval (Andersson, 1999; Bengtsson & Luckow, 2020), however there was a lack of evidence to support this, conceivably because this review chose to focus on children's perspectives, not those of the birth family. Feeling embraced by the family was strongly linked to feelings of inclusion and 'fit', thus children described that they did not need to change (Bengtsson & Luckow, 2020; Biehal, 2014; Fylkesnes et al., 2021; Johnson et al., 2020; Steenbakkers et al., 2021). Most studies were represented in this subtheme which highlights the importance of embracement and acceptance, despite the variability in research aims and methodology.

"Even though it's been tough and I've had many mood swings, they have been there for me. They have understood it and they have accepted me for who I am and I think that's really nice, that's great." (Bengtsson & Luckow, 2020, page 112)

Definitions of 'Family'

A concept closely linked to acceptance was the definitions of 'family' held by children and key adults. The meaning children ascribed to blood and non-blood relationships impacted their acceptance of the situation and therefore their willingness and ability to belong (Bengtsson & Luckow, 2020; Biehal, 2014; Fylkesnes et al., 2021). When children were able to reconcile belonging to two families, they were able to accept the foster family thus cultivate belonging easier (Andersson, 1999; Bengtsson & Luckow, 2020; Biehal, 2014), suggesting definitions of 'family' were also strongly related to familial identity.

"I know that they are related to me and I can trust them." (Biehal, 2014, page 962).

Furthermore, definitions of 'family', and subsequently acceptance, were influenced by society and other key adults. Children perceived professionals, amongst others, as dismissive of belongingness when they referred to children as 'foster children' and homes as 'placements' (Biehal, 2014; Fylkesnes et al., 2021; Schofield, 2002).

"My foster family is my family, but according to you they are my foster family. Even though we don't have the same blood that is not what defines who my family is." (Fylkesnes et al., 2021, page 1994)

Within this subtheme, studies employed variable data collection methods (video diaries, interviews and written responses), as well as diverse analysis methods including narrative (Biehal, 2014), content (Fylkesnes et al., 2021), and unspecified analysis (Bengtsson & Luckow, 2020; Schofield, 2002). This makes it difficult to compare study findings and subsequently reduces the robustness of this subtheme in response to the review question. Qualitative research does not aim to be generalisable, thus robustness instead refers to the validity and credibility of data (Tobin & Begley, 2004). The lack of transparency regarding data collection and analysis methods therefore limits robustness as it is difficult to confirm whether the studies measure what they claim to measure.

Meaning-Making

Some children struggled to make sense of their ambiguous loss (Biehal, 2014), which impacted their ability to form attachments and a sense of belonging. This has been depicted as a weak relationship on the ecomap. In comparison, when children were able to make sense of their experiences, they were able to accept their current situation, including living in the foster home (Bengtsson & Luckow, 2020; Christiansen et al., 2013).

> *"I would like to live with my mother, just so that's said. But I'm really better off here."*
>
> *(Christiansen et al., 2013, page 730).*

Between and within studies, there was some disparity regarding children's feelings towards their birth families and thus desire for contact, which may be linked to experiences of rejection and disappointment (Andersson, 1999; Biehal, 2014; Christiansen et al., 2013). Children's meaning-making of previous and ongoing experiences tended to be supported or inhibited by key adults (Biehal, 2014). When children were not provided with 'reasonable' explanations for disappointments in contact with birth family, they perceived it as a result of lack of care (Andersson, 1999).

> *"She says nothing and pretends it never happened." (Andersson, 1999, page 180).*

Only four of the included studies tentatively considered the role of meaning-making (Andersson, 1999; Bengtsson & Luckow, 2020; Biehal, 2014; Christiansen et al., 2013). These studies adopted naturalistic data collection methods, using video diaries and relational mapping exercises, thus may have supported children to adopt a more reflective attitude and therefore elicited impromptu meaning-making.

3.3.4 Identity

Children's perceived identity was linked with sentiments of belonging, often acting as a barrier, due to ambivalence in relation to the birth and foster family, as well as feelings of 'normalcy', which appears to be compounded by societal discourses and stigma. Attachment theory is intricately linked to identity formation and supported the development of this theme as it highlights the role of key attachment figures in the development of internal working models and children's sense of self. Maslow's hierarchy of needs also perceives individuals' social identity to contribute to their sense of belonging, further supporting the generation of this theme. Maslow's hierarchy of needs was used to develop the subthemes addressing stigma and normalcy, as these were perceived to pose threats to children's sense of safety, thus may act as barriers to developing belongingness.

Ambivalent Identities

Young people often described ambivalence, with studies acknowledging the complexity of having two families (Bengtsson & Luckow, 2020; Biehal, 2014; Christiansen et al., 2013; Fylkesnes et al., 2021; Schofield, 2002), which typically impacted children's sense of belonging. This review recognises children's multiple 'identities', as those who struggled to integrate their positions within each family described feeling 'split' (Christiansen et al., 2013). There was a complex and stressful relationship between the two-family affiliation, perceived identity and belonging, with the articles offering contradictory perspectives. For some children, belonging to two families posed identity difficulties, with children describing an allegiance to their birth family (Biehal, 2014; Christiansen et al., 2013), which consequently acted as a barrier to belonging to the foster family. Other children appeared contented with the two-family affiliation, thus able to embrace both families and their associated benefits (Bengtsson & Luckow, 2020; Biehal, 2014; Fylkesnes et al., 2021; Schofield, 2002). However, three of the contributing studies neglected consideration of ethical issues (Bengtsson & Luckow, 2020; Christiansen et al., 2013; Schofield, 2002), possibly indicating a lack of scientific rigor. This questions the legitimacy of findings, as participants responses may have been susceptible to coercion or guidance.

> *"It works pretty well that I'm with the foster care family when it's like school days because then I get help with school and other problems . . . And if I think it becomes too much at the foster care family, I can just go home every other weekend and it's also really cool to get a breathing space from that" (Bengtsson & Luckow, 2020, page 115)*

Stereotypes and Stigma

There was also a stressful relationship between societal stigma and identity, with young people acknowledging the impact of stereotypes on their willingness to disclose their 'foster youth' identity (Johnson et al., 2020; Schofield, 2002; Storer et al., 2014). The relationship between stigma and belonging was deemed to be weak, as children had often experienced rejection and marginalisation due to their foster youth label and associated societal discourses, thus diminishing any feelings of belonging (Johnson et al., 2020; Schofield, 2002). This subtheme is seemingly limited in its ability to support understandings of belonging as it is significantly represented by the study from Schofield

(2002), which offers no evidence to support the findings. However, it is evidenced by two high-quality studies (Johnson et al., 2020; Storer et al., 2014), which are therefore deemed to be reliable to answer the review question. These studies collected data using focus groups. Stigma is recognised as a relational concept (Goffman, 1963), created within interactions and as a result of societal and cultural attitudes, thus the relational nature of focus groups may have offered greater opportunity to explore this shared experience, possibly explaining why this subtheme was not identified in other articles utilising different data collection methods.

> *"There are just so many negative stereotypes about us… like we don't graduate or go to college… (and we're all) incarcerated or pregnant… it's just too much and makes you not want to tell people that you're in foster care." (Johnson, Strayhorn & Parler, 2020, page 5)*

'Normalcy'

Across studies, children were keen to emphasise the 'normalcy' of their situation (Andersson, 1999; Biehal, 2014; Christiansen et al., 2013; Johnson et al., 2020; Schofield, 2002; Steenbakkers et al., 2021). Terms of reference, such as 'mum' and 'dad', appeared to serve a dual-purpose; they offered a sense of normalcy and communicated family identity, symbolically demonstrating belonging (Andersson, 1999; Biehal, 2014; Christiansen et al., 2013; Schofield, 2002). Whilst this language was acknowledged as intentional by some, children in one study described it as 'slips of the tongue', which were perceived by researchers to be unconscious tests or demonstrations of belonging (Christiansen et al., 2013). The intentionality of language may be a reflection of belonging, yet it may also be influenced by the child's age when placed or length of stay in the foster home; studies varied in their recruitment strategies and children who used terms of endearment tended to be younger in age (Andersson, 1999; Biehal, 2014). Normalcy was also deemed to be a powerful barrier to belonging, with some labels, such as 'foster child', being perceived as alienating, thus limiting a young person's ability to fit in and belong (Johnson et al., 2020). Normalcy was reinforced by other practical ways of displaying belonging, such as school uniform which is symbolic of inclusion (Greenwood & Kelly, 2020).

"Ever since I moved in I called her mum. I don't know why but I suppose that's the way she made me feel." (Schofield, 2002, page 268)

3.3.5 Nurturing environments

This theme is considered within the context of young people's experience of change, which often evoked vulnerability. It centres around cohesive ways of nurturing children to feel safe and to belong, by supporting transitions, enhancing continuity and establishing routines. This theme is likened to the secure base within attachment theory, emphasising the underlying importance of having a relational or physical secure base at points of vulnerability or distress. Furthermore, Maslow's hierarchy of needs recognises the importance of meeting physiological and safety needs before progressing to more complex needs, thus supporting the conceptualisation of this theme as a prerequisite to belonging.

Supporting Transitions

Transitions were widely recognised as a time of vulnerability for children thus a sense of belonging was deemed to be more significant during these periods to protect individuals from feeling unsupported or isolated (Johnson et al., 2020). Children acknowledged that belonging is dynamic and takes time to develop (Fylkesnes et al., 2021; Johnson et al., 2020). They considered the importance of bespoke planning for placement and school transitions, emphasising the role of communication and access to sufficient information (Fylkesnes et al., 2021; Greenwood & Kelly, 2020). Within these studies, supporting transitions was conceptualised practically, however the review considers the underlying focus to be about nurturing safety and security during periods of change and uncertainty, which was strongly linked to the development of a sense of belonging.

However, this subtheme is significantly represented by two studies that focused on school contexts (Greenwood & Kelly, 2020; Johnson et al., 2020), thus it is unclear whether supportive transitions are valued as highly within other settings.

"You need a new map… it is so confusing because the school is so big." (Greenwood & Kelly, 2020, page 749).

Continuity

This review extends the importance of transitions by considering the impact of continuity in the face of change. Children often experienced discontinuity, which was weakly associated with belonging as children described a sense of hopelessness within relationships (Johnson et al., 2020). On the other hand, stability within one's environment and community helped young people to form attachments and subsequently a sense of belonging (Bengtsson & Luckow, 2020; Biehal, 2014; Christiansen et al., 2013; Fylkesnes et al., 2021). All of the studies contributing to this subtheme provided comprehensive data collection procedures, including insight into interview topics. This transparency strengthens the validity of this subtheme to answer the review question.

"I'd rather stay round here, 'cos I've sort of got my own life here." (Biehal, 2014, page 961)

Structure and Routines

Following transitions, foster placements could be unsettling and changeable, thus two studies attended to the importance of structure and routines within a family or system (Steenbakkers et al., 2021; Storer et al., 2014). Although the researchers defined this as separate to belonging, this review perceives routines to be a prerequisite to belonging. Familial routines and structures were apparent across the literature (Bengtsson & Luckow, 2020; Biehal, 2014; Schofield, 2002), offering a sense of predictability and familiarity, thereby allowing children to feel safe enough to develop belonging. This was of greater importance for children who had often grown up in unpredictable or threatening homes (Steenbakkers et al., 2021). Additionally, routines and structure were strongly related to the theme of normalcy, acting as a form of protection from societal stigma, which is acknowledged within this review as a barrier to belonging (Storer et al., 2014). However, as two contributing studies adopted a broader aim to the research, focusing on successful foster care generally (Steenbakkers et al., 2021; Storer et al., 2014), this may limit the use of the findings to answer the review question, pertaining to belonging specifically.

"Like if you were to just… sit down at the dinner table and eat dinner everyday together, it starts to build just a kind of sense of like a routine and normalness in their life". (Storer et al., 2014, page 114)

4. Discussion

This review aimed to explore children and young people's experiences of belonging in foster care. Belonging is positively associated with wellbeing (Skoog et al., 2015; Thoburn, 1994), yet research exploring wellbeing in foster care has concentrated on the impact of trauma and placement breakdown, limiting understanding of belonging. The narrative synthesis identified five themes that highlighted different, yet interrelated, aspects of children's experiences of belonging.

4.1 Overview of Findings

The results indicated that a sense of belonging was characterised by reciprocity, with young people identifying the importance of having trusting, supportive and consistent relationships with key individuals. This theme aligns with attachment theory (Bowlby, 1958), highlighting the significance of a consistent attachment figure which allows children to develop a secure base. Children looked after have often experienced relational trauma, thus forming attachments can be particularly difficult (Tarren-Sweeney, 2013) and is therefore acknowledged as a potential barrier to belonging. This theme replicates an existing literature review that identifies attachment to be important for children's health and wellbeing, yet often hindered by the experience of trauma and inherent instability of foster care (Miranda et al., 2019).

The findings also highlighted the significance of children feeling integrated within a family or system, through authentic inclusion, a long-term commitment of foster carers and a good 'fit' between the young person and family. This replicates findings from two National Institute for Health and Care Excellence evidence reviews (NICE, 2021; NICE, 2021) that indicate the importance of being treated 'as one of the [foster carers] own'. The notion of 'fit' is also consistent with existing definitions of belonging that highlight the need to perceive oneself as compatible with the system (Kesternberg & Kesternberg, 1988). This subtheme attended to the impact of societal discourses, recognising the expectation that goodness-of-fit relies on children's adaptability to fit with the family or system. This resonates with understandings of ‘matching’ within the literature (Haysom et al., 2020), thus the review denotes that society and fostering systems primarily attribute responsibility for belonging to the young person.

The findings also implied a close link between acceptance and belonging, highlighting the role of differences in sense-making and definitions of ‘family’ held by the young people, key adults and society. These differences in conceptualisations can be accounted for by considering social constructionism which posits that knowledge is created through social interactions and is therefore significantly impacted by social, cultural, historical and political contexts (Burr, 2015). Within this review, participants’ contexts varied greatly, thus their understandings and ‘truths’ regarding family and foster care will also have varied significantly. This is supported by a literature review exploring the varying conceptualisations of ‘family’ that exist within foster care (Le et al., 2022). Exposure to prominent societal discourses, such as those that place emphasis on biological connectedness within ‘families’, may therefore undermine belonging in foster care.

A young person’s identity was found to impact belonging, with children often struggling to reconcile belonging to two families. This theme aligns with social identity theory (Tajfel & Turner, 2004), highlighting that factors of children’s identity will impact their in-group or out-group membership. Children who are able to identify with the in-group, for example a family or system, may subsequently be more likely to develop a sense of belonging to that group. Social identity theory also supports the subthemes of normalcy and stigma as it stresses the impact of others’ in-group/out-group membership on their prejudice attitudes and treatment of children looked after. This is reflected by multiple studies attending to the experience of stigma within foster care, which has been found to impact children’s willingness to disclose their foster youth identity and subsequently reduce belongingness (Blythe et al., 2012; Rogers, 2017; Rest & Watson, 1984).

Nurturing environments were identified as the final theme contributing to a sense of belonging, which recognised the importance of establishing safety due to the instability and unpredictability of foster care. This theme is supported by Maslow's hierarchy of needs (1943), which would perceive nurturing environments to be a prerequisite to belonging. The subtheme of continuity also aligns with Bronfenbrenner's ecological systems theory (1979), acknowledging the range of social environments that impact a child's belonging. However, the theme has limited support from the literature as the established definitions and models of belonging do not consider the role of nurture and safety. Although this concept has not been linked to belonging in foster care research, the theme resonates with generalised research exploring young people's sense of belonging in school settings (Renick & Reich, 2021; Shalka & Leal, 2022). Research has previously identified that safety is described as a component of belonging by minoritised students, but not by privileged students (Vaccaro & Newman, 2016), thus the review posits that belonging may be conceptualised differently by individuals and that children looked after, as part of a minoritised population, may value nurture and safety within belonging more than others.

4.2 Critical appraisal of the Evidence and the Review

Generally, the included studies were of good quality, offering a well-defined research aim, replicable data collection procedures and well-presented findings that were deemed to be of value. However, most studies lacked reflexivity, limiting understanding of the researcher's position and therefore potential bias within the findings (Jootun et al., 2009). The process of qualitative research can evoke challenges in relation to power dynamics, role conflict and integrity, thus reflexivity is essential to ensure rigor, uphold ethical principles, and increase authenticity of findings (Reid, 2018). Some studies also lacked rationale of chosen design and methodology, neglected ethical considerations or lacked transparency regarding data analysis, thereby limiting the study's scientific rigor. These limitations were considered during secondary interpretation of the data, however the findings were still deemed to be of value to the review question.

Review search terms were discussed and revised within research supervision, however it must be acknowledged that the search is not all-inclusive as belonging is conceptualised differently within the literature base (Antonsich, 2010). This review adopts a definition of belonging that encompasses feeling valued and accepted by a system, whilst perceiving oneself to be compatible with the system (Kesternberg & Kesternberg, 1988), thus including a role of ‘identity’. This aspect was excluded from search terms as it found research primarily pertaining to identity not belonging, however it must be acknowledged that this may have therefore missed valuable ideas.

The review is strengthened by its transparent article screening and selection process, which was enhanced by following PRISMA guidelines (Moher et al., 2009). Furthermore, the CASP checklist was deemed to be an appropriate framework to assess methodological quality (CASP, 2018), with conclusions being strengthened by the high inter-rater reliability agreement level (93.3%). However, quality appraisal could have been improved by adapting the CASP measure to include bespoke aspects; further clarification questions concerning data analysis, akin to those comprised within the NICE checklist (NICE, 2012), may have offered more in-depth understanding of methodological quality, thus supported secondary interpretations of the data.

The review included articles exploring belonging across different settings, such as foster homes, schools and communities. This led to greater variety within the data, which posed challenges for data synthesis and may limit conclusions of the review. Furthermore, conceptualisation of belonging within the included studies was generally poor, with only four studies defining belonging and none exploring children’s understandings of belonging. This subsequently reduces the validity of the review findings as it is unclear if children were reflecting on belonging or a different concept.

On the other hand, the review attended to reflexivity at all stages of the review, including secondary interpretation of the data, and potential impact of bias was minimised by engaging with research supervision and reflective memo writing. Furthermore, the review benefits from up-to-date evidence, with five studies being published since 2020, implying relevance and value of findings. However, the conclusions of this review are limited to Western and individualistic cultures. Although fostering set-ups differed across countries, in terms of aims and permanency planning, the review did not find differences in conceptualisations of belonging. It is possible that conceptualisations of belonging may differ for collectivist societies, which place emphasis on group cohesion (Hornsey & Jetten, 2004), yet the review lacks insight into this phenomenon due to an absence of research. Nonetheless, the findings of the review cannot be generalised because qualitative research does not aim to provide universal findings, instead encapsulating experiences relevant to those who participated in the study (Polit & Beck, 2010).

4.3 Clinical Implications and Future Research

The review findings support a holistic understanding of belonging, considering implications at the interpersonal, organisational and societal level. Firstly, the fundamental role of reciprocal relationships in cultivating belonging stresses the importance of adopting a relational focus to understanding and healing from trauma (Gatwiri et al., 2019). This lends itself to systemic and trauma-informed ways of working, including frameworks such as the attachment, self-regulation and competence (ARC) model (Blaustein & Kinniburgh, 2017), which are underpinned by psychological understandings of complex developmental trauma. Foster carers therefore need to be appropriately trained so that they are able to offer relational healing and subsequently support belonging (Dorsey et al., 2008; Kaasbøll et al., 2019). Professionals are a further source of relational healing, as identified by the review, yet are vulnerable to burnout and compassion fatigue due to staff pressures and vicarious trauma (Harr, 2013). Therefore, it is important to consider organisational strategies to improve staff wellbeing so that social workers are able to develop therapeutic relationships and foster belonging with the young people they support.

The fostering system itself is fragmented and flawed, facing workplace stressors and unsustainable workloads (Bullock, 2018), which are exacerbated by increasing demand (Narey & Owers, 2018) and huge financial pressures (Baginsky et al., 2017). These organisational challenges create an environment characterised by instability and unpredictability, which may be experienced as re-traumatising for young people and is acknowledged within this review as a fundamental barrier to belonging. Organisational change is therefore needed to effectively meet the needs of children who may have experienced complex developmental trauma. The review posits that the sanctuary model (Esaki et al., 2013), a trauma-informed organisational change intervention, may be pertinent for fostering organisations. This model has previously been applied to group care settings (Bloom, 2014) and places emphasis on creating an organisation that supports healing and reduces systemic harm (Bloom, 2013). The model adopts a socioecological approach to developing an emotionally and physically safe environment for young people, thus is deemed to be suitable for fostering systems which require system-wide change.

Additionally, it is clear that young people's sense of belonging is impacted by their context and the socio-political framework of the fostering system. Firstly, the conceptualisation of foster carers as professionals (Wilson & Evetts, 2006) appears to inadvertently challenge feelings of belonging due to children's perception of the genuineness of care. In line with this, wider societal discourses tend to assume an individualistic view of belonging, attributing responsibility to the young person to fit in and belong, thereby neglecting the role of wider systems in supporting belonging. These are powerful influences on belonging, as they are often interpreted as 'truth' (Foucault, 1972), thus the review emphasises the need for a system-wide transformation in narrative and understanding of foster care. Furthermore, societal discourses such as conceptualisations of 'family' and foster care, lead to stigma and stereotypes of children looked after, which are recognised within the review as a barrier to belonging. These discourses are understood as dynamic and evolving (Dallos and Draper, 2015), thus the review posits that they can be influenced and challenged, perhaps through the provision of non-stigmatising education regarding foster care.

These implications stress the importance of implementing a systemic and holistic approach to cultivating a sense of belonging. However, the review acknowledged difficulties synthesising findings due to the multi-dimensional nature of belonging, thus future research should address this by explicitly defining belonging and checking participants' conceptualisations of belonging to ensure the validity of findings. All studies within this review pertain to individualistic societies, thus research should also look to explore belonging within collectivistic cultures as this may be conceptualised and cultivated differently. Finally, the review highlighted the influence of prominent societal discourses thus research should explore this further to monitor change in discourses and tailor education appropriately.

5. Conclusions

This review offers a rich, contextualised understanding of belonging in foster care, highlighting the complex interplay of factors that influenced children looked afters' perceptions and experiences of belonging. The review highlights the significant role of foster carers, fostering teams and wider society in cultivating children's sense of belonging and denotes a shift in attribution of responsibility for belonging. The review indicates a need for systemic change towards trauma-informed understandings and proactive reciprocal approaches to belonging, in the hope that this will reduce stigma and cultivate children's sense of safety and belonging. Furthermore, the review posits that future research must clearly conceptualise belonging and explore this phenomenon further, perhaps considering experiences within collectivist cultures.

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Part Two: Empirical Paper

Exploring Foster Carers' Stories of Respite Care: A Narrative Analysis

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Highlights

- Foster carers desired consistent, stable and familiar respite care.
- Use of respite was impacted by stigma, inaccessibility and carers' hesitations.
- Respite generally improved wellbeing and cohesion but could have negative repercussions.
- Respite alone was deemed insufficient to 'fix' placements, indicating unmet needs.
- Carers' narratives were characterised by learning and hope, supporting continuation of the role.

Abstract

Foster carers are essential for providing children looked after with safe, nurturing environments. These children have often experienced complex developmental trauma, which can lead to difficulties in the fostering relationship and impose significant demands for foster carers, who require fundamental support. Respite care is one form of support for foster carers, however there is limited in-depth research regarding carers' experiences. This study utilised narrative analysis to explore eleven foster carers' experiences and narratives of using respite. The results indicated respite to be a valuable form of support impacting wellbeing, cohesion and placement stability, however this was dependent on the consistency and continuity of care. Carers also described challenges using respite related to accessibility, worries and concerns, and the unintended repercussions of respite care. Clinical implications emphasise the importance of adopting a systemic approach to respite, including cultivating supportive relationships, de-stigmatising help-seeking and implementing therapeutic services in order to encourage and ease use of respite.

Keywords: Foster Care; Foster Parents; Complex Developmental Trauma; Respite Care; Wellbeing; Narrative Analysis

1. Introduction

Foster care is widely recognised as a fundamental part of the care system (Foster & Kulakiewicz, 2022). This study explores the literature base to develop an understanding of respite provision within foster care.

1.1 The Experience of Trauma

Although often used interchangeably in research, adversity and trauma are acknowledged as different constructs within this study. Adverse childhood experiences (ACEs) refer to a range of negative experiences in early life that have the potential to adversely influence a child's wellbeing and development (Felitti et al., 1998). Although these experiences can cause distress, they do not necessarily constitute trauma (McLaughlin, 2016). Trauma is one possible outcome of exposure to adversity, occurring when an individual perceives the adverse event as threatening and harmful (Krupnik, 2019) or when individuals experience chronic, multiple or severe events (Treisman, 2016). Complex developmental trauma refers to the experience, and lasting effects, of traumatic events within early life and in an individual's close relationships (Treisman, 2016).

Trauma that occurs during the critical sensitive period (conception to age 2) can disrupt a child's brain development (Leadsom et al., 2013). Children experiencing stress, fear or anxiety must invest energy into survival, leaving limited biological resources to invest into their neocortex growth, responsible for the development of higher-order processes. This therefore delays and disrupts development (Shonkoff et al., 2012). The brain loses plasticity with age (Huebner et al., 2016), emphasising the importance of brain development during this period. If children are under-stimulated or lack positive interactions with caregivers, valuable skills and developments may be lost to the process of synaptic pruning; the brain's way of eliminating connections that are believed to be no longer necessary (Vela, 2014).

Furthermore, early relationships are fundamental in the formation of attachment styles; children who experience trauma tend to develop insecure attachment styles which may affect their ability to form relationships (Bowlby, 1958). Internal working models are also developed during early interactions (Bowlby 1969), thus trauma may lead to maladaptive mental representations of the self and relationships which can act as a framework for future relationships and parenting style (McCarthy & Maughan, 2010). Finally, without a safe relational figure, children are unable to learn about healthy relationships and affect regulation (Fonagy et al., 2018; Goldberg, 2014). This can make it difficult when navigating emotions, relationships and social norms in later life (Burack et al., 2006).

The experience of complex developmental trauma may affect a young person in a number of ways, including emotional dysregulation, behavioural difficulties, cognitive delays and interpersonal difficulties (Culp et al., 1991; Greeson et al., 2011; Mikulincer et al., 2003; O'Neill et al., 2010; Treisman, 2016; Van Nieuwenhove & Meganck, 2019). However, individuals respond to events differently and systemic and contextual factors can influence the extent of consequences (Treisman, 2016).

1.2 Foster Care

Children experiencing adversity or trauma may be taken into the care of the Local Authority, in circumstances where it is unsafe for them to remain at home or in their family's care. Terminology within social care is inherently controversial; the dominant language is 'looked after children (LAC)' which refers to children who have been in the care of the Local Authority for more than 24 hours (Children Act, 1989). However, many children oppose this terminology as they feel alienated and differentiated from their peers who are also looked after, but by their biological families (The Adolescent and Children's Trust, 2019). Furthermore, the acronym 'LAC' is problematic as it implies children are 'lacking' something (TACT, 2019). In this research, the term 'children looked after' will be used to ensure consistency with current narratives but with the hope of emphasising the child.

Most children looked after are fostered, with 57,540 children in foster care in 2022, equaling 70% of the total looked after population (Department for Education, 2022). Foster care aims to eventually reunite children with their family or provide them with a safe environment through kinship placement or adoption. However, many children remain in foster care for a long time and many are discharged from the care system at 18 or 21 with limited support (Barbell & Freundlich, 2001). The huge financial pressures faced by the system (Baginsky et al., 2017), coupled with the increase in demand for foster care (Department of Education, 2022) has strained care services and contributed to difficulties recruiting and retaining foster carers.

1.3 The Impact of Trauma on the Fostering Relationship

Children looked after have often experienced trauma, which can lead to relational difficulties, as well as complex behavioural and emotional needs (Tarren-Sweeney, 2013). This is coupled with the inherent complexities of integrating into a new family system with its own contextual underpinning (Bortz et al., 2019), including adapting to unfamiliar family scripts, expectations and culture (Watson, 2012). This imposes significant demands on foster carers, who often have little training and understanding of relational and developmental trauma (Beyerlein & Bloch, 2014). The accumulation of difficulties within the fostering relationship commonly causes placements to break down and end prematurely (Berridge & Cleaver, 1987), which can have negative consequences for young people and their carers (Rostill-Brookes et al., 2011). Consideration of complex trauma frameworks may therefore be useful to provide children with optimal care and reduce the risk of placement breakdown.

The experience of trauma within a relationship that was intended to provide safety demonstrates a need for relational healing (Cook et al., 2005; Gatwiri et al., 2019). Therapeutic interventions tend to involve a relational aspect and focus (Banks, 2006) as they provide an opportunity to develop secure attachments (Pearlman & Courtois, 2005). Furthermore, existing relationships can either maintain difficulties or promote healing (López-Zerón & Blow, 2017), which emphasises the important therapeutic role foster carers have in relational healing. In line with this, trust-based relational interventions are deemed to be most beneficial to the healing process when implemented by caregivers (Purvis et al., 2013). Evidently, these children and young people require highly-skilled, well-supported caregivers who are able to provide therapeutic parenting and environments that facilitate positive relational experiences (Pughe & Philpot, 2006; Treisman, 2016). This role can be demanding for a caregiver, emphasising the need for sufficient support to increase stability of placements and retainment of carers.

1.4 Support for Foster Carers

Existing support for foster carers is deemed to be insufficient (Murray et al., 2011). There are clear unmet needs in terms of emotional support, such as acknowledgement, respect and good working relationships, and tangible support, namely preparation, training, financial assistance and respite care (MacGregor et al., 2006; Sinclair et al., 2004). If foster carers are not supported whilst trying to offer therapeutic parenting, then breakdowns may occur which fundamentally risk harm to the child. This dissatisfaction and frustration with support provision has also been linked with considerations of ceasing fostering (Maclay et al., 2006).

Respite care was designed as a practice to provide caregivers with a temporary relief from caring (Hayes et al., 1995; Lee & Cameron, 2004). It involves short-term provision of care by people other than the primary caregiver (NHS, 2022). Although notions of ‘respite’ have existed since the 1940s, this was primarily for families of children living with disabilities and involved short-term hospital admissions (Stalker, 1996). Delivery of respite has since changed dramatically (Maayan et al., 2014), with a drive for person-oriented services in which the needs and wishes of care receivers are increasingly at the forefront (Torjman, 2003; Strunk, 2010). A conceptual model of respite care comprises factors such as need, awareness, acceptance and quality of respite, perceiving quality to be dependent on several attributes, including family needs, safety and trust (Whitmore, 2017). If these attributes are sufficiently met, respite is thought to reduce caregiver stress and improve family quality of life, however the model posits that respite can have the opposite effect if the quality is poor. Respite care is now an established practice within foster care, although may be referred to as support care, short breaks, stay overs or sleep overs, amongst other terms (TACT, 2022).

Foster carers' multifaceted role in caring for individuals who may have experienced relational and developmental trauma creates considerable demands which may be mitigated through respite care. Existing literature cites respite as an essential form of support that is often inaccessible (Murray et al., 2011; Samrai et al., 2011). 56% of foster carers recognise respite care as the second most important form of support (Octoman & McLean, 2014), whilst 83% of carers who have experienced respite believe it to be beneficial (Hudson & Levasseur, 2002). Foster carers described it as a reprieve from the demands of fostering and some acknowledged the importance of breaks to support their biological children (Hudson & Levasseur, 2002; MacGregor et al., 2006). Despite these perceived benefits, respite appears to be fundamentally challenging for foster carers as it evokes concerns about a young person's sense of stability, as well as their identity and belonging (Hudson & Levasseur, 2002; Murray et al., 2011). However, these studies do not directly explore respite care, instead focusing on overarching support provision, including foster carers' perceptions of existing support (Murray et al., 2011; Samrai et al., 2011) and foster carers' desires for potential support (Hudson & Levasseur, 2002; Octoman & McLean, 2014). The existing literature therefore offers limited in-depth understanding of foster carers' experiences of respite.

1.5 Research Aims and Rationale

Evidently, foster carers are essential for providing children looked after with safe environments to develop and explore loving relationships (Chou, 1993). The experience of adversity and trauma has been identified as a risk factor for ongoing physical and mental health difficulties, as well as poorer later-life prospects (Basto-Pereira et al., 2022; Breuer et al., 2020; Fox et al., 2015; Hughes et al., 2017; Roos et al., 2013; Westermair et al., 2018). Therefore, the provision of a nurturing environment is crucial to prevent further harm and provide a restorative experience for children, lessening the impact of trauma (Fernandez, 2009). Research suggests children looked after have better stability and wellbeing than children who return to their original home environment (Wade et al., 2010), thus foster carers are perceived to provide a valuable societal role that requires professional support. Without proper support, training and guidance, foster carers may be unable to cope, directly impacting the fostering relationship and potentially leading to placement breakdown (Valentine et al., 2019). Furthermore, retention of foster carers is a prominent concern, with sufficient professional support being identified as a critical retention factor (Gouveia et al., 2021). Existing literature adopts a broad focus to support provision, thus offers limited insight into the specifics of respite care.

This research therefore aims to build upon existing literature by directly exploring foster carers' experiences, to create a shared understanding of respite care. The overarching research question is "What stories do foster carers share of respite care?". Stories are deemed to be a method of education and connection (Kurtz, 2014) thus the communication of study findings aims to educate recipients and offer some validation and normalisation for foster carers. Storytelling is an agent of change; it contextualises research and tends to evoke emotive reactions, which is deemed necessary to initiate change (Bourbonnais & Michaud, 2018; Klein et al., 2007; Kurtz, 2014; Health Foundation, 2016), thus this research seeks to promote individuals' voices and offer valuable ideas in the hope that this will help inform practice.

2. Method

2.1 Design

The study adopted a qualitative research design using narrative methodology. Stories are a fitting way of understanding complex phenomena such as foster care, as they provide rich, lived experience which illuminates an individual's reality (Gilgun & Abrams, 2002). When storytelling, individuals tend to reveal feelings and opinions that are not often revealed within direct questioning, allowing research to explore a deeper sense of meaning-making (Kurtz, 2014).

2.2 Recruitment and Participants

Participants were recruited through Local Authority Fostering Networks and Social Care Services in the Yorkshire region. The researcher shared recruitment posters (see Appendix I, J, and K) and study information with potential participants via newsletters and support groups. Additionally, recruitment contacts from within each of the fostering services identified individuals who may be eligible and interested in participating. The inclusion and exclusion criteria are outlined in Table 1 and Table 2.

Table 1

Inclusion Criteria and Rationale

Inclusion criteria	Rationale
Carers fostering for Local Authority Fostering Networks and Social Care Services in the Yorkshire region	The researcher could ensure legitimacy of role by recruiting through fostering service setups (team meetings, newsletters, support groups). Additionally, the researcher was based in the Yorkshire area and could offer both in-person and virtual interviews, ensuring participants without technology or internet access were able to participate.
Currently or previously have accessed respite care within the fostering service	Participants needed lived experience of using respite care. Foster carers who solely offered respite care were unable to participate as their experiences would have been inherently different.

Proficient English speaker	English was the only language the primary researcher could understand and transcribe.
Able to give informed consent to participation	Participants needed to be able to understand information about the study to make a meaningful choice about their participation.

Table 2

Exclusion Criteria and Rationale

Exclusion criteria	Rationale
Foster carers from independent and for-profit fostering agencies	Independent fostering teams may have had different practices and set-ups.
Kinship or connected carers	The relationship dynamic with the child or young person would have been inherently different, possibly impacting respite experiences.
Foster carers who care for children with severe physical or cognitive disabilities that prevent them from age-appropriate self-care and/or interaction with typical social structures	This would have greatly impacted the level of care required and therefore the need, and type, of respite offered.
Foster carers who have ongoing safeguarding, police investigations or social care concerns as identified by the Fostering service.	It was not deemed suitable to interview anybody undergoing an investigation. Furthermore, this would have raised concerns about the quality and suitability of care.
Individuals who have ceased fostering	The researcher had no means to contact these participants or confirm their legitimate reasons for discontinuing fostering.

Recruitment took place from July 2022 to January 2023. In total, 17 individuals expressed an interest in the research, however three were excluded because they did not meet criteria and three chose not to participate due to an unforeseen change in circumstances. Therefore, the total sample size was 11, which was deemed to be sufficient as the focus is on the richness and quality of the data (Lieblich et al., 1998; Riessman, 1993).

Of those who participated in the research, 10 participants identified as female and one identified as male. Participants' ages varied between 45 and 69, with an average age of 56.6 years. All foster carers who participated in the study were white British. Three foster carers shared that they were single carers, whilst eight were joint carers although tended to be the primary caregiver.

2.3 Ethical Considerations

Ethical approval was given by the Faculty of Health Sciences Ethics Committee (University of Hull) (see Appendix H). Participants were provided with an information sheet, given sufficient time to deliberate the study and had the opportunity to ask questions prior to, or during, the study. Participants understood that their data was confidential and identifiable information would be anonymised. Participants gave written or verbal consent to participate in the study. All data was stored securely in line with the ethical guidelines and General Data Protection Regulation (GDPR). All participants were debriefed following the interview and provided with signposting to sources of support.

2.4 Procedure

Potential participants either contacted the researcher directly or consented for their contact details to be shared with the researcher via the fostering service. The researcher then telephoned individuals who had expressed an interest in the study to offer further information and confirm eligibility. All eligible participants were provided with the participant information sheet (see Appendix L, M and N) via email and given a minimum of 24 hours to consider participation (Wilson et al., 2008). The researcher then telephoned individuals to discuss the study, clarify any questions and arrange a mutually convenient time for interview.

Interviews took place via Microsoft teams or at participants' homes, at the participants' discretion. The researcher ensured that participants were in a confidential space where they would not be interrupted or overheard by anybody who may be affected by the conversations. The researcher also confirmed that participants had read the information sheet and sought written consent (see

Appendix O, P and Q) or verbal consent (via Microsoft teams) to participate. Brief demographic information was also gathered to contextualise the data (see Appendix R, S and T). Interviews were non-directive to elicit a free-flowing, natural narrative, as opposed to being imposed by the researcher's predetermined agenda (Jovchelovitch & Bauer, 2000). The interviews consisted of four basic phases including an introduction and explanation to the research, the narrative, questioning phase and conclusion (Anderson & Kirkpatrick, 2016). The following open-ended statement was used to invite participants to share their stories:

> *"I would like you to tell me about your experiences of (respite care/stay overs/support care). I would like you to think about your experiences as a story. Each story has a beginning, a middle and an end. You may start and end your story wherever you like. Please tell me as much as you can about your experiences."*

Following the uninterrupted narration phase, questions were asked for clarification and explorative purposes. Variations of the following prompts were used to elicit more information: 'can you tell me more about that?', 'can you tell me what happened before/after that?', 'can you clarify that?'. Interviews lasted between 27 minutes and 1 hour 30 minutes, with an average of 57 minutes. Participants were subsequently debriefed and provided with information about sources of support (see Appendix U, V and W).

Audio recordings were transcribed verbatim and any identifiable information was anonymised. It was noted that local authorities used different terminology for respite care, including support care and stay overs. The researcher acknowledges the desire of local authorities to use specific language due to their beliefs of what the language of 'respite care' means for children and young people. However, this language was deemed to be identifiable for local authorities thus to protect participant anonymity due to the small sample size, the varying terminology was substituted for ‘respite care’. Furthermore, only one male participated within the study thus to reduce risk of identification, the researcher decided to use participant numbers instead of pseudonyms, which typically denote an assigned gender. Where foster carers identified children and young people within their stories, these names were anonymised and replaced with pseudonyms.

2.5 Analysis

Narrative analysis was completed using Lieblich et al. (1998) four cell design model (see Figure 1). In line with the author’s recommendations, the researcher utilised more than one cell during analysis. Categorical-content analysis was employed to interpret the content of the stories, whilst holistic-form analysis focused on the structure of stories, both of which are considered integral to meaning-making (Riessman, 1993).

Figure 1

Lieblich et al. (1998) Four Cell Design

Holistic-Content	Holistic-Form
Categorical-Content	Categorical-Form

2.5.1 Categorical-Content

The researcher firstly selected the relevant subtext, identifying sections of the story that connected with participants’ experiences of using respite care. As the interview was non-directive, participants often discussed experiences that were not explicitly related to the research question, thus these sections were not analysed but remained within the narrative and were used to contextualise the data. The analysis adopted an inductive approach, whereby the categories were not predetermined but emerged from the reading of narratives. The transcript was read multiple times and the researcher highlighted principal statements that were deemed to contain new or significant ideas about the use of respite care. The principal statements were then divided into categories based on the content of the sentences. The researcher identified patterns across the principal statements, forming major and minor categories, which were refined during multiple iterations. The categories were discussed within research supervision and were subsequently refined to produce the final iteration.

2.5.2 Holistic-Form

Holistic-form analysis involved a series of steps, including identifying the plot axis, determining the form of the narrative, constructing individual graphs and then establishing a prototypical graph (Lieblich et al., 1988). To get a sense of the story, the researcher repeatedly listened to the recordings, attending to tone and expression, which was supplemented by the researcher's post-interview reflections. To determine the plot axis, five components of narrative were considered as instructed by Gergen & Gergen (1988) protocol: (1) understanding the development of the narrative, (2) identifying key phases, (3) ordering of events, (4) understanding the link between events, and (5) identifying framings that signify beginnings and endings. At this stage, the content of the story, such as the events, emotions and actions, were explored but only in relation to the development of the narrative (Lieblich et al., 1988). Following this, the narrative form was identified in relation to progressive, regressive and stable narrative developments, which can be combined to encapsulate complex stories (Gergen & Gergen, 1988). This was extended using Frye's (1957) categories of form which pertain to the comedy, romance, tragedy or satire developments, highlighting the overall expression of the narrative. Individual graphs were then produced to depict the plot axis and form of the eleven narratives. These graphs were compared to ascertain similarities in structure and three prototypical graphs were subsequently established.

2.6 Researcher Influence

The primary researcher (EG) was a 23-year-old, cisgender, heterosexual, white-British, middle-class female. The researcher had no personal or family experience of foster care and had no children of their own. However, the researcher was a trainee clinical psychologist and had professional experiences of working with children looked after, including supporting their foster carers. The researchers' values, beliefs and privileges shaped every stage of this research, although they aimed to hold the individual truths and essence of participants' stories at the heart of the research. The researcher chose a broad research question and non-directive approach to interview to limit the influence any preconceptions had on data collection. The researcher also utilised a reflective diary after interviews to consider the interview process and their emotional response, in an attempt to remain open-minded to different perspectives as the data were gathered and patterns emerged (Bold, 2011). The researcher held the position that there was no single story to the role of respite care (see Appendix A for epistemological position) and therefore aimed to engage with all participants and their experiences. Throughout the research process, the researcher had regular supervision with a research-experienced clinical psychologist, who had clinical experience working with children looked after. See Appendix B for reflective statement.

3. Results

3.1 Categorical-Content Analysis

Through categorical-content analysis, major and minor categories relating to participants experiences and meaning-making of respite emerged from the stories (see Table 3). See Appendix X for an overview of the support for categories and Appendix Y for additional supporting quotes.

Table 3

Synthesised Categories Derived from Inductive Categorical-Content Analysis

Major categories	Minor categories	Number of principal statements in category
The Need for Respite Care	The Unique Challenges of Fostering	64
	Supporting the Unmet Needs of Foster Families	86
	Establishing and Maintaining Meaningful Connections	21
	Enabling Placement Stability and Permanence	32
Accessing Respite Care	The Stigma of Seeking Support	25
	Carers' Hesitations and Concerns about using Respite Care	37
	The Inaccessibility of Respite Care	33
	The Absence of Need due to Alternative Support	18
Establishing and Planning Respite Care	Promoting Stability and Continuity of Care	34
	Personalised Planning and Preparation	66
	Approaches to Conversations about Respite	30
	Utilising Support Networks	39
The Conflicting Emotional Experience of Respite Care	Relief and Relaxation	26
	Worry, Stress and Anxiety	36
	Guilt and Discomfort	28
	Frustration and Disappointment	15

The Impact of Respite Care	Refreshed, Recharged and Ready to Reconnect	42
	Enhancing Children and Young People's Wellbeing	66
	Strengthening Placement Stability and Cohesion within the Foster Family	47
	The Unintended Consequences of Respite Care	27

3.1.1 The Need for Respite Care

All foster carers expressed a holistic understanding of the need for respite care, considering the inherent challenges of fostering and the consequences for themselves, children looked after and the wider foster family. Respite care was often acknowledged as a requisite for placement success.

The Unique Challenges of Fostering

Foster carers discussed young people's experiences of trauma, which typically led to relational difficulties and complex behavioural and emotional needs. This meant children looked after required full-time supervision and support, which was recognised as 'hard work'. The fostering role was described as a '24/7' commitment and was frequently contrasted with normative parenting and ordinary jobs, whereby individuals can legitimately access breaks through family members or holiday entitlement.

"…[he] couldn't be left alone, so that was an incredibly hard and intense time when there was literally no time for anything." (Participant 2, page 1)

Supporting the Unmet Needs of Foster Families

Foster carers described needing 'headspace', sharing that they are 'only human' and have their own vulnerabilities and limits. Carers emphasised a need to attend to their own wellbeing to enable them to care for their child better. They also perceived respite as a method to meet young people's needs, including one-to-one attention, a sense of normality and access to a different or new experience. Finally, foster carers communicated their duty of care to other children looked after in the home, as a young person's behaviour could be distressing and disrupt the household.

"But yet we've got to be able to take away time for ourselves because if you're not working at 100%, if you're not working at 80% then you can't offer yourself to somebody else." (Participant 5, page 6)

Establishing and Maintaining Meaningful Connections

Some foster carers described a need to maintain relationships with their biological family, particularly their birth children who could feel 'pushed out' due to the demands of fostering. They also shared that children looked after often lacked supportive relationships thus respite care was a method of enhancing connections with the young person's birth family or cultivating new relationships with foster carers.

"…we'd had a placement in where she was like full on with me and wouldn't let anybody near me. (…) and my youngest daughter really felt it, so I thought we needed time with her." (Participant 6, page 9-10)

Enabling Placement Stability and Permanence

Foster carers discussed a practical element to the use of respite, sharing times they needed a break due to sickness, holidays or family occasions. In these instances, respite care enabled the placement to continue. Additionally, carers recognised very challenging periods whereby respite was inevitable to maintain the placement and prevent breakdown.

> *"…when your placements coming to an end and you wanna keep it going but it's breaking down and you can feel it's breaking down but you need that help." (Participant 4, page 1)*

3.1.2 Accessing Respite Care

Foster carers shared periods of not accessing respite care, often due to barriers accessing support or alternative support mechanisms. The key barriers encompassed individual, organisational and societal factors.

The Stigma of Seeking Support

Carers expressed concerns that help-seeking would suggest they 'cannot cope'. They highlighted social workers as integral to encouraging and accessing support, thereby minimising stigma. Some carers reflected on progression within organisational approaches to support, however one carer suggested further recognition and normalisation are needed.

> *"…sometimes as a foster carer, you think 'ooh they'll think I'm not able to cope'. You know, you don't want to be bothering them…" (Participant 1, page 11)*

Carers' Hesitations and Concerns about using Respite Care

All foster carers described a reluctance to use respite care primarily due to concerns centred around children's experience of 'rejection' and sense of belonging. This was pertinent when foster carers felt they were 'treating them differently' to their birth children, thus carers were keen to express ways they include them in family practices and holidays. Some carers also worried that their children were 'too complex' and would be misunderstood in respite care. Two foster carers raised concerns about young people understanding that their behaviour was 'wrong' or 'harmful' if they were subsequently 'treated' on respite.

"It's really difficult for the children as well to, to go from everything that they live in, to somewhere new, to people that they don't know. And that's really soul destroying for them." (Participant 5, page 5)

The Inaccessibility of Respite Care

Nine foster carers discussed the impact of system challenges, namely the lack of respite carers, which impacted provision and stability of support. Foster carers offered recommendations including increased payment and independent recruitment.

"…very difficult because they're all short of foster carers. But I think some foster carers should be taken on, some foster carers should be taken on as just plain [respite carers]." (Participant 3, page 2)

The Absence of Need due to Alternative Support

Some foster carers described a lack of need for respite, which was attributed to trusted family members and friends caring for their children or the use of external forms of support, such as clubs and mentors. However, it was recognised that this was not a 'proper break' as they retained responsibility for the young person.

"...I don't think it came around really fast you know what I mean. Cause obviously my relations used to look after him as well, like you know my daughter and what have you…" (Participant 3, page 7)

3.1.3 Establishing and Planning Respite Care

Foster carers emphasised the importance of preparatory work and support networks when establishing respite care, both of which influenced the ease and success of the experience. Carers also stressed the role of communication to support children's understanding and perception of respite.

Promoting Stability and Continuity of Care

All foster carers discussed the desire for stable, predictable and consistent respite care. Carers strongly felt that children needed a continuation in respite carer and routine, as this familiarity allowed them to build relationships and trust. This subsequently meant carers felt more 'at ease'. Some carers shared stories whereby respite was unavoidably disorganised or last-minute, which often left them feeling 'on edge' and worried.

> *"Erm and they follow exactly the same routines that I follow, erm they, erm bedtime, story time, bathtime, everything. And erm, obviously they're asking lots of questions about what they eat, what the children eat and try and follow, you know, what we do." (Participant 8, page 2)*

Personalised Planning and Preparation

All foster carers emphasised the importance of graded planning, including introductions in advance of respite care, however there was some disparity between carers as to whether respite needed to be regular to support children to feel settled. Carers considered the role of bespoke matching between child and caregiver, with a view that this improved the likelihood of meeting a young person's needs. Three carers described experiences of 'poor' matching which caused their children to feel unimportant and 'unsafe'.

> *"It was a bit chaotic and I felt he wasn't really a priority. He was always alright, he had a nice time but I didn't feel that it was you know good enough really for him…" (Participant 10, page 3)*

Approaches to Conversations about Respite

Foster carers' methods of introducing respite care varied significantly in accordance with the children's age. Those with younger children expressed that they were often too young to discuss it, so shared that there was no preparation aside from the introductory visits where possible. One foster carer described using a 'social story' with their young children, supporting them to understand 'how many sleeps' until they return home. Those with older children also presented respite differently, either as a 'holiday' or due to the mutual need for a break from each other. One foster carer felt social worker support was essential when discussing the need for respite care.

"It was put to them like you would put to your own children, you know that 'you're going to your aunties to have a nice time for the weekend or for the week'." (Participant 1, page 3)

Utilising Support Networks

Foster carers preferred to arrange respite with carers they had existing relationships with as this supported the ease of planning and continuity for the young person. In particular, the support offered by other foster carers was recognised as 'invaluable' due to their shared understanding and lack of judgement, particularly for one carer who described fostering as an 'isolating' experience. Carers developed good rapport with their respite carers, including foster carers and children's biological relations, and especially valued their flexibility and willingness to support in emergencies or at unplanned times.

"…the relationship grew so that I could ring 'em and say he needs time, and they used to just say yes." (Participant 4, page 4)

3.1.4 The Conflicting Emotional Experience of Respite Care

Foster carers reflected on the poignant emotions and responses to using respite, which was dependent on the context, set-up and impact of respite care.

Relief and Relaxation

Some foster carers spoke of feeling relaxed and at ease during respite, which tended to depend on the nature of the set-up and relationship with the respite carer. These carers often described respite as a ‘relief’, depicted by a deep breath or sigh. Carers expressed a sense of ‘freedom’ and shared that they would typically engage in self-care, socialising or holidaying.

> *“…[respite care] was amazing, it was, I mean they were going out the door and I’d be dancing down the street thinking ‘yay I’m free’ (laughs).” (Participant 11, page 6)*

Worry, Stress and Anxiety

Some foster carers described feeling stressed and uneasy in the lead up to, and during, the respite. Carers expressed concerns about how their children were coping, issues they may have to deal with upon their return and uncertainty about how long the respite would last. One foster carer described worrying that their child would want to stay with the respite carer, which occasionally progressed to feelings of jealousy. Carers recognised a parallel process between their child’s anxiety and their own anxiety.

> *“Because if children that you’re looking afters upset or anxious, then it makes you anxious and upset so then what were gonna perhaps be, you were gonna have a good time, you’d be stressing all the time then.” (Participant 9, page 7)*

Guilt and Discomfort

Six carers recognised feelings of guilt, particularly when respite was inconsistent or unplanned. Carers also described guilt due to treating the young person differently to their biological children, which was therefore alleviated once their birth children had left the family home.

> *"…you just feel that you were disrupting their little lives really by doing that (…) Just timing and just couldn't be helped. Erm but it didn't help the fact that you still felt sort of guilty leaving them with a stranger…" (Participant 7, page 13)*

Frustration and Disappointment

Six foster carers expressed frustrations about respite; they described instances where they did not have a 'proper break' due to needing to support the respite carer in caring for the child. Furthermore, when respite was mismanaged or exacerbated difficulties, carers described feeling disappointed, let down and unrefreshed.

> *"The way that that [respite care] was handled, erm I feel really disappointed about and I think it did more damage." (Participant 2, page 3)*

3.1.5 The Impact of Respite Care

Foster carers discussed the intended benefits as well as the unintended repercussions of respite care. Respite was primarily perceived to 'recharge batteries' and support placement stability, however in some instances it could exacerbate difficulties, revoking any perceived benefits.

Refreshed, Recharged and Ready to Connect

All foster carers explained that they had 'recharged their batteries' and felt ready to welcome the young person back into the family home. They shared positive experiences of reunification, whereby they would check-in about respite before recommencing 'normality' and routines.

"...your stress has sort of drained away, you come back and you are fit to fight again, you can pick that baton up and you can think, right here we go and you throw yourself into it..." (Participant 11, page 11)

Enhancing Children and Young People's Wellbeing

All foster carers emphasised the benefit of their children establishing lasting, meaningful relationships through respite care, with two carers perceiving that respite supported belonging as their children had two 'homes' or 'families'. Carers spoke of relational healing as some children were able to return to a member of their biological family through the gradual use of respite. Foster carers also held a perception that the young people enjoyed the respite as they were able to experience new, different or fun activities.

"So he absolutely loves, he's going tomorrow actually, he loves going, she absolutely adores him, he's got a special bedroom that she's done and she's even bought him like a set of clothes and things." (Participant 10, page 3)

Strengthening Placement Stability and Cohesion within the Foster Family

Most carers recognised the value of respite for the foster family, expressing that it allowed them to have 'breathing space'. In particular, carers appreciated having quality time to spend with their partner or biological children. This break was perceived to be restorative, enhancing cohesion and stability, thus acting as a 'buffer' to placement breakdown. One foster carer also recognised respite as a safeguarding tool to highlight any malpractice, thereby protecting children and foster carers.

"Or sometimes we do stuff with our birth children which is really nice for them as well. Yeah definitely. It definitely makes a big difference." (Participant 10, page 7)

The Unintended Consequences of Respite Care

On the other hand, five foster carers stressed that respite could exacerbate difficulties. They shared stories of feeling ‘punished’ by the young people who often ‘doubled’ their challenging behaviour following respite. One foster carer suggested that respite was useful but insufficient to ‘fix’ the placement and emphasised the importance of comprehensive support in the form of therapeutic services and specialist school provision.

> *“Err, well in seven days at nursery, he had 21 incidences of violence from Samuel, because it just unregulated him. He just, it was a different, it was a different environment…” (Participant 8, page 4)*

3.2 Holistic-Form Analysis

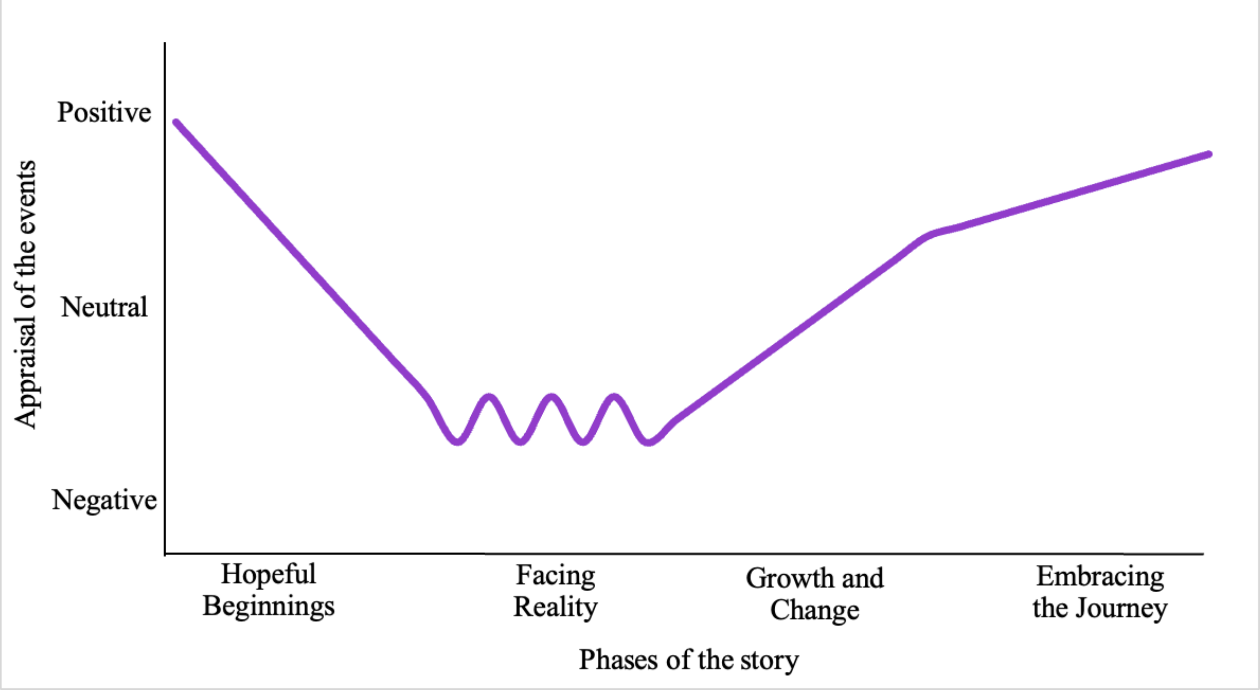
Three prototypical graphs were created from the eleven narratives. All graphs were consistent with the ‘romance’ plot narrative, which encompasses the overcoming of difficulties and trials to reach an end goal, however one graph’s trajectory remained more stable. All graphs comprised the same four phases, structured by a hopeful beginning, the reality of fostering, a growth period and a future-focused ending. One graph also incorporated an additional phase, signifying the breaking point. The prototypical graphs are depicted below, followed by a summary of the narrative phases. See Appendix AA for additional supporting quotes.

3.2.1 A Journey of Learning

Six participants’ narratives aligned with the prototypical graph illustrated in Figure 2.

Figure 2

Narrative Form Depiction of a 'Journey of Learning'

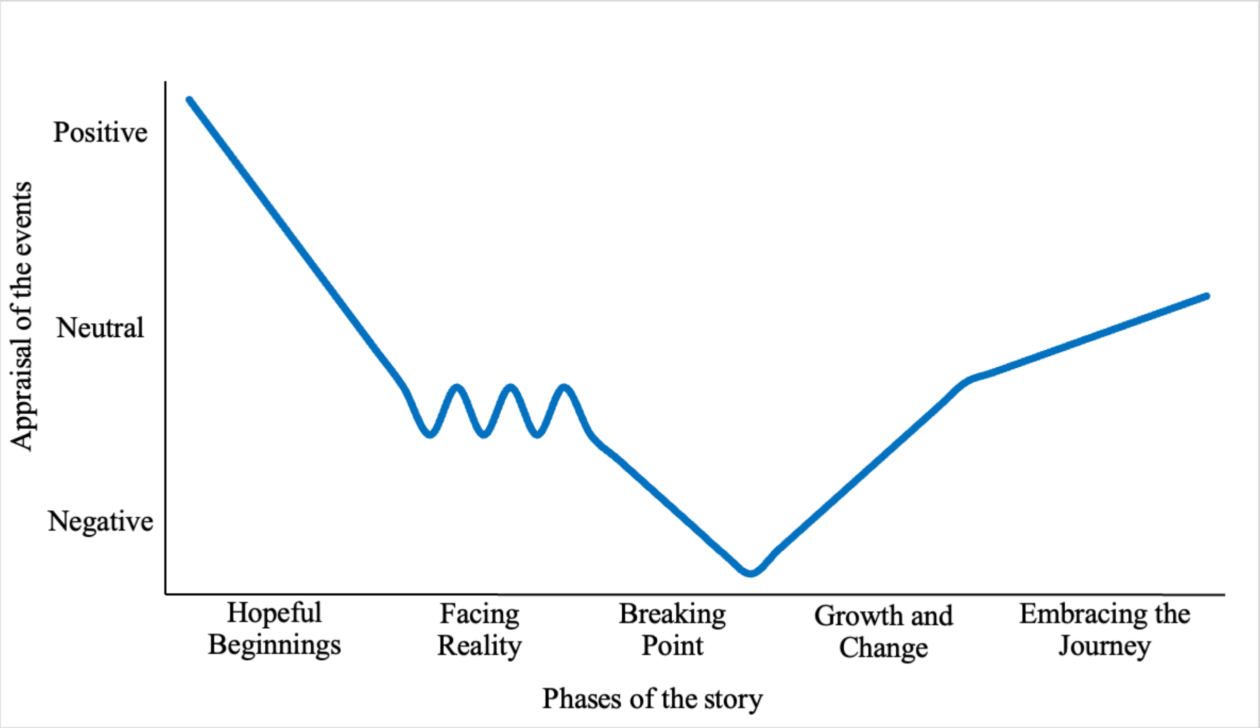


3.2.2 A Journey of Perseverance

Figure 3 depicts four foster carers' stories which encompassed the breaking point. The graph trajectory remains lower at the end of the narrative as phases 4 and 5 offered healing and recovery for some, yet two participants continued to experience the aftermath of the breaking point.

Figure 3

Narrative Form Depiction of a 'Journey of Perseverance'

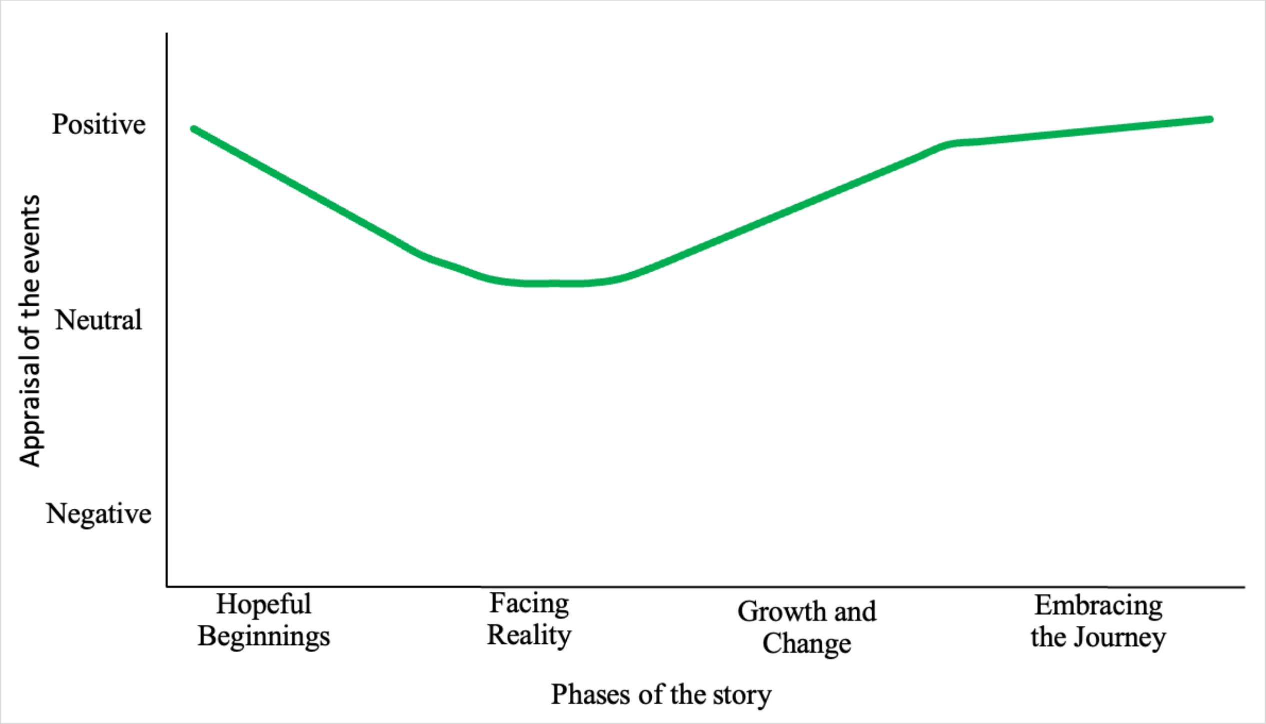


3.2.3 A Journey of Stoicism

Figure 4 represents one participant's story, which followed a more stable trajectory. This story was told in a pragmatic and factual way; although this participant recognised the reality of fostering, they concentrated less on the negatives and remained relatively unchanged throughout the narrative, indicating stoicism.

Figure 4

Narrative Form Depiction of a 'Journey of Stoicism'



3.2.4 Summary of Phases

1. Hopeful Beginnings

The first phase reflected participants hopeful intentions and aspirations for fostering, with carers often describing wanting to help but not knowing what to expect. Seven participants started their narratives with their first experience of fostering, whilst four started with their first experience of respite care, however all offered a sense of hope and promise.

> *"…I feel like a lot of carers that, and probably me as well right at the beginning of starting my, my fostering journey is that you feel like you can value children in a certain way and you're like rescuing them. And I call them Disney carers…" (Participant 5, page 1)*

2. Facing Reality

This phase was followed by a decline as participants described the reality of fostering, which was often a testing experience. This has been depicted by a fluctuating period of 'ups and downs' as foster carers described various challenges and trials yet re-authored this experience to incorporate the value and rewarding side of fostering. Within and across stories, respite care was conceptualised differently; some foster carers perceived it to be beneficial and therefore incorporated this into the 'highs' of their fostering journey, whilst others recognised it as damaging and therefore contributing to the 'low' points of their story.

"…they need to come and live in your home sometimes and see the fun of fostering but also see the challenges at times of fostering. And I'm not, you know, we've had many many good experiences and positive experiences of fostering, otherwise we wouldn't still be doing it." (Participant 1, page 11)

3. Breaking Point

Four foster carers experienced an additional breaking point phase which denotes a turbulent and exhausting period in their fostering journey. Carers recognised a sense of heartache and defeat, whereby their own mental health and wellbeing suffered. Carers typically felt the breaking point was either caused or exacerbated by challenges with respite care.

"And then, this left me reflecting on my future as a foster carer." (Participant 2, page 5)

4. Growth and Change

Following these challenges, all foster carers seemed to go through a stage of growth, which encompassed learning and change. Carers reflected on their experience and expertise, subsequently describing a change in perspective or role, often related to respite care. Some foster carers described a transition to solely offering respite care instead of full-time placements due to a change in circumstances or age.

> *"…I always used to think well I wouldn't do that to my own daughters so why would I do it to anybody else. So, which now I think is wrong, is wrong now when I look at it, people do need that and sometimes [respite care] helps the placement." (Participant 6, page 6)*

5. Embracing the Journey

   Finally, foster carers ended their narratives by shifting the focus to the future, which was characterised by hope and uncertainty. Carers appeared enthused and exhibited pride when discussing their role and the children they have cared for.

> *"There might be a chance of him going back to his mums, on a long-term, out of care and back to his mums, back into his, erm, parent's care and things." (Participant 3, page 10)*

4. Discussion

4.1 Overview of Findings

This study aimed to explore foster carers' experiences and narratives of respite care as previous research lacked insight into carers' experiences, tending to focus on the demand and inaccessibility of respite provision. Within this study, respite care was identified by participants as an inherently complex form of support, with the potential to restore or rupture a placement. The study resonates with a conceptual model of respite care (Whitmore, 2017), as it highlights the wide range of aspects integral to its use and impact. This demonstrates the importance of adopting a holistic and systemic approach to respite care.

Foster carers described a hopeful start to their fostering or respite journey, often characterised by their aspirations for fostering. Carers shared stories of 'wanting to help', having 'something to offer' and 'giving back', which reflects previous research that identified a range of motivations for fostering (McDermid et al., 2012). Foster carers subsequently described the reality of fostering, including the challenges of caring for a child or young person who has experienced complex developmental trauma. This understanding is supported by a wealth of research that considers the impact of trauma on children looked after's attachment, development and general functioning (Cook et al., 2005; Greeson et al., 2011; Tarren-Sweeney, 2008). Carers emphasised the need for respite and resonated with the notion of 'caring for yourself in order to care for others'. This aligns with existing studies whereby carers deemed short-term breaks to be important for their wellbeing and self-care (Murray et al., 2011; Samrai et al., 2011).

However, foster carers identified societal and systemic barriers to accessing respite, including the stigma of asking for help and the inaccessibility of respite care. The difficulties with accessibility were also identified by MacGregor et al. (2006), suggesting children's social care services need increased funding to improve support provision. Furthermore, one study highlighted stigma as a barrier to help-seeking and subsequently engaging in self-care (Miko et al., 2022). The current study proposes a parallel process between foster carers' and children looked afters' experiences of help-seeking and access to support (Johnson & Menna, 2017; Zima et al., 2000), suggesting societal discourses and stigma of 'foster care', 'mental health', and 'resilience' may act as barriers to accessing and receiving support (Blythe et al., 2012; Crowe et al., 2016; Mannarini & Rossi, 2019; Rogers, 2017). The study also considers the impact of culture, recognising that individualistic cultures attribute responsibility for wellbeing to the individual and may therefore inadvertently reduce help-seeking behaviours, due to fears of 'individual failure' (Arnault, 2009).

Foster carers also disclosed their hesitations about respite, describing guilt and worry regarding children's stability and sense of belonging, in line with existing research (Tarren-Sweeney et al., 2011). The "tension between integration and differentiation" has been previously identified, with carers sharing concerns that respite might reinforce a child's 'foster' identity, thus act as a barrier to integration (Hudson & Levasseur, 2002, p.866). This conflict was identified within the current study, however it is suggested that respite can be used to actively cultivate belonging, drawing on foster carers' stories of children maintaining biological connections or having two families and homes due to respite. In line with this idea, carers in the study communicated that respite needs to be planned, consistent and preferably set-up within established relationships and support networks. This is supported by a literature review indicating the importance of stability for children looked after (Gypen et al., 2017).

Carers described how respite could inadvertently exacerbate the difficulties they were facing, leaving them feeling frustrated and disappointed. When respite was mis-managed, inaccessible or had negative repercussions, carers reached a 'breaking point' in their fostering journey. This reflects the literature base which indicates sufficient training and support to be integral in reducing the risk of placement breakdown (Leathers et al., 2019; McKeough et al., 2017; Randle et al., 2017). This is an important consideration for fostering teams when trying to provide optimum care for children and improve retention of carers.

When respite was well-considered and planned, carers described feeling ‘at ease’, reflecting research in which 56% of carers found respite ‘extremely helpful’ (Octoman & McLean, 2014). Many carers shared a turning point in their journey, whereby they demonstrated learning or change often related to their perceptions, and use, of respite care. Carers shared key benefits of respite, perceiving it to recharge their batteries, improve the young person’s wellbeing and enhance cohesion within the foster family. Although in-depth research on the impact of respite within foster care is limited, this replicates findings that it can improve family stability and reduce caregiver stress (Hudson & Levasseur, 2002; MacGregor et al., 2006; Madden et al., 2016). However, carers recognised the impact of wider contextual factors within this, including foster carer support, specialist provisions and positive relationships with fostering teams. This study therefore highlights the importance of adopting a systemic approach to fostering and respite, supported by Bronfenbrenner’s (1979) ecological systems theory which denotes the impact of systems and environments surrounding children and young people. Carers tended to end their narrative by reflecting on the future, sharing aspirations for their children to thrive within their own care or their biological family’s care. Hope has been identified as an important characteristic of foster carers (Ciarrochi et al., 2012), reflecting this study as carers embraced a sense of pride, hope and uncertainty.

Through storytelling carers appeared to make sense of their experiences (Bietti et al., 2019), with nine foster carers expressing that they enjoyed the experience and two recognising it to be “therapeutic”. This suggests storytelling may offer a sense of healing, learning and recovery (Gu, 2018). The way carers authored their respite experiences impacted their narrative trajectory, with a sense of hope and optimism supporting continuation of the fostering role. One narrative differed in its telling and has been depicted as a ‘journey of stoicism’. This narrative was communicated by a male participant in a pragmatic, factual way. The participant did not divulge the negatives or challenges of fostering, instead framing their experiences in a balanced way. The study has limited insight into this difference, however, considers one possible explanation to be the impact of social graces (Burnham, 2018). The study highlights a possible role of gender, as gender differences in narrative production are supported within the literature (Wainwright, 2019), indicating a role of biological differences and socialisation to storytelling (Leaper & Smith, 2004). The study also highlights a potential influence of culture, particularly the male, working-class culture, which is characterised by societal expectations and discourses of masculine resilience (Slutskaya et al., 2016). These societal constructs greatly impact individuals’ reality and meaning-making, thus raise questions regarding the impact of difference, and lack thereof, in gender, age and culture within the study sample.

4.2 Strengths, Limitations and Future Research

This study benefitted from a non-directive narrative approach which encouraged foster carers to share their stories freely, thereby obtaining more authentic narratives (Jovchelovitch & Bauer, 2000). Furthermore, the chosen methodology elicited in-depth accounts of foster carers’ experiences, thus produced rich and meaningful data. Foster carers’ narratives aligned in form and content, indicating significant collective experiences of respite care. However, narrative research does not aim to generalise findings, recognising that stories are relevant to the individuals and their context, and thus acknowledges that there are many stories that will not have been captured within this study (Anderson & Kirkpatrick, 2016).

The study benefitted from recruiting eleven carers across five fostering teams as this reduced the impact of specific service set-ups and contexts. However, the study sample lacked diversity as all participants were White-British and from the Yorkshire region. Furthermore, participants were predominantly female, with only one male taking part in the research. It is likely that an individuals' ethnic background, culture and gender will impact the narratives they share (Burnham, 2018), thus the study highlights the importance of exploring experiences across a more diverse sample, to develop an understanding that is representative of difference.

Furthermore, self-selection bias may have impacted the findings as those who have more extreme positive or negative experiences regarding respite may have felt more inclined to participate in the research. However, the recruitment strategy also involved participants being directly approached by recruitment contacts, thus mitigating the impact of self-selection bias. The study's inclusion and exclusion criteria meant retired or former foster carers were unable to participate in the research, which likely impacted the narratives shared; this may have excluded valuable stories whereby use or lack of respite was linked to discontinuing fostering, thus future research should consider methods of expanding the participant pool.

Finally, this study focused on foster carers experiences of using respite care as research within this area was limited in its depth of understanding. It is now important to contextualise this study with an understanding of other key individuals' experiences and narratives, including those of respite carers, children looked after and social workers. This will help to develop a comprehensive shared understanding of respite within fostering and offer valuable recommendations for its provision.

4.3 Clinical Implications

The study findings identify a need for a holistic and systemic approach to respite care, considering key implications which require interpersonal, organisational and societal change. The study primarily indicates that respite care needs to be reconsidered and embedded within fostering set-ups to ensure stability, continuity and lack of stigma.

Firstly, the study denotes a shift in conceptualisations of respite care, due to the influence of enduring historical and societal narratives that acknowledge respite as a service to relieve caregiver stress and burden (O'Shea et al., 2019). This study positions relationships at the core of respite experiences, as carers consistently recognised the importance of relationships, thus indicating that respite should be conceptualised and considered in relation to the development of meaningful, lasting connections between children looked after, foster carers and the wider fostering team. Carers perceived respite to provide children looked after with opportunities for relational healing, through the modelling of safe, loving relationships (Treisman, 2016), thus to enhance this, fostering teams should ensure the provision of personalised, predictable and stable respite. The study highlights the importance of bespoke matching, forward planning, communication between all parties, and protecting respite accessibility by not using respite carers for emergency or full-time placements. These strategies primarily allow time for children to create, maintain and sustain relationships with respite carers, as well as ensuring they feel safe in respite (Maslow, 1943) and experience continuity of care (Naert et al., 2017), thereby easing transitions between 'home' and respite. Carers should try to enhance and maintain these relationships outside of respite care, perhaps through support groups and fostering events, as well as informal arrangements. This may relieve carers' concerns about respite, as well as ensuring carers feel connected to other carers and the wider fostering network, combating the isolating experience of fostering (Sebba & Luke, 2013). Furthermore, if respite carers become an integral part of children's lives, this may normalise the experience of respite and cultivate children's sense of belonging (Chimange & Bond, 2020; Rustin, 2018).

The study also highlighted the implicit role of stigma surrounding respite care, which acted as a barrier to its use. The study emphasises the importance of embedding respite care within fostering systems to reduce stigma and feelings of burdening. Embedding respite into systems may also aid proactive earlier intervention to support wellbeing, instead of reactive responses to burnout and breakdown, which may prevent carers reaching the breaking point and subsequently improve placement stability (Held, 2005). Furthermore, fostering teams should promote child involvement in respite care, as this ensures children's needs are at the forefront of respite care, opposing and diminishing one-sided conceptualisations of respite. Conversations should extend to include children and young people where possible, to support them to recognise the value of respite and be included in decision making and planning. The importance of children's participation in decision-making is widely recognised in research (Boel-Studt et al., 2023) and policy, including the Convention on the Rights of the Child (UN General Assembly, 1989), however, evidence suggests children's participation and voice are often lacking within social care systems (Delgado et al., 2023). This study therefore indicates a need to incorporate children's views more readily within social care decision-making and particularly in relation to respite conversations. This may also reduce carers' feelings of unease and guilt, as the study findings suggested carers emotional experience of respite was impacted by their children's level of acceptance. Finally, carers acceptance of respite was linked to their understanding of the importance of self-care, thus the study posits greater education and training, as well as regular normalising conversations, to be essential to de-stigmatising respite. These approaches may help to embed respite into fostering systems, normalising its use and challenging stigmatising perceptions of respite care.

Although not directly explored, the study also considers the impact of 'respite' terminology on stigma as fostering teams expressed discomfort surrounding this. Respite language implies the caregiver needs a 'break' from the child or young person, therefore perpetuating narratives and understandings of respite as a one-sided support mechanism (Hanna et al., 2020). This study therefore posits careful consideration of language choices, highlighting existing literature recommendations which include 'short breaks' or 'stay over breaks' (TACT, 2022). However, the study recognises that terminology shifts alone are insufficient and must be supported by the aforementioned strategies, particularly those in relation to embedding respite care in order to reduce stigma.

Finally, this study drew on the innate human communication method of storytelling, which supported carers' sense-making of their experiences. Through sharing narratives of fostering, some carers described being able to process difficult experiences and feelings surrounding respite care. The study therefore promotes a role for therapeutic clinicians to support carers to re-author their experiences of respite and enhance sense-making (White & Epston, 1990), perhaps through the provision of additional supervision or support groups. This may improve carers' use and perceptions of respite, as well as enhancing their wellbeing by allowing them to reconnect with their purpose, skills and aspirations for fostering.

In addition to the above implications, carers highlighted the existing service challenges; carers consistently recognised a need for greater respite provision, recommending increased pay and a separate recruitment drive for respite carers. Respite is identified within this study as a fundamental form of support that must be prioritised. However, it is acknowledged that the social care system has experienced chronic underfunding (Miller et al., 2021), which naturally impacts service capacity and provision. The study also emphasises the importance of adopting a wider systemic focus to fostering, considering the range of factors that may be impacting placement success, including the provision of specialist services (Saarnik, 2021), as respite alone was not responsible for turning points in carers' fostering journeys.

5. Conclusions

Overall, this study recognises the complexity of foster carers’ experiences of respite care and the importance of hope when navigating the challenging yet generally rewarding journey of fostering. The study deems relationships to be integral to respite, capturing stories of relational healing, which emphasise the importance of using respite to establish and enrich meaningful relationships. The study findings identify wide-ranging needs and benefits of respite care for both foster carers and children looked after, thus challenge perceptions that respite is a one-sided support mechanism. This study highlights the importance of enhancing this by empowering children looked after to be involved in decision-making, planning and research regarding respite care to ensure their voices are captured and considered. The study also demonstrates the importance of adopting a systemic focus to respite to lessen stigma, recognise unmet placement needs, and support carers therapeutically. This systemic lens is of critical importance within the current context of social care due to the intrinsic pressures faced by the system, exacerbated by chronic underfunding.

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Part Three: Appendices

Appendix A: Epistemological Statement

Reflexivity is essential within research, as the researcher's beliefs, assumptions and positionality greatly impact all stages of the process (Holmes, 2020). The researcher's positionality encompasses their ontological and epistemological assumptions, which are shaped by the researcher's values, beliefs and social identity (Burnham, 2018). Ontology is concerned with the nature of reality, whilst epistemology relates to how knowledge is acquired (Killam, 2013). This statement explores the ontological and epistemological stance underpinning this research, which subsequently impacted the researcher's design, methodology and interpretation of data (Rowe, 2014).

This research adopts a relativist ontology, which aligns with a social constructionist epistemological position (Berger, 1966). This relies on the belief that an individual's experience of reality occurs within a socially constructed world, thus acknowledging the existence of multiple truths (Burr, 2015). Specifically, this research embodies a 'soft' social constructionist position, entailing an understanding that individuals experience the world through an embodied perspective (Hay et al., 2016) and that some physical aspects of the world may be real, yet the role of society and culture is essential in the creation of multiple realities and unique truths. This means there is no universal truth; individuals will perceive meaning differently thus research can only explore what a particular individual within a specific time and place believes to be true.

The researcher was subsequently drawn to narrative approaches which aim to explore individuals' storied experience and align with the position that there is no single story (Belser, 2004). Narrative approaches are consistent with a social constructionist epistemology as they acknowledge that an individual's understanding, meaning-making and sense of reality is embedded within their socio-cultural environment (Weatherhead, 2011). Within this research, this highlights the influence of societal discourses surrounding foster care, children looked after and respite care on participants' narratives. Furthermore, the non-directive interview stance utilised in narrative research appealed to the researcher as this allowed individuals' choice regarding how to construct their stories (Hopf, 2004). This was deemed important given the dearth of literature exploring carers' experiences of respite care. Furthermore, fostering has been acknowledged as an emotionally demanding experience (Pickin et al., 2011) and stories of respite may be difficult to share, thus a non-directive approach affords carers flexibility regarding what they choose to share.

Within this research, knowledge was perceived to be co-constructed by the storyteller and their audience, initially comprising the researcher and subsequently encompassing recipients of the research. The initial meaning-making by participants in the construction of their narratives was interpreted by the researcher to further explore meaning (Mills et al., 2009), in line with double hermeneutics. Individual recipients of the research will create an additional level of meaning-making as they will interpret and understand the narratives and conclusions differently due to their previous experiences. From a social constructionist epistemological perspective, this research does not assume these findings to be universal, with the stories and truths being relevant to the person telling them, however the research posits communication of findings may provide useful scripts and ideas to support service providers, professionals working in the field and foster carers having similar experiences.

The researcher's ontological and epistemological position also influenced various stages of the systematic literature review. Firstly, the researcher chose an explorative review question ('how children and young people experience a sense of belonging whilst living in foster care'), which explores the collective construction and cultivation of belonging across home, school and community contexts, thus aligning with a social constructionist stance. The researcher was naturally drawn to a narrative synthesis approach, as this spotlights children and young people's voices, attending to their unique experiences and reality of belonging (Campbell et al., 2019). Interpretation of findings was also influenced by the researcher's positionality as the review perceived conceptualisations of, and approaches to, belonging to be influenced by the socio-political and cultural contexts they exist within. This review did not aim to be objective, instead hoping to develop in-depth insight into some children's experiences.

Overall, this portfolio thesis adopted a relativist ontology and social constructionist epistemology, thus aimed to capture rich, contextualised understandings, experiences and meaning-making of belonging and respite care in fostering. This research does not attempt to generalise findings, in line with the researcher's positionality, but instead hopes to encapsulate experiences relevant to those who participated directly (empirical) and indirectly (systematic literature review) in the research.

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Appendix B: Reflective Statement

This reflective statement felt both easy and difficult to write; reflecting on my experiences has become very natural and ingrained throughout the doctorate yet finding the words to express such a transformational learning experience felt impossible. The thesis journey has been: *Powerful. Rewarding. Honest. Immersive. Energising.* And also at times: *Daunting. Disheartening. Uncertain.* Writing this statement, I realised that I have been so focused on the destination, I have often neglected the accomplishments along the way. The journey itself has encompassed a whirlwind of emotions and fundamentally taught me to 'trust the process'. I feel so privileged to have had this opportunity and I hope my reflections offer an authentic story and insight into my experiences of research.

The most natural place to start is at the beginning, which for me encompassed choosing a research topic. This was quite a daunting prospect as I knew the research would require three years of dedication and I worried about losing interest or passion for the topic area. Despite having no personal or professional experiences of foster care, I have held a long-standing interest in fostering, thus explored various research ideas, including experiences of loss, transitions and breakdowns, as well as help-seeking and support. It was during these initial literature scopes that I unearthed my interest in wellbeing, which I felt lay at the heart of all these topics. Upon further exploration, I found an abundance of research on placement breakdown and perceptions of support, however limited insight into the specifics of support. I felt drawn to the notion of respite care due to the powerful discourses surrounding its use, which were epitomised by my own contradictory emotive responses, including unease and compassion. Research exploring respite was scarce and superficial and I wondered whether this reflected the stigma and controversy surrounding respite, resulting in avoidance.

I therefore decided I wanted to capture individuals' experiences of respite and felt inclined to interview foster carers due to my curiosity about existing discourses of 'guilt' and 'failure'. However, it felt important to also explore the potential of working with children looked after, which posed many challenges, exacerbated by the lack of established methodological procedures. Although an instinctive deterrent, this piqued my interest, yet the more I immersed myself in the possibility of the research, the more I lost sight of my project. I shared this dilemma with my supervisor, Paul, who helped me to reflect on my research aims as well as my innate determination to overcome expectations and limits placed on me. These discussions supported me to re-establish the research as my focal point and gain perspective on the scope of the project, thus I made the decision to focus on foster carers' experiences, which felt a natural continuation from existing literature and my interests. At the time I wondered if I had chosen the 'easy route', however this route certainly had its own trials and tribulations, and I have seen first-hand that research does not need to be exceptionally different or unusual to be worthwhile.

Choosing my methodology felt remarkably straight-forward in comparison, as I was intrigued by narrative research approaches. Those that know me will appreciate that this is rather contradictory to my personality and preference for working as I enjoy structure, organisation and certainty, which perhaps aligns with quantitative research. However, the doctoral systemic teaching had enhanced my understanding of the power of language and sparked my interest in capturing the richness of stories. I considered using an interpretative phenomenological analysis (IPA) approach as this also lends itself to exploring experiences and tends to be more structured, fitting with my natural style. Nonetheless, one of my research aims was to champion foster carers' voices and I felt this would be best achieved through narrative approaches, which offer freedom of storytelling, as opposed to being limited by an interview agenda. I have also been moved and inspired by stories on many occasions, thus I felt the powerful and emotive experience of fostering resonated with storytelling.

As I developed my research proposal further, I was faced with challenges establishing my participant sample and inclusion-exclusion criteria. Firstly, I started questioning the homogeneity of my sample and Paul encouraged me to reflect on the role of participants' family scripts and socio-political-cultural contexts. I recognised that all foster carers' truths and realities would inherently differ, thus homogeneity was not achievable nor important in my research. I also struggled to determine my inclusion-exclusion criteria as this involved categorising children and young people, which didn't align with my personal values yet needed to be specific and replicable for research purposes. My research needed to specify between the use of respite due to challenges caring for children who may have experienced complex developmental trauma and respite for children with severe or life-limiting disabilities. This criterion was repeatedly revised, perhaps reflecting my discomfort with the categorisation and labelling of children. These supervision discussions highlighted the importance of adopting a critical stance to my work and not being afraid to challenge existing structures or systems.

At this point, I started the university ethics application and initiated contact with local fostering teams to scope out feasibility and interest in the project. This could be discouraging at times, as emails were often inactive or unresponsive, however I received some positive replies in December 2021, which boosted my motivation to pursue the remaining fostering teams. I felt extremely grateful to those who showed interest in my research despite their demanding workloads. I arranged meetings with heads of services, team managers and wider fostering teams, who were enthusiastic about the project, which I found extremely encouraging. These meetings also enhanced my own familiarity and understanding of my research procedures. Although the ethics application was challenging at times, I felt comforted by the structure and clarity of the process, and I can recall feeling this safety bubble pop when I received ethical approval as this signified moving forward into the 'unknown' of conducting research.

The next research phase started with recruitment, which involved some initial setbacks due to carer unavailability during the summer holidays and delays with service specific ethics requirements. Following summer, I had some interest in the project and arranged my first interviews, however the demanding nature of fostering became apparent as many carers were too busy to participate and some had to cancel or postpone interviews due to last-minute or unprecedented events. This left me feeling worried about the likelihood of recruiting 8-12 foster carers as originally hoped and extremely guilty for ‘chasing up’ carers who were clearly very busy. I also found recruitment challenging due to my lack of direct involvement, as fostering teams preferred to share the research via newsletter, email or social media pages. It was difficult for me to hand over responsibility to others and where possible, I attempted to take an active role in recruitment by attending support groups. This period of uncertainty was challenging but Paul reminded me to concentrate on the research areas within my control. Re-directing my efforts towards background research tasks was useful to manage my anxiety and keep my research in perspective, a valuable skill for both professional and personal life.

One of my apprehensions about conducting research was knowing what questions to ask in interviews. As narrative research aims to elicit free narration, it lacks set guidance on interview protocol which I found simultaneously stressful and freeing. I was initially conscious of the impact of my questions on foster carers’ narratives and so planned to ask minimal questions for clarification purposes only. However, Paul encouraged me to embrace the subjectivity of my research, reminding me that I could not be neutral. I perceived the researcher’s role to be eliciting and co-constructing foster carers’ stories (Anderson & Kirkpatrick, 2016) and therefore welcomed this position by asking explorative questions to support carers to elaborate on their experiences. Although I enjoyed the flexibility this entailed, I had a persistent sense of anxiety about ‘getting it wrong’ due to my lack of experience conducting research.

Despite this, the interviews were undoubtedly the highlight of my research experience. The foster carers were incredibly thoughtful, passionate and dedicated individuals who, as one participant perfectly phrased it, ‘put their heart and soul into fostering’. I felt incredibly privileged to hear their stories and to share their laughter and tears. I connected with each individuals’ story; some were seamless, others more fragmented, some characterised by appreciation, and others by desperation, however, all offered insight into the ‘raw’ experiences of fostering. I initially had concerns about how foster carers would respond to the storytelling prompt, so I was surprised by how naturally the conversations flowed. I feel the narrative approach aligned more with certain participants, whilst others needed more direction, thus I tended to offer brief prompts and encouragement which likely impacted carers’ narratives. I also wondered about the influence of using both in-person and virtual interviews; I valued the opportunities for informal conversation ahead of in-person interviews, which typically set a relaxed and comfortable tone. Although I tried to recreate this online, it often felt more distanced and I wondered if this impacted carers stories.

The study demographic data identified that most participants were White-British and female, with an average age of 56.6 years. This aligned with my preconceptions of fostering based on social media accounts of local fostering teams and professional experiences offering consultations to foster carers. In line with the confirmation bias hypothesis (Wason, 1960), it is likely that my preconceptions impacted recruitment as humans have a natural tendency to confirm their hypotheses, thus I may have unconsciously searched for White, female foster carers to participate in my study. However, UK statistics suggested 82% of foster carers in 2021 were White (Ofsted, 2021) which may have also contributed to the demographics of the participant pool. It is likely that Whiteness, a social construct which refers to the systemic structures that enable and maintain White privilege and power (Wood & Patel, 2017), impact the fostering demographics within the UK. The UK Fostering system is predominantly Eurocentric and has been linked to the ‘White savour complex’; the ideology that White people have the power, knowledge and skills to help individuals from Global Majority backgrounds (Kalvari, 2022). Eurocentrism is apparent in various aspects of the system, including the National Fostering Statistics language, which maintains Whiteness by positioning ‘White’ as the norm and ‘non-White ethnic groups’ as the other. Research has highlighted challenges supporting ethnic identity development for children from Global Majority backgrounds living in foster care (Degener et al., 2021). This emphasises the importance of adopting anti-racist practice (Kendi, 2019) by widening access to fostering and improving education and training, in order to provide children with placements in which they can thrive. In line with this, research needs to champion the unheard voices of foster carers from Global Majority backgrounds so as to challenge the Eurocentric assumptions of fostering.

I have also reflected on my position as a White-British female, as I believe this greatly impacted the recruitment and interviews with foster carers. Social identity theory suggests individuals are more likely to connect with members of their ‘in-group’ (Tajfel & Turner, 2004), thus my presence at foster carer support groups may have increased the likelihood of ‘in-group’ members (White females) agreeing to participate in the study. I have since wondered about my positionality and the impact this had on the interview process. Interviews typically involve a power dynamic, yet shared membership of a minority group is believed to support equality within interviews (Tang, 2002). I therefore wonder if my gender may have empowered female foster carers to adopt a non-hierarchical relationship within the interview, supporting their control and influence over the narrative shared. Although I identified with my participants on some aspects, many foster carers made reference to my age and I also reflected on my conflicting identity as an ‘out-group’ member, i.e. not being a parent or having caring responsibilities, on foster carers’ perceptions of my ability to connect with their experiences. I wondered if foster carers felt inclined to ‘justify’ their need for respite knowing that I had no insight into the challenges of parenting generally and particularly of caring for a child or young person who has experienced trauma. I feel being an ‘out-group’ member in this way benefitted my research as foster carers did not assume any prior knowledge and therefore shared in-depth accounts of their experiences. It was not until the sixth interview that I truly accepted the influence of my presence, positionality and curiosities on foster carers' stories, which in turn supported me to be more present and flexible in interviews. In the future, I would adopt this naturalistic interview stance and spend more time developing rapport prior to interviews, as I believe this supported participants to feel at ease and engage with the storytelling.

Reaching the huge milestone that was my eleventh, and final, interview entailed a rush of relief and pride. I felt energised by carers devotion to fostering, which was brought alive again and again during transcription. However, I also felt an immense pressure to make carers' participation worthwhile; I was the keeper of their stories and truly felt the weight of that responsibility. I felt unsure how to begin analysis thus I spent time re-familiarising myself with the methods and spoke to a previous trainee who reassured me that 'not-knowing' was okay. I intended to do the holistic-form analysis first, but really struggled to 'see' the structure or form of the stories and felt at a loss. Supervision helped me to recognise that I was preoccupied by the content of stories and I shared concerns of losing such valuable insights into foster carers' internal worlds. Paul recommended I therefore start with the categorical-content analysis to capture the essence of the stories, before moving forward to holistic-form.

I enjoyed the initial stages of categorical-content analysis as the process of exploring themes and commonalities felt clear and logical. Although some categories were easily determined, others were more challenging and went through many iterations as I struggled to find the right 'fit', perhaps due to my perfectionist approach. It wasn't until Paul asked me to draw out, unpick and re-hash the themes altogether that I could see the 'fit' so clearly – I suddenly could not fathom how I had not seen this pattern before as it felt so 'right'. I then started the holistic-form analysis, this time with a more open-minded approach. I talked the approach through with Paul who suggested I focus on the melodies of each chapter of the stories to ensure I do not drift into story content. To get a sense of the melody and underlying tone of the story, I tried attending to my emotions and physiological responses, noticing times I felt anxious, light or heavy and then tracking this across the story. This revolutionised my approach and I found I enjoyed the immersive process as I felt attuned to the foster carers. The content within the stories was so different that I was surprised by the similarities in process and structure of the stories. I felt relieved to finish analysis as this had been such an uncertain, unknowing process, however I also felt worried about whether foster carers would agree with my findings and had to remind myself of the interpretive nature of research.

Writing the research felt surprisingly satisfying, as I could see the work coming together. Throughout my thesis journey, I compartmentalised the research tasks as this felt more manageable and helped me to celebrate the positive steps forward. In some ways this felt at odds as it was so oppositional to my chosen methodology which focuses on the whole picture and tries not to reduce experiences to their parts. So, writing up was a stage when I started to realise the holistic picture and potential value of the research. At times, I struggled to express the richness of foster carers' experiences and meaning-making, often wishing I could offer deeper insights and contextualised quotes. My perfectionist tendencies also became integral to the writing up process; I spent time writing and re-writing sections to ensure they conveyed the voices of my participants. I was also very conscious of my language choices during write-up, as I knew that I held a powerful position and that my words would shape readers' interpretations, sense-making and conclusions. I was particularly cautious of my language around 'children looked after' and 'respite care' due to the controversies and connotations attached to these terms, and I tried to avoid using any pathologising language which sadly tends to be prominent in foster care literature. This helped me to recognise my position of power and will stand as a reminder to use my voice to advocate for service users and/or vulnerable others within both my personal and professional life.

Alongside the empirical project, the thesis journey involved a systematic literature review (SLR). I had some experience completing a clinical literature review during my doctoral training and this had been challenging and tedious at times, thus I did not feel particularly inspired by the prospect of conducting an SLR. However, the reality of my experience was very different from my sceptical expectations. I initially struggled to identify an SLR topic and even now, I believe this to be the most challenging aspect of the review. I knew I wanted to explore wellbeing in foster care as this aligned with my interests and my empirical project, but I felt keen to explore this from a different avenue, focusing on children looked after as opposed to foster carers. I therefore felt disappointed when I found three comprehensive NICE reviews exploring wellbeing for children looked after, which had been very recently published (2021). After processing my frustration, I re-read the articles to consider gaps or future directions for research and was struck by the number of factors that interact to impact children's wellbeing. I was particularly drawn to the notion of belonging, as this felt like an underlying, often forgotten, concept that is integral to wellbeing. I immediately felt excited about this idea, which was only enhanced by Paul's own enthusiasm and encouragement for the topic.

Belonging seemed to be an elusive concept; it made me think about 'feeling at home' and 'finding your place', whilst Paul shared ideas about 'mattering'. I started to explore my frame of reference for belonging and the literature offered ideas about 'valued involvement' and 'fit' which felt so prominent within foster care due to dominant discourses of 'family', 'permanence' and 'stigma'. Belonging seemed to be a valuable but neglected aspect of fostering, therefore inspiring me to pursue my review. After committing to a topic area, my SLR proposal was straight-forward and I relished the clarity, coherence and methodical nature of the process. I believe I found the SLR easier than my empirical project because I could work relatively autonomously, with support from my supervisor but without reliance on systems or participants. Although the search protocol was meticulous and time-consuming, I am a naturally conscientious person, thus I did not mind this process. Determining the results of my SLR was thought-provoking, however the papers only had limited direct quotations, thus I was conscious of not being led solely by the researchers' conclusions. I used post-it notes to identify and track themes across papers and enjoyed the creativity I could adopt at this stage. Initially, I wondered if my SLR and empirical were too unrelated or distant concepts, however now that I have completed both, I can recognise the interconnected nature of belonging and respite care.

Finally, I chose the Children and Youth Services Review journal for my SLR and empirical study. This journal aims to improve the wellbeing of marginalised children, young people and their families, thus I felt this aligned well with my chosen research area. The journal also appeals for research that considers the role of individual and societal factors on wellbeing, which significantly impacted my decision as my research attends to the impact of prevalent societal discourses and stigma on children and foster carers' wellbeing.

I have now reached the end of my thesis journey and feel immensely proud of all that I have achieved. Whilst writing this, I have noticed many parallels between foster carers' journeys of perseverance and my own research journey. My journey started hopeful but entailed many highs and lows, reaching a 'breaking point' during analysis and growing as a person to overcome these challenges. The ending of my story signifies new beginnings and I hope to take forward all that I have learnt.

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Appendix C: Bespoke Data Extraction Form

Author(s) and Year of Publication	Study Aim(s)	Participant Characteristics	Design and Analysis	Methods	Relevant significant findings	Quality assessment rating

Appendix D: CASP Qualitative Studies Checklist

Critical Appraisal Skills Programme

www.casp-uk.net
info@casp-uk.net
Summertown Pavilion, Middle Way Oxford OX2 7LG

CASP Checklist: 10 questions to help you make sense of a **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

Are the results of the study valid?	(Section A)
What are the results?	(Section B)
Will the results help locally?	(Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

4. Was the recruitment strategy appropriate to the aims of the research?

Yes ☐
Can’t Tell ☐
No ☐

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes ☐
Can’t Tell ☐
No ☐

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments:

8. Was the data analysis sufficiently rigorous?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

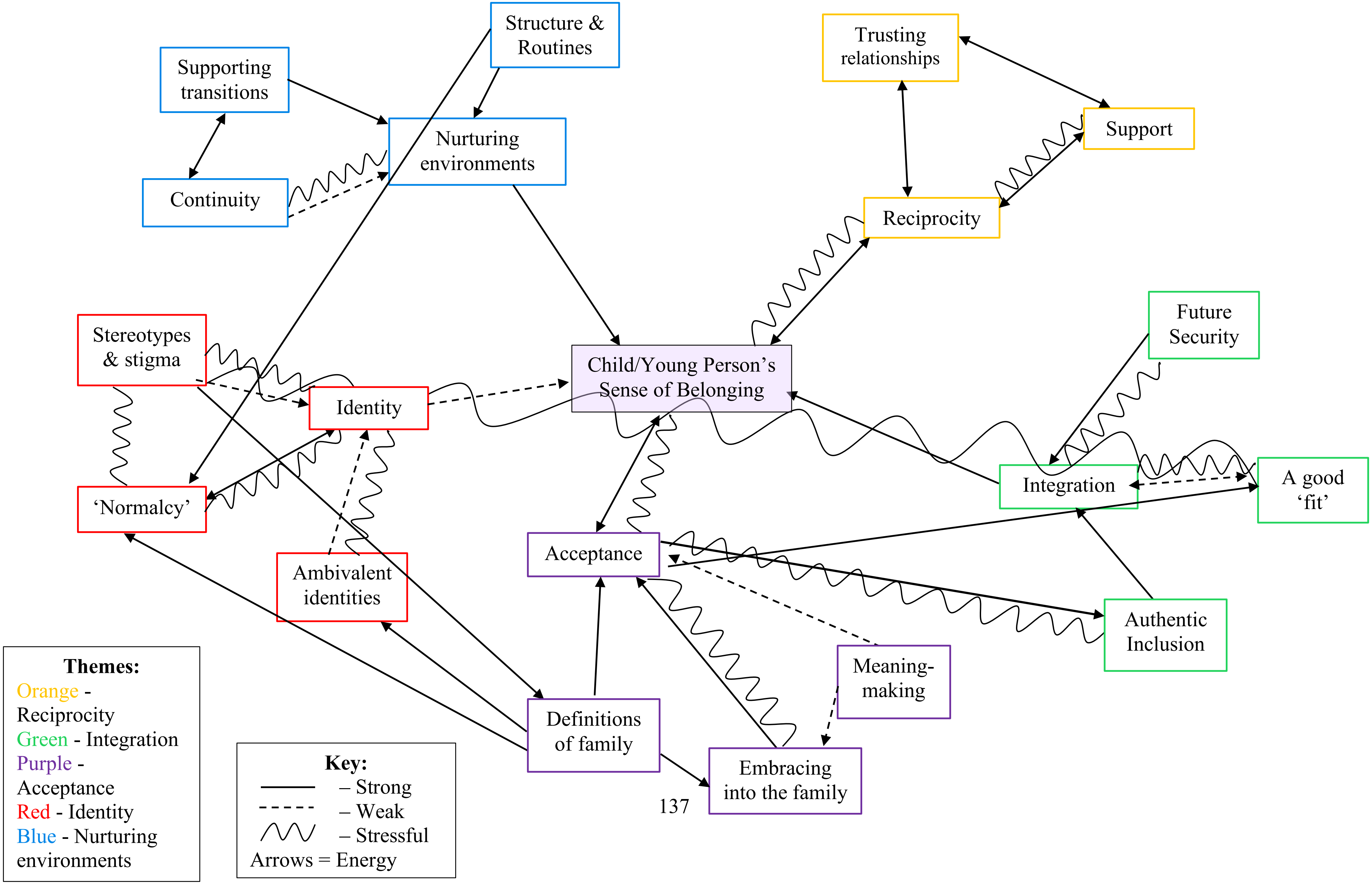
- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:

Appendix E: Quality Assessment Scores for Included Studies

Author(s) and Year of Publication	CASP Items										
	1 – Was there a clear statement of the aims of the research?	2 – Is a qualitative methodology appropriate?	3 – Was the research design appropriate to address the aims of the research?	4 – Was the recruitment strategy appropriate to the aims of the research?	5 – Was the data collected in a way that addressed the research issue?	6 – Has the relationship between researcher and participants been adequately considered?	7 – Have ethical issues been taken into consideration?	8 – Was the data analysis sufficiently rigorous?	9 – Is there a clear statement of findings?	10 – How valuable is the research?	Overall Score
Andersson (1999)	1	1	-	1	1	-	-	-	1	1	6
Bengtsson & Luckow (2020)	1	1	-	1	1	-	-	-	1	1	6
Biehal (2014)	1	1	-	1	1	-	1	-	1	1	7
Christiansen et al. (2013)	1	1	-	-	1	-	-	1	1	1	6
Fylkesnes et al. (2021)	1	1	-	1	-	-	1	1	1	1	7
Greenwood & Kelly (2020)	1	1	1	-	1	1	-	1	1	1	8
Johnson, Strayhorn & Parler (2020)	1	1	1	1	1	1	1	1	1	1	10
Schofield (2002)	1	1	-	1	-	-	-	-	1	1	5
Steenbakkers, Van Der Steen & Grietens (2021)	1	1	-	1	1	-	1	1	1	1	8
Storer et al. (2014)	1	1	-	1	1	1	1	1	1	1	9

Appendix F: Ecomap of Themes Derived from Narrative Synthesis



Appendix G: Support for Themes Across Papers

Theme	Subtheme	Andersson (1999)	Bengtsson & Luckow (2020)	Biehal (2014)	Christiansen et al. (2013)	Fylkesnes et al. (2021)	Greenwood & Kelly (2020)	Johnson, Strayhorn & Parler (2020)	Schofield (2002)	Steenbakkers, Van Der Steen & Grietens (2021)	Storer et al. (2014)	Total
Reciprocity	Trusting Relationships	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
	Support	-	Y	-	-	-	Y	-	Y	Y	Y	5
Integration	Authentic Inclusion	-	Y	Y	Y	Y	-	-	Y	Y	-	6
	A Good ‘fit’	-	Y	-	-	Y	-	Y	Y	-	Y	5
	Future Security	Y	-	-	Y	-	-	-	Y	Y	-	4
Acceptance	Embracing into the Family	Y	Y	Y	Y	Y	-	Y	Y	Y	-	8
	Definitions of Family	Y	Y	Y	-	Y	-	-	Y	-	-	5
	Meaning-Making	Y	Y	Y	Y	-	-	-	-	-	-	4
Identity	Ambivalent Identities	Y	Y	Y	Y	Y	Y	Y	Y	-	-	8
	Stereotypes and Stigma	-	-	-	-	-	-	Y	Y	-	Y	3
	‘Normalcy’	Y	-	Y	Y	-	Y	Y	Y	Y	-	7
Nurturing environments	Supporting Transitions	-	-	-	-	Y	Y	Y	-	-	-	3
	Continuity	-	Y	Y	Y	Y	-	Y	-	-	-	5
	Structure and Routines	-	Y	Y	-	-	-	-	Y	Y	Y	5

Appendix H: Confirmation of Ethical Approval

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w: www.hull.ac.uk

PRIVATE AND CONFIDENTIAL
Eleanor Goldsmith
Faculty of Health Sciences
University of Hull
Via email

14th June 2022

Dear Eleanor

REF FHS435 - An exploration of foster carers' stories of respite care.

Thank you for your responses to the points raised by the Faculty of Health Sciences Research Ethics Committee.

Given the information you have provided I confirm approval by Chair's action.

Please refer to the Research Ethics Committee web page for reporting requirements in the event of any amendments to your study.

Should an Adverse Event need to be reported, please complete the Adverse Event Form and send it to the Research Ethics Committee FHS-ethicssubmissions@hull.ac.uk within 15 days of the Chief Investigator becoming aware of the event.

I wish you every success with your study.

Yours sincerely

Professor Liz Walker
Chair, FHS Research Ethics Committee

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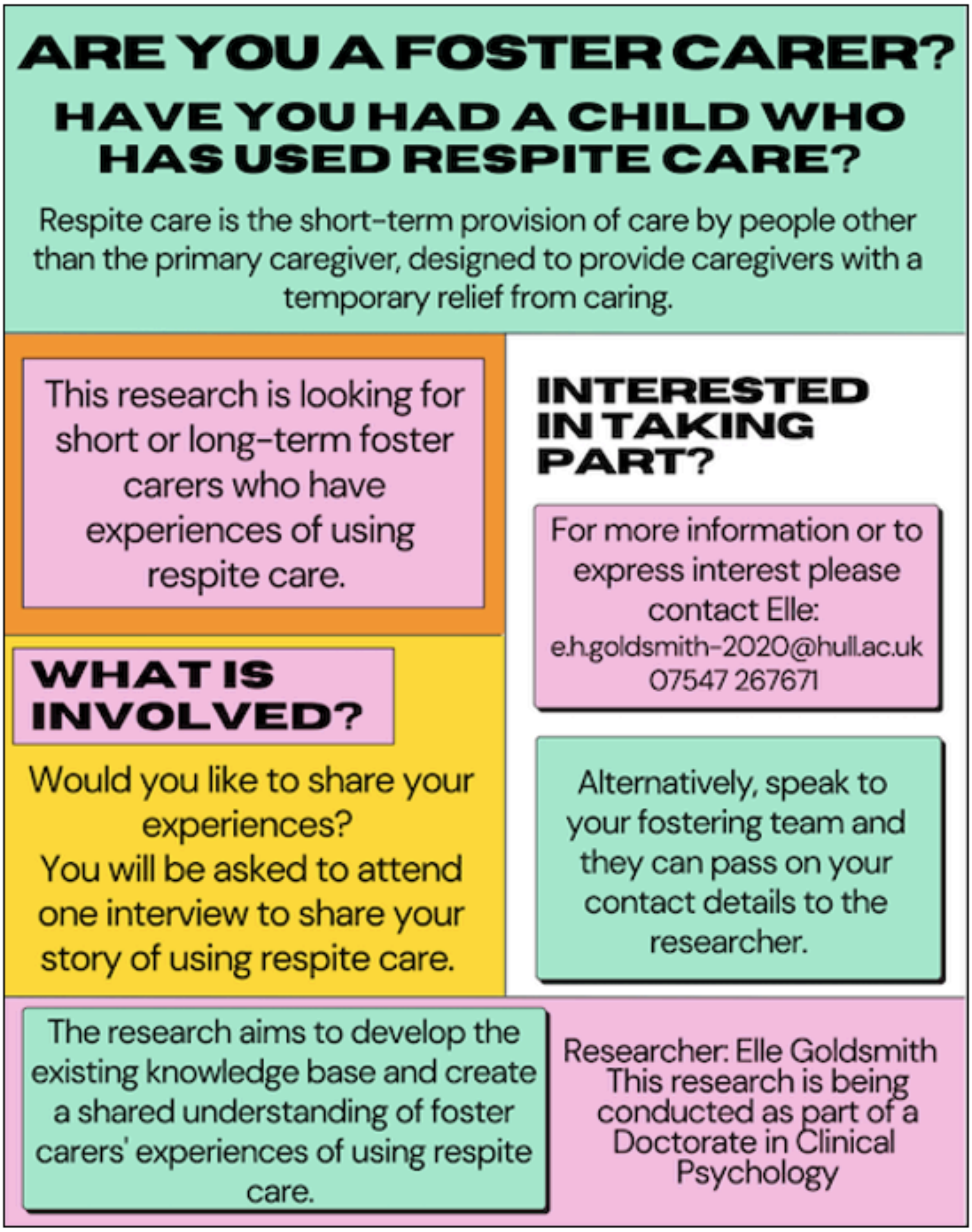
Appendix I: Study Poster; Respite Care Terminology



ARE YOU A FOSTER CARER?

HAVE YOU HAD A CHILD WHO HAS USED RESPITE CARE?

Respite care is the short-term provision of care by people other than the primary caregiver, designed to provide caregivers with a temporary relief from caring.

This research is looking for short or long-term foster carers who have experiences of using respite care.

INTERESTED IN TAKING PART?

For more information or to express interest please contact Elle:
e.h.goldsmith-2020@hull.ac.uk
07547 267671

WHAT IS INVOLVED?

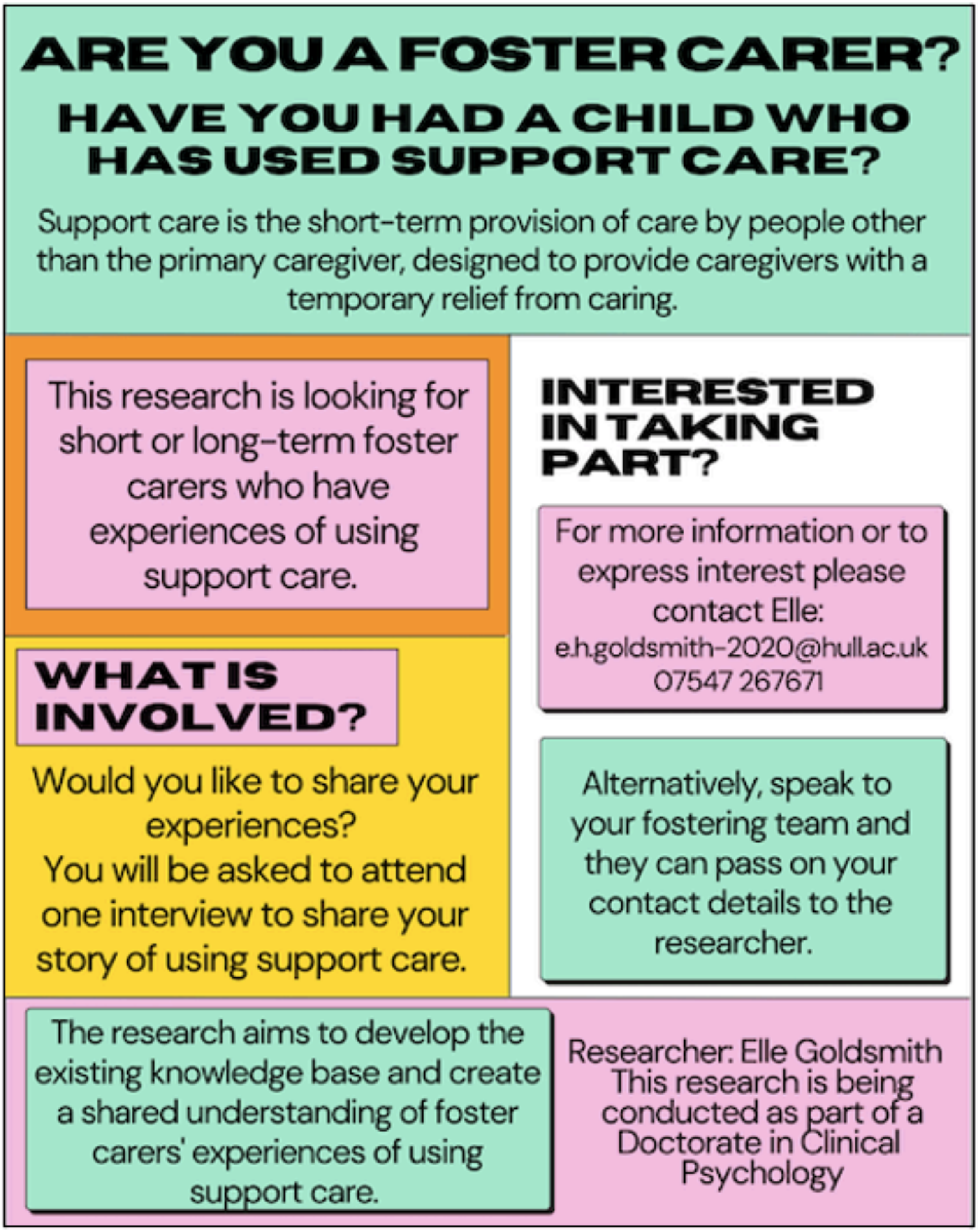
Would you like to share your experiences?
You will be asked to attend one interview to share your story of using respite care.

Alternatively, speak to your fostering team and they can pass on your contact details to the researcher.

The research aims to develop the existing knowledge base and create a shared understanding of foster carers' experiences of using respite care.

Researcher: Elle Goldsmith
This research is being conducted as part of a Doctorate in Clinical Psychology

Appendix J: Study Poster; Support Care Terminology



ARE YOU A FOSTER CARER?

HAVE YOU HAD A CHILD WHO HAS USED SUPPORT CARE?

Support care is the short-term provision of care by people other than the primary caregiver, designed to provide caregivers with a temporary relief from caring.

This research is looking for short or long-term foster carers who have experiences of using support care.

WHAT IS INVOLVED?

Would you like to share your experiences?
You will be asked to attend one interview to share your story of using support care.

INTERESTED IN TAKING PART?

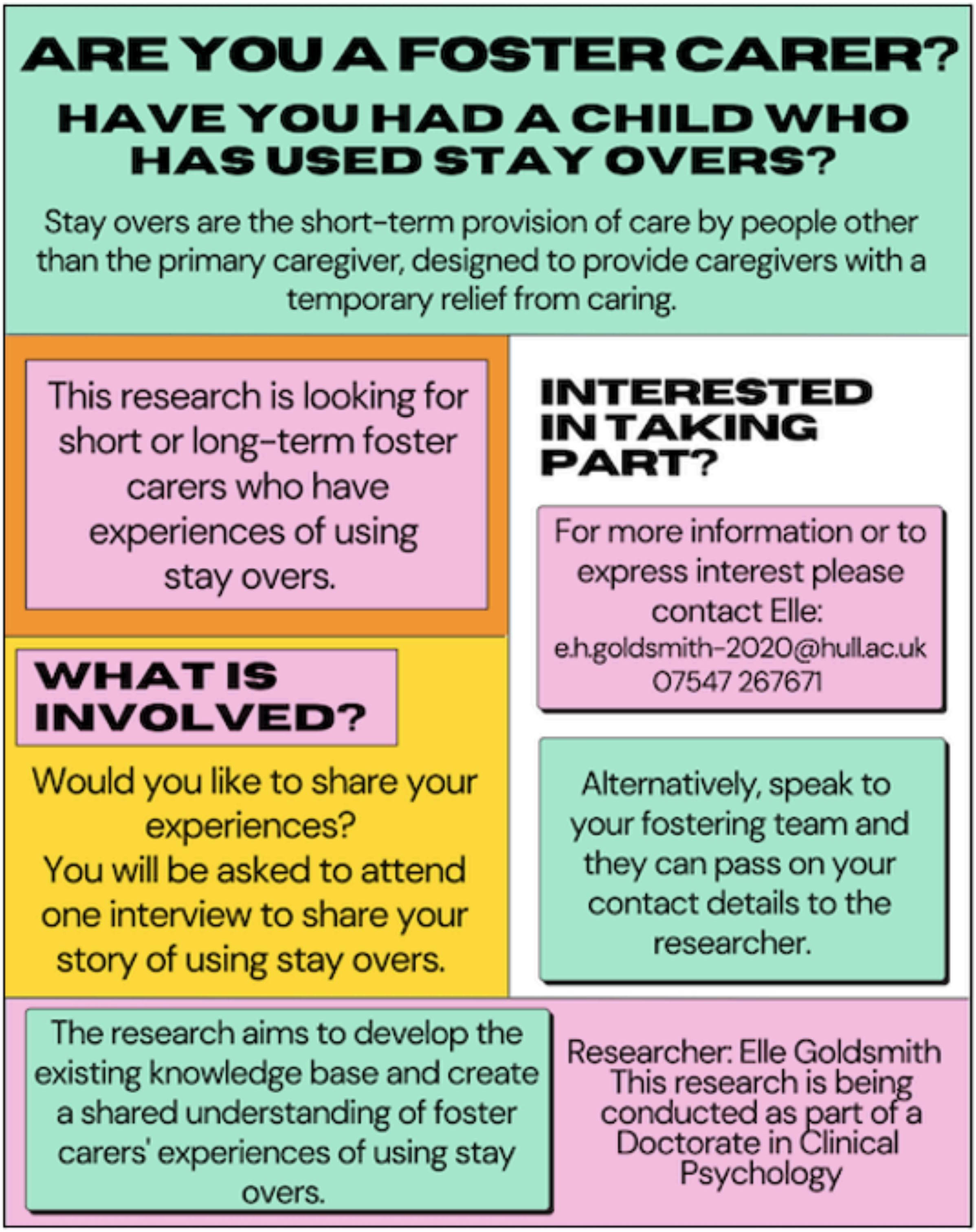
For more information or to express interest please contact Elle:
e.h.goldsmith-2020@hull.ac.uk
07547 267671

Alternatively, speak to your fostering team and they can pass on your contact details to the researcher.

The research aims to develop the existing knowledge base and create a shared understanding of foster carers' experiences of using support care.

Researcher: Elle Goldsmith
This research is being conducted as part of a Doctorate in Clinical Psychology

Appendix K: Study Poster; Stay Overs Terminology



ARE YOU A FOSTER CARER?

HAVE YOU HAD A CHILD WHO HAS USED STAY OVERS?

Stay overs are the short-term provision of care by people other than the primary caregiver, designed to provide caregivers with a temporary relief from caring.

This research is looking for short or long-term foster carers who have experiences of using stay overs.

WHAT IS INVOLVED?

Would you like to share your experiences?
You will be asked to attend one interview to share your story of using stay overs.

INTERESTED IN TAKING PART?

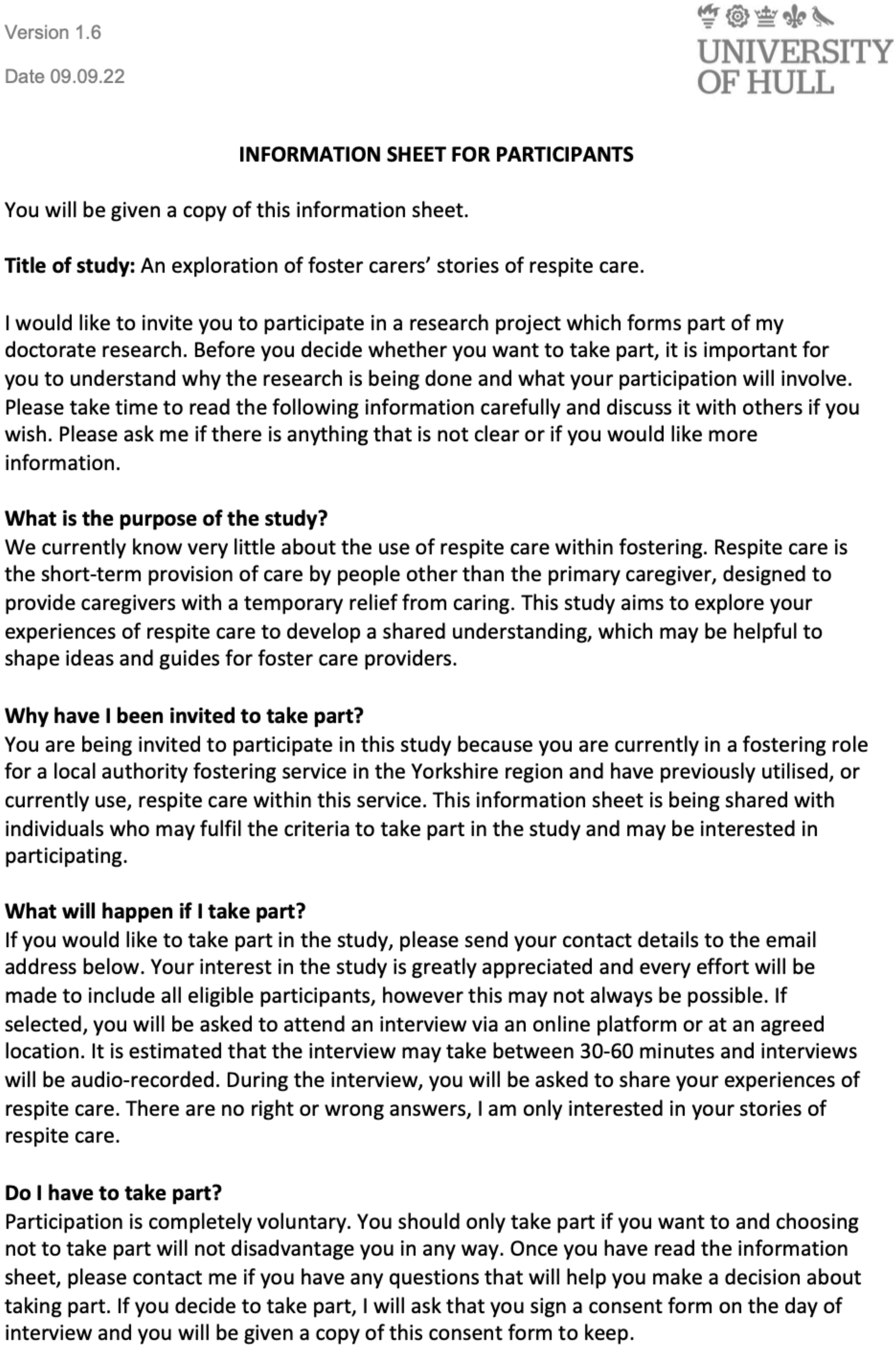
For more information or to express interest please contact Elle:
e.h.goldsmith-2020@hull.ac.uk
07547 267671

Alternatively, speak to your fostering team and they can pass on your contact details to the researcher.

The research aims to develop the existing knowledge base and create a shared understanding of foster carers' experiences of using stay overs.

Researcher: Elle Goldsmith
This research is being conducted as part of a Doctorate in Clinical Psychology

Appendix L: Participant Information Sheet; Respite Care Terminology



Version 1.6

Date 09.09.22

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INFORMATION SHEET FOR PARTICIPANTS

You will be given a copy of this information sheet.

Title of study: An exploration of foster carers' stories of respite care.

I would like to invite you to participate in a research project which forms part of my doctorate research. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

We currently know very little about the use of respite care within fostering. Respite care is the short-term provision of care by people other than the primary caregiver, designed to provide caregivers with a temporary relief from caring. This study aims to explore your experiences of respite care to develop a shared understanding, which may be helpful to shape ideas and guides for foster care providers.

Why have I been invited to take part?

You are being invited to participate in this study because you are currently in a fostering role for a local authority fostering service in the Yorkshire region and have previously utilised, or currently use, respite care within this service. This information sheet is being shared with individuals who may fulfil the criteria to take part in the study and may be interested in participating.

What will happen if I take part?

If you would like to take part in the study, please send your contact details to the email address below. Your interest in the study is greatly appreciated and every effort will be made to include all eligible participants, however this may not always be possible. If selected, you will be asked to attend an interview via an online platform or at an agreed location. It is estimated that the interview may take between 30-60 minutes and interviews will be audio-recorded. During the interview, you will be asked to share your experiences of respite care. There are no right or wrong answers, I am only interested in your stories of respite care.

Do I have to take part?

Participation is completely voluntary. You should only take part if you want to and choosing not to take part will not disadvantage you in any way. Once you have read the information sheet, please contact me if you have any questions that will help you make a decision about taking part. If you decide to take part, I will ask that you sign a consent form on the day of interview and you will be given a copy of this consent form to keep.

What are the possible risks of taking part?
Participating in the study will require 30-60 minutes of your time which may be inconvenient for you. Some people may experience distress when talking about their experiences of respite care because it may prompt difficult memories and feelings. If this happens the researcher will offer support and you will have the opportunity to pause or terminate the interview. Following the interview, the researcher will facilitate a short debriefing period whereby you can discuss your experience of the interview, including the impact on your emotional wellbeing. The researcher will provide all participants with a debrief form which will signpost you to sources of support.

What are the possible benefits of taking part?
I cannot assure that you will experience any benefits, however some individuals find it useful to have an opportunity to reflect on their experiences. It is also hoped that the interviews will offer a space for your voices to be heard and to highlight your important role in supporting children and young people. You may also enjoy contributing to research that may benefit others as we are hopeful that the information you give us will help us to understand more about fostering and respite care.

What if I change my mind about taking part?
You are free to withdraw from the study at any time up until two weeks after the interview, without having to give a reason. Withdrawing from the study will not affect you in any way. Two weeks after the interview, data transcription will have occurred, and withdrawal of your data will not be possible as the data will have been anonymised. If you choose to withdraw from the study before this point, we will not retain the information you have given.

Data handling and confidentiality
Your data will be processed in accordance with the General Data Protection Regulation 2018 (GDPR).

Any personal information that you provide will be kept strictly confidential. Direct quotes from the discussion may be used in research publications and presentations but you will not be identified in this. To protect your anonymity, your name will be removed from the research data and you will be assigned a unique code or pseudonym. Likewise, the anonymity of the young people will be protected. Information collected from this study will be used for this study only and not used for any other purpose.

Participant consent that is obtained through an audio recording will be saved as an audio file in a password-protected folder. Participant consent that is obtained through a written signature on the participant consent form will be saved as a password-protected Microsoft Word document. To protect the security of audio recordings and files, they will be stored on an NHS encrypted laptop which only the researcher has access to. The information will be backed up to a secure network at the University of Hull. After the research is completed, all audio recordings will be destroyed. Anonymised transcripts of the recordings will be stored on a secure drive at the University of Hull for a period of 10 years. Your contact details will

be held securely for the duration of the research but then destroyed when the research is complete.

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You can find out more about how we use your information at https://www.hull.ac.uk/choose-hull/university-and-region/key-documents/docs/quality/research-participant-privacy-notice.pdf or by emailing University of Hull Information Compliance Manager (dataprotection@hull.ac.uk).

Data protection statement
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How is the project being organised and funded?
The researcher carrying out this research is a student at the University of Hull and this research is part of a doctorate level training program in Clinical Psychology.

Payment/incentives
You will not be offered any payment or reward for taking part in the study however any significant travel costs will be reimbursed.

What will happen to the results of the study?
The results of the study will be summarised in a written thesis as part of a Doctorate in Clinical Psychology. The thesis will be available on the University of Hull's online repository https://hydra.hull.ac.uk. Feedback will be provided to the fostering teams and shared with all participants who have requested it. Feedback will involve a summary of the main findings alongside some anonymised, verbatim quotes. The research may also be published in academic journals and/or presented at conferences. Participants will not be identifiable in the final study reports or in any conference presentations.

Who has reviewed this study?

Research studies are reviewed by an independent group of people, called a Research Ethics Committee, who protects the interests of people who participate in research. This study has been reviewed and been given a favourable opinion by the Faculty of Health Sciences Ethics Committee at the University of Hull. The project has also been approved by each fostering team.

What should I do next?

If you are interested in taking part in the research, please send your contact details to the email address below. I will be in touch to arrange the next steps.

Who should I contact for further information?

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Elle Goldsmith
Clinical Psychology
Aire Building
The University of Hull
Cottingham Road
Hull
HU6 7RX
Tel: 07547 267671
Email: e.h.goldsmith-2020@hull.ac.uk

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Dr Paul Walton
Clinical Psychology
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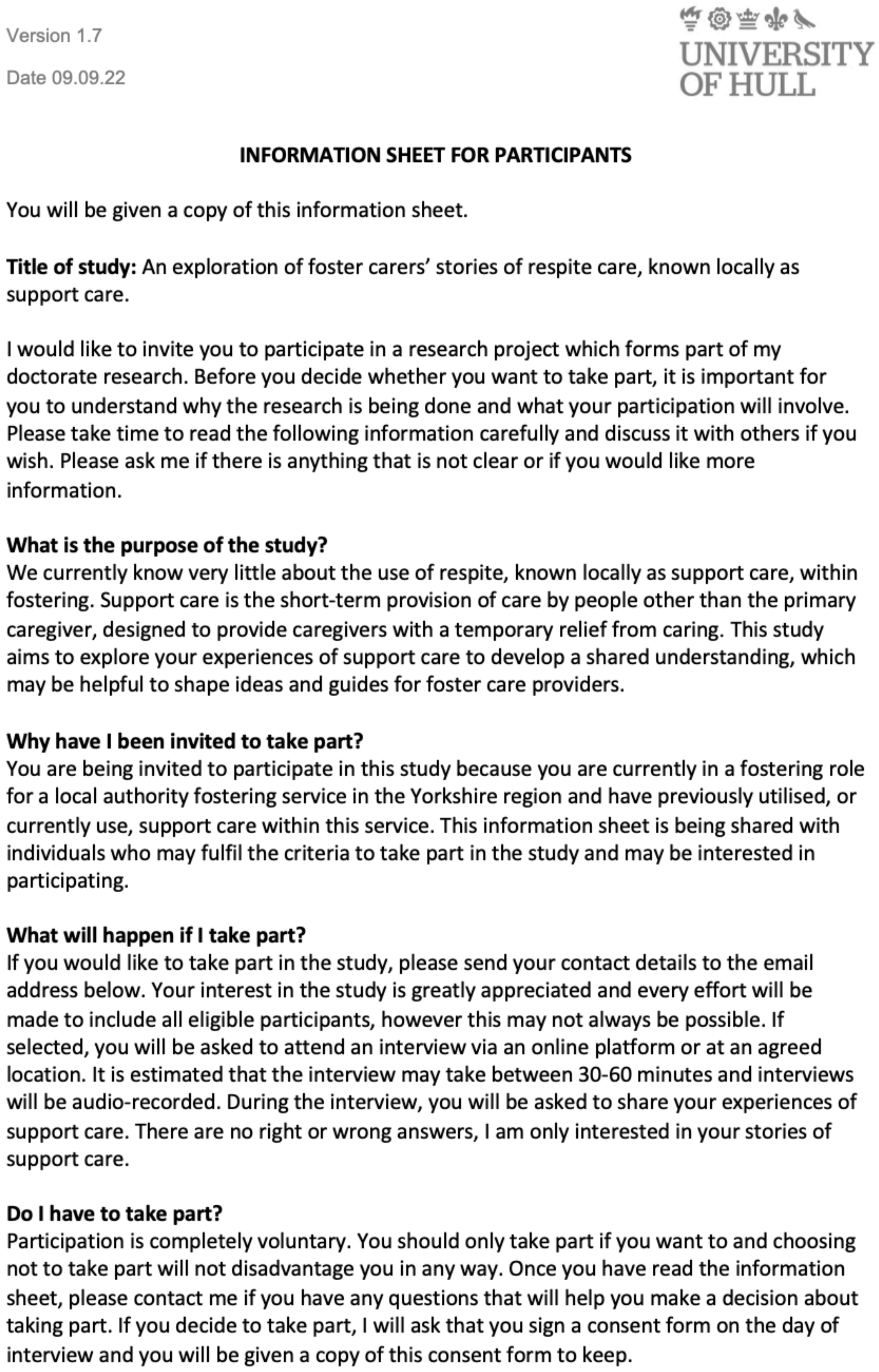
The University of Hull
Cottingham Road
Hull
HU6 7RX
Email: p.p.walton@hull.ac.uk

Thank you for reading this information sheet and for considering taking part in this research.

Appendix M: Participant Information Sheet; Support Care Terminology



Version 1.7

Date 09.09.22

UNIVERSITY
OF HULL

INFORMATION SHEET FOR PARTICIPANTS

You will be given a copy of this information sheet.

Title of study: An exploration of foster carers' stories of respite care, known locally as support care.

I would like to invite you to participate in a research project which forms part of my doctorate research. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?
We currently know very little about the use of respite, known locally as support care, within fostering. Support care is the short-term provision of care by people other than the primary caregiver, designed to provide caregivers with a temporary relief from caring. This study aims to explore your experiences of support care to develop a shared understanding, which may be helpful to shape ideas and guides for foster care providers.

Why have I been invited to take part?
You are being invited to participate in this study because you are currently in a fostering role for a local authority fostering service in the Yorkshire region and have previously utilised, or currently use, support care within this service. This information sheet is being shared with individuals who may fulfil the criteria to take part in the study and may be interested in participating.

What will happen if I take part?
If you would like to take part in the study, please send your contact details to the email address below. Your interest in the study is greatly appreciated and every effort will be made to include all eligible participants, however this may not always be possible. If selected, you will be asked to attend an interview via an online platform or at an agreed location. It is estimated that the interview may take between 30-60 minutes and interviews will be audio-recorded. During the interview, you will be asked to share your experiences of support care. There are no right or wrong answers, I am only interested in your stories of support care.

Do I have to take part?
Participation is completely voluntary. You should only take part if you want to and choosing not to take part will not disadvantage you in any way. Once you have read the information sheet, please contact me if you have any questions that will help you make a decision about taking part. If you decide to take part, I will ask that you sign a consent form on the day of interview and you will be given a copy of this consent form to keep.

What are the possible risks of taking part?
Participating in the study will require 30-60 minutes of your time which may be inconvenient for you. Some people may experience distress when talking about their experiences of support care because it may prompt difficult memories and feelings. If this happens the researcher will offer support and you will have the opportunity to pause or terminate the interview. Following the interview, the researcher will facilitate a short debriefing period whereby you can discuss your experience of the interview, including the impact on your emotional wellbeing. The researcher will provide all participants with a debrief form which will signpost you to sources of support.

What are the possible benefits of taking part?
I cannot assure that you will experience any benefits, however some individuals find it useful to have an opportunity to reflect on their experiences. It is also hoped that the interviews will offer a space for your voices to be heard and to highlight your important role in supporting children and young people. You may also enjoy contributing to research that may benefit others as we are hopeful that the information you give us will help us to understand more about fostering and support care.

What if I change my mind about taking part?
You are free to withdraw from the study at any time up until two weeks after the interview, without having to give a reason. Withdrawing from the study will not affect you in any way. Two weeks after the interview, data transcription will have occurred, and withdrawal of your data will not be possible as the data will have been anonymised. If you choose to withdraw from the study before this point, we will not retain the information you have given.

Data handling and confidentiality
Your data will be processed in accordance with the General Data Protection Regulation 2018 (GDPR).

Any personal information that you provide will be kept strictly confidential. Direct quotes from the discussion may be used in research publications and presentations but you will not be identified in this. To protect your anonymity, your name will be removed from the research data and you will be assigned a unique code or pseudonym. Likewise, the anonymity of the young people will be protected. Information collected from this study will be used for this study only and not used for any other purpose.

Participant consent that is obtained through an audio recording will be saved as an audio file in a password-protected folder. Participant consent that is obtained through a written signature on the participant consent form will be saved as a password-protected Microsoft Word document. To protect the security of audio recordings and files, they will be stored on an NHS encrypted laptop which only the researcher has access to. The information will be backed up to a secure network at the University of Hull. After the research is completed, all audio recordings will be destroyed. Anonymised transcripts of the recordings will be stored on a secure drive at the University of Hull for a period of 10 years. Your contact details will

be held securely for the duration of the research but then destroyed when the research is complete.

The only time the information you provide cannot be kept confidential is if you disclose something that suggests that you or someone else is at risk of serious harm. If this happens during the interview the researcher will need to contact appropriate authorities to ensure that you and other people are safe. It is unlikely that this will happen, and the researcher will try to discuss this with you.

You can find out more about how we use your information at https://www.hull.ac.uk/choose-hull/university-and-region/key-documents/docs/quality/research-participant-privacy-notice.pdf or by emailing University of Hull Information Compliance Manager (dataprotection@hull.ac.uk).

Data protection statement
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If you want to complain about how researchers have handled your information, you should contact the research team. If you are not happy after that, you can contact the Data Protection Officer. The research team can give you details of the appropriate Data Protection Officer. If you are not happy with their response or believe they are processing your data in a way that is not right or lawful, you can complain to the Information Commissioner's Office (ICO) (www.ico.org.uk or 0303 123 1113).

How is the project being organised and funded?
The researcher carrying out this research is a student at the University of Hull and this research is part of a doctorate level training program in Clinical Psychology.

Payment/incentives
You will not be offered any payment or reward for taking part in the study however any significant travel costs will be reimbursed.

What will happen to the results of the study?
The results of the study will be summarised in a written thesis as part of a Doctorate in Clinical Psychology. The thesis will be available on the University of Hull's online repository https://hydra.hull.ac.uk. Feedback will be provided to the fostering teams and shared with all participants who have requested it. Feedback will involve a summary of the main findings alongside some anonymised, verbatim quotes. The research may also be published in academic journals and/or presented at conferences. Participants will not be identifiable in the final study reports or in any conference presentations.

Who has reviewed this study?

Research studies are reviewed by an independent group of people, called a Research Ethics Committee, who protects the interests of people who participate in research. This study has been reviewed and been given a favourable opinion by the Faculty of Health Sciences Ethics Committee at the University of Hull. The project has also been approved by each fostering team.

What should I do next?

If you are interested in taking part in the research, please send your contact details to the email address below. I will be in touch to arrange the next steps.

Who should I contact for further information?

If you have any questions or require more information about this study, please contact me using the following contact details:

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What if I have further questions, or if something goes wrong?

If you wish to make a complaint about the conduct of the study, you can contact the University of Hull using the research supervisor's details below for further advice and information:

Dr Paul Walton
Clinical Psychology
Aire Building
The University of Hull
Cottingham Road
Hull
HU6 7RX
Email: p.p.walton@hull.ac.uk

Thank you for reading this information sheet and for considering taking part in this research.

Appendix N: Participant Information Sheet; Stay Overs Terminology

Version 1.8

Date 09.09.22

INFORMATION SHEET FOR PARTICIPANTS

You will be given a copy of this information sheet.

Title of study: An exploration of foster carers' stories of respite care, known locally as stay overs.

I would like to invite you to participate in a research project which forms part of my doctorate research. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

We currently know very little about the use of respite care, known locally as stay overs, within fostering. Stay overs are the short-term provision of care by people other than the primary caregiver, designed to provide caregivers with a temporary relief from caring. This study aims to explore your experiences of stay overs to develop a shared understanding, which may be helpful to shape ideas and guides for foster care providers.

Why have I been invited to take part?

You are being invited to participate in this study because you are currently in a fostering role for a local authority fostering service in the Yorkshire region and have previously utilised, or currently use, stay overs within this service. This information sheet is being shared with individuals who may fulfil the criteria to take part in the study and may be interested in participating.

What will happen if I take part?

If you would like to take part in the study, please send your contact details to the email address below. Your interest in the study is greatly appreciated and every effort will be made to include all eligible participants, however this may not always be possible. If selected, you will be asked to attend an interview via an online platform or at an agreed location. It is estimated that the interview may take between 30-60 minutes and interviews will be audio-recorded. During the interview, you will be asked to share your experiences of stay overs. There are no right or wrong answers, I am only interested in your stories of stay overs.

Do I have to take part?

Participation is completely voluntary. You should only take part if you want to and choosing not to take part will not disadvantage you in any way. Once you have read the information sheet, please contact me if you have any questions that will help you make a decision about taking part. If you decide to take part, I will ask that you sign a consent form on the day of interview and you will be given a copy of this consent form to keep.

What are the possible risks of taking part?
Participating in the study will require 30-60 minutes of your time which may be inconvenient for you. Some people may experience distress when talking about their experiences of stay overs because it may prompt difficult memories and feelings. If this happens the researcher will offer support and you will have the opportunity to pause or terminate the interview. Following the interview, the researcher will facilitate a short debriefing period whereby you can discuss your experience of the interview, including the impact on your emotional wellbeing. The researcher will provide all participants with a debrief form which will signpost you to sources of support.

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What if I change my mind about taking part?
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Data handling and confidentiality
Your data will be processed in accordance with the General Data Protection Regulation 2018 (GDPR).

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How is the project being organised and funded?

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Payment/incentives

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What will happen to the results of the study?

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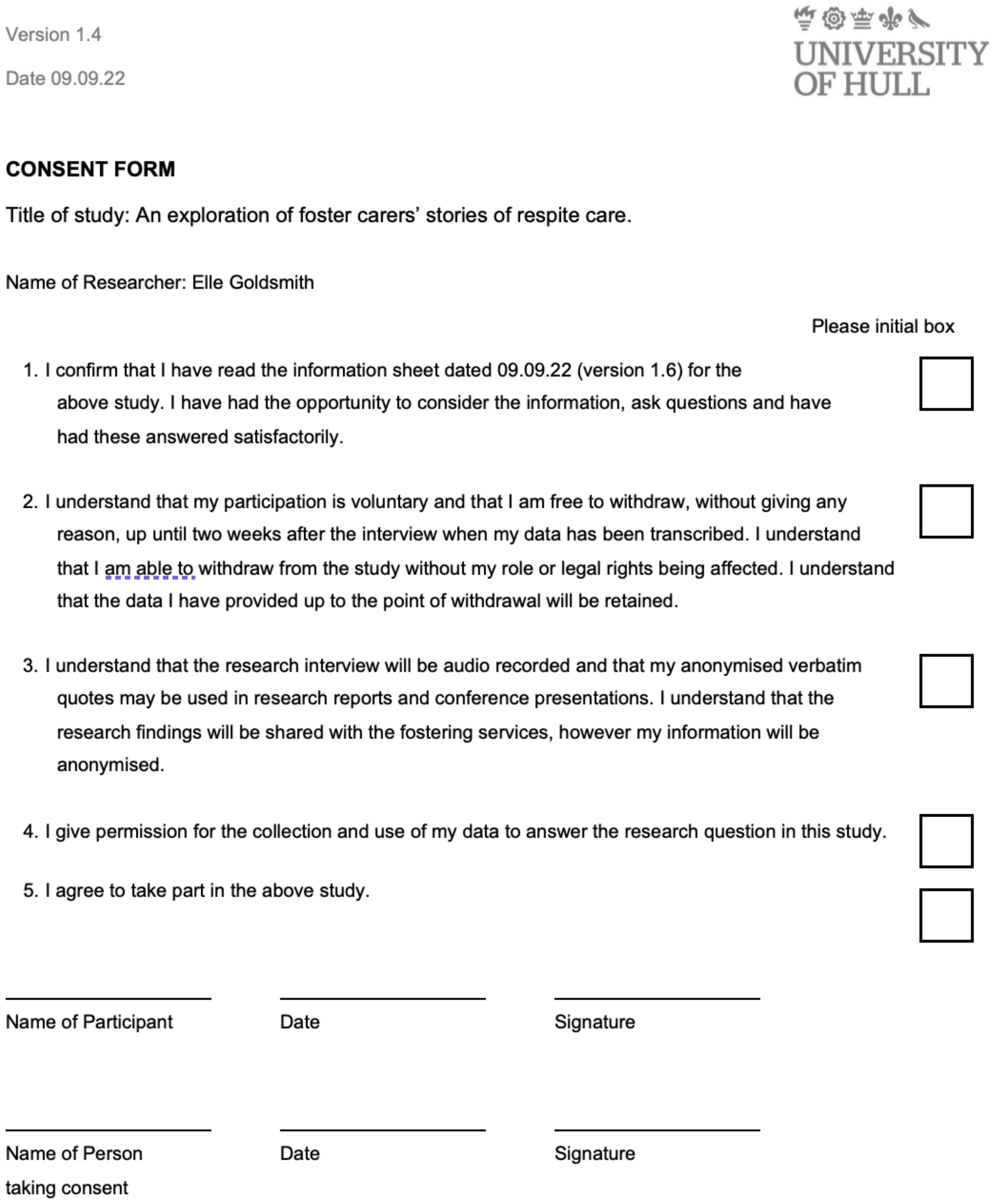
Thank you for reading this information sheet and for considering taking part in this research.

Appendix O: Consent Form; Respite Care Terminology



Version 1.4

Date 09.09.22

UNIVERSITY
OF HULL

CONSENT FORM

Title of study: An exploration of foster carers' stories of respite care.

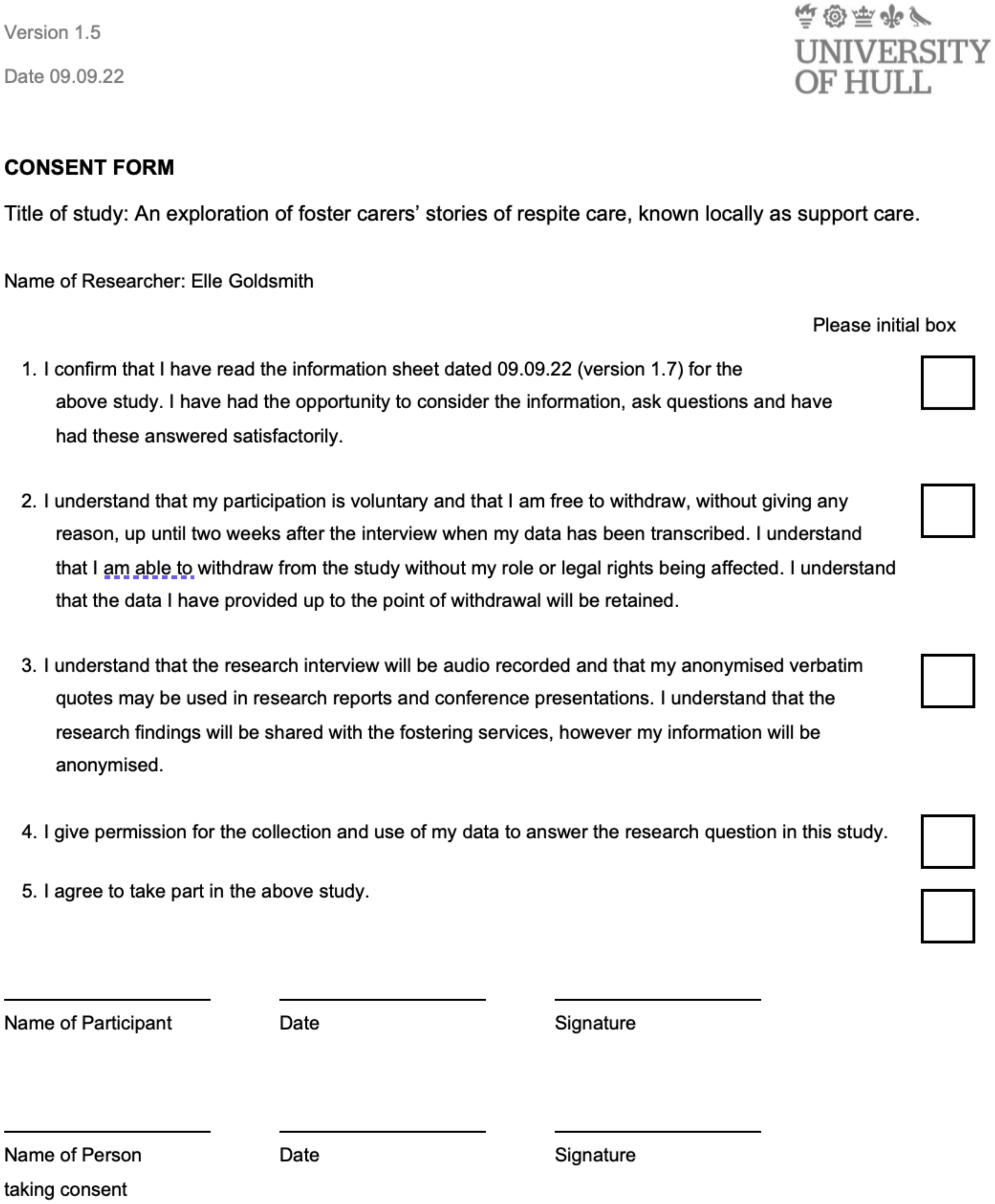
Name of Researcher: Elle Goldsmith

Please initial box

1. I confirm that I have read the information sheet dated 09.09.22 (version 1.6) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw, without giving any reason, up until two weeks after the interview when my data has been transcribed. I understand that I am able to withdraw from the study without my role or legal rights being affected. I understand that the data I have provided up to the point of withdrawal will be retained. ☐
3. I understand that the research interview will be audio recorded and that my anonymised verbatim quotes may be used in research reports and conference presentations. I understand that the research findings will be shared with the fostering services, however my information will be anonymised. ☐
4. I give permission for the collection and use of my data to answer the research question in this study. ☐
5. I agree to take part in the above study. ☐

________________	________________	________________
Name of Participant	Date	Signature
________________	________________	________________
Name of Person taking consent	Date	Signature

Appendix P: Consent Form; Support Care Terminology



Version 1.5

Date 09.09.22

UNIVERSITY OF HULL

CONSENT FORM

Title of study: An exploration of foster carers' stories of respite care, known locally as support care.

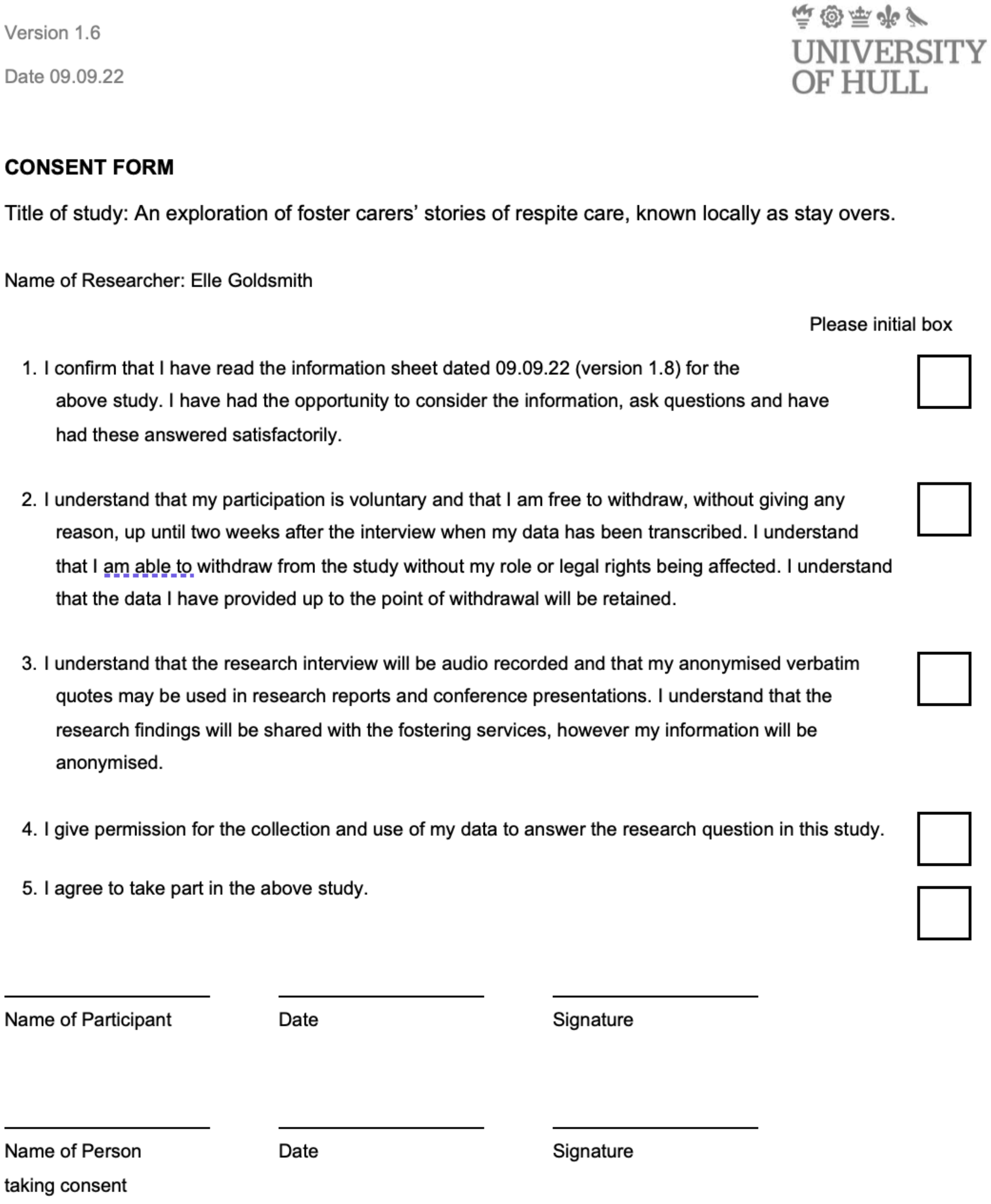
Name of Researcher: Elle Goldsmith

Please initial box

1. I confirm that I have read the information sheet dated 09.09.22 (version 1.7) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw, without giving any reason, up until two weeks after the interview when my data has been transcribed. I understand that I am able to withdraw from the study without my role or legal rights being affected. I understand that the data I have provided up to the point of withdrawal will be retained. ☐
3. I understand that the research interview will be audio recorded and that my anonymised verbatim quotes may be used in research reports and conference presentations. I understand that the research findings will be shared with the fostering services, however my information will be anonymised. ☐
4. I give permission for the collection and use of my data to answer the research question in this study. ☐
5. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Name of Person taking consent	Date	Signature

Appendix Q: Consent Form; Stay Overs Terminology



Version 1.6

Date 09.09.22

UNIVERSITY
OF HULL

CONSENT FORM

Title of study: An exploration of foster carers' stories of respite care, known locally as stay overs.

Name of Researcher: Elle Goldsmith

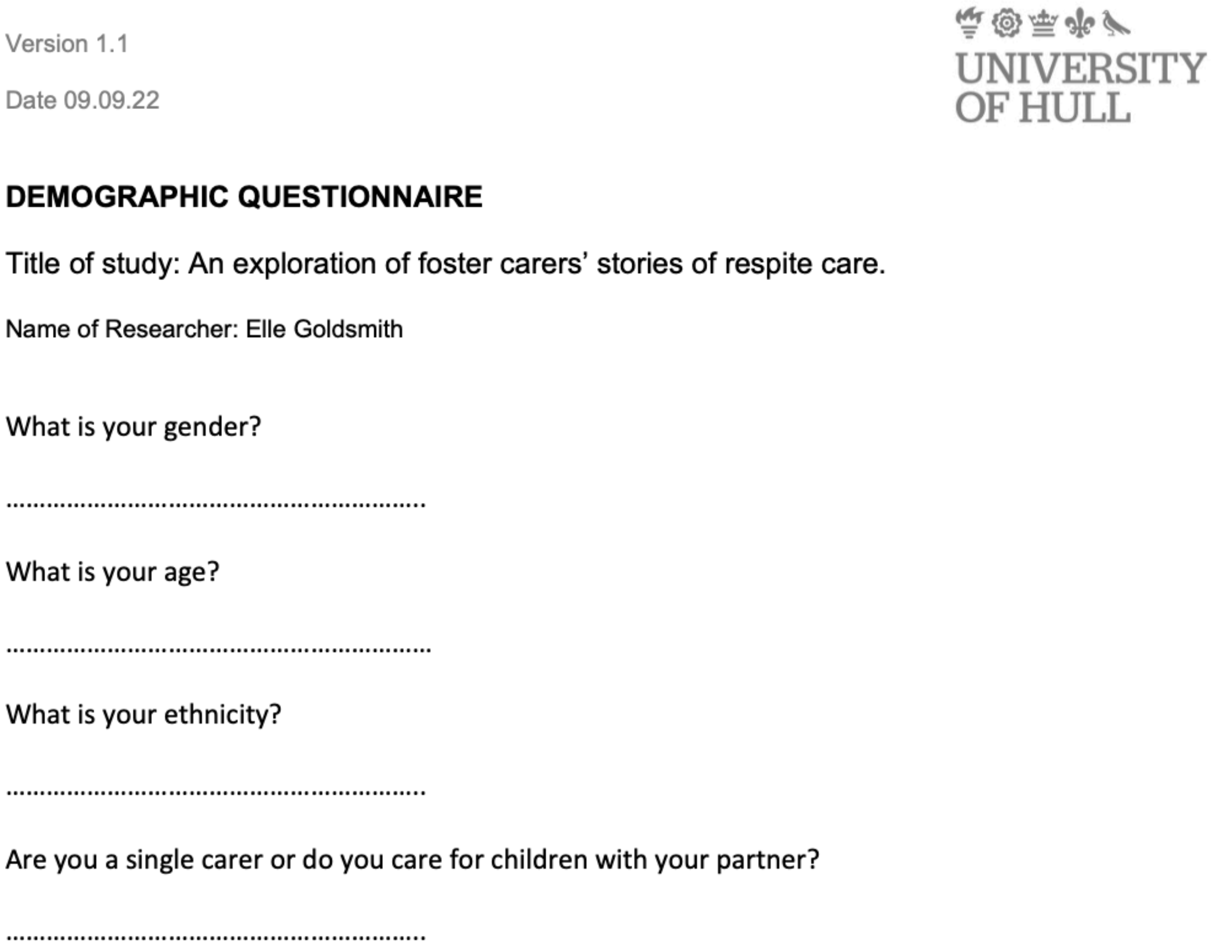
Please initial box

1. I confirm that I have read the information sheet dated 09.09.22 (version 1.8) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw, without giving any reason, up until two weeks after the interview when my data has been transcribed. I understand that I am able to withdraw from the study without my role or legal rights being affected. I understand that the data I have provided up to the point of withdrawal will be retained. ☐
3. I understand that the research interview will be audio recorded and that my anonymised verbatim quotes may be used in research reports and conference presentations. I understand that the research findings will be shared with the fostering services, however my information will be anonymised. ☐
4. I give permission for the collection and use of my data to answer the research question in this study. ☐
5. I agree to take part in the above study. ☐

Name of Participant ____________ Date ____________ Signature ____________

Name of Person taking consent ____________ Date ____________ Signature ____________

Appendix R: Demographic Questionnaire; Respite Care Terminology



Version 1.1

Date 09.09.22

UNIVERSITY
OF HULL

DEMOGRAPHIC QUESTIONNAIRE

Title of study: An exploration of foster carers’ stories of respite care.

Name of Researcher: Elle Goldsmith

What is your gender?

……………………………………………………..

What is your age?

……………………………………………………..

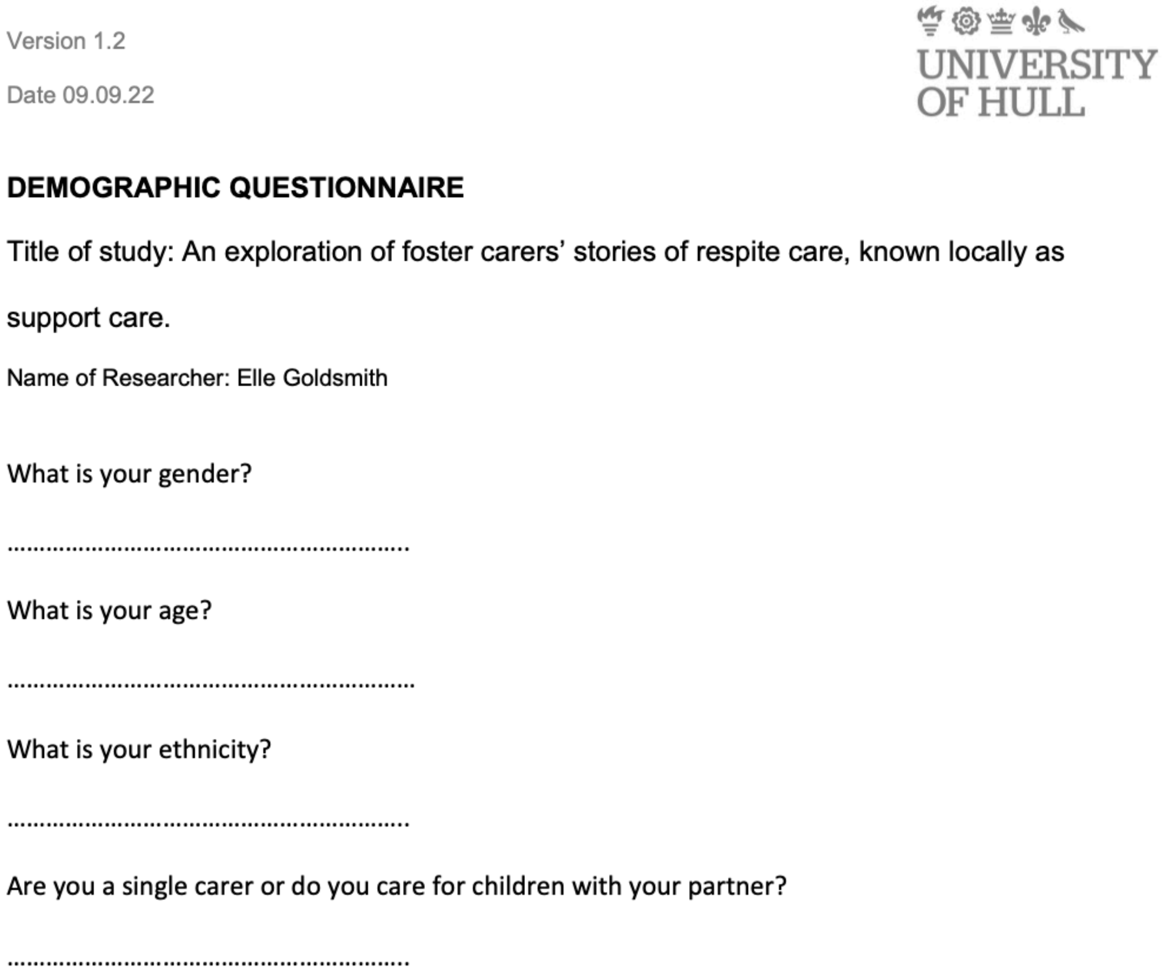
What is your ethnicity?

……………………………………………………..

Are you a single carer or do you care for children with your partner?

……………………………………………………..

Appendix S: Demographic Questionnaire; Support Care Terminology



Version 1.2

Date 09.09.22

UNIVERSITY OF HULL

DEMOGRAPHIC QUESTIONNAIRE

Title of study: An exploration of foster carers’ stories of respite care, known locally as support care.

Name of Researcher: Elle Goldsmith

What is your gender?

……………………………………………………

What is your age?

……………………………………………………

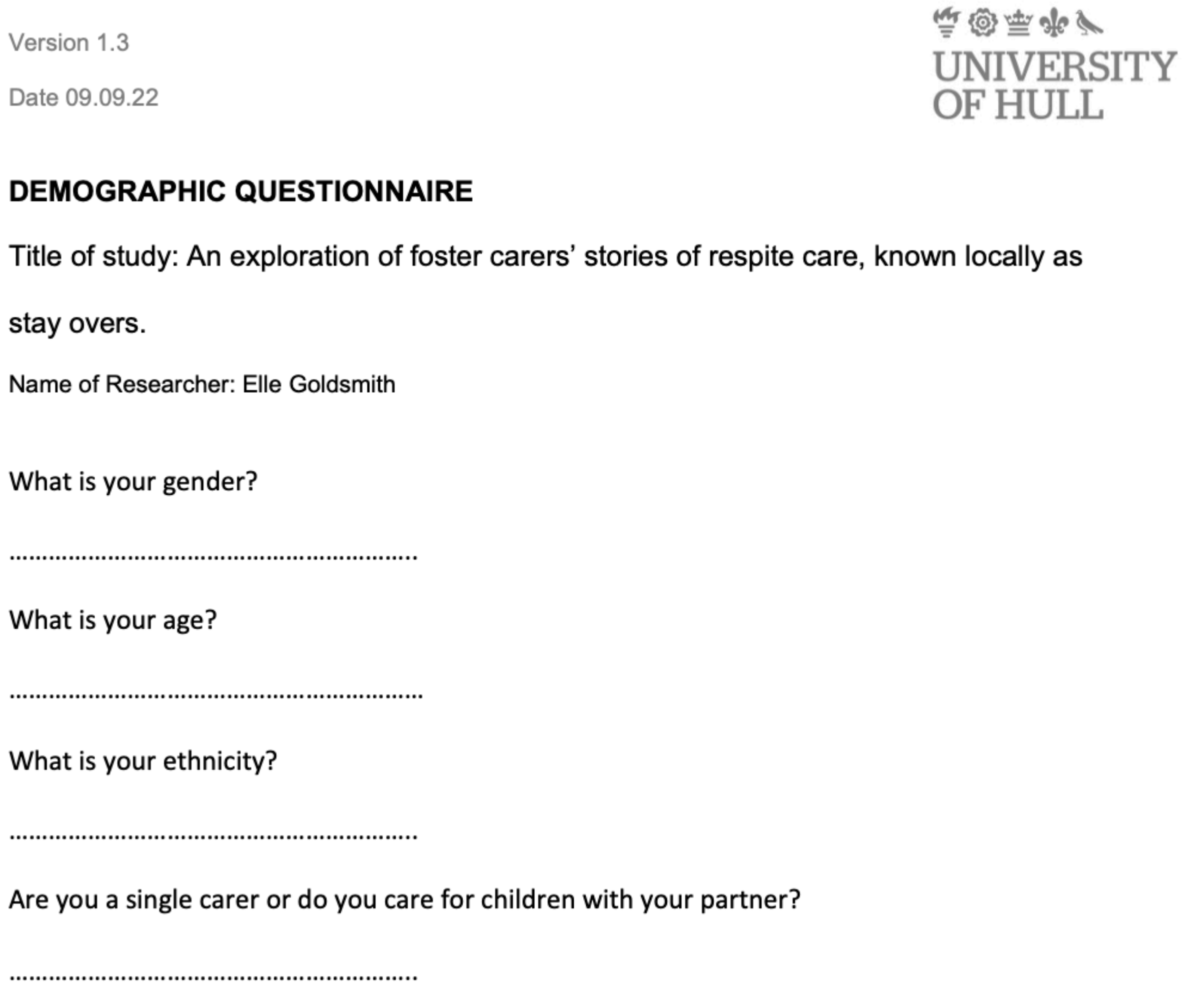
What is your ethnicity?

……………………………………………………

Are you a single carer or do you care for children with your partner?

……………………………………………………

Appendix T: Demographic Questionnaire; Stay Overs Terminology



Version 1.3

Date 09.09.22

UNIVERSITY
OF HULL

DEMOGRAPHIC QUESTIONNAIRE

Title of study: An exploration of foster carers’ stories of respite care, known locally as stay overs.

Name of Researcher: Elle Goldsmith

What is your gender?

…………………………………………………….

What is your age?

………………………………………………………

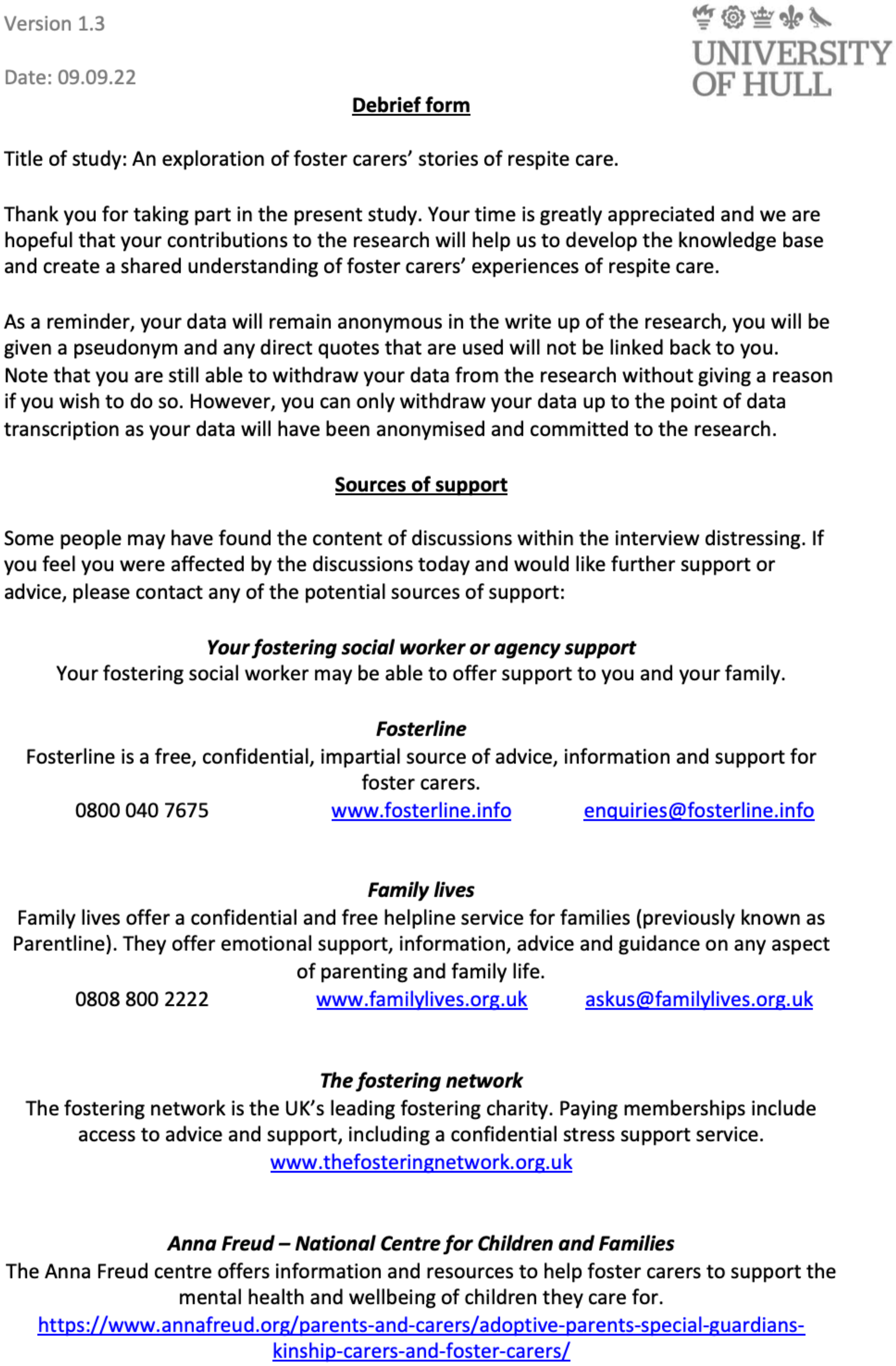
What is your ethnicity?

…………………………………………………….

Are you a single carer or do you care for children with your partner?

…………………………………………………….

Appendix U: Debrief Form; Respite Care Terminology



Version 1.3

Date: 09.09.22

UNIVERSITY OF HULL

Debrief form

Title of study: An exploration of foster carers' stories of respite care.

Thank you for taking part in the present study. Your time is greatly appreciated and we are hopeful that your contributions to the research will help us to develop the knowledge base and create a shared understanding of foster carers' experiences of respite care.

As a reminder, your data will remain anonymous in the write up of the research, you will be given a pseudonym and any direct quotes that are used will not be linked back to you. Note that you are still able to withdraw your data from the research without giving a reason if you wish to do so. However, you can only withdraw your data up to the point of data transcription as your data will have been anonymised and committed to the research.

Sources of support

Some people may have found the content of discussions within the interview distressing. If you feel you were affected by the discussions today and would like further support or advice, please contact any of the potential sources of support:

Your fostering social worker or agency support

Your fostering social worker may be able to offer support to you and your family.

Fosterline

Fosterline is a free, confidential, impartial source of advice, information and support for foster carers.

0800 040 7675 www.fosterline.info enquiries@fosterline.info

Family lives

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The fostering network

The fostering network is the UK's leading fostering charity. Paying memberships include access to advice and support, including a confidential stress support service.

www.thefosteringnetwork.org.uk

Anna Freud – National Centre for Children and Families

The Anna Freud centre offers information and resources to help foster carers to support the mental health and wellbeing of children they care for.

https://www.annafreud.org/parents-and-carers/adoptive-parents-special-guardians-kinship-carers-and-foster-carers/

Your GP

You can also seek support from your GP. If you require urgent support, you can contact the mental health helpline for your area:

Area	Contact number	Provider
Leeds	0800 183 1485	(Leeds and York Partnership NHS Foundation Trust)
Hull and East Riding	0800 138 0990	(Humber Teaching NHS Foundation Trust)
York	0800 051 6171	(Tees, Esk and Wear Valleys NHS Foundation Trust)
Sheffield	0808 196 8281	(Sheffield Health and Social Care NHS Foundation Trust)

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Researcher details

If you have any questions or require more information about this study, please contact me using the following details:

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Tel: 07547 267671

If you wish to make a complaint about the study, you can contact the University of Hull using the research supervisor's details below for further advice and information:

Dr Paul Walton
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Aire Building
The University of Hull
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HU6 7RX
Email address: P.P.Walton@hull.ac.uk

Appendix V: Debrief Form; Support Care Terminology

Version 1.4

Date: 09.09.22

UNIVERSITY
OF HULL

Debrief form

Title of study: An exploration of foster carers' stories of respite care, known locally as support care.

Thank you for taking part in the present study. Your time is greatly appreciated and we are hopeful that your contributions to the research will help us to develop the knowledge base and create a shared understanding of foster carers' experiences of support care.

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Appendix W: Debrief Form; Stay Overs Terminology

Version 1.5

Date: 09.09.22

UNIVERSITY OF HULL

Debrief form

Title of study: An exploration of foster carers' stories of respite care, known locally as stay overs.

Thank you for taking part in the present study. Your time is greatly appreciated and we are hopeful that your contributions to the research will help us to develop the knowledge base and create a shared understanding of foster carers' experiences of stay overs.

As a reminder, your data will remain anonymous in the write up of the research, you will be given a pseudonym and any direct quotes that are used will not be linked back to you. Note that you are still able to withdraw your data from the research without giving a reason if you wish to do so. However, you can only withdraw your data up to the point of data transcription as your data will have been anonymised and committed to the research.

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Appendix X: Support for Categories Across Participants

Major category	**Minor category**	**P1**	**P2**	**P3**	**P4**	**P5**	**P6**	**P7**	**P8**	**P9**	**P10**	**P11**	**Total**
The Need for Respite Care	The Unique Challenges of Fostering	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	10
	Supporting the Unmet Needs of Foster Families	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	10
	Establishing and Maintaining Meaningful Connections	Y	Y	-	-	-	Y	-	Y	Y	Y	Y	7
	Enabling Placement Stability and Permanence	Y	Y	Y	Y	-	Y	Y	-	Y	Y	Y	9
Accessing Respite Care	The Stigma of Seeking Support	Y	Y	Y	Y	-	Y	-	-	-	Y	-	6
	Carers' Hesitations and Concerns about using Respite Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11
	The Inaccessibility of Respite Care	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	9
	The Absence of Need due to Alternative Support	Y	Y	Y	Y	-	Y	-	-	Y	-	Y	7
Establishing and Planning Respite Care	Promoting Stability and Continuity of Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11
	Personalised Planning and Preparation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11

	Approaches to Conversations about Respite	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	9
	Utilising support networks	Y	Y	-	Y	Y	Y	Y	-	Y	Y	Y	9
The Conflicting Emotional Experience of Respite Care	Relief and Relaxation	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	10
	Worry, Stress and Anxiety	-	Y	Y	-	Y	Y	Y	-	Y	-	Y	7
	Guilt and Discomfort	-	Y	Y	-	Y	Y	Y	-	-	Y	-	6
	Frustration and Disappointment	Y	Y	-	-	Y	Y	-	-	Y	-	Y	6
The Impact of Respite Care	Refreshed, Recharged and Ready to Reconnect	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11
	Enhancing Children and Young People’s Wellbeing	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11
	Strengthening Placement Stability and Cohesion within the Foster Family	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	10
	The Unintended Consequences of Respite Care	-	Y	-	-	Y	-	Y	Y	-	-	Y	5

Appendix Y: Additional Supporting Quotes for Categorical-Content Analysis

Major and minor categories	Supporting quotes
The Need for Respite Care The Unique Challenges of Fostering	*"Because some children they have got very very challenging behaviour because of their experiences, it's not their fault. But erm yeah, [respite care], it is important, I do believe, for foster carers." (Participant 1)* *"...you know got early years trauma so they're very, sorta got complex needs and very sorta difficult to care for and hard work." (Participant 7)* *"...they'd got a trauma bond is what the psychologist said, that like and it was just, I couldn't heal it because they were constantly re-triggering each other and I just needed a break." (Participant 11)*
The Need for Respite Care Supporting the Unmet Needs of Foster Families	*"...he would calm down, we would calm down, because as a foster carer, you know, you still get angry, you still feel angry and you're not always ready to, you know, welcome them and say 'oh yeah, I'm glad you've come home' you know, you'd be angry yourself sometimes at what had happened." (Participant 1)* *"I recognised that these boys needed to be apart for a little bit of the time, so again once a month, erm they used to have erm separate time as I called it." (Participant 4)* *"...I've always said that your children foster just as much as you (laughs), cause they're accepting them in the house, they talk to them and sometimes they have difficult conversations with them, so to have that little bit of leeway and that bit of break." (Participant 6)*
The Need for Respite Care Establishing and Maintaining Meaningful Connections	*"So then it's nice to have family, your own family time. Cause sometimes they can feel shoved out, when you know if they're younger as well, mine aren't, mine are older but I can imagine if they've got younger children and the focus is all on the foster children (...) you know the family children might feel like they're getting shoved out." (Participant 9)* *"she sort of said to us it's more about having like an auntie or an uncle, somebody that he can stay with, like another family…" (Participant 10)* *"she went to her mums once a fortnight (...) but she'd come into care voluntarily, she deliberately, she'd said she didn't want to stay with her parents anymore so she went to, so she then could still see her as such." (Participant 11)*
The Need for Respite Care Enabling Placement Stability and Permanence	*"Erm, there was definitely a time at Christmas when I had some health difficulties and we really needed a rest but because of the timing, obviously just before Christmas…" (Participant 2)* *"...it helps to stop placement breakdowns because before it gets to a breakdown, you're going to your delegated foster parents (...) so if there was a problem and you can't actually solve it or you're having a problem with the child or young person, then they can just take them to the other foster carer for a couple of days, couple of weeks and then give the*

	placement a chance to build again and then come back again, and then it can be looked at…" (Participant 3) *"…if they've been desperate to place children and we've got a holiday booked then we say well yeah we can have these children but we're going away, because you can't always take the children because they haven't got a passport and sometimes they can't even get a passport, depending on where they've come from." (Participant 9)*
Accessing Respite Care The Stigma of Seeking Support	*"I suppose because they use [respite care] for a child with a disability, it's just accepted as the norm, but I don't think the recognition of living with somebody with such high needs that are caused by something else, that is not a disability, erm, is just, is not seen as so exhausting. (…) the recognition of the severity that's there with children who are traumatised or have attachment difficulties, I think the recognition of the need for [respite care] isn't there." (Participant 2)* *"…you sorta, you feel like you've given up really, not given up, you're having to ask for help that you don't want to ask for. So I usually try and go as far as I can, you know I have to ask for that…" (Participant 4)* *"I think I still feel a bit, I still feel when you say to people 'oh yeah, James is going to [respite care] this weekend', even that feels a bit, it's not ideal but I don't know what else you would call it but even that's still a little bit, 'ooh we need support' kind of thing." (Participant 10)*
Accessing Respite Care Carers' Hesitations and Concerns about using Respite Care	*"…I didn't want him to feel that again, that loss, it's a horrible, horrible loss. Erm, erm yeah it's almost a loss isn't it really. Erm so I didn't want anybody to feel that, I don't like that, if they're here, they're here, this is their home, they don't need go anywhere else unless there's a reason for it, or I'm knackered (laughs)." (Participant 4)* *"…you need to use respite but you're scared to use respite because you don't know what's gonna happen…" (Participant 5)* *"…well I thought that using [respite] wasn't right, I kept saying you can't use [respite], you're taking them in as part of your family so you have to have them with ya, you have to cope with them, you cope with your own children so you have to cope with them." (Participant 6)*
Accessing Respite Care The Inaccessibility of Respite Care	*"But like I say those carers don't stay [respite carers] for long, they end up then taking a full-time placement. So they can't do the [respite care] anymore so then you move onto somebody else, so it's not like the children can build up that rapport with another carer because eventually then they're not going to be there so it's really difficult." (Participant 5)* *"…others are getting to a real breaking point before they actually get something, and then it just happens to be a one-off just cause they're so desperate, and it shouldn't be like that…" (Participant 7)* *"…it is quite annoying that they couldn't find anyone in-house, that I had to lean on my support network to look after the girls when I should have been able to have my own support network and they should have had theirs. So, and it might be that the person I would have probably liked to*

	go on holiday with would have been Martha, but Martha was looking after my girls, because no one else would (laughs)." (Participant 11)
Accessing Respite Care The Absence of Need due to Alternative Support	*"Erm, and I don't think I had [respite care] initially for you know, a long time. But [respite care], you know, I mean I had friends by then that fostered and they would often look after my child if I needed to have an appointment or needed to go somewhere for the day." (Participant 1)* *"And when he came to us actually, he did have a tutor and he did have a mentor, and I kind of thought okay that'll be breathing space." (Participant 2)* *"Erm well we didn't used to go away as much then I don't think. We've got our own place now abroad, like I say we were retiring and then we've got this other child, he's been here a lot longer than we thought he was gonna be. So then our plans had to change, to accommodate him really, we'd have been off (laughs)." (Participant 9)*
Establishing and Planning Respite Care Promoting Stability and Continuity of Care	*"Erm but he can see that I work with them very closely so whatever rules we've set down here, they actually set the rules there as well the same, so everything works straight across the board for him." (Participant 4)* *"…and they leave some of their teddies there, they leave some of their pyjamas there, so it feels a bit like home-from-home really, that they've got, you know, another room to go to, another home to go to." (Participant 7)* *"…it doesn't really help does it because you're, you're just constantly on the edge, you're constantly wondering whether these people will do it again…" (Participant 11)*
Establishing and Planning Respite Care Personalised Planning and Preparation	*"…if you had your own family, which I have got my own family, you wouldn't necessarily just drop them in and say right you're going to so and so, you've never met them before but you're going to stay there for the weekend. You, you don't just do it so why would you do it to a foster child, it's not fair. So you've got to try and build it in…" (Participant 3)* *"…they've thrived in their care if I'm honest. They've, the children love going. They you know, it's just a good match. But the [respite carers] are both there 100% for the children (…) they're totally focused on the children's needs. And one child will sorta go towards like the female carer and the other one will sorta spend a lot of time with the male carer so they've got one to one constant attention." (Participant 8)* *"But usually what happens is you don't just take 'em, you take 'em a few times before. You know so they like get to know the person, they'll see where they're sleeping, they might know who else is in the house. D'ya know so they're not just like thrown into a different household where it's gonna be strange (…) so it's not too daunting. It probably will be daunting but not as bad as if they've never met." (Participant 9)*
Establishing and Planning Respite Care	*"I think you need to be open and honest with them. (…) What I would've done is said I think this is something we need, but I felt I should've been supported with that by the social worker. (…) And it's not fair on the young person either, because they don't get it unless somebody is*

Approaches to Conversations about Respite	*proactive and tells them. They don't know that their behaviour is wrong and unacceptable." (Participant 2)* *"…we always say you know everybody needs a rest from somebody or something, and that's all it is, we just need to have a rest, and maybe, and when we come back together, that's when it's all fun again and nobody's tired." (Participant 5)* *"…I think the children er take some adapting, they need to know clearly, cause the children were quite young, they needed to know that they were coming back, they needed to know how many sleeps, you know what I mean, they needed, we needed to do some sort of little social story really." (Participant 8)*
Establishing and Planning Respite Care Utilising Support Networks	*"…so we all sorta like know each other and we attend like you know, the fostering events, so we're all together as a family so the girls see them there as well, with you know, while they're with me, you know they're seeing these carers." (Participant 7)* *"And I know that if we ever needed her to help out, you know if there was a problem or something, I know that she would have him more than she, than you know than the regular thing." (Participant 10)* *"Just, the support you get from other foster carers, it's actually the best thing we've got, it's like the most supportive and they don't judge either because we've all had kids that have been like, just a little bit, well quite a lot too much or erm, it is because they understand and we can speak freely as well..." (Participant 11)*
The Conflicting Emotional Experience of Respite Care Relief and Relaxation	*"…I just felt my shoulders lift. But yeah that [respite care] was just, it was just brilliant…" (Participant 2)* *"…I'm happy knowing that they're happy, erm having a good time, erm you know. So nobody's worrying about each other…" (Participant 7)* *"Erm or I meet up with my friends, maybe have a spa day (laughs) (...) It was just some self-care really…" (Participant 8)*
The Conflicting Emotional Experience of Respite Care Worry, Stress and Anxiety	*"…always in the back of your mind, are the children okay, are they coping, is this happening, is that happening. So that's what it looks and feels like, it, it's quite stressful but it is." (Participant 5)* *"…that was my anticipation all the time, every time that they had to go somewhere, I was always worried that they were going to prefer being there and not want to come back." (Participant 6)* *"you should be excited about going on holiday but it's quite stressful and wondering as well where the baby's going and you know, we know they're gonna be cared for because it's carers but are they going to be okay, are they going to settle you know so it's quite a sorta stressful time leading up to it…" (Participant 7)*
The Conflicting Emotional	*"Erm I feel a little bit guilty to some extent cause he's going on a break and my granddaughter's staying, but then I can't do anything different, but I would like her to go as well." (Participant 3)*

Experience of Respite Care Guilt and Discomfort	*"…and the people that suffered more than anything were the children, the people that we're supposed to be protecting. So yeah weren't good." (Participant 5)* *"…we weren't taking our own children and that was different because then I felt like I wasn't, I weren't treating them any different to my own children, so I thought, it didn't feel so bad then…" (Participant 6)*
The Conflicting Emotional Experience of Respite Care Frustration and Disappointment	*"So that were really disappointing for me when I got home because I felt like I'd left the children in an unsafe place, and not unsafe as where they would get hurt but unsafe as in they weren't, erm their feelings weren't registered." (Participant 5)* *"So I was still really doing it, d'ya know what I mean and that, yeah I found that, I used to find that quite annoying really, yeah. But at the same time you're there to support each other and if they need support the carers while they've got them, then you've got to help them out d'ya know what I mean. So sometimes they don't fully go in [respite] (laughs)." (Participant 6)* *Although you're away for a break, you're never really, like I'll go away and sometimes I'll tell school I'm going away but I'll say you can get me if you need me and they do phone me and they'll say 'oh sorry are you away'." (Participant 9)*
The Impact of Respite Care Refreshed, Recharged and Ready to Reconnect	*"It does make you feel, they come back in after you've had that break and its, it's so much better you know. It's like you've just recharged your batteries and you feel more able to cope." (Participant 1)* *"Then I ask the kids how have you been when they come back, have you enjoyed it, erm what did you do. And then you can pick up from there whether they've enjoyed it…" (Participant 3)* *"Erm, but when they came back, they were absolutely fine, they were like 'oh yeah we've had a good time' but they just, they slotted back in as if they hadn't been anywhere." (Participant 6)*
The Impact of Respite Care Enhancing Children and Young People's Wellbeing	*"There might be a chance of him going back to his mums, on a long-term, out of care and back to his mums, back into his, erm, parent's care and things. So reverse roles, so I take the [respite care] and his mums doing the full-time caring." (Participant 3)* *"And this [respite care] is helping, you know to let them know that they belong here. They know that they're going for a sleepover but 'we're coming back home aren't we', so they need to know to call this home." (Participant 7)* *"…they see that carer when we go on events, days out, we have a day out when we all meet up once a month, we have coffee mornings every month, so they're very familiar with that carer. And she's very familiar with the children's needs. So it's like an extended family…" (Participant 8)*
The Impact of Respite Care	*"…it helped me learn that I didn't have to do it all, cause you think as a foster carer you have to take this role on and you have to do it all. Well*

Strengthening Placement Stability and Cohesion within the Foster Family	*no, there's other people that can do that for ya, you know you can do the looking after the child (...) but sometimes ya need that outside help." (Participant 4)* *"...it benefitted the family massively. And also as a couple, we could go out, you know, we're not drinkers anyway but we could spend time for us (...) So that helped our relationship as well. And it gave us time to sorta reset and sorta start again." (Participant 8)* *"So it's helped us, it has really helped us to carry on doing it. Well it has, it's more, like I say it's for the child really cause they wouldn't want to go anywhere else, it would really upset their calm and everything." (Participant 9)*
The Impact of Respite Care The Unintended Consequences of Respite Care	*"yeah he came back with a real sense of entitlement and 'you've not provided me with this and it's your problem'. Erm so that was a big downside of it." (Participant 2)* *"...when you come back from holiday, you'd collect them, they'd like punish you in a way by sort of playing up, being very clingy because 'you have left me for two weeks with these strange people' who have probably taken very good care of them but it was just not their routine..." (Participant 7)* *"But I think like the thing with [respite care] is it's to support the placement, I don't think it repairs it, I think it's got to, the repair has to be done at another level. And I think that, so you do need the therapeutic services in there, you do need the right school provision..." (Participant 11)*

Appendix Z: Worked Example of Categorical-Content Analysis

N.B Principal sentences and minor categories are highlighted according to major categories.

Green = The need for respite care
Yellow = Accessing respite care
Teal = Establishing and planning respite care
Blue = The conflicting emotional experience of respite care
Purple = The impact of respite care

Transcript (principal sentences underlined)	**Initial commentary**	**(Major and) Minor categories**
First time that I used it, erm when we first became foster carers we always thought that, well I thought that using *[respite]* wasn't right, I kept saying you can't use *[respite]*, you're taking them in as part of your family so you have to have them with ya, you have to cope with them, you cope with your own children so you have to cope with them. The first time that we used it I was actually poorly and it was my husband was having to deal, and we already had our own three children, and then we had two teenagers in and I thought he can't deal with this altogether. So that was our first experience of it. Erm, I think because I was, cause I weren't fully aware of everything it didn't sort of affect us very much but when they came back I found myself saying oh, questioning 'did you enjoy it', 'what was this' and I think erm after that, we never really used it very much. Erm we just erm, we would erm, we still didn't use it very much but I know when difficult times come, one of my biggest concerns, this sounds really silly but one of my concerns was if I used a *[respite]* foster carer, would the children want to stay there and not want to come back to me. And that was a massive big thing erm when we, when we started using like *[respite care]*. And we did have a few younger ones which had to go in and that was the reason that I, that was my anticipation all the time, every time that they had to go somewhere, I was always worried that they were going to prefer being there and not want to come back. It, I know it sounds silly but that's what it was. But yeah with, there's a few times, I think what happened was my fostering link worker	Worries about children's belonging, hesitations to use respite, change in perception across fostering journey. Sickness, no other option. Felt at ease, no negative feelings. Check-in post-respite, curious about their experience. Worry about children not wanting to return home. Worry about children not wanting to return home. Social worker normalised/encouraged	Carers' hesitations and concerns about using respite care Enabling placement stability and permanence Relief and relaxation Refreshed, recharged and reconnected Worry, stress and anxiety Worry, stress and anxiety Stigma of seeking support

made me realise how important it was for us to have our time and that we needed to care for ourselves cause if we didn't care for ourselves we couldn't care for the children. So sometimes like when we was having long-term	Validation of importance of self-care.	Supporting the unmet needs of foster families
placements and was having a lot of difficulties then we would ring and ask 'em and we used to use our own daughters erm for *[respite care]*, but as we started doing teenagers it got a bit too much for them. So then we started, cause I found every weekend that we went away, we was getting phone calls and I'd spend most the weekend just on the phone trying to help my daughters and support them. Erm so, erm so it was a bit like erm so that's	Informal respite initially but not a 'proper' break.	The absence of need due to alternative support
when we sorta realised and we had erm, we did have a couple of teenage girls in and they were sorta playing me off against each other and erm, sometimes it got quite difficult so that's when we decided that we needed to have that break.	Relational difficulties, possibly related to experiences of trauma?	The unique challenges of fostering
But then after a while I started seeing it's not just us, sometimes they need a break from us and from, to get away for a rest and I don't know some, it works both ways in my eyes.	Children also need a break, not a one-sided experience.	Supporting the unmet needs of foster families
Erm, I did used to phone them up all the time because I was always worried that 'oooh you know, they're not gonna wanna come back'	Worry about children not wanting to return home.	Worry, stress and anxiety
and of course you know, you get attached to them when they live with you, cause I've done a lot of long-term placements.	Missing the children? Possible guilt?	Guilt and discomfort
And it's, you know, they're only going for a weekend but you still have that anxiety. And so the two girls were, they were playing us off against each other quite a bit and erm so I did end up putting them in *[respite care]* while we went away for a week	Worry about children.	Worry, stress and anxiety
and it was the first time that we'd ever been away without the foster children with us so it was a really big deal. And if I'm honest I was quite miserable (laughs), cause I felt that, I enjoyed the break but I felt that there was something missing all the time that we was away. Erm and I think that shows they're part of the family, so after that we decided that erm if we was ever gonna have a break and go away, to get away from everything for the weekend, that we would just go on our own, me and my husband, just the two of us.	Missed the children, part of the family, felt 'wrong'? Underlying feelings of guilt – treating differently from birth children.	Guilt and discomfort
Erm, but when they came back, they were absolutely fine, they were like oh yeah we've had a good time but they just, they slotted back in as if they hadn't been anywhere. I was expecting them to be a bit like oh well I want to go back there or you know, if we had a tiff or if something happened and I had to tell them off, I kept thinking they	Back to normality and routines, smooth experience, no repercussions.	Refreshed, recharged and ready to reconnect

were gonna say to me 'oh well I'm going back to Margaret', just an example, 'I wanna go back to Margaret's, I don't want to be here anymore'. And then I was also worried about what they were gonna say to their social worker after that first time we put them into *[respite care]*. I was thinking what are they gonna say to their social worker, are they gonna be telling the social worker that 'well I'm not part of the family obviously because they wouldn't have done that'. So that was like there was such a lot of anxiety round it all when we first did it because I'd not done it before and I'd been one of these carers which was like 'ooh how can you put them into *[respite]*, how can you do that because they're part of your family, you don't do that to your own children, why would you do it to them'. Erm but	Worry about children's experience and belonging, lots of difficult feelings.	Stress, worry and anxiety & Guilt and discomfort
I think as time went on I realised that like I say, even our children needed that break as well and our children needed to have that little bit of time with us. Erm even if it was just a weekend which it mainly was only weekends after that. It was, even if it was just weekends erm you know they needed a break sometimes because	Birth children need support and quality time with mum and dad, maintain relationship.	Establishing and maintaining meaningful connections
I've always said that your children foster just as much as you (laughs), cause they're accepting them in the house, they talk to them and sometimes they have difficult conversations with them, so to have that little bit of leeway and that bit of break. Erm but I do, I feel erm and then as time went on, obviously this was all at the beginning, the first time we'd used them but it was sort of, 15 years into our fostering before we actually used *[respite care]*. Erm because up until then I'd just refused but then once I did,	Birth children need a break too – intense demands, meet their needs.	Supporting the unmet needs of foster families
I realised that it made a difference, I think it made a difference to the placement as well because we was a bit more relaxed erm and you know we could deal with things better because I think	Benefit of respite, able to cope better, improves placement.	Strengthening placement stability and cohesion within the foster family
if they're 24/7 with ya, you erm you do get on each others' nerves all the time and if you've got people which have got problems anyway and you're trying to deal with them emotionally and physically and everything erm, we do know that erm you know, you do need, you just need that break. So erm but yeah, I think as far as that, so what we decided to do was, we spoke to our link workers and everything, and we decided cause we are scooterists as I said, we decided that was gonna be our breaks. And	24/7 responsibility, the impact of trauma on experiences, challenging role, everybody needs a break.	The unique challenges of fostering & Supporting the unmet needs of foster families
I decided that my daughters would have them so much of the time but the rest of the time, we'd put them into *[respite]* because you don't	Informal respite but not a 'proper' break.	The absence of need due to alternative support

get a full break if someone, a family member's having them. Erm I still didn't like doing it and I wouldn't like doing it now, you know and we don't have a long-term placement at the moment, not in fostering side anyway. But	Difficult feelings – unease, possible guilt?	Guilt and discomfort
I don't, I still never like doing it, I've done it because I feel, I feel you need to, and sometimes, sometimes I feel pressured a little bit by your fostering link worker to do it, just to give you, it is to help ya but sometimes you're like 'well I don't really want to take', 'yeah but you need to recharge your batteries'.	Social worker encouraged use of respite.	The stigma of seeking support
Erm, so I think in the earlier days, I think sometimes, not so much now because they're struggling with placements and things but in the earlier days you used to have them conversations quite regularly about using *[respite]* whereas now you don't have them so much. Erm but yeah I think we got used to, we did get sorta used to it but	Change in support, less availability of respite, not offered as much now.	Inaccessibility of respite care
I still didn't like doing it. I hated it. But then when we started doing our scootering side of things we weren't taking our own children and that was different because then I felt like I wasn't, I weren't treating them any different to my own children, so I thought, it didn't feel so bad then because you know when you're explaining to them you're just going to stay somewhere for the weekend cause we're away, erm my children were either at a family members or a family member had moved in to stay at our house erm and it just didn't, it felt different, it weren't the same.	Struggled with guilt? Felt easier about using respite if not treating the children differently to birth children.	Guilt and discomfort
So I think I could relax more and we enjoyed our break a lot more. Erm and I think when we came,	At ease, different experience to before.	Relief and relaxation
when we came back and we had recharged our batteries as they say, I feel that with them, they were the same and I think sometimes I did actually,	Felt 'recharged', benefit of respite.	Refreshed, recharged and ready to reconnect
I did have a conversation with a few of the older ones sometimes when they'd gone somewhere erm and maybe not enjoyed it as much as ours, and they were like 'oh you don't realise what you've got and I'm so sorry for the way I've been' and sometimes it actually benefitted the placement a little bit as well. So we had a couple of erm older girls that did that and I didn't, you know, I think	Positive impact on placement, grateful for the existing set-up.	Strengthening placement stability and cohesion within the foster family
also cause I did teenagers, a lot of them understood why we needed that weekend away, so I could talk to them more, I could explain the situation, erm you know but yeah,	Able to discuss the need for respite with the young people, easier?	Approaches to conversations about respite
so I feel it took me a long time to come round to it but then when we started going, when our own children weren't there, it made it easier, it was a better decision then for us. But also I think erm	Difficult experience, easier once not treating differently to own children.	Guilt and discomfort
a bit of jealousy, I actually felt	Worry extends to jealousy?	Worry, stress and anxiety

jealousy with some of them, and I really did. Erm and one of, this is quite recent, this is only a few years back as well erm, a few years back, erm a girl went to *[respite]* but she'd been to this *[respite carer]* before she'd come to live with me so she already knew her and had some sort of relationship. And she carried on that *[respite]* not very often but she did sometimes and she used to come back and she just, she had a fantastic time and it was lovely for her, she knew this carer, she had a fantastic time, and I was like 'oh don't you have a fantastic time here', to me I was thinking that, not saying it out loud, I never would. But yeah I even felt that little bit of jealousy, so I had the anxiety of them going and then a little bit of jealousy of if they enjoyed themselves too much. You know I want them to be like that with me, which they was but you know, you just feel like ohh. You know, and then, and I think sometimes you worry what they're gonna say, you worry are they gonna say something bad about the house, you worry about are they gonna say something bad about one of the kids, has anything happened that I've not been aware of and it's gonna be brought up. And you know things like this, I think when they're with *[respite carers]* you are constantly in your mind, it's just jigging over all these possibilities of what can happen. Now that might just be me because I am a worrier and I am somebody you know I'm always tryna 'is that alright, is everything alright', you know I'm like that all the time. So I may be the only person who feels like that but that's how it felt to me putting a child in *[respite]*, all the different feelings and all the things that come out of it. It's just a, quite a, like I say, I'd enjoy my weekend break and sometimes if I got a phone call off them or a phone call off the carer and I'd think oh gosh I'm supposed to be away and then I'd think no you know it's only a phone call, just deal with it. But there was times when I'd be on the phone for maybe three hours, somebody telling me that you know the girls are stuck in *[location]* and they couldn't get them home and what should they do.	Jealousy about young person's relationship with respite carer, wants same relationship with young person. Linked to worry about them wanting to stay with respite carer? Worry and anxiety about what might happen whilst they're in respite Not a 'proper' break, often supporting the carer, could be quite frustrating.	Worry, stress and anxiety Worry, stress and anxiety Frustration and disappointment

Appendix AA: Additional Supporting Quotes for Holistic-Form Analysis

Phase	Supporting quotes
Phase 1: Hopeful Beginnings	*"...you know I came into fostering because I was in care only for a short time (...) and I wanted to put something back into the system that had helped me out." (Participant 4)* *"Well I think you know we wanted to sorta help, we wanted to care for children (...) So we just thought these children deserved a chance and we wanted to see what we could do to help..." (Participant 7)* *"So obviously it were mine and me husband's time but then we did decide that we'd like to erm support children. Well we thought our children had turned out alright so we thought we'd try and give a home to other children less fortunate..." (Participant 9)* *"And d'ya know when somebody starts fostering the family are really really supportive aren't they, they come rushing around and I was one of those people that all wanted to help these poor kids, all wanted to get involved…" (Participant 11)*
Phase 2: Facing Reality	*"…because I was thrown into it a little bit when I started fostering you see. I was one of these that, this is why I'm saying what I'm saying now is because I was thrown into it a little bit. And when on my first placement, I just didn't have a clue." (Participant 3)* *"...you sorta, you feel like you've given up really, not given up, you're having to ask for help that you don't want to ask for…" (Participant 4)* *"Erm it's probably the hardest thing that I've ever done and on the other hand, that it's also the most rewarding thing." (Participant 5)* *"If we know they're going in two weeks time and we're having a bit of tough time, at school or whatever, we just know we're okay because we've got a bit of a break coming up next week erm and so it's just a little bit of a light at the end of the tunnel that we're having a break…" (Participant 7)*
Phase 3: Breaking Point	*"He's only just come back, he's been away for five weeks – erm one week [respite care], four weeks trying to build these bridges that had broken down between us all, all these bridges of communication and everything." (Participant 5)* *"And to be fair, she's one of the reasons why I sort of moved and everything, I had a little bit of a breakdown y'know." (Participant 6)* *"Erm, so, god it was a dark time for me this wasn't it, erm yeah (...) I was actually wired, I think I was just so full of adrenaline all the time, because I was trying to survive…" (Participant 11)*

Phase 3/4: Growth and Change	*"I think now, because I've been fostering all these years, it wouldn't bother me but you know, earlier on in my fostering carer you sort of felt a bit of a failure if you said I can't cope, you know, and would they probe into the other children that I've got that I'm looking after." (Participant 1)* *"...it helped me learn that I didn't have to do it all, cause you think as a foster carer you have to take this role on and you have to do it all. Well no, there's other people that can do that for ya, you know you can do the looking after the child (...) And I think a lot of carers think that they can just do it all and it's not always the case. Yeah now, years on I can do quite a lot of that on my own cause you've learnt to do all that erm but yeah." (Participant 4)* *"Yeah I think because we've all done it for a number of years, we just, we've seen everything. (...) you know we've been through the good times, we've been through the bad times. We're all here, we've always all been here for each other erm and we just understand, we just literally understand." (Participant 7)* *"Do you know only that this has been quite therapeutic for me [EG] (laughs), strangely enough I've never put all these things together, I mean my fostering journey with the kids I've had, I've never put all these things together so yeah, I'm actually really glad I did it, thank you." (Participant 11)*
Phase 4/5: Embracing the journey	*"...you can't help but be proud of them, you know, when you know what's happened to a lot of them. It's nice to know if they've managed to achieve." (Participant 1)* *"...I'm not losing my fostering over anything. Erm it's my job and I absolutely 100% love it." (Participant 4)* *"So erm and although they've only been here two and half years, they still don't believe that they're staying forever, it's still taking a long time for them to accept that they belong here and that they're gonna stay. And this [respite care] is helping, you know to let them know that they belong here." (Participant 7)* *"...she wants to come home obviously but it's never gonna work, we can't go back just in case. But I will always be there for her if she needs me, and I will take her on holiday and I'll have her every other weekend and stuff like that." (Participant 11)*

Appendix BB: Worked Example of Holistic-Form Analysis

Transcript	**Plot axis trajectory**	**Appraisal of events**	**Phase**
First time that I used it, erm when we first became foster carers we always thought that, well I thought that using *[respite]* wasn't right, I kept saying you can't use *[respite]*, you're taking them in as part of your family so you have to have them with ya, you have to cope with them, you cope with your own children so you have to cope with them.	Starts positive, slight downward trajectory (negative decline)	Hopeful intentions, not wantIng to use respite, not needed, should be able to cope with them.	Phase 1 – Hopeful Beginnings
The first time that we used it I was actually poorly and it was my husband was having to deal, and we already had our own three children, and then we had two teenagers in and I thought he can't deal with this altogether. So that was our first experience of it. Erm, I think because I was, cause I weren't fully aware of everything it didn't sort of affect us very much but when they came back I found myself saying oh, questioning 'did you enjoy it', 'what was this' and I think erm after that, we never really used it very much. Erm we just erm, we would erm, we still didn't use it very much but I know when difficult times come, one of my biggest concerns, this sounds really silly but one of my concerns was if I used a *[respite]* foster carer, would the children want to stay there and not want to come back to me. And that was a massive big thing erm when we, when we started using like *[respite care]*. And	Downward trajectory (negative decline)	Sickness, unable to care for them, limited choice.	Phase 2 – Facing reality
we did have a few younger ones which had to go in and that was the reason that I, that was my anticipation all the time, every time that they had to go somewhere, I was always worried that they were going to prefer being there and not want to come back. It, I know it sounds silly but that's what it was. But yeah with, there's a few times, I think what happened was my fostering link worker made me realise how important it was for us to have our time and that we needed to care for ourselves cause if we didn't care for ourselves we couldn't care for the children.	Downward trajectory (negative decline)	Difficult emotions and experience for carer – worry, anxiety, guilt?	Phase 2 – Facing reality
So sometimes like when we was having long-term placements and was having a lot of difficulties then we would ring and ask 'em and we used to use our own daughters erm for *[respite care]*, but as we started doing teenagers it got a bit too much for them. So then we started, cause I	Downward trajectory (negative decline)	Tried to use informal respite care but not a 'proper' break, too difficult, forced into using respite care.	Phase 2 – Facing reality

found every weekend that we went away, we was getting phone calls and I'd spend most the weekend just on the phone trying to help my daughters and support them. Erm so, erm so it was a bit like erm so that's when we sorta realised and we had erm, we did have a couple of teenage girls in and they were sorta playing me off against each other and erm, sometimes it got quite difficult so that's when we decided that we needed to have that break. But then after a while I started seeing it's not just us, sometimes they need a break from us and from, to get away for a rest and I don't know some, it works both ways in my eyes. Erm, I did used to phone them up all the time because I was always worried that 'oooh you know, they're not gonna wanna come back' and of course you know, you get attached to them when they live with you, cause I've done a lot of long-term placements. And it's, you know, they're only going for a weekend but you still have that anxiety. And so the two girls were, they were playing us off against each other quite a bit and erm so I did end up putting them in *[respite care]* while we went away for a week and it was the first time that we'd ever been away without the foster children with us so it was a really big deal. And if I'm honest I was quite miserable (laughs), cause I felt that, I enjoyed the break but I felt that there was something missing all the time that we was away. Erm and I think that shows they're part of the family, so after that we decided that erm if we was ever gonna have a break and go away, to get away from everything for the weekend, that we would just go on our own, me and my husband, just the two of us. Erm, but when they came back, they were absolutely fine, they were like oh yeah we've had a good time but they just, they slotted back in as if they hadn't been anywhere. I was expecting them to be a bit like oh well I want to go back there or you know, if we had a tiff or if something happened and I had to tell them off, I kept thinking they were gonna say to me 'oh well I'm going back to Margaret', just an example, 'I wanna go back to Margaret's, I don't want to be here anymore'. And then I was also worried about what they were gonna say to their social worker after that first time we put them into *[respite care]*. I was thinking what are they gonna say to their social worker, are they	Upward trajectory (positive incline) Downward trajectory (negative decline) Upward trajectory (positive incline)	Benefits everybody, not just the foster carers. More understanding. Less guilt? Ups/downs – enjoyed the break but felt guilty, part of the family missing. Back to normality, expected backlash but no repercussions, children also had a good time.	Phase 2 – Facing reality Phase 2 – Facing reality Phase 2 – Facing reality

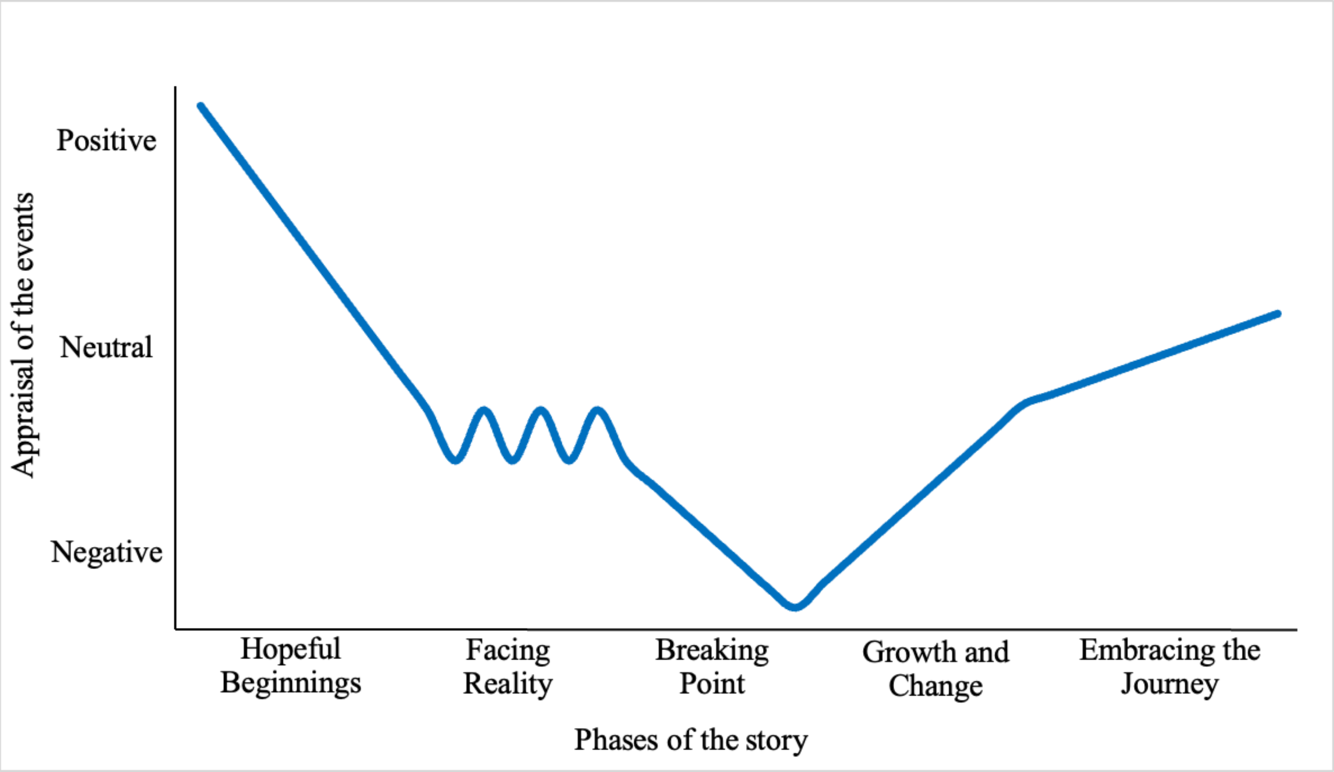
gonna be telling the social worker that 'well I'm not part of the family obviously because they wouldn't have done that'. So that was like there was such a lot of anxiety round it all when we first did it because I'd not done it before and I'd been one of these carers which was like 'ooh how can you put them into *[respite]*, how can you do that because they're part of your family, you don't do that to your own children, why would you do it to them'. Erm but I think	Downward trajectory (negative decline)	Initially against using respite, lots of difficult feelings - guilt, anxiety, jealousy.	Phase 2 – Facing reality
as time went on I realised that like I say, even our children needed that break as well and our children needed to have that little bit of time with us. Erm even if it was just a weekend which it mainly was only weekends after that. It was, even if it was just weekends erm you know they needed a break sometimes because I've always said that your children foster just as much as you (laughs), cause they're accepting them in the house, they talk to them and sometimes they have difficult conversations with them, so to have that little bit of leeway and that bit of break. Erm but I do, I feel erm and then as time went on, obviously this was all at the beginning, the first time we'd used them but it was sort of, 15 years into our fostering before we actually used *[respite care]*.	Upward trajectory (positive incline)	Change in perspective, recognised need and benefit.	Phase 4 – Growth and Change
Erm because up until then I'd just refused but then once I did, I realised that it made a difference, I think it made a difference to the placement as well because we was a bit more relaxed erm and you know we could deal with things better because I think if they're 24/7 with ya, you erm you do get on each others' nerves all the time and if you've got people which have got problems anyway and you're trying to deal with them emotionally and physically and everything erm, we do know that erm you know, you do need, you just need that break.	Upward trajectory (positive incline)	Period of learning – recognised the impact of respite, made things easier, benefitted everybody.	Phase 4 – Growth and Change
So erm but yeah, I think as far as that, so what we decided to do was, we spoke to our link workers and everything, and we decided cause we are scooterists as I said, we decided that was gonna be our breaks. And I decided that my daughters would have them so much of the time but the rest of the time, we'd put them into *[respite]* because you don't get a full break if someone, a family member's having them. Erm I still didn't like doing it and I wouldn't like doing it now, you know and we don't have a long-term placement at the moment, not in fostering side anyway. But I don't, I	Upward trajectory (positive incline)	Change in use of respite, recognised value and decided to use it more but later in life as a couple.	Phase 4 – Growth and Change

still never like doing it, I’ve done it because I feel, I feel you need to, and sometimes, sometimes I feel pressured a little bit by your fostering link worker to do it, just to give you, it is to help ya but sometimes you’re like ‘well I don’t really want to take’, ‘yeah but you need to recharge your batteries’. Erm, so I think in the earlier days, I think sometimes, not so much now because they’re struggling with placements and things but in the earlier days you used to have them conversations quite regularly about using *[respite]* whereas now you don’t have them so much. Erm but yeah			
I think we got used to, we did get sorta used to it but I still didn’t like doing it. I hated it. But then when we started doing our scootering side of things we weren’t taking our own children and that was different because then I felt like I wasn’t, I weren’t treating them any different to my own children, so I thought, it didn’t feel so bad then because you know when you’re explaining to them you’re just going to stay somewhere for the weekend cause we’re away, erm my children were either at a family members or a family member had moved in to stay at our house erm and	Upward trajectory (positive incline)	Not treating differently from birth children, more accepting of using respite.	Phase 4 – Growth and Change
it just didn’t, it felt different, it weren’t the same. So I think I could relax more and we enjoyed our break a lot more. Erm and I think when we came, when we came back and we had recharged our batteries as they say, I feel that with them, they were the same and I think sometimes I did actually, I did have a conversation with a few of the older ones sometimes when they’d gone somewhere erm and maybe not enjoyed it as much as ours, and they were like ‘oh you don’t realise what you’ve got and I’m so sorry for the way I’ve been’ and sometimes it actually benefitted the placement a little bit as well. So we had a couple of erm older girls that did that and I didn’t, you know, I think also cause I did teenagers, a lot of them understood why we needed that weekend away, so I could talk to	Upward trajectory (positive incline)	Reflecting on experiences of respite, recognising the benefits for everybody and the placement.	Phase 4 – Growth and Change
them more, I could explain the situation, erm you know but yeah, so I feel it took me a long time to come round to it but then when we started going, when our own children weren’t there, it made it easier, it was a better decision then for us. But also I think erm a bit of jealousy, I actually felt jealousy with some of them, and I really did. Erm and one of, this is quite recent, this is only a few years back as well erm, a few years back, erm a	Upward trajectory (positive incline)	Respite suited later life situation, change in perception and use.	Phase 4 – Growth and Change

girl went to *[respite]* but she'd been to this *[respite carer]* before she'd come to live with me so she already knew her and had some sort of relationship. And she carried on that *[respite]* not very often but she did sometimes and she used to come back and she just, she had a fantastic time and it was lovely for her, she knew this carer, she had a fantastic time, and I was like 'oh don't you have a fantastic time here', to me I was thinking that, not saying it out loud, I never would. But yeah I even felt that little bit of jealousy, so I had the anxiety of them going and then a little bit of jealousy of if they enjoyed themselves too much. You know I want them to be like that with me, which they was but you know, you just feel like ohh. You know, and then, and I think sometimes you worry what they're gonna say, you worry are they gonna say something bad about the house, you worry about are they gonna say something bad about one of the kids, has anything happened that I've not been aware of and it's gonna be brought up. And you know things like this, I think when they're with *[respite carers]* you are constantly in your mind, it's just jigging over all these possibilities of what can happen. Now that might just be me because I am a worrier and I am somebody you know I'm always tryna 'is that alright, is everything alright', you know I'm like that all the time. So I may be the only person who feels like that but that's how it felt to me putting a child in *[respite]*, all the different feelings and all the things that come out of it. It's just a, quite a, like I say, I'd enjoy my weekend break and sometimes if I got a phone call off them or a phone call off the carer and I'd think oh gosh I'm supposed to be away and then I'd think no you know it's only a phone call, just deal with it. But there was times when I'd be on the phone for maybe three hours, somebody telling me that you know the girls are stuck in *[location]* and they couldn't get them home and what should they do.	Downward trajectory (negative decline)	Difficult emotional experience of respite – jealousy, anxiety, guilt, worry. Not able to switch off and enjoy the break as much. Sometimes had to support the carer so unable to properly distance from fostering responsibilities.	Phase 2 – Facing Reality

Phase	**Summary**	**Plot Trajectory**
1 – Hopeful Beginnings	*Events:* Positive aspirations for fostering and cultivating children's sense of belonging. Negative perception of respite, shouldn't need to use it, they're "part of the family". *Emotions:* Hope, Determination	Starts positive Slight downward trajectory (slight negative decline)
2 – Facing Reality	*Events:* Challenges including "playing me off against each other", difficulties in relationship with birth children due to fostering, wobbles about using respite care, not a proper break, children "punishing me". Positives including the benefits of respite, good set-up with respite carer, memories of trips and holidays, respite as a light at the end of the tunnel. *Emotions:* Anxiety, Guilt, Jealousy, Frustrating, On edge vs. Relief, Happy, Contented	Fluctuating downward and upward trajectory (repeated cycle of negative decline followed by positive incline)
*3 – Breaking Point	*Events:* Very challenging placement, had to give notice, impact on own mental health (had a "breakdown"). *Emotions:* Desperation, Defeat	Downward trajectory Sharp negative decline
4 – Growth and Change	*Events:* Change in perception of respite care, recognising a need and benefit. Difference in age and wanting more independence, change in role to respite, emergency and short-term foster carers. Learning and healing from previous experience. *Emotions:* Relaxed, Enjoyment	Slight upward trajectory Positive incline
5 – Embracing the Journey	*Events:* Reflecting on experiences and still having 'something to offer'. Continued contact with children previously cared for. Hopeful for future fostering experiences. *Emotions:* Hope, Pride, Gratification	Slight upward trajectory Positive incline

Interview 6


Appraisal of the events
Positive
Neutral
Negative
Hopeful Beginnings
Facing Reality
Breaking Point
Growth and Change
Embracing the Journey
Phases of the story