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Context, Identity and Connection: An Examination of Resilience in New Zealand Foster
Children

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Abstract

The purpose of this research is to examine resilience in New Zealand foster children, with a focus on the relationships foster children form with the foster parents who care for them and the ways that resilience is built and displayed within foster care. While there is a range of international research examining resilience in children in state care, research into relational aspects of resilience is rare, particularly in a New Zealand context. This investigation involves one-on-one interviews and small focus groups with foster carers, asking open-ended questions about resilience, attachment and relationships to elicit their opinions and experiences with the children they have fostered. Using the process of thematic analysis, four major themes were developed, entitled (1) Participant understandings of resilience, (2) Identity, (3) Connection, and (4) Outcomes. These themes are compared to existing research, and new theories are proposed relating to the contextuality of resilience and the connection between a sense of identity and the building of supportive relationships with others. Two models are proposed to reconceptualise resilience in foster children, suggesting that behaviours typically seen as problematic may be resilient behaviours that have failed to adapt to a new environment, and that a strong sense of self and the ability to form meaningful connections with others are mutually reinforcing. The limitations of this research are discussed, in addition to implications for further research and suggestions for application in the foster care system.

Keywords: Resilience, fostering, children in care, foster children, foster carers, caregivers, relationship, connection, Aotearoa, New Zealand

Introduction

Foster children as a population are stereotypically perceived in two lights; either as weak and unfortunate victims deserving of pity, or as deeply troubled children with defiant behaviour disorders and delinquent behaviour patterns. The New Zealand foster care system is split into two divisions and includes approximately 3,500 foster parents and almost 4,000 children and young people (MSD, 2014). Children taken into state care have often endured all forms of maltreatment, including sexual abuse, physical abuse, emotional abuse, and neglect (Healey, 2011). While some foster children may fit the stereotyped moulds, many come through the foster care system to reach academic success, develop healthy relationships, and live productive lives. This research seeks to shed light on the positive sides of children in care, recognising that even among those who struggle with behavioural disorders and psychopathology, many foster children possess an innate strength that allows them to fight back in the face of abuse and neglect, find ways to cope as a powerless child within an imperfect government system, and bravely make emotional connections with new caregivers after experiencing broken attachments and abuse from the hands of trusted adults from a young age.

Resilience as a research topic has been explored with a number of diverse at-risk populations. While resilience research seeks to increase knowledge and understanding on an academic level, it can also be seen as an intervention, as participation in resilience research aims to empower participants through the process and increase understanding of their own resilience. The University of California-Davis (2009) explains that the strengths focus inherent in resilience research creates a sense of personal accomplishment for participants, while Walsh (1998) claims that focusing on resilience rather than pathology can help at-risk individuals and groups make meaning of adversity, affirm strengths, and maintain hope.

There is some suggestion in prior research that foster children who are more resilient are able to build stronger relationships (See Bakermans-Kranenburg et al., 2011), and that building strong relationships has an enhancing effect on resilience (See Emond, 2014). This research endeavour is built on this hypothesis of the relationship between interpersonal connection and resilience in foster children. The purpose of this research is to initiate a conversation with prominent figures in the lives of foster children about their strengths, rather than their weaknesses, and ask in what ways they have seen resilience in foster children and what they believe contributes to this resilience. Psychology as a profession has been criticized for its excessive focus on deficits and pathology; therefore, the goal of this inquiry is to bring stakeholders together to examine the ways that foster children cope despite facing often extreme adversity, and their capabilities to overcome trauma and participate in healthy relationships with their foster families. Based on the links made between attachment and resilience in the literature, a key focus in this research will be the relationships that foster carers have formed with the children in their care, examining the variety of roles foster carers play and the variety of experiences they have had in relationships with foster children. The findings of this research will be used to suggest ways that carers and professionals can recognise and strengthen the pre-existing resilience drive that many foster children appear to possess.

Literature Review

The structure of this literature review is as follows: The construct of resilience will be examined based on the varying definitions provided in the literature and summarising the many facets of resilience that are relevant in developing a complete understanding of the construct. Both the characteristics of resilience and the measurement of resilience will be discussed, after which a working definition of resilience will be provided to give direction to this research and make clear the theoretical foundation and assumptions on which this research is built. Next, the construct of resilience will be examined in relation to children, who differ from the adult population in their life circumstances and responses to stress. The importance of the family context will be presented, in addition to the influence of adult modelling and other factors that impact upon the resilience of children.

Following this, the construct of relational resilience will be considered, forming a connection between the two main topics of consideration in this research: resilience and attachment. Relational resilience will be discussed in the context of the variety of different definitions of the construct used by different researchers. Clarification will be given over how the term relational resilience will be used in theorising this research. Then, attachment theory will be introduced, beginning with a summary of the original framework, followed by an overview of research indicating the importance of attachment, and a discussion of theory based around poor or abnormal attachment. Finally, criticisms of attachment theory and other considerations will be discussed.

Once these foundational constructs have been examined, the resilience of children in care will be discussed, including consideration of research in three different areas of care: residential care (in an institutional context), foster care (in a family context), and the transitioning process when children leave care. Subsequently, to place

this into the New Zealand context and make it relevant for this research investigation, the New Zealand foster care system will be introduced, with processes within the system and key terms presented. Finally, this literature review will conclude with a summary of the topics of discussion and their relevance to this study. It is hoped that this literature review will provide sufficient background understanding and justify the importance of this research project, which seeks to examine the resilience of children in care in New Zealand in relation to their attachment with carers and relationships with those around them.

RESILIENCE AS A CONSTRUCT

Research into the concept of resilience has been rapidly expanding, as researchers have been turning away from traditional approaches of deficits and psychopathology, and focusing on positive aspects of coping and strengths in vulnerable populations. Increased examination of resilience can improve understanding, reduce stigma and promote better outcomes. While researchers have struggled to establish a single unitary definition of the construct, there are several themes that reappear in the resilience literature.

Resilience is often described in terms of bending but not breaking in the face of adverse life events or traumatic experiences; this definition emphasises the core characteristic of resilience as flexibility (see Tusaie & Dyer, 2004). Another common characteristic of resilience is its accumulative nature; many researchers believe that resilience often increases over time and with life experience (Rutter, 1985, as cited in Harvey & Delfabbro, 2004; Kalil, 2003). The characteristics of resilience identified by various researchers will be discussed in the section below, followed by an examination of the ways in which resilience can be measured. This section will conclude with an operational definition of resilience for the purposes of this research.

Characteristics of Resilience

Outcome or Process

An important consideration when defining resilience is whether it is considered as an outcome or a process. Many researchers see resilience as when an individual achieves good outcomes despite enduring adverse experiences. In this way, focus is centred on the end product, and the amount of resilience can be measured by how many indicators of success an individual displays. Alternatively, other researchers posit that resilience is the process through which individuals overcome difficulties on the path to achieving positive outcomes (Kalil, 2003). Kalil (2003) explains that it is possible to identify patterns of behavioural adaption profiles and use this knowledge to design interventions to increase certain resilient behaviours. For practical purposes, it may be possible to use a combined definition, in which resilience is both the process and the outcome; however, for theoretical purposes, the distinction between these two definitions will be considered below.

Internal or External

Another point of contention regarding the definition of resilience is whether it is defined as an internal attribute that a person can possess, or whether it is externally determined by the environment and other contextual factors (Kalil, 2003; Lynch, 2011; Emond, 2014). Kalil (2003) explains that if resilience is a personality trait, it is likely to be unchangeable; individuals either possess the trait or they do not. To address this issue, Ryff and Singer (2003) explain that resilience can be seen as interplay of both internal and contextual factors, and that certain combinations of the two can lead to resilience.

One way of understanding this is through a diathesis-stress model, where certain genetic and personality predispositions are triggered by life events that occur within the environment (Kalil, 2003). This is often explained as an equation of risk and protective factors, whereby, when the protective factors exceed the risk factors (in number or magnitude), resilient outcomes occur (Harvey & Delfabbro, 2004). This theory has led to research attempts to identify risk factors and protective factors in certain populations and contexts, and efforts to predict resilience based on the balance of these factors.

Although identifying risk factors and increasing protective factors can have practical value in applying the construct of resilience to real-life situations, research has shown that resilience is highly contextual (Kalil, 2003). Therefore, it is important to realise that a person may be resilient in some contexts and to some stressors, but not to others. As Kalil (2003) explains, the complexity of resilience makes it extremely difficult to predict. This suggests that research efforts may be better invested in examining how resilience develops retrospectively, rather than attempts to predict outcomes that are likely to be inaccurate.

Contextual and Unstable

The complexity of the construct is also reflected in the fact that resilience is not a stable attribute; rather, it varies over time, contexts, and cultures. Kalil (2003) explains that resilience changes over the lifespan, and there is no single pattern of development that leads to a resilient individual. McCubbin (2001) elaborates that while a person may be resilient as a child, this does not guarantee they will maintain resilience into adulthood. Indeed, it may be futile to label a person as resilient at all, because a person is likely to be resilient in some situations but not others (McCubbin, 2001). For example, a man may lose his job but cope surprisingly well with the life changes that

follow; however, if his mother were to die, the same man may struggle to cope with his grief and experience major psychological difficulties. This reflects the fact that resilience is both contextual and relative to time, place, and situation, and therefore observations of resilience should be tied to specific situations, rather than making broad generalisations.

Cultural Variability

In addition to varying across situational contexts, the way resilience is displayed can also vary across cultural contexts. Differences in social norms and coping styles can be an example of how a person may be resilient in their own cultural context, but appear to be struggling to cope when compared to other cultural norms. For example, in individualistic cultures where independence is highly valued, a person turning to friends and family for emotional and physical support during difficult times may be seen as a sign of being unable to cope. In contrast, collectivistic cultures are likely to see dependence on family as a socially acceptable way to cope, and recognise an individual who uses this form of support as resilient. This suggests that when assessing the resilience of individuals from different cultures, the traditions and accepted coping styles of the culture concerned should be considered. In the New Zealand context, this should involve examining the resilience of Māori individuals within the context of a holistic Māori worldview, such as the Te Whare Tapa Wha model (See Durie, 1982).

Domain Specificity

In line with the variation discussed above is the understanding that resilience is domain-specific. This infers that resilience is not a pervasive attribute and a person is unlikely to be resilient in all domains of his or her life. Lynch's (2011) research refers to the different domains of resilience, listing emotional, relational, educational, and

behavioural as examples, although resilience may be divided into many more categories. While an individual may be physically resilient to illness and may be able to maintain high grades in school despite enduring a traumatic event, the same person may be less resilient emotionally and be unable to cope with social situations (See McCubbin, 2001). Lynch (2011) questions whether it is necessary for an individual to be resilient in all domains in order to earn the label 'resilient.' However, acknowledging that no one is impervious to the effects of trauma reflects the complexity of resilience and the multitude of factors that influence how people respond to hardship.

Response to Adversity

The field of resilience research concedes that the prerequisite for resilience is the experience of trauma or adversity. In this way, resilience is seen as a positive psychological or behavioural response to a negative situation. Ryff and Singer (2003) refer to resilience as a persons' ability to "flourish under fire" (p. 15). This reflects that resilience is only displayed when a person encounters difficulty and is tested. As McCubbin (2001) explains, a person who has not or is not currently encountering obstacles cannot be said to be resilient, because resilience requires adversity. This is reflected in the population samples within which resilience has been examined, such as disaster victims, victims of crime, and marginalised populations.

Promotes Empowerment

Finally, there is a general consensus among most researchers that resilience by definition promotes empowerment, through its recognition of strengths rather than focusing exclusively on weaknesses (Ungar, 2001; See Shih, 2004 for a discussion of the links between stigma, resilience and empowerment). Resilience as a construct falls in line with the ideals of positive psychology and attempts to balance out the historically

biased focus on psychopathology and the deficit-approach that has dominated much of psychology as a field. The very definition of resilience empowers individuals to see themselves as strong and capable, and encourages professionals to take a more balanced view of the people they work with. Given the populations that are typically examined in resilience research, resilience research can be particularly valuable in empowering disempowered individuals and groups in society.

The Measurement of Resilience

The measurement of resilience is also a research concern. When considering how resilience should be measured, Walsh (1998) explains that resilience is not the absence of problems, but rather the presence of skills to overcome problems successfully.

Dichotomy or Continuum

While resilience is sometimes understood as a dichotomous attribute that a person either does or does not possess, some researchers portray it as a continuum, whereby most people are seen to be resilient, but to differing extents (Manyena, 2006). Although the concept of a dichotomy is more simplified and easier to measure, the complexity inherent in the characteristics of resilience as a construct, as explained above, is more consistent with the concept of a continuum, which recognises that resilience is relative and not absolute in nature.

Threshold

Another important consideration when attempting to measure resilience is where the threshold is set (Cornelius, 2013). Some researchers define resilience as merely coping in the face of adversity and maintaining homeostasis, while others set a higher

standard of thriving (Tusaie & Dyer, 2004), also referred to as post-traumatic growth (McCubbin, 2001). The more inclusive definition of resilience as a range of responses to diversity, anywhere from coping and maintaining equilibrium to excelling and improving after a difficult experience (See Figure 1 below), allows for a wider range of experiences and fits well with the continuum model discussed above.

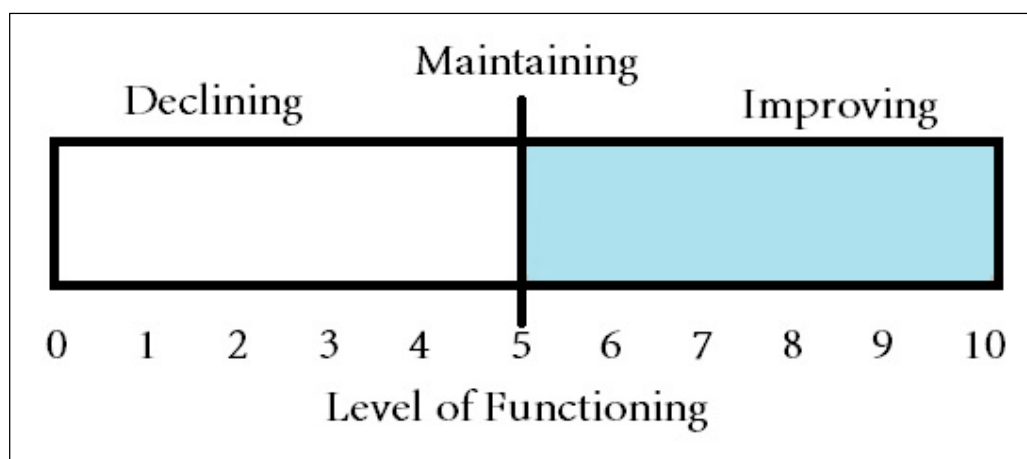


Figure 1. Threshold for resilience. Different definitions of resilience based on post-stressor level of functioning are depicted.

Operational Definition of Resilience

Due to the wide variety of definitions of resilience and the lack of consensus on how it is used, it is important to provide succinct definitions in research utilising the construct, in order that comparisons can be made across studies and so that new research can build on existing research towards a common goal (Kalil, 2003). The boundaries around the concept of resilience, as used in this particular piece of research, will be defined as follows:

Resilience is coping in the face of adversity, as seen in the achievement of positive outcomes and the strategies that are used to achieve such outcomes. Resilience is highly contextual; an interaction between internal attributes and external

circumstances produces resilience at different levels. Resilience is also relative to time, stage of development, domain, particular stressor, and culture. For the purposes of this research, resilience will be defined as maintaining or improving functioning (See Figure X below), as it is recognised that adjusting to life in foster care is no easy feat, and therefore maintaining a stable level of functioning across transitions from family to caregivers and between multiple caregivers requires enormous resilience for a young child.

RESILIENCE IN CHILDREN

Just as children manifest psychopathology in different ways to adults, special consideration for how children display resilience is necessary. Due to the stage of development a child is in and the high dependency of children on adults, resilient behaviour may appear differently in children, just as it can vary across cultures. Turner (2001) explains that “the premise is that everyone who has survived a trauma, or a neglectful or abusive childhood, has some strength that got her through the experience” (p. 441).

A predominant researcher in the area of child resilience is Kalil (2003), who conducted a vast literature review of child resilience in the context of the family system, highlighting the importance of examining resilience as a collective as well as an individual construct. Kalil (2003) explains that the concept of family resilience has been defined as both resilience at a collective family level and as an examination of how the family setting provides a safe environment that promotes resilience in children. Kalil (2003) summarises resilience in children as resulting from an interplay between the child’s dispositions, family characteristics, and the wider environment. These definitions acknowledge that resilience is not just displayed by individuals, but that whole family units can be resilient to challenges they face as a whole. It also recognises

the importance of context and how children are greatly influenced by the relationships in their lives, particularly within the family environment.

Family Context

While research shows that family support plays a role in resilience in adults (Sossou, Craig, Ogren & Schnak, 2008), for children still dependent on their families and living within the context of a family system, family support and relationships with parents and siblings may be even more imperative (Kalil, 2003). Sossou et al. (2008) and Kalil (2003) conclude that family cohesion is an important protective factor for children and promotes wellbeing for all members of the family unit. Cohesion enhances emotional connection and support for all family members, and promotes attachment, sense of safety, and security (Kalil, 2003).

According to Kalil (2003), overall family functioning is comprised of three aspects: family cohesion, adaptability, and communication (See Figure 2). Families that score highly in these three aspects can be said to have high levels of family functioning and are more likely to show resilience as a unit.

An important consideration in examining the family functioning triangle is that it requires balance. While cohesion is important, it does not ensure healthy family functioning on its own; families that have adaptability in their family structure are more likely to be flexible to the needs of their children and less rigid in patterns of interaction (Kalil, 2003). This is especially important as children enter the adolescent years and being to negotiate their independence (Kalil, 2003). Similarly, flexibility in parenting style is important, as children need a balance of support and autonomy, especially when entering adolescence (Kalil, 2003)

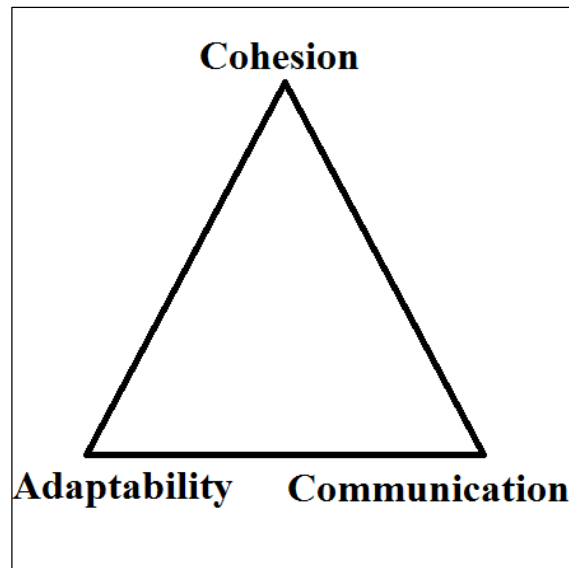


Figure 2. Family functioning triangle. Based on the work of Kalil (2003)

Kalil (2003) explains that the relationship between level of cohesion and overall family functioning can best be represented using a curvilinear model, as shown below in Figure 3. While this hypothesis needs further testing, it is based on the premise that when family cohesion is either too low or too high, poor family functioning is likely to result. This can be seen when parents are completely uninvolved in their children's lives, or at the opposite extreme, when a family is enmeshed, parents are overly involved, and children lack any autonomy (Kalil, 2003). It is proposed that family functioning is highest when a family has a moderate level of cohesion, and this is demonstrated in the figure below as an 'optimal' zone.

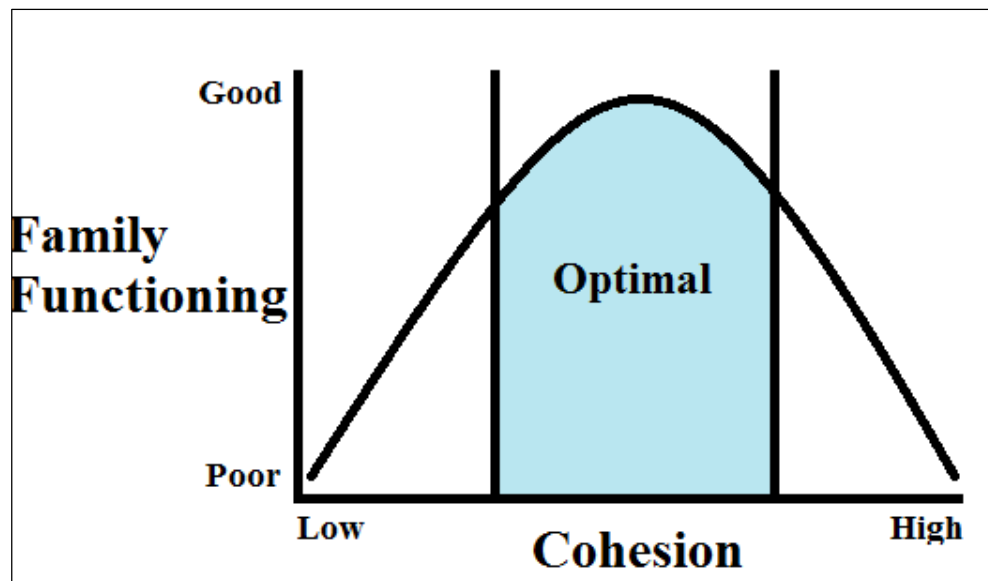


Figure 3. The relationship between family cohesion and functioning. The optimal zone is highlighted, based on the explanation provided by Kalil (2003).

Family Modelling

Like most behaviour, resilient responses to adversity may be a learned behaviour that is passed from parents to children across generations. Coping strategies used by the parents are often adopted by the children through observation and direct instruction (Kalil, 2003). This is commonly observed in terms of children adopting negative parental behaviours, such as the use of substances or violence as a response to stress. However, it is believed that positive coping strategies can also be learned from parents and other adult role models (Healey & Fisher, 2011). For example, parents who observe religious traditions and pray in times of difficulty are likely to teach their children to do the same, and this may lead to the acquisition of coping strategies that children can continue to use as they grow up.

Kalil's (2003) research has identified that holding meaningful belief systems and the presence of religion and spirituality in children's lives can be valuable in increasing resilience. While spirituality is often seen as non-psychological and non-scientific, some

research shows that it is often correlated with better adjustment and higher levels of happiness (Argyle, 2013; Francis & Lester, 1997). People who hold religious belief systems often approach difficulties as setbacks rather than disasters, and take more active problem solving approaches to dealing with such difficulties (Kalil, 2003). In addition, Kalil (2003) explains that religious beliefs often promote responsible parenting, family values, and positive morals such as loving, caring, and altruism. Religious beliefs and worldviews are one example of behaviour and an associated set of attitudes that are commonly modelled from parents to children, and this suggests that parents can have a positive impact on other aspects of their children's lives and behaviour as well.

Factors that Impact Child Resilience

As explained above, children are highly dependent on their parents, caregivers, or other adults in their lives to meet their physical and psychological needs, and this gives external figures great influence on their life outcomes. Although research shows that low income and poverty are correlated with many family dysfunctions and negative outcomes for children, young people, and families, Kalil (2003) explains that parents who have limited financial capital can still invest social capital in their children by promoting social relationships and providing support systems for their children through maintaining close relationships with relatives and friends. Research suggests that investing time, social capital, and resources, however limited, into children can increase resilience and compensate for some of the negative effects of poverty (Kalil, 2003). Parents can also shield their children in different ways from external stressors. For example, parents often hide information from their children to protect them, such as if parents decide to wait until after school exams are finished to tell their children they are

getting divorced. In this way, parents or other adult figures may have control over the amount of stress that a child is exposed to.

Kalil (2003) presents a family resilience hypothesis, explaining that when children grow up in a stress-resistant family, in which the parents try as much as possible to buffer their children from stress and protect them from risks in a high-risk environment (such as poverty or foster care), family resilience is in play (See Figure 4). However, if the family is not resilient as a unit, Kalil (2003) suggests it will be unable to resist pressure and protect the children from the negative effects of an unfavourable environment.

While the family resilience theory has received support, questions remain; if the family protects a child too much, will the child be dependent on the family system and have low individual resilience? If the child is removed from the family (as with foster care situations), will they remain resilient? In addition, if children do not have a stable parental figure or permanent family, and are not buffered from stressors, are they able to develop resilience on their own? And can a temporary foster family fulfil the same role as the parents in Kalil's (2003) model in teaching resilience and buffering children from stress?

In some cases, children raised in a context of family resilience may learn resilient processes and coping skills from their family, and this may make them more resilient when they enter foster care. However, it must be considered that if a family displayed high family resilience, would their children be in a situation in which they must be placed into state care? Or does family resilience operate at fairly low levels in the target population of this research project, offering partial explanation for why foster care is necessary and making an examination of family resilience irrelevant? Kalil

(2003) explains that poverty, single parenthood, and teenage non-marital parenthood are common barriers to family resilience and child development, factors that are highly correlated with situations from which children enter state care. While family resilience appears to have high theoretical value in the field of child psychology, it may be that other factors are at play in the development of resilience in foster children.

Another possible precursor to resilience in children, despite coming from dysfunctional or broken families, is the presence of two parent figures in the child's life. Kalil (2003) explains that when a child is in maternal custody, maintaining an active relationship with the non-resident father can act as a protective factor. In cases where one parent is absent (often the father), the presence of social fathers, or positive male role models, can often compensate for the loss of the father figure and increase resilience in the child and the mother (Kalil, 2003). Kalil (2003) suggests that this effect occurs both directly and indirectly, as the social father can have a positive impact on the child themselves, and gives the solo mother social support and increases her mental health and overall wellbeing, thereby improving the way she interacts with her children. This idea of substitution parents may be relevant to the field of foster care, as foster parents, like social fathers, may be able to partially compensate for the loss of the parents.

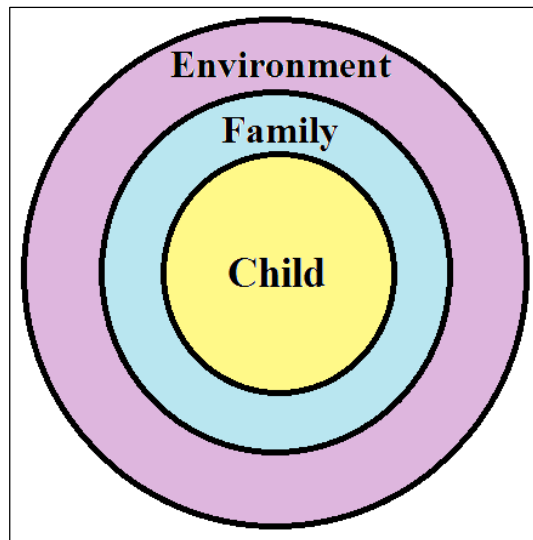


Figure 4. Child protection systems. The buffering layers that protect children in a hypothetically ‘normal’ family upbringing.

ATTACHMENT THEORY

An important consideration when examining resilience in children, particularly children with disrupted home lives and unstable families, is how attachment develops in infancy and affects development and behaviour throughout the lifespan. The prominent early theorist in the field of attachment is Bowlby (1997), who generated a theory of attachment by examining how attachment behaviour develops in normal children and the consequences when attachment processes malfunction. Bowlby (1997) explains that “What is believed to be essential for mental health is that the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment” (p. xii). Contexts in which attachment has commonly been researched include orphanages, foster care systems, children in hospitals, infants born to mothers in prison, and children raised by a nanny or substitute mother.

Attachment Theory Framework

Bakermans-Kranenburg et al. (2011) summarise the basic premise of attachment theory, explaining that healthy attachment develops naturally in response to adequate caregiving. Bowlby (1997) elaborates that the development of attachment is an interactive process, through which the infant shapes and reinforces the mother's behaviour through actions such as crying and smiling, and the mother shapes the child's behaviour by picking him or her up and giving the child attention. In this way, the mother and child develop a strong and distinct pattern of interaction very quickly, and learn to predict each other's behaviour (Bowlby, 1997).

Within 12 months of birth, an infant should develop a strong tie to the mother figure or the primary person who meets the child's physiological needs (Bowlby, 1997). Bowlby (1997) explains that attachment behaviour refers to attempts at "seeking and maintaining proximity to another individual" (p. 195). Attachment is encouraged when adults show sensitivity in response to an infant's signals, and by the amount and nature of interaction between the adult and child (Bowlby, 1997). Attachment is often understood as being measured by the amount of separation anxiety displayed by a child, but Bowlby (1997) explains that attachment also involves behaviour that initiates interaction, maintains interaction, avoids separation, the reaction on reunion, exploration of the environment, and fear behaviour, such as withdrawing to the mother to seek comfort when frightened. Similar attachment behaviour is seen in many animals, such as when ducklings follow the mother duck very closely, and as displayed in many studies with monkeys and primates (See Bowlby, 1997 for a summary of animal research).

According to attachment theory, all patterns of attachment can be classified in four distinct categories. Children are said to be securely attached when they display behaviours seen as typical in development. Bowlby (1997) found that the majority of children actively play, seek their mother when distressed, find comfort from their mother, and then return to play. In contrast, children with an anxious-avoidant attachment are likely to avoid the mother after her absence, and may be unusually friendly towards strangers (Bowlby, 1997). Anxious-resistant children will seek proximity to the mother but resist contact. They are often described as either angry or passive (Bowlby, 1997).

Finally, the term disorganised attachment is used to categorise children who display conflicted or fearful behaviour in response to the mother leaving and returning. Examples of this behaviour include huddling on the floor, approaching the parent but remaining hesitant, or entering a “trance-like” state (Lyons-Ruth & Jacobvitz, 1999). In the many years since these categories were developed, much research has been conducted and no additional categories have been supported, with consensus suggesting that these four categories are inclusive of all known types of attachment behaviour.

Importance of Attachment

As Bowlby (1997) recognised, attachment plays a vital role in adolescent and adult mental health. Since attachment theory was developed, much research has examined the impact of childhood attachment with the caregiver on outcomes later in life. While much of this research is correlational, a strong trend emerges, suggesting that poor attachment leads to poor outcomes in a number of areas, including academic success in childhood (Pianta, Nimetz, & Bennett, 1997; Newland, Coyl & Chen, 2010), personality style and romantic relationships in adulthood (Shaver & Brennan, 1992),

empathy and affect regulation (Davidov & Grusec, 2006), and cognitive and social development (Burchinal, 1999). Although it is difficult to directly link problems later in life to poor childhood attachment, evidence suggests that the effects of attachment last well into adolescence and adulthood, and therefore that attachment plays a vital role in human development and may influence the ability to connect with others and levels of resilience in later life.

Dysfunctional Attachment

Much research has been dedicated to understanding how healthy attachment can be thwarted and the resulting effects of breaking an already formed attachment, as commonly occurs when children are abandoned or removed from parental custody. Bowlby (1997) analysed many observational studies, deducing a common pattern of response to loss of the attachment figure. He observed that typical 15-30 month old children, on first separation from the mother, display a predictable sequence of behaviour: protest, despair, and then detachment. "When removed from the mother by strangers, young children respond usually with great intensity; and after reunion with her, they show commonly either a heightened degree of separation anxiety or else an unusual detachment" (p. 3). He explains these two opposite responses, citing "...great changes in the child's relation to his mother that are often seen when he returns home after a period away; on the one hand, 'an intense clinging to the mother which can continue for weeks, months or years'; on the other, 'a rejection of the mother as a love object, which may be temporary or permanent'" (p. xiii); this is referred to as detachment.

According to Bowlby (1997), when at first, the separated child expects his or her mother to return, the child may reject other adults and display pining for his or her

mother. However, with time, children often display increasing hopelessness, becoming withdrawn and quiet. Finally, the child reaches a point of detachment. During this stage, the child appears to settle and caregivers may assume all is well, but if the child visits his or her mother, shows a lack of attachment and appears to have completely lost interest in the once yearned for attachment figure. Once the child has detached from the mother, he or she may become attached to a succession of caregivers, but as care placements are often unstable, with each loss of an attachment figure, the child reacts less and less, becoming successively more detached (Bowlby, 1997).

Eventually, some children will appear unable to attach to anyone at all. While this behaviour is maladaptive for the child's emotional and social functioning, it can be understood within the context as a useful adaption to the situation, and in this way it is possible to understand the protective function of such dysfunctional behaviour. However, Bowlby (1997) further examined the phenomenon of detachment, finding that when children have a single mother substitute (stable placement), are fostered with a sibling, or remain in a familiar environment, they often display less distress. In contrast, when children experience a longer separation from their attachment figure, they are likely to have a more extreme reaction.

Criticisms

Bowlby's (1997) theory has received criticism, including suggestions that rather than the importance of separation from the mother, being placed in a different environment and having a different parental figure intensifies the negative effects of separation, or alternatively that the noted effects can be attributed to a bad relationship with the mother. However, Bowlby explains that the opposite is true; it appears that having a good relationship with the mother can make separation effects worse. Indeed,

Healey and Fisher (2011) suggest that due to loyalty, children who are already attached to their birth parents may be less likely to attach to their foster parents. Bowlby's (1997) research concludes that the loss of the mother is the key variable effecting change in children's behaviour after separation (See p. 30-31 for a refutation of these criticisms).

Lynch (2011) points out that when an attachment fails to form, this does not necessarily mean the child is unable to attach, as mutual acceptance and willingness is necessary to form a secure attachment. Rather than assuming insecure attachment is due to problems in the child's ability to connect and trust, it must be understood that attachment is a two-way street. Bakermans-Kranenburg et al. (2011) explain that when caregivers are emotionally unavailable and/or neglect the physical needs of children, the child may suppress his or her needs as an adaptive response to the situation. While this often explains the detachment of children towards their birth parents, this may also occur in fostering situations, when children do not feel safe, secure, and wanted in their placement. Although this may be a maladaptive response in terms of the child's emotional health, it can also be seen as a method of survival and a form of resilience.

RELATIONAL RESILIENCE

The field of resilience research is broad and varied, and it has been suggested by some researchers that resilience is not a unified construct, as different types or domains of resilience operate. A particular area of interest, given the influence of adult figures and the importance of relationships in children's lives, is the concept of relational resilience, which suggests that relationships can be both causative in boosting resilience and a measure of how resilient a child is. Like the construct of resilience in general, differing definitions of relational resilience have been used across different research studies.

Hartling (2008) refers to relational resilience as “our capacity to build healthy relationships with others” (p. 53), elaborating on the “ability to connect, reconnect, and resist disconnection in response to hardships, adversities, trauma, and alienating social/cultural practices” (p. 56). Walker and Lee (1998) explain the importance of relationships, as “supportive parent-child relationships have been identified as the single most important protective process operating to produce resilient outcomes across several, diverse populations at risk” (p. 528). This leads to an important premise for this research, that healthy attachment and relationships play a key role in child resilience. Within the specific population of foster children, who by definition have been removed from the care of their parents, the effect of the lack of access to this “important protective process” (Walker & Lee, 1998, p. 528) and the potential for foster carers to compensate for this need, must be considered.

Waldegrave et al. (2011) explain that family/relational resilience is an interactional process, whereby the child contributes to the relationship and the resulting resilience, as does the adult. This reflects the influence of the caregiver’s relational style on the dynamics of a foster relationship; a child who is relationally resilient may be placed with a caregiver who is not warm and welcoming, and an attachment may not form. This does not mean that the child lacks relational resilience or has an attachment problem; rather, attachment is a two-way process, and therefore resilience comes from within the child and the context they are placed in. The conclusion is that in order for a child to gain the resilience-building benefits of a healthy attachment, the child must be in an environment that allows for attachment, and be willing to seek and participate in such a relationship.

Hartling (2008) explains that “social support is most often described in the research as a one-way, unidirectional form of relating, or something that one gets from

others” (p. 63). For this reason, when studying relational resilience, it is preferable to examine relationships, attachment, and connection instead of social support, because these terms imply two-way relationships and offer a more complete view of the benefits of positive social interaction.

Calkins et al. (2007) draw connections between early childhood attachment to the parent figure and later resilience, citing research suggesting attachment patterns can be predictive of behaviour problems. Calkins et al. (2007) also implicate the quality of mother-child interactions in developing resilience, across the dimensions of affection, warmth, and positive involvement. They conclude that “less conflict, more synchrony, and greater shared positive affect may be important elements of the child’s relationship with the caregiver that may buffer the child from the negative effects of contextual risk factors” (Calkins et al., 2007, p. 680). This suggests that for the proportion of foster children who do develop healthy attachments in infancy, but are removed from the attachment figure or moved to another placement, resilience may be inhibited or less likely to develop, while those children who have never developed a secure attachment are also likely to be more vulnerable to stressors.

While parental relationships are clearly important in building resilience, there is suggestion that other family relationships can also be strengthening for children. Walker and Lee’s (1998) research examined relational resilience in children of alcoholics (COAs), with results suggesting the important role sibling relationships can play in the resilience of at-risk children. Walker and Lee explain that “brothers and sisters can be a potential built-in resource to cope with alcohol-related and other sources of stress” (p. 527), and suggest that facing the difficulty of parental alcohol abuse can lead to stronger sibling bonds than families in which the children have not faced significant difficulty. Additionally, the authors cite empirical evidence that increased emotional connection

and the support of a loving family can reduce the likelihood that COAs will develop psychiatric problems such as conduct disorder and depression (Walker & Lee, 1998). Consistent with the discussion of resilience above, this research suggests that encountering negative experiences can lead to increased coping in terms of relational resilience, and that increased strength of relational bonds can act as a buffer for negative outcomes.

In the cases of children who do not have supportive relationships with family members, as commonly occurs in dysfunctional or abusive families, research suggests that other adults can act as a substitute. Turner (2001) explains that:

Resilient children do not identify with their parents' maladaptive patterns; they find positive role models elsewhere, such as teachers, parents of friends, coaches, and religious or other community leaders. They learn to disengage emotionally from their families, but still maintain some connection, and they do not feel they are to blame for their family problems. (p. 443)

In addition to increasing resilience, Turner (2001) states that the ability to maintain a healthy relationship with an adult role model is an indicator of good resilience in a child or adult, as "the ability to form positive, intimate relationships is an essential component of resilience" (Turner, 2001, p. 443). Hartling (2008) supports this supposition, citing "evidence indicating that children who have at least one supportive relationship (connection) with an adult can achieve good outcomes despite severe hardships" (p. 63). This research suggests that participating in healthy relationships and having resilience forms a reinforcing cycle, as illustrated in Figure 5 below.

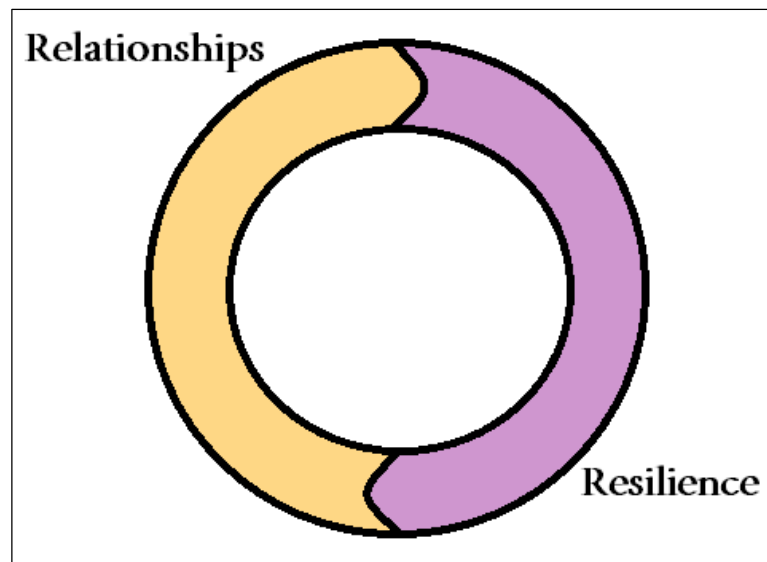


Figure 5. The reinforcing cycle of relationship and resilience. Relationships enhance resilience, and resilience enhances relationships.

Walker and Lee (1998) suggest reconsideration of some taken-for-granted assumptions when considering attachment and relational resilience. The authors urge readers to:

Recognize that protective factors are not necessarily positive experiences (Rutter, 1985) and may even deceptively appear to be symptoms of pathology. Behaviors traditionally regarded as dysfunctional (e.g., enmeshment and parentification) may actually be positive ways in which family systems handle the risks associated with familial alcoholism. (Walker & Lee, 1998, p. 529)

They further elaborate that “Some parentification may be a healthy adaptation in the face of alcoholism and a sign of relational resiliency. That is, giving capable children appropriate amounts of parental responsibility may benefit the entire family system” (Walker & Lee, 1998, p. 531). Walker and Lee (1998) also explain that the attachment that develops between a child and an adult figure may be seen as unhealthily close, but “it may also be because the pejorative term "enmeshment" has been used to describe a parent-child relationship that is apparently more interdependent than

warranted by a child's developmental stage” (p. 530). However, in the particular context, the relationship may be protective for the child. For example, if the child has never had a stable, dependable adult in their life, they may begin to progress through the normal attachment process that develops in infancy (Walker & Lee, 1998).

These considerations warn against the traditional assumptions of pathology, recognise the importance of individual variation and acknowledging context, and support the underlying idea of resilience being about survival and adaption. By changing our perspective, pathology can be turned upside down and seen as attempts to survive and adapt to unhealthy life circumstances; once such problems are reconceptualised, creative solutions to readapt in healthier environments can be developed.

The term ‘relational resilience’ is often used interchangeably with the term ‘family resilience,’ however in this research a distinction will be made. Foster children are unique to most research populations because often they live their lives in constantly changing contexts; because they do not have consistent families (and have contact with their birth families to varying extents), family resilience may have little impact on their lives and cannot be studied accurately. Instead, this research will examine foster children’s relational resilience, a term that will be used to represent their enduring desire to build relationships and attempts to make connections with those around them and access the positive aspects that relationships with supportive adults can offer, despite experiencing repeated broken relationships and living in an often powerless and constantly changing context.

The conclusions drawn from research into relational resilience suggest that relationships play a key role in understanding resilience, and suggest that interventions

to increase access to supportive relationships with family members or other adults, and to improve the skills children have to build and maintain relationships, may lead to better outcomes. As Hartling (2008) concludes, researchers are “understanding resilience as a human capacity that can be developed and strengthened in all people through relationships, specifically through growth-fostering relationships” (p. 52).

RESILIENCE IN CHILDREN IN CARE

While the structure of foster care systems varies across countries, for the purposes of this research, it is helpful to distinguish between two types of state care: children in foster care and children in residential care. However, in reality, most children in residential care have previously been in foster care, and may return to foster care after leaving residence (See Table 1 below for definitions of terms). Leve (2012) state that there is a hierarchy in the quality of different care settings, with children being raised in their own families as preferential, and foster care within a family model setting as preferable over residential care and placement in group homes. There is clearly much overlap between the different types of care, and many children move back and forth between the different care settings within the system. Therefore, many of the observations made based on research in one care setting may be applicable to children in other settings; however, for the purpose of clarity and structure, the literature will be divided into three categories.

First, an overview of research examining resilience in the context of residential care will be presented. Secondly, a summary of the key points found in studies examining resilience in foster family situations will be presented. Finally, research conducted with children transitioning out of the foster care system will be summarised. Together, these sections hope to provide an overview of international research into resilience in children who have been removed from their families and placed in the

foster care system, forming a foundation from which this independent research project can build upon.

Table 1

Key terms in this research

Term	Definition
Children in care	General term used to refer to all children and young people who are in the care of Child, Youth and Family, whether long term or temporary, and inclusive of foster care and residential care.
Foster care	Children who are placed in the care of foster parents or a foster family, constituting the majority of children in care.
Whanau care	Children who have been removed from the custody of their parents and placed with suitable family or whanau, either long term or temporarily.
Residential care	Children who are in the care of a group home or state institution, and have usually been in foster care previously, with a history of failed placements leading to residential care. Children in residential care are often at the higher needs end of the care spectrum.

Note. This table provides definitions of the key terms that will be used in this research and indicates how they will be used.

Resilience in Residential Care

For some foster children in New Zealand, a short-term stay in a CYFS residence is necessary to deal with high and complex needs or while appropriate care

arrangements are made. Residential care options are often used as a last resort, after foster care arrangements have been unsuccessful, and are often used with older children and adolescents (Emond, 2014). While Bakermans-Kranenburg et al. (2011) explain that for more than 50 years, there has been evidence that institutional care is detrimental to children's wellbeing, many countries still use long-term residential care facilities, and much international research has examined the differences between outcomes for children in residential care and those in foster care. Emond (2014) explains that children who live in residences often have very different experiences to those in foster care: they lack the 'normality' of the family context that their peers grow up in, they must negotiate their lives within two institutions (residence and school), and they often have more educational and psychological difficulties than children in foster placements.

As Lynch (2011) explains, temporary placement in a residential facility often means children must live with uncertainty and a lack of stability, not knowing when they will leave and where they will be sent next. Residences commonly consist of high ratios of children to staff, high staff turnover rates, and a lack of opportunities to develop secure attachments to one parental figure (Bakermans-Kranenburg et al., 2011). Despite research suggesting that residential care is in many ways inferior to family-model caregiving (Smyke, Zeanah, Fox, Nelson, & Guthrie, 2010), there is also evidence that children in residential care can develop resilience in other ways and flexibly adapt to their environments.

Peer Relationships

Research by Emond (2014) suggests that peer relationships are very important for children in residential care, both in terms of relationships with other children at school and with other children in the residence. Due to the lack of a stable parental

figure that often characterises residential care, it may be that strong peer relationships can in some way compensate and give such children a sense of family, unity, normality, and belonging (Emond, 2014). In a world of adults who make decisions for the child's life, such as caregivers, youth workers, social workers, judges, and teachers, the importance of having the freedom to choose peer groups and build friendships appears to be important in children in care (Emond, 2014). The shared experience of children in residential homes also appears to be a unifying factor that helps buffer the shame many foster children experience, and can increase resilience through shared understanding (Emond, 2014). The conclusions drawn from Emond's (2014) research strengthen the premise of this research endeavour, that relationships play a key role in resilience.

Placement Length

Another important factor that is believed to influence resilience is the length of placement, as Lynch (2011) explains that it takes time to develop attachment, and that without sufficient time together, the child is unlikely to attach to the caregivers (See also Bakermans-Kranenburg et al., 2011). Lynch's (2011) research centres on the concept of relational resilience, the ability to form relationships (predominantly with adults such as caregivers and teachers), of which attachment is believed to play a key role. Therefore, Lynch (2011) suggests that if a foster child does not remain in a placement for long enough to develop attachment to his or her carers, the child is likely to have lower relational resilience.

Residential Staff

Other aspects of the residential care situation that research suggests may inhibit the development of attachment to caregivers include high ratios of children to staff in institutions and high staff turnover rates. Because attachment theory suggests that for

healthy attachment to develop, children need to have their needs consistently met by one (or two, in the case of two involved parents) stable attachment figure(s), and an average expectable environment (See Bowlby, 1998, as cited in Bakermans-Kranenburg et al., 2011), residences with low ratios of staff to children often mean a lack of opportunities for one-on-one interaction, and therefore reduce opportunities for normal emotional development.

Bakermans-Kranenburg et al. (2011) explain that an ideal ratio of 1:1 and sufficient devotion of time and attention to the child, as well as stability of the caregiver role, promotes healthy attachment and resilience. However, the absence of individualised attention makes it unlikely that children will develop healthy attachment patterns, especially in children who have been institutionalised since infancy. In line with this reasoning, high staff turnover rates also mean inconsistent caregiver roles and lack of sufficient opportunity to develop attachment. Bakermans-Kranenburg et al. (2011) explain that institutionalised children can have up to 50 different caregivers by the age of three; while Lynch (2011) cites research showing that 41% of foster children in the US experienced three or more placement changes within a year.

Attachment

While attachment studies indicate that abnormal attachment patterns are common in children taken into state care (see Minnis, Everett, Pelosi, Dunn, & Knapp, 2006; Smyke et al., 2010), research suggests that the increased likelihood of multiple carers and unstable placements typical in institutionalised care prevents children from developing healthy attachments. To further strengthen the link between residential care facilities and unhealthy attachment patterns, Bakermans-Kranenburg et al. (2011) cite a study conducted in Greece with infants in residential care since birth, who therefore had

no adverse experiences such as family abuse or neglect before entering care. This study found that 66% of these children displayed disorganised attachment styles to their most familiar caregivers, compared to 25% of infants in a two-parent family comparison group (See Vorria et al., 2003). A similar study conducted in Russia by The St. Petersburg-USA Orphanage Research Team (2008) found that 85% of the sample of institutionalised children displayed disorganised attachment, suggesting that, when the effects of pre-care trauma and abuse are eliminated, some aspects of residential care itself appear to cause damage to institutionalised children (Bakermans-Kranenburg et al., 2011).

Acceptance

Research into the experiences of foster children, particularly those in residential institutions and group homes, has shown that the extent to which a child is aware of his or her own history, and the identity a child forms based around their acceptance of their care status, may influence self-esteem (Emond, 2014), which is believed to play a role in resilience. Often young children may be unaware of the situation that caused them to be removed from the care of their family, but as they grow up and enter adolescence, and begin to develop a distinct identity, develop a need to understand their own journey and the reasons for their position in the foster care system (Emond, 2014). However, Emond (2014) explains that due to a sense of stigma and shame at being institutionalised, some foster children deny their situation to their peers and construct false narratives to explain why they are in care. This may include having idealised views of their birth parents and denial of the wrongs they have committed. Some researchers suggest that with increasing time in the system, hope often diminishes and resilience can decrease as the child or adolescent develops the cognitive maturity to realise that they are unlikely to be reunited with their family or placed in a permanent

foster family (Lynch, 2011). However, if the child is able to form a new sense of identity and belonging in the foster context, these negative effects may be avoided.

Indiscriminate Friendliness

An interesting feature observed in many children raised in institutional care, examined in depth in Bakermans-Kranenburg et al.'s (2011) research with children in institutionalised care in the Netherlands, is that of indiscriminate friendliness, whereby children display overly friendly behaviour to almost all adults they encounter, and appear unable to distinguish between appropriate behaviour towards people they know and strangers. Children who display indiscriminate friendliness often show no preference for the caregiver; when they are upset, they will not run to the caregiver for comfort as expected, but may accept care from wherever it is offered (Bakermans-Kranenburg et al., 2011). This phenomenon has been explained in a number of ways. Rutter et al. (2007) suggest that it may be due to a lack of self-control, while Chisholm (1998) proposes that it is an adaptive response to an environment in early life in which the child's physical needs have often been unmet. In response, the child learns that when they are friendly, they get more adult attention, and are more likely to get their needs met (Bakermans-Kranenburg et al., 2011).

While indiscriminate friendliness is often seen as a result of not developing an attachment to a caregiver, and can therefore be seen as an attachment disorder, Bakermans-Kranenburg et al. (2011) also suggest the behaviour may be caused by problems with attention and behaviour-regulation, and that children who display this behaviour may be unable to inhibit their responses. Bakermans-Kranenburg et al. (2011) also discuss the adaptive value of children who act negatively to get attention, and explain that this can serve the same function. Babies who cry a lot and have a difficult

temperament are also more likely to get attention and have their needs met, which can reinforce such attention seeking behaviour later in childhood.

Long-Term Effects of Institutionalisation

Some studies have examined the effects of adoption or permanent placement on children who have previously been institutionalised, and concluded that in many cases, attachment may not be correctable (See Bakermans-Kranenburg et al., 2011).

Bakermans-Kranenburg et al. (2011) suggest that there may be a critical period in which an infant develops the capacity to attach, and if this period is missed, such deficits may not be repairable. However, the authors also suggest that with time and devoted care by the new parents, previously institutionalised children can eventually develop a secure attachment, although the specific factors that influence this have not been identified. Bakermans-Kranenburg et al. (2011) do, however, suggest that if a child developed an attachment to a caregiver in the institution, this existing attachment may inhibit the transition into the new family and make it more difficult for the child to re-attach, again reinforcing the importance of stability in care.

Resilience in Foster Care

Research into children placed with foster caregivers in a family setting has revealed several themes relating to factors that impact the resilience of foster children and affect outcomes. Some of these key factors, consistent across much of the literature, are placement stability, prior mistreatment, age at first placement, strength of attachment, conditions in care, and whether the child maintains a relationship with his or her birth family. An interesting theme deduced from the literature reviewed is the concept of a redeeming relationship and the possibility that such a positive relationship

with an adult can increase resilience in children in foster care. These suggested influencing factors will be examined in the existing foster care literature.

Placement Stability

A key point highlighted by many researchers is the potential role that placement stability plays in the resilience of children in care. As explained above, foster children are often put through many adjustments and large proportions of foster children move from caregiver to caregiver due to placement breakdown. Stein (2005) explains that when children have a more stable and consistent placement, in terms of home, school, and significant relationships, as measured by fewer placement changes, they are likely to be more resilient and achieve better outcomes. As a strong link has been made between attachment and resilience, Healey and Fisher (2011) explain that when foster children experience placement instability, especially in their early years of life, they experience a lack of continuity that inhibits their ability to develop healthy attachment; Jones and Morris (2012) concur that children who experience fewer and longer placements generally develop stronger attachments. Leve (2012) draws a connection between higher number of placements and increasing symptoms of indiscriminate friendliness, while Jones and Morris (2012) explain that foster children who are uprooted often experience higher rates of academic difficulties and are more likely to be diagnosed with attachment disorders.

Age

Another commonly cited factor in foster child resilience is the age at which a child first enters care. Researchers suggest that children who are younger at the time of placement are likely to have better outcomes and be more resilient (Rees, 2013). This is likely due to children having more opportunities to develop attachment at a younger age

(Stein, 2005), which may be explained by the presence of a sensitive period in which attachment patterns develop (See Bowlby, 1997). Jones and Morris (2012) state that children who enter care younger often stay with their foster families longer and experience more stable placements. They further cite the “detrimental effects of late placement” (p. 131) and present correlational evidence that children placed in group homes, who are usually placed at an older age, rate higher on scales for behavioural problems. While this research shows correlation, not causation, it suggests that children who are removed from the parental home at an older age have had more time to assimilate the negative effects of their environment and learn maladaptive behaviour; therefore, removing children at a younger age may be an early intervention to prevent learned problematic behaviour.

Pre-care History

Many researchers concur that any study of foster children must be based on a foundational understanding that such children are not a clean slate when they enter the system; rather, foster children come into care with pre-existing problems and usually a maltreatment history, which may or may not be fully disclosed (Healey & Fisher, 2011; Kelly & Salmon, 2014). The impact of prior maltreatment on resilience in foster children has been examined by Leve (2012), Healey and Fisher (2011), Osterling and Hines (2006), and Jones and Morris (2012), with Healey and Fisher examining the effects of early maltreatment on the brain and concluding that normal development is often disrupted, leading to emotional regulation difficulties and problems with school adjustment. While Healey and Fisher (2011) explain that early abuse can have significant effects throughout childhood and into adulthood, he suggests that due to brain plasticity, it is not too late to remedy the effects of maltreatment experienced early in life. Children removed from their families and placed into state care need time to

stabilize and recover (Healey & Fisher, 2011); it may be that given a safe and stable substitute family environment, even children who have suffered extreme trauma early in life can recover and have high psychological health.

Similarly, Leve (2012) examined the effects of prenatal substance exposure in foster children, concluding that such children are more likely to have mental health problems and to have more placement disruptions. Leve (2012) posits that early abuse can disrupt neurological development and impede attachment, requiring much more remedial work and special support than children who have not been abused in infancy and childhood. Osterling and Hines (2006) explain that past maltreatment can lead to difficulties with trust and cause abused children to avoid relationships with foster carers or to have unstable relationships, possibly reflected in high rates of placement breakdown. Finally, Jones and Morris (2012) examined the rates at which foster children reunited with their birth families return into the foster care system. The researchers found that risk factors for returning to care were health problems and the experience of early neglect and abuse (in addition to African American ethnicity, single parent families, non-relative care, and children with siblings also in state care), and that such children re-entered care at a higher rate than average. This suggests that child abuse is rarely a once-off event, but rather an ingrained family pattern that has long-lasting effects on children.

Orientation towards Care Status

Another factor cited in research as influencing the resilience of foster children is knowledge of their own history and understanding of the need for care. Emond (2014) explains that when children are aware of and accept their care status, they have a stronger sense of identity and cope better with being in foster care. Stein (2005) agrees

that when foster children and adolescents are able to work through their abandonment and make sense of their past, it enables them to look to the future and achieve better outcomes. Similarly, Stein (2005) suggests that children who are able to achieve a positive sense of identity, whether it be based around culture or family, are likely to be more resilient.

Kinship Care

When possible, children removed from parental care are often placed with family members, in line with the philosophy that children should not be removed from their whanau to maintain their identity. Lynch (2011) suggests that children who are placed in kinship care are likely to attach easier to their new caregivers, who usually have a pre-existing relationship with the child. Because the child remains within the whanau, the child is also likely to experience more stability and continuity. In contrast, Jones and Morris (2012) claim that family care does not necessarily mean the child is more likely to develop an attachment, and Leve (2012) states that kinship carers often receive less support and resources than foster carers, making kinship care a less desirable option.

In cases where more than one child is removed simultaneously, some research has addressed the question of whether it is beneficial to maintain sibling unity and place siblings together (Jones & Morris, 2012). The authors concluded that due to a multitude of factors, such as the problems that required removal and the relationship dynamics between the siblings, the pros and cons of sibling unity must be determined on a case-by-case basis. Similarly, Rees (2013) suggests that maintaining regular contact with the birth parents can be either beneficial or detrimental to a child's well-being, depending on the relationship with the parents and the reasons behind the child's removal. When

children have entered care to escape abusive home situations, it may be harmful to place them in an extended family environment that continues contact with an abusive parent.

Care Environment

Some researchers have examined conditions in care as a variable that impacts resilience in foster children, suggesting that the care environment into which children are placed affects their resilience levels. Jones and Morris (2012) observe that foster care environments that offer children normal life activities, such as school, family time, church, sports, and opportunities to play, lead to higher wellbeing in children. Leve (2012) examined the number of foster children in a home, observing that many foster homes have multiple foster children, often in addition to biological children, and that this can sometimes mean children lack the one-on-one attention necessary for healthy development. However, Jones and Morris (2012) have identified potential resilience building factors, suggesting that school participation, a consistent group of friends, positive relationships with adults, awareness of their own strengths, and participating in extracurricular activities such as sports and cultural groups, can increase positive outcomes for foster children.

Interaction Between Child and Caregiver

A factor commonly mentioned in the discussion of children in foster care is the difficult child-troubled parenting cycle, as referenced by Leve (2012), Healey and Fisher (2011), Emond (2014), and Bakermans-Kranenburg et al. (2011). Bakermans-Kranenburg et al. (2011) explain that some children are born with a difficult temperament and may be fussy and cry a lot, which can lead to problematic parenting responses, and in the extremes, can result in child abuse, such as shaking a baby who will not stop crying. This can turn into a cycle, where the parent gets increasingly

frustrated, causing the baby to become more upset and difficult to console (Leve, 2012). As a result, Healey and Fisher (2011) explain that foster children are often very difficult children when they enter the system, as would be expected by the types of backgrounds that lead to removal from the parental home. However, research by Kelly and Salmon (2014) suggests a framework foster carers can use to understand the child's internal working model and improve the child's cognitive and emotional development, despite early abuse.

Emond (2014) comment on the cycle in which children with problematic behaviour often end up with few friends due to a lack of social skills. This problematic behaviour may be reinforced by peer rejection, creating a vicious cycle of acting out and rejection. Because foster children often have problematic behaviours, they require caregivers with special parenting skills (Healey & Fisher, 2011). However, even caregivers who have undergone extensive training may struggle with difficult children, which often leads to unstable placements and, as suggested above, can create more damage as children are moved from caregiver to caregiver.

Positive Role Models

There is significant research to suggest that the presence of mentors and role models contributes to resilience in children in care. For example, Osterling and Hines' (2006) research examined the use of mentoring programmes in the US, particularly with older adolescents who were aging out of care. Their research showed that the skills learnt during the programme were correlated with better outcomes, and that foster children in the programme appreciated the consistent and dependable encouragement and emotional support they received. The findings of this research are consistent with

the theory that building a supportive relationship with one adult figure can enhance resilience in children.

Single Redeeming Relationship

The theme of the potential of a single redeeming relationship to increase resilience in foster children is alluded to in a range of literature, including Lynch (2011), Stein (2005), Jones and Morris (2012), Kalil (2003), and Osterling and Hines (2006). Stein (2005) refer to the concept of a redeeming close relationship with one stable person, explaining that such a person can be a compensatory secure attachment figure for children who have been neglected or removed their parents. Stein (2005) suggests that this figure may be a mentor outside the foster family, and can fulfil the part of a role model for foster children.

Lynch (2011) also refers to such a role as a redeeming close relationship, explaining that children only need one attachment figure and that having such a person is a protective factor for foster children. Lynch (2011) suggests that relational damage caused by mistreatment by parents or the loss of the parents can be repaired by an attentive and loving foster parent. In Osterling and Hines' (2006) research into a mentoring programme with foster children, they identify the importance of a supportive and caring adult in the lives of children in care, explaining that mentors can fill the role of a consistent relationship outside the family context. Kalil (2003) also refers to the importance of having at least one stable relationship, while Jones and Morris (2012) also identify a positive relationship with an adult as a resilience factor in the foster children they studied. This theory supports the importance of relationships and connection in foster children's lives, whether it be to a foster carer, a biological child of a foster carer, another foster child, a peer at school, or another figure such as a teacher

or coach. While the scope of this research project covers primarily the relationship between foster child and carer, it is important to recognise that a range of significant relationships can have value in bolstering the resilience of a foster child.

Resilience in Children Leaving Care

An additional area of resilience research in foster children is the area of transitioning out of state care. Researchers such as Osterling and Hines (2006) and Jones (2012) have examined the processes young people go through when leaving foster care, and theories have been proposed about factors that lead to better outcomes after leaving care. For example, Jones (2012) proposes that children who are older at the time of leaving care generally have better outcomes, suggesting that older age is a protective factor. Jones (2012) explains that children in care often leave the ‘parental’ home much earlier than non-foster children, who often live with their parents and receive significant support through their university years and beyond. Most foster children in the US are emancipated at age 18, while the average non-foster child leaves home at approximately 23 years of age (Jones, 2012).

Acquired Skills

Correlated with increasing age is the acquisition of independent living skills, which researchers have suggested is related to higher levels of resilience (Jones, 2012). Possessing skills such as cooking, cleaning, driving, and knowledge of how to make a CV and open a bank account make the transition out of foster care into independence much easier. Children who age out of foster care often lose both state support and parental support, in addition to lacking job and educational opportunities and having poor financial stability (Jones, 2012). In addition, Jones (2012) explains that foster children have been shown to have higher rates of general health and mental health

problems, although it is unclear whether these conditions are a result of being in foster care or part of the causative factors that lead children to initially enter foster care. Due to the connection made between higher age and level of preparedness to enter independence, research suggests that children who leave care later or are gradually prepared to transition are likely to have better outcomes.

Social Networks

Greater resilience is also associated with developing social networks as a buffer to stress (Jones, 2012). Some foster children may develop friendships at school or in extracurricular activities, and these friendships, if maintained after transitioning out of care, can offer social support and enhance resilience. Lynch (2011) examines the protective qualities of culture, explaining that foster children who maintain relationships with their ethnic communities are likely to have a stronger identity and sense of self, enhancing their resilience and social support resources. Research also suggests that foster children who maintain continuity by remaining in contact with their foster family can receive social support from former foster parents, foster brothers and sisters, social workers, and youth workers (Jones, 2012). Recognising the importance of attachment and continuity, and making comparison with the normal processes non-foster children pass through when leaving the parental home, it is clear that maintaining as many supportive relationships as possible is helpful when all adolescents make the transition to adulthood.

Mentoring

Research by Osterling and Hines (2006) examined the utility of a mentoring programme for foster children leaving care in the United States. This study found that the presence of a mentor during adolescence can provide multiple benefits for foster

children, including the presence of a role model, the availability of emotional support, and the acquisition of important life skills (Osterling & Hines, 2006). Results showed that foster youth who participated in the mentoring programme had better outcomes in general, as seen in their improved self-concept, peer relations and educational achievement, and lower levels of drug and alcohol use and violent behaviour (Osterling & Hines, 2006). The youth who participated also rated the programme as helpful, particularly for the mentors' willingness to teach valuable practical life skills and spend quality one-on-one time with the youth. Once again, the value of relationships and the associated emotional and practical support that is provided in the context of a supportive relationship is highlighted in this area of research.

Reuniting with Family

Although increased levels of social support have proven to be beneficial to adolescents transitioning out of care, research suggests that returning to the birth family after aging out of state care often leads to worse outcomes (Jones, 2012). The author suggests this is because the same factors and family dynamics that led to the child being placed into care in the first place often still remain. Research and theory into the effects of environments on individual behaviour support this assertion, suggesting that birth families may be bad influences on newly independent foster children and can cause them to lose progress they have made in care. Despite research strongly suggesting that returning to live with family members after leaving state care often leads to negative outcomes, high numbers of foster youth choose to do so, presumably out of loyalty and a sense of belonging.

Children in Care in the NZ Context

The foster care system in New Zealand, under the umbrella of the government agency known as Child, Youth and Family services (CYFs), involves almost 3,500 foster parents and almost 4,000 children and young people (MSD, 2014). Statistics reflect that the majority of children under state care are of Māori ethnicity, followed by New Zealand Pākehā and Pacific Island ethnicity (MSD, 2014).

Entering Care

There are two main pathways through which children can come into CYFs care: Care and Protection, and Youth Justice (MSD, 1989). In many cases, the process that brings children and young people into state care begins with concerns reported by the public, often a neighbour or teacher who has suspicions that the child is unsafe in their home. These concerns can be reported through an anonymous contact centre, and if it is determined that the concerns are valid, the case will be referred to a social worker, who will examine the evidence and complete a safety assessment of the child and his or her family (MSD, n.d. a). If the assessment concludes that the risks to the child's safety are not severe, the family will likely be referred to community services for support. However, if the child appears to be in serious danger or if there is evidence of abuse, the police may become involved in an investigation and a warrant may be obtained to remove the child or young person temporarily from their parent's care (MSD, 2014), and a custody order may be granted for longer term removal (MSD, n.d. a).

In New Zealand, removing a child from his or her family is only done as a last resort to protect the safety and welfare of the child. In many cases, CYFs will attempt to work with the family to create a whanau agreement which is later re-evaluated to determine whether more intervention is needed. The family model that is utilized in

New Zealand often involves the use of Family Group Conferences (FGC), which is a meeting between important figures in the child's and families' lives, through which CYFs offers support for the whole family and attempts to facilitate the whanau to make good, collaborative decisions about the children's welfare. In this way, before children are removed from their families' care, CYFs tries to empower families to resolve their own problems and make adjustments to ensure the safety and wellbeing of their children. However, if the family does not co-operate or it is otherwise determined that the child is unsafe in the parent's custody, family court approval will be sought to remove the child and place him or her into CYFs care while decisions are made for the child's future (MSD, 2014).

Due to the principle of the importance of whanau, when assessing options for the care of removed children, CYFs will attempt to make arrangements for the child to be cared for by extended family members or someone with whom the child has an existing relationship, as a first priority. Statistics from 2013 showed that almost half of New Zealand children in out-of-home placements were in family/whanau care (MSD, 2014). In situations where there are no family members able or willing to take responsibility for the care of the child, a trained and approved foster carer will be found and matched to the child.

While the child is in state care, CYFs continues to work with the family to make the home environment safe for the child to return as soon as possible. In most cases, the aim of the agency is to reunite children with their whanau, recognising that it is best for children to be safe and cared for in the context of their own families. However, if CYFs determine that the child is unlikely to be able to return to their home, a legal process called 'home for life' allows the child to be placed into a permanent caregiving situation, whereby the child is no longer in CYFs custody but becomes the legal

responsibility of a permanent caregiver (MSD, n.d. a). This initiative recognises the detrimental effects of instability in children's lives and the negative consequences of moving from caregiver to caregiver, and instead offers safety and security in an adoption-like context (MSD, 2012).

Types of Care

Under the CYFs foster care system, six types of caregiving exist and are used in different situations and for different purposes. Short-term fostering occurs when a social worker anticipates that the child will return to his or her family within three months, and is likely to be used for less severe family problems or medical situations in which the parents are unable to provide adequate care for the child (MSD, n.d.). Emergency fostering is for a period of up to three days, and may occur during medical emergencies or when a child is first removed from their family, before long-term plans can be arranged. Respite fostering is often used when families with special needs children need a break, and may be a regularly scheduled occurrence, allowing the child to build a relationship with a stable respite foster carer (MSD, n.d.).

Pre-permanent placement or pre-adoption fostering is likely to be short term in duration and usually occurs when arrangements have been made for a young child to be adopted or permanently placed with a new family, but the child is placed in care until this process is finalised. This can be seen as a bridging phase between the original family and the new family, and the pre-permanent placement caregiver may help prepare the child and the new family for their upcoming life changes. Mother and baby fostering may be necessary for school-aged mothers who need support and guidance to look after themselves and their babies. Finally, the focus of this research will be predominantly on long-term fostering, whereby a child is unlikely to return to their

family but it is determined that the best interests of the child are to maintain a relationship with his or her parents. In these cases, children are placed into permanent care, providing them with a safe environment and allowing them to maintain contact with their family.

Based on an examination of past research into resilience in foster children, this study seeks to examine general resilience as observed by adults who work closely with foster children in New Zealand, in addition to conducting an in-depth examination of the narrower topic of relational resilience in the target population. This topic will be studied by exploring the types of relationships the participants have developed with the children and youth they have worked with. Therefore, the results of this research will be a discussion of the observed resilience of foster children and child-carer relationship dynamics as experienced by the participants and reported during focus group and interview discussions. The data will be analysed for repetitive and unique themes and compared with existing international research into resilience in foster children.

Methodology

Aims

The purpose of this research is to:

- Invite members of the foster care community to participate in a collaborative discussion about the positive psychological and relational aspects of the children they have worked with and increase awareness of foster children's strengths
- Develop a theoretical and applied understanding of how internal and external factors contribute to relational resilience and attachment in foster children and the varying dynamics of the relationships foster children develop with the adults in their lives
- Build on the existing international literature of resilience in foster children and examine the topic in a New Zealand context from the perspective of influential figures in foster children's lives
- Use the knowledge gathered from the participants to suggest practical ways to increase the recognition of relational resilience and enhance relationships in the New Zealand foster system

Research Design

This research is a qualitative study that utilizes thematic analysis to examine relational resilience and the dynamics of the relationships that develop between children in the foster care system and the adults that work with and care for them. Data were collected using focus group and one-on-one interview methods; these methods were chosen for their merits as a useful tool in eliciting participants' feelings, beliefs, attitudes and experiences about a topic (Gibbs, 1997). Focus group methods, in which groups of participants meet together to collectively discuss a set topic, were chosen as the method of choice for this research over one-on-one interviews because the approach has the added benefit of giving participants an opportunity to discuss the topic with their peers and it was hoped that this group interaction would provide interesting data about

the research topic. However, due to practical considerations and obstacles in the collection of data, which will be discussed below, one-on-one interview methods were also incorporated into this study, creating a combined approach to data collection.

Focus group conversations and individual interviews were facilitated with participants who are current or past foster carers in the New Zealand system. Prompts were given in the form of open-ended questions derived from a pre-prepared list based on information found in the literature. The main topics of investigation were general resilience, relational resilience, observations of attachment behaviour, and the dynamics of the relationships participants experienced with the children they worked with.

Participants

The participants numbered 13 individuals, comprised of 13 current and past foster parents from six different organisations, the names of which have been kept confidential. All the participants were located in Auckland. Following the research design of using focus group methods, three focus groups were organised, and an additional six one-on-one interviews were conducted, as some participants stated they were uncomfortable with participating in group discussion, while for others, it was a matter of convenience. After seeking advice through consultation with Dr. Clifford Van Ommen, Director of the Centre for Psychology at Massey University Auckland, the desired number of participants per group was set at 5-7; however, practical constraints lead to conducting only two focus groups of two and one focus group of three participants, while the other six individuals participated in interviews. In the group discussions that were conducted, it was decided that focus groups often elicit the discussion of shared experiences and mutual understanding, which would be best

facilitated among participants who were already acquainted or were from the same organisation.

Recruitment was undertaken in two ways. After conducting a Google search into foster care agencies and networks in Auckland, New Zealand, five foster care agencies were contacted directly by the researcher via email, and later followed up by phone calls to those agencies that did not respond. Of these five organisations, three responded positively to the invitation and spoke to their members on behalf of the researcher. This recruitment method resulted in 10 individuals and one group of five members agreeing to participate; however, after weeks of follow up and multiple attempts to organise dates and times, only seven of these individuals and none of the groups ended up participating in the research.

For advice on the recruitment process and the best methods to use, an article by Patel, Doku and Tennakoon (2003) was consulted. When considering whether to offer incentives to the participants, such as petrol vouchers or a small cash payment for their time, Grant and Sugarman's (2004) in-depth discussion of the issue was consulted, and it was decided that in this research, participants who were required to travel to a focus group or interview would be offered compensation, but no additional payment would be offered. However, this option was not necessary because in all cases, the researcher travelled to meet the participants at their homes or offices.

The invitation was extended to both foster parents and social workers who have experience working directly with children in the foster care system; however, although a small number of social workers indicated interest, none of this desired participant group eventuated. While a group of social workers from outside Auckland also agreed to participate, the group rescheduled the focus group appointment three times, before

ceasing to respond to email contact. In addition, one of the agencies that gave research approval from the board to have staff participate in the research ceased replying to emails and participation did not eventuate.

Due to the difficulty of obtaining participants through contacting agencies directly, the researcher used an additional recruitment method of speaking to personal contacts about the research, particularly a family friend who has been a foster carer for over 20 years and is well connected in foster care networks in Auckland. After speaking to this family friend, the research invitation (See Appendix 1) was forwarded to contacts of the family friend and posted on various foster care support group Facebook pages. This snowball sampling method meant that many of the participants were connected to each other in some way, even if they were not direct acquaintances. Within a few days, a very positive response was received, with seven individuals from Auckland contacting the researcher to indicate interest in the project, in addition to some interest from individuals in Wellington and other parts of New Zealand. Unfortunately, due to practical constraints, participation outside of Auckland was not possible. Of these seven individual foster carers who indicated interest in the project, six participated in the research, resulting in 4 one-on-one interviews and one focus group of two participants.

Individuals who heard about this study contacted the researcher and a list of names and contact details was taken, so that groups could be organised based on participant location and time availability, in order to make participation most convenient for the participants. Once a sufficient number of participants were acquired (22 potential participants showed initial interest in participating in the research), people from the compiled list were contacted and dates, times, and locations set. The process of recruitment took approximately five and a half weeks, and a further four weeks in the on-going process of co-ordinating dates and times. A total of 17 participants confirmed

participation in the research, and a total of 13 followed through and participated in the project with the understanding that their identities would be kept confidential and individual demographic data kept vague.

Within the total sample of 13 participants, the gender distribution was predominately female. Only one male participant was involved in the research, although within the group of respondents who agreed to take part but did not follow through with participation, there was one more male foster carer.

The cultural composition of participants was varied, with eight Pākehā (NZ European, Australian European, British, French and Scottish) and smaller proportions of other cultural backgrounds, including Māori and Cook Island. The proportion of self-identifying Māori participants was three out of 13 foster carers. The age range of participants extended from 38 to 59, with an average age of 49. The years of experience working with foster children ranged from 1.5 to 30 years.

Foster carers tended to specialise in the care of different age ranges, as some stated they preferred to take babies, while others received mainly under five's from their agencies. A significant proportion of the carers who participated in this research were caregivers for youth, some exclusively. One of the participants was an ex-foster child and shared her experiences from both the perspective of a foster child and a foster carer.

The number of children participants had fostered was generally positively correlated with years of experience. Number of children ranged from two to more than 120 and years of experience ranged from 1.5 to 30 years. As these are wide ranges, the years of experience and number of children fostered are broken down below in Table 2 to indicate the experience and expertise of the participant sample.

Table 2

Overview of experience of sample

Years of Experience	<5 years	5-9 years	10-25 years	25+ years
Number of Participants	4	3	5	1
Number of Children	<5 children	5-9 children	10-25 children	100+ children
Number of Participants	3	2	5	3

Some of the participants had experience working with foster children in more than one role and came from diverse occupational backgrounds such as social work, day care, early childhood education, psychology, teaching, foster carer training, and foster carer support networks. This variety of experience was deemed to contribute to the overall knowledge base of the participants. Overall, the participants were recognised for their wide range of knowledge and experiences and seen as skilled and passionate about achieving positive outcomes for the children they work with. This shared philosophy with the goals of the researcher facilitated smooth discussion in the focus groups and interviews, and resulted in very productive conversation.

Data Collection Methods

After completion of the literature review, a preliminary set of questions was prepared based on the kinds of information and experiences the researcher wanted to obtain from the focus groups. After consultation with Dr. Clifford Van Ommen, it was suggested that preparing such a list of prompt questions would be valuable to be used flexibly during the focus groups, to steer the conversation in the desired direction. The list of questions was designed to cover all the topics of interest in this research (general

resilience, relational resilience, attachment, and relationship dynamics), and approximately three to four questions were prepared for each topic.

A brief introductory speech was also prepared for opening the focus groups and interviews (See Appendix 5), summarising the purpose of the research, laying ground rules for confidentiality, and explaining ethical requirements to report any concerning information disclosed to the organisations that participants are affiliated with. The researcher also provided participants with brief information about her background and her personal interest in the topic of foster care, as it was believed that such transparency would encourage participants to feel safe and comfortable to share their lives and experiences with the researcher.

A loose schedule for the focus groups was also prepared in advance (See Appendix 5), to ensure time was allocated for introductions and for cultural considerations, such as offering to open with a karakia and sharing food together, as recommended by Kaumatua Nephi Skipwith from Waitemata District Health Board, who was consulted for cultural guidance concerning whether the aims of this research project can be beneficial to Māori and how to accommodate the cultural needs of Māori participants. As this was the researcher's first time facilitating focus groups, other general advice was gathered both through personal interaction with Dr. Clifford Van Ommen and through reading literature about best practice when conducting focus groups (Basch, 1987; Gibbs, 1997; Kitzinger, 1995; Wilkinson, 1998).

Of the organisations that were contacted about this research, two required formal approval from their leadership before allowing their members to participate. One of these organisations also required meeting with the researcher to discuss the project and ensure that their organisation and staff would be kept anonymous before giving consent.

Following ethical requirements, an information form and consent form were created (See Appendices 2 and 3, respectively), explaining the rights of the participants and issues such as confidentiality and anonymity, as well as requirements to report any concerns that may arise during discussion about harm to children in the care of the participants. A demographic data collection form was also designed and given to each participant before commencing each interview or focus group (See Appendix 4). All participants were given the option of receiving a copy of the results once analysis has been completed, and all 13 participants indicated they would like to receive the report.

Although the initial research plan was to co-ordinate approximately four focus groups in different locations around Auckland and at times that would suit all participants, practical considerations required a change of plans. Some participants indicated that they were not comfortable participating in a focus group with other foster parents and requested that the researcher come to their homes for a one-on-one interview. Out of respect for the participants needs, the researcher therefore arranged some one-on-one interviews. Other participants were happy to take part in focus groups but due to the busy lives they lead and their need to work around dependent children, it became difficult to co-ordinate a mutually suitable time and place. For these participants, after weeks of trying to make group arrangements, the researcher finally suggested having one-on-one interviews and offered to travel around Auckland to meet the participants at their houses, while children were at school or slept. It was decided to adjust the research design to include a mixed methods approach of both small focus groups and individual interviews.

Of the three small focus groups that took place, all were conducted in pre-existing groups for convenience of time and location. The same list of questions was used in the interview and focus group sessions. Because the participants in the focus

groups were already well acquainted, the participants spoke openly about their experiences and there was a great amount of within-group interaction, with the researcher taking a more facilitative role. In contrast, conversation in the one-on-one interviews did not always flow as freely, and the researcher was required to have more input in the discussion to elicit the participant's views and request elaboration by asking follow up questions.

The prepared list of questions was used as a reference (See Appendix 5), but due to the different dynamics in each group and interview, not all the questions were used each time. In some of the interviews, the participants spontaneously brought up many of the issues the questions were designed to elicit. This suggests that the questions prepared by the researcher were relevant to the participants and valid to the research topic. During the course of the data collection phase, the researcher added some additional questions to the list and used them in subsequent interviews, due to the high frequency with which previous participants had brought them up. An example of this is the question: "What do your foster children call you?" as many of the foster parents discussed the use of 'mum' and 'dad' in relation to the discussion of attachment and relationship.

Both the interviews and the focus group discussions were recorded on the researcher's laptop using audio recording software, after obtaining consent from the participants. Focus group and interview durations ranged from 24 minutes, to 1 hour and 17 minutes, with a total of 7 hours and 47 minutes of audio recording data. After leaving each interview or focus group session, the researcher wrote down notes about any observations or personal reflections based on the interview or the experience with the participant, to help in accurately describing the data collection process or as preliminary ideas for themes.

Once the interview and focus group discussions came to a close, either because all the questions had been used or because a wide range of topics had been covered, the participants were thanked for their participation and assured of their anonymity and that of their foster children in the final report. Most of the participants expressed gratitude at the opportunity to talk about their experiences and conveyed a desire for more research into the positive aspects of the foster care system.

Data Analysis Methods

After the completion of data collection, the nine audio recorded files were checked to ensure clarity and converted to a format that was easy to navigate for transcription. Audio settings on the computer were altered to cut out as much background noise as possible and make the participants' speech audible. The transcription process was commenced, with each audio file played on the computer while the researcher typed the spoken words into a Word document as accurately as possible, pausing and going over parts that were difficult to hear. Pauses in speech, laughter, and some gestures were notated in the transcription files, as well as some background explanation for context, which was included in parentheses. The researcher developed a coding system of initials drawn from each participant's first and last name, to keep participants anonymous but allow the researcher to distinguish between participants and stories. Details of anecdotes about specific children in care were also changed during transcription to protect vulnerable children and prevent the exploitation of participants and their foster children.

In some cases, excessive background noise or lowered volume of speech by the participants meant that some parts of the interviews or group discussions were unclear. In these cases, the researcher listened to the problematic section repeatedly until

comprehension was gained; otherwise, when the words were inaudible, the script was marked with ‘...’ and the researcher moved on in the transcription process. Due to an agreement with participants and organisations to maintain the confidentiality of the foster carers and their children, names and identifying details were removed during the transcription process and replaced with **. Transcription of the 7 hours and 47 minutes of audio data took approximately five weeks, and throughout the transcription process, the researcher took notes on a pad of paper, highlighting emerging themes and questions about the data, such as contrasting ideas spoken by different participants, and personal reflections of the researcher based on her own practical experience in the field and knowledge of psychological theory. These notes were to be used later on to assist in the analytic process.

The method of choice for analysis of the gathered data was thematic analysis, based on the framework provided by Braun and Clarke (2006) and Guest, MacQueen and Namey (2012). Thematic analysis (TA) was chosen because it was evaluated as fitting well with the aims of this research project and is recognised as a flexible method that is not tied to one paradigm of psychology (Braun & Clarke, 2006). The use of interpretative phenomenological analysis (IPA) was also considered, as it is a useful method for understanding people’s personal experiences; however, because the participants in this research are speaking from a third person perspective, in that they are asked to share their observations of the children in their care, it was decided that thematic analysis may be more appropriate. In addition, as this research is exploratory in nature, and follows Guest et al. (2012)’s exploratory, content-driven approach, a more flexible method has value in allowing for the discovery of broad themes in relation to the research topic. As Braun and Clarke (2006) describe, TA allows researchers to identify, analyse, and present theories about patterns found in the data set.

As Braun and Clarke (2006) explain, TA is often criticised for being an ‘anything goes’ form of analysis, as it does not have the rigid rules for application shared by many other methods of analysis. To address this problem, Braun and Clarke (2006) provide a framework for the different theoretical and methodological decisions that must be made when completing TA. In order to apply the analytical method as successfully as possible, the researcher considered these guidelines in depth, and made the necessary decisions, which will be presented below to ensure transparency in the methods used and provide the grounds on which the analysis in this research project was conducted.

Before commencing the analysis phase of this research, several theoretical considerations were made. The contextualist method was chosen as most appropriate for this specific research project, as it is recognised that the participating foster carers are providing their subjective interpretations of their experiences with the population under study (foster children), rather than presenting reality or objective experiences. While the ‘truth’ or validity of the data can be questioned based on these grounds, the experiences of foster carers is valued by the researcher as offering an interesting and unique perspective that could not be sampled through any other participant population. Foster carers are often the most stable figures in foster children’s constantly changing lives, and often develop close bonds with the children they care for.

As participants are commenting on their experiences and observations in the context of a two-way foster care relationship, the opinions of foster children would give another equally valid perspective, but likely different from that of the foster carers. In addition to the ethical complications of conducting research with a vulnerable population such as foster children, the researcher also recognises that children often have less insight into their own psychological states and experiences than adults, and

resilience in particular is a variable that is often best recognised externally. The researcher's past experience examining resilience in refugees (Cornelius, 2013) highlighted the fact that people are often unaware of and underestimate their own resilience and strengths. Therefore, the discussion of resilience may be best facilitated with someone in close relationship with the subject of interest; in this case, foster carers were selected as likely being the most insightful figures in the lives of foster children, due to their proximity and their motivation to help the children in their care.

Braun and Clarke (2006) explain that researchers should follow either an essentialist or constructionist epistemology when understanding the data they have collected. While constructionalism is recognised as having immense value in understanding a wide range of experiences, as explained above, the focus of this research touches on the experiences of the participants but also focuses on their third person observations of the target population of foster children. Due to this extra complexity, the researcher determined that taking an essentialist view would be more suitable to this particular project, recognising that language reflects meaning and experience, and more or less taking the participants observations at face value.

Braun and Clarke (2006) also give some practical considerations when conducting thematic analysis. They explain that a theme is a pattern within the data that is considered important in relation to the research question or topic. Themes are gathered by the researcher "identifying and describing both implicit and explicit ideas within the data" (Guest et al., 2012, p. 10) and may be selected based on their predominance in the data and across participants, or because they are unique outliers in the data. When coding the data corpus, Braun and Clarke (2006) explain that the more frequent presence of an idea does not mean the theme is more important, as coding is not a quantitative process. Rather, the researcher takes an interactive role with the data

and uses their own judgement to decide when a theme is relevant or not. This researcher subjectivity is the focus of much criticism of TA and other qualitative methods; however, the epistemology underlying this type of research understands that true objectivity is neither possible nor desirable.

When analysing data for themes, researchers must take either an inductive or theoretical approach (Braun & Clarke, 2006). A theoretical approach involves analysing the data in the context of earlier research on the topic or against a pre-established theory. However, because the topic of this research appears fairly new and has not been researched specifically (as this research draws together two fields of study, attachment and resilience), it would be difficult to follow a theoretical approach. In the instance of this research, an inductive approach is more appropriate, as it involves exploring a topic based on the participant's perspectives, rather than fitting the data into a specific research question. This research project covers a relatively broad area of investigation, as rather than applying or testing a preconceived theory or hypothesis, it is hoped that a general exploration of the topic will lead to a theory evolving from the data that is collected.

Approaching the analytic process also necessitates consideration of whether to examine semantic or latent themes (Braun & Clarke, 2006). This can be equated to looking at the data from a surface level or reading between the lines to assume underlying ideas. While the semantic level may involve less depth of analysis, it also provides more certainty by taking what the participants say at face value, rather than inferring what people mean. The latent level of analysis involves a lot of assumption on the part of the researcher, and while it may provide a deeper, more thorough analysis, the theories produced may also be inaccurate as they may be based on speculation and easily biased by the researcher's objectives. In the case of this research project, in line

with the theoretical decisions described above, a semantic approach will be taken, whereby the data drawn from the participants will be described and interpreted in the context of earlier literature and resilience and attachment theory.

When conducting TA, Braun and Clarke (2006) explain that researchers may decide to present an overview of a large number of themes (all themes that are considered relevant to the topic) or to narrow down the themes found to select a small number which will be examined in depth. Because this research is examining a relatively new topic (the intersection of resilience and significant relationships), it will attempt to present a broader overview of a wide range of themes, which may be examined more in-depth in future research projects.

Based on these theoretical decisions in regards to the use of TA, the analysis was begun by the researcher first becoming immersed in the data, re-reading the transcripts and actively searching for points of interest and repeated patterns (Braun & Clarke, 2006). These patterns were noted down, extending the list of initial notes that was begun during the transcription phase. From this initial list of ideas, preliminary codes were developed manually, by reading through the transcripts twice and highlighting points of interest in the data. These extracts were sorted into 22 groups that shared similar meanings and a miscellaneous category for excerpts of interest that did not seem to fit with the other codes. Criteria for initial coding were quite flexible, to ensure all possible extracts were selected and could be narrowed down and eliminated later in the process (Braun & Clarke, 2006). Once these initial codes were identified, they were sorted into six broader thematic categories using a thematic map system to create a web of codes, illustrating how the different categories related to each other and to the research topic (See Figure XX for the final thematic map). As it appeared that some of the preliminary categories were inter-related, different levels were created to sort codes

into themes and subthemes. Codes that appeared out of place were put into a miscellaneous category to be sorted at a later point.

Once this basic thematic framework was established, the codes were further refined through a process of eliminating, combining, and separating codes as appropriate, resulting in 19 codes within six themes (Braun & Clarke, 2006). The extracts in the resulting thematic categories were read through again to check for cohesion and some extracts were placed under more than one theme, as they contributed to the ideas represented in more than one category. Through a process of continual refinement, the adjustments made to the thematic categories were drawn up into a table, to see if the overall map of themes produced a cohesive picture. Further adjustments were made, and once the categories were satisfactory, the entire data set was read through again to check if the themes represented the data as a whole and to check for any more excerpts that may have been classed as irrelevant in the initial coding process.

Once this rough analytical process was complete, the six themes deduced were defined by identifying the core principle of each theme. Braun and Clarke (2006) advise that themes should be simple enough to be summarised in a single sentence, and any themes that cannot should be divided down into further themes. Once the resulting six themes were selected, each theme was considered in the context of the other themes and the research topic, and a detailed analysis was written for each theme. After reading through this complex map of themes and subthemes, it was decided that as the amount of data gathered was more than required, the results deduced were too broad and would be difficult to cover sufficiently in the discussion section while fitting within the scope of this research project. After seeking consultation, the researcher decided to remove two of the major themes and the miscellaneous section, focusing the analysis on themes relating to identity and relationship. After adjusting the thematic map and removing the

additional excerpts, the names for each of the 4 thematic categories and sub-categories were finalised and produced in the form of a diagram. This table was the basis from which the analysis could be written up and presented in report form, and forms the structure of the results section below.

Results

From the data gathered during one-on-one interviews and focus group discussions with foster carers in Auckland, a wide range of codes were derived and divided into a three layered system organised under 4 major thematic categories: (1) Participants understandings of resilience, (2) Identity, (3) Connection, and (4) Outcomes. The organisation of the data into these thematic categories is an attempt to provide a cohesive overview of the intersection of the topics of attachment and resilience in foster children, as observed by experienced foster carers in New Zealand. Within these major thematic categories, subthemes have been identified and divided into narrower themes at a more specific level of analysis. The structure of the analysed data is presented below in Table 3, indicating the first level of thematic analysis. Due to the complexity of the themes derived from the data, the thematic map will be broken down into four sections and presented along with excerpts from the data below.

Table 3

Major themes derived from qualitative data

1. Foster Carer Understandings of Resilience
2. Identity
3. Connection
4. Outcomes

Theme 1: Foster Carer Understandings of Resilience

Much consensus was found in the participants' understandings of resilience, as reflected in common key terms used to identify resilience. This may be due to the fact that most foster carers have undergone compulsory foundational training, and some

participants explained that resilience is usually covered in such workshops and training materials. Resilience was defined as strength by some participants:

RM: "...a strong will against something... to be strong enough to get through something... ones that have just built up huge barriers around themselves, to make themselves, yeah, sort of resilient..."

NP: "Resilience is like keep coming back, having the strength to carry on no matter what you're going through or what they're going through, on both sides."

IL: "...the overall competence to withstand difficult situations and work through them and come out at the end, strengthened as opposed to demolished."

Another common understanding of resilience shared by participants was the concept of adaption and seeing resilience as a survival mechanism. IL explains that foster children are often presented with positive opportunities but must choose to utilise them.

IL: "I think it [resilience] enables them to take what is offered to them and to use the support and goal setting and management and counselling and all those sort of things, and potentially use that to make something of that. With the insight that that can make a difference to them, like you were saying, one of your girls didn't have the insight to realise that that could be helpful or make a difference, or how to access that and make that an internalised process or understanding that could make a difference. And I think some of the resiliency factors help with that. I think if they don't have, what I think in my mind as some basic, core resiliency types of skills, then they're really quite resistant at times to what could be of benefit to them."

EE: "... it's about survival really." LU: "The ability to bounce back and to get up again and to keep trying. To reflect on decisions or reflect on things and then choose, make different choices." (Focus group discussion)

EJ: "...being able to bounce back from or cope with different situations, being able to sort of cope and work through hard situations, or situations that you're not

used to. Your way of dealing with it, and if you do deal with it... with kids it's quite hard because they don't have that natural instinct. Like they know if they can trust somebody straight away, but it's difficult for them to sort of understand what's happening to them. Especially when they're little."

CS: "...I suppose it's the bounce back but it's a little bit additional to the bounce back, it's using appropriate methods and appropriate coping strategies. So it's about recognising that there is an issue, looking at what it is, but probably having some positive mental strategies or self-talk around 'I've gotten over this before, I can do this, I've done other things' you know, or whatever it is. And my opinion around resilience also, is that the meaning is that it can be taught at an age when it isn't a specific learning age of that."

Participants also referred to resilience as a focus on positives. OT explained that resilient children are more likely to see the positives in their situation:

OT: "Seeing the bright side of a situation as well, considering that, in the situation we're talking about [foster care], seeing through the situation, like resilience is seeing what may be on the other side."

As ES explained, resilience also means the foster carers and other supportive adults seeing and holding onto the positives in the children they care for:

ES: "...you go through a period that's called a honeymoon period, and that's when the kids show, to me, the positive sides, which I believe, and sometimes they don't believe, that's the real them. But I think it is the real them, what they show, like they trust, you put your trust with them, and then they trust you. They show that side, the caring side. Because they talk about things that they care about, which is mainly their family, and how they always want to just be with them. So that shows me that they do care, and that sort of stuff, they've just had a rough time and don't know how to keep that caring and keep the positive side of them going, because they've known so much negative in their lives, so they just, revert back to that. But I do know that they have caring and that sort of stuff, normal things kids have. Whatever people call normal, like that."

Participants also saw resilience as children turning negative situations into positives:

EL: “Um resilience means, um, having the tools, the inner tools to cope with bad situations. Um to, like, come through a bad situation and then come back in a good way, but also meaning if another bad situation comes up again, then they will deal with it and come right again. So being able to bounce back and forth really, and deal with it.”

Subtheme 1.1: Resilience as Resistance

A theme that was predominant in the dialogue of certain participants was the idea that resilience is a form of resistance and must be broken down in order to achieve positive outcomes for foster children. NP referred to an emotional resistance and inability to trust as a barrier that must be overcome by foster carers:

NP: “...all the kids I’ve had, and that’s quite a few, all come in and they are shut down, and they don’t let out much, and I see no trust. That’s practically all of them that I’ve had. And they are resilient against, like you try to talk to them, and they sort of bounce back, they don’t take it on board, half of them blank out like they don’t trust you, like they’ve heard it before. So they’re very resilient in that way, and they protect themselves, and it takes years, if not long months before you make a little headway, because their resilience is just, they’re strong, at the same time, you know they’re very strong half the kids for what they’re dealing with, and to go from home to home to home and still be here with us, very strong resilience, they’re very, yeah, I sort of look up to them in that way, even though they’ve come from that situation, I think they’re very, uh, we could learn a lot from them... if you show compassion, or care or love and they sort of stand off, they’re resilient, they don’t want to take it on board, whether they’ve let themselves go and be loved and then they’ve moved on maybe, and they’ve lost it, I’m not quite sure in all the cases. So I can see, their body language is the most thing I see, before the words.”

Similarly, EJ gave an example of a child who displayed resilience as toughness that needs to be reduced to achieve positive outcomes in foster care:

EJ: “So I think he is quite resilient because of what he’s seen. And he’s quite tough. But having his sister with him has sort of let his guard down, melted him a bit. Yeah, and learning to trust a bit more maybe.”

Other foster carers talked about emotional resistance as a form of resilience used by children in care.

EL: “Also I’ve seen some kids that, how do you say it, a bad situation has come up, and they don’t care, and that’s why, that’s how some kids cope, there’s just no feeling... that’s how they’ve coped with it.”

RM: “...ones that have just built up huge barriers around themselves, to make themselves, yeah, sort of resilient.”

IV: “...you could call it resilience, I mean they built a wall emotionally around themselves and they wouldn’t let people close. But every now and then, they’d weaken and you’d, some event would happen, and they’d let you in that tiny little chink in their armour.”

Subtheme 1.2: Resilience as a Shell

Another concept discussed by participants when describing resilience was the idea that children often display strength and resilience externally as a survival mechanism, while actually being very fragile and possessing little internal strength.

EJ: “I don’t know if they are more resilient. They might appear to be more resilient. I think they just put walls around them, and sort of look tough.”

OA: “How long does it actually take for resilience to be real? Do you know what I mean? And not just a face that they put on. Because we’ve learnt, we thought she was the strongest little girl going, didn’t we. Blimey, we thought she was amazing when we first got her. But then you actually realise...” OT: “It’s a façade.”

(Focus group discussion)

OT: “Their resilience, I think a lot of these children, they put on a façade of resilience, I really do. Underneath it...” GC: “They don’t want to show any vulnerability.” OT: “Yeah, because they’re in the system, and therefore they’ve

got to be strong to survive the system. But underneath, they're not that strong. And they're just looking for some normality and some regularity, and suddenly that's broken again. And they're being sent on to another set of foster carers that they don't know from Adam, they don't know how they're going to be treated, they don't know if they're going to be in a luxurious palace or some dingy outhouse. Um, and then that comes to the fore, they're suddenly being broken from their normality and what they do know, it might not be perfect but they at least know it. So they break down and they blub, because it's a fear of the unknown. Yeah, I think very probably, apart from **, even hers, I think most of their resilience isn't true resilience, it's just a façade they put up to survive. And you go and break that and they will... You send them back down into a blubbing wreck.” (Focus group discussion)

The concept of resilience as a shell was prominent in one focus group, in which the story of one particular foster child was used to illustrate this concept.

OT: “So I think deep down, she was quite resilient. Or tried to be, yeah she could put on a resilient overcoat, but it was very, she'd find a chink and drag her back down to base level, so, like say unfortunately, there was too many people who had input into her badly. So what can you do?”

OT: “She's very tough and resilient up to a point, and then she just crashes and burns. So it's not, it doesn't cover all aspects, but I think on the surface, yeah she's quite resilient.” OA: “She doesn't like to let, well she never used to let people see her vulnerability. Even though she was 5, 6, now 7. It would be, she broke her arm five weeks ago. ‘It's alright, I'm fine, it doesn't hurt.’ She didn't want to draw, she doesn't like attention on her.” OT: “She'll fall over and scrape her knee and there's blood running all down it, and ‘I'm fine, I'll be fine.’” OA: “So she's not, like that she's fine. But other little things, like she can't find a particular teddy bear, it goes off in this house like you've never seen!” OT: “It's almost split between a physical and a psychological part of her, the physical part of her is very resilient, because she needs to be. But really psychologically, she's quite fragile.” (Focus group discussion)

These foster carers explained that the resilience of this child was very delicate and couldn't extend beyond certain limits.

OA: "So although she's resilient, she's not if something comes out of place for her. And if something comes out of place, it takes her quite a while to get back to that level again. Like it might be two or three days that she won't catch the school bus, because she just can't. She'll sit on the doorstep and cry her eyes out, 'please take me in the car, please take me.' You know."

OA: "...if she can't cope with things, so if her resilience is low, she switches off, doesn't she? She becomes quite disengaged, quite..." OT: "Totally, yeah. And the psychologist says she has her own little world. And as soon as anything gets in the too hard basket, she retreats into it... You could say that's resilience as well, whenever something becomes too hard, she just retreats into her safe place and she just stares into middle distance and you leave her for 30 seconds and she's back." (Focus group discussion)

As shown in Table 4 below, the participants' discussion of the definition of resilience yielded two unique themes, resilience as resistance and resilience as a shell. The foster carers explained that two specific ways they had witnessed resilience in the children they had cared for was in self-protection through resistance and putting up a façade of strength, even when they were weak.

Table 4

Subthemes within Theme 1

1. Resilience as Resistance	2. Resilience as a Shell
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Theme 2: Identity

Many of the topics discussed by participants related to the foster child's sense of identity and the impact of identity on resilience. Foster carers talked about the child's

self-image and sense of personal identity, as well as their family identity, suggesting that the stronger a foster child's sense of self is, the more resilient they will be to external stressors. Participants also discussed the idea of self-talk, which is often influenced by early narratives told by caregivers, but can be built upon to create positive self-talk and internal working models for children. Finally, the importance of cultural identity was considered, with most participants agreeing that the foster children they have cared for have sought to disconnect themselves from their cultural background and make a new identity for themselves.

Subtheme 2.1: Self-Image

Some of the foster carers explained that the foster child's image they hold of themselves, whether positive or negative, affects the way they approach life problems and other people. They observed that in establishing a secure identity, foster children often distance themselves from aspects of their old identity in order to create a new one of their own choosing.

2.1.1: Who Am I?

Participants expressed that an important aspect in developing resilience is establishing a strong sense of "who am I?" Some carers believed that a child's self-image is strongly influenced by narratives they've been told about themselves from a young age. ES explains that foster children often hold the belief that they are innately bad, and that changing this self-image to one of positivity can greatly increase their resilience.

ES: "...they believe that's the way they are, is being bad, that's the real them. And that's because that's all they know. They haven't had the boundaries and you know, the support from an adult to help them along and keep on that track. Because I believe there's two ways. There's a short way or a good way, and the

long way and the hard way. And I believe that's totally up to them which way they go. But even if they revert back to their old ways, just knowing, and with us being supportive of their positive ways, maybe when they grow older and mature a bit more it might come back to them."

This negative identity is reflected in IV's experience with two foster children whose view of their own self-worth resulted in difficult behaviour.

IV: "My little girl used to destroy everything she was given. Everything. She would cut clothes, eat them, she ate her shoes one time... And I asked her once, out of sheer frustration, because I'd bought her some sweet clothes and she'd cut them. I said 'what on earth did you do that for?' And she said 'because I don't deserve them.' She was just a wee girl, sort of eight, 'I don't deserve them.' I bought her once smellies for the bathroom. She poured it all down the plug hole. Because 'I don't deserve them.' And I had another one, again opposite side of the same coin. Anything you gave her, she didn't wear or use. Because she might not get any more, and so she hoarded. And she hoarded and she hoarded and she hoarded. And so she'd wear the same things til it fell apart, and it took a good year to have a realisation that she was actually worth these items, these fancy things. Because she had had a huge history of neglect in every possible way. And they were the opposite sides of the same coin, when it came to their own self-worth. They had no feeling, idea, thoughts about what self-worth is." IL: "So self-worth is a significant resilience factor really, isn't it?" (Focus group discussion)

In addition to individual identity, some participants discussed the importance of family identity and sense of belonging.

IL: "I think there's an identity thing as well, cultural identity, family identity, and yeah, a sense of self and who you are. I think that can either be very strengthening or it can also be very problematic, hugely."

GC: "Do you find that the kids kind of have this pull or desire to go back to their families?" IV: "Yes. To know anyway. Because it's who you are, it's who you

belong to, it's who you look like. You know, they look in the mirror, who do I look like?" (Focus group discussion)

IV: "...one of my girls had this almost romantic dream of her father. He was almost a knight in shining armour and he was going to come for her and she believed every lie he told her. We couldn't tell her he was a paedophile and in jail more times than not. And it comes back to who do you belong to, who am I?"

2.1.2: Distancing Self from Old Identity

Some foster carers observed that the children in their care have chosen to reject an old identity when entering a new phase in life, either to enter foster care or when leaving the foster system.

RM: "The ones that go back home just see me as being part of CYFS, so they tend to cut all ties."

IV: "...I see myself standing behind a tree and watching my daughters. I want to be able to see them. But it's not going to work, because they are not the same as my biological daughter, in that they need to be moved from me, because I remind them from the shit that they went through to become my daughters. So it's sort of a bitter sweet thing, and with relationships and family relationships are deeper than you realise sometimes."

OT: "The school had bad connotations with her previous life, but in her mind she was moving on with her life but that kept dragging her back to her old life. And mum eventually agreed to let her move school, and one, the school have been brilliant. And two, it's new to her. It's a whole, it's that next step, and I'm sure she sees it like that. It's part of her new life, and she says it herself that living with us is her new life, and that was part of her new life. So apart from her access visits to her family, she's got this new life that she is building around herself." OA: "But that new life has got to be what she sees as perfect. She skips into school, her friends greet her, that's normal. If she skipped into school and nobody said hello, it would set her back. So it's how she sees..." (Focus group discussion)

Some participants also mentioned their children's desire to cut themselves off from their birth culture and family, and identify with a different culture, often the culture of their foster carers.

IV: "...for some reason my daughter desperately wanted not to be Māori. I tried very hard to stimulate that interest, but it didn't work. It just, nah, complete and utter rejection, probably because of her initial rejections that she'd had so much of. I don't think she understands why. Once her father was gone, nup, I'm not Māori... That's where your father came from, that's who you are. So she's got the chance there to say, this is who I am."

OT: "And she wants to be a white New Zealander, she complains about her skin colour, her eye colour. We keep saying you're beautiful, you've got beautiful brown eyes. 'I don't want brown eyes, I don't want to be this colour.'" OA: "'I want blonde hair, I want...' But again, that's her ideal, and she can't, she can change everything else around her but she can't change the way she looks. And that's a bone of contention in the mirror, she'll sit there and just stare at herself in the mirror. 'What are you doing?' 'Wishing I was white.'" (Focus group discussion)

Subtheme 2.2: Self-Talk

An emergent theme in the data was the importance of self-talk in foster children, which carers explained can be modelled for young children to promote positive self-talk and problem solving strategies. Foster carers suggested that teaching foster children to use positive self-talk when faced with disappointment is a form of resilience building.

EE: "...they can change their lenses towards themselves, so that kind of going, rather than, when it comes to disappointment or comes to hardship in some way, they look at themselves different. Actually, I know that I'm capable, I know that I can deal with this, whatever it is, I know that I can cope. So rather than going back to those primitive kind of survival skills that they've been using, they can tap into something, so they see themselves as, 'I'm not that person, I'm a good person, I've been through some crap in my life but I'm a good person. And I

know how to make some different choices.’ But it comes down, every time it comes down to information. If they’re not told, then they will stay as they are...”

IL: “I think it’s not a skill, but it’s an underlying orientation, and I think hope is incredibly important. And kids that I’ve worked with, I’ve been a foster carer but I’ve worked in the field for 10 years, and I think where I’ve seen really good outcomes, positive outcomes, there’s been an element of hope and a picture for a future, like some sort of narrative they tell themselves that gives them a reason to keep going and a strength to get through the hard times. And I think where there’s been blocks and they just can’t get through, is where they have no real picture of what happens when I’m through this, what will my life look like? So that narrative will be so different for everyone and every culture, but I think it’s their story, and what story they tell themselves and what story they’ve been told repeatedly. Like, ‘our family doesn’t work, our family doesn’t have food, our family doesn’t have and doesn’t have and doesn’t have...’ a deficit, versus more ‘we can do this, we can get through, we can fight through anything’ type of narrative.”

One participant gave examples of the strategies she and her partner used to change the narratives their foster children would tell themselves when faced with problems, drawing a connection between self-talk and problem solving strategies.

CS: “And there’s some practical things we can do as foster carers, is get them involved in the library even, asking for things themselves. When they get angry, supporting them to write a letter, or what they’re capable of. They’re all the things that are having their own voice and doing something about it. And I suppose, um, problem solving is another really, really big one. Because if they go back to their same script, or the same thing that they’ve got internally all the time, then that restricts them... so the children that know they’ve got a choice, they can problem solve in their heads, and if we can do that work with them, that makes the difference, because at least they can look at a problem and there’s not just one answer and it’s just down a track for them and they see it spiralling down, and them not being able to get themselves up again. It’s huge.”

CS: "...as soon as you see you've got more choices, that's great. We got them really involved in like Karate, anything they wanted to do, we got them as involved as they possibly could. So they were involved in the community, they got likes, they got hobbies. But again, that's building 'I'm good at something,' they had some of that self-talk where they could say they were good at something. We did a lot of work around really listening to them, and when they said they couldn't do something, we'd do comparables and say, 'so you can go and speak to so-and-so but you can't do this?' And leave it with them. So they're starting to do some brain connection around, yeah, so that's helping for their self-talk, so we did a lot around working with their own self-talk and encouraging them to then be able to find that stuff themselves. So we did lots and lots of different things. But they knew we believed in them, and we'd discuss anything with them, anything they wanted to discuss, and we were really quite firm on having opinions, firm opinions."

2.2.1: Internal Working Model

Within the concept of self-talk, the concept of an internal working model was discussed several times by participants. Carers suggested that the way a child sees the world can be adjusted by foster carers and other influential adults to create more positive world views.

LU: "Yes because the internal working model of a crisis is, this is out of my control, I can't do anything, all I'm going to do is fight or flight or freeze, one of the three."

LU: "...well when we deal adequately with our biological children in the right stages, around that two, that toddler mark, sort of 18 months until three I guess, where they're constantly hurting themselves because they fall and do things, we come in and say 'oh you've hurt your foot, oh my goodness, that hurts, what can we do? Let's get an ice pack.' You know, and we're talking and we're, that's, you'll know this from your own study, but that's become their internal working model, it's the self-soothing, self-belief, that someone bigger than me has got this handled, and therefore I can relax. And it still might hurt or whatever but my

world is not falling apart. And it's, I believe and have seen, which is what ** was talking to before about her five year old too, is if you keep in the back of your mind that you are this child's prefrontal cortex, even if they are 10 or 12, they don't have an internal working model until you start to give it to them, so just like a baby, when they do something or they attempt something difficult or they hurt themselves, you have to come in, almost as if, and remind yourself they're 18 months old, how do I give them an internal working model so that as they mature, they then will be able to go and talk, you know, and say to themselves, okay, this is hard but I know it's going to be okay because I've survived this other thing and etc., etc., and have this quiet internal working model to give them resilience to come back and know, okay I can handle this particular challenge. Versus it causing them to spin off the axis. And you get another negative response and another label and another confirmation about who they are."

EE: "And I'm just thinking, with your little example of when a child hurts themselves and they have an adult there who responds in a caring way, and in turn that teaches about empathy. So the working model, the belief system is it's right and normal to respond to others with care. So that just becomes part of their, this is what's been shown to me, this is how the world works. So that whole thing of how empathy, and again attachment and that sort of thing, it all rolls into resilience, but it's just different ways of, you know, coping. So that whole, attachment, with the example that LU has just shared, is with this girl who is in her care at the moment, the attachment is building because there's this trusting relationship, she trusts and it's an meaningful relationship, and she is trying to change her behaviour. But what's really significant about that is that she could stop and reflect on her behaviour and at bedtime look back and go 'I'm so angry at myself for doing that.' Which is the beginning of change, which is the beginning of going, this is how I was, I don't like that behaviour, reflecting and going, next time, I know, this empowers me because I know I can do differently. I know I can be a better person than that. And then the whole leading on from that is all about the restoration. So it's all about resilience, in the end, it all comes down [to resilience]. And I think that kids in care have resilience, there's no doubt about it, but it's about changing their ability..."

Subtheme 2.3: Culture

A prominent theme in the data that plays a major role in human identity was the discussion of how culture affects foster children's identity. Some carers made observations about differences in relationship with children from different cultural groups:

NP: "Definitely nationality has a lot of impact too, as well. Māori children, they're sort of more, Aunty, closer. Most of the Europeans I find are sort of more stand offish. Upbringing maybe slightly different because they're older ones. The younger ones, not as much, they sort of go with the flow of whatever is happening here, depending on age group."

EE: "The only thing I would say is that I do find is that, um, people from the Māori culture tend to, when there's a conflict, rather than be up front about it, then they tend to go downwards and withdraw. And I've found that sometimes there's a bit of passive aggression, which comes out, which I've found quite difficult, because I'm much more of a, I want to address these issues and that kind of thing."

NP: "Most Europeans I come across are harder to warm up, that's my opinion, I don't know anyone else's. Um, whether it's a cultural thing? I'm not quite sure. Yeah, I find it a bit harder for them to express their feelings, where the other cultures I find, well they're still hard, but a lot easier. So I don't know what that's about."

Two of the participants discussed the potential barriers that may occur between Māori and Pākehā carers and children due to historical differences, explaining that they believe their own identity as White non-New Zealanders has reduced cultural barriers in their foster care experiences.

OT: "And I think to some degree, they've been almost more accepting of us because we're not New Zealand[ers]. They've been interested... They've been interested in the fact that we aren't New Zealanders. Where do you come from,

[ask] some of them. Oh, we're [European], and it's almost, oh well, they're different, they're not..."

OA: "I think it's been a benefit for us not to be New Zealanders in foster care, especially with the other cultures." OT: "And with **, with her uncle and aunt, I think it has helped hugely. We're Pākehā, but we're not New Zealanders. And I think they're more accepting of us looking after **, because we're not white New Zealanders, and if we had been, because there is that stigma..." (Focus group discussion)

2.3.1: Rejection of Cultural Identity

A recurring theme in the data was the idea of foster children rejecting their own cultural background, through actions such as resistance to learning their language and cultural traditions, to directly expressing a lack of desire to identify with their birth culture. All instances of cultural rejection discussed in this research involved Māori children choosing not to identify as Māori and distancing themselves from Māori culture.

IV: "There was an issue, because one of my daughters is Māori. Tall, slim, articulate, beautiful, incredibly talented artist. When she met her rellys at her father's [funeral], um, she came home with a hatred of Māori. She did not want to be Māori. And she spent an extraordinary amount of effort becoming very pale. She did not want to be Māori. And I tried to encourage her to be who she is, Māori. She didn't want it. She did not want it. And I never quite got to what the bottom of that was, but these, I think it was a bit of, it was connected to the rejection that she had as a little. Because going to ** opened old wounds, because that's where she and her father were happy together. And she had a very brief window in her life where her father was caring for her and she was happy. He was the Māori part of her heritage, and it was in ** that they lived and they were happy. But it was also the Māori aunts who gave her up, time after time after time. Only to find that when she went to the European part of the family, the aunts did it again. And gave her up, time after time. But for some reason she did not want to be Māori."

OA: “It’s ** actually that’s taken a step back that she doesn’t want to be involved in the Marae or anything to do with it... But she’s just initiated contact in the last three or four months with her paternal aunty and uncle. And uncles first language is Te Reo. So that’s quite interesting, because we’re hoping they will take on the role of nurturing her cultural side. At the moment, she’s seven years old and we try and open it up for her.” OT: “She doesn’t want to learn Māori as a language.” OA: “I’ve downloaded it all like from primary school to start teaching her her language and how important it is. Having said that, she doesn’t want to learn it, but one of her favourite things under her pillow is a little blue book with all the Māori phrases in. A dictionary, a tiny little thing, looks like Gulliver’s Travels, it’s tiny. And she holds on to that, it’s very important to her, but she, very rarely does she... it’s under duress almost, if school’s doing anything Māori. She’s just like, oh, I’ll get involved if I have to, not because she wants to. So for us, it’s quite simple.” (Focus group discussion)

Some foster carers indicated that their efforts to encourage their foster children to embrace their culture have been somewhat successful, despite being met by initial resistance from the children.

IV: “...for some reason my daughter desperately wanted not to be Māori. I tried very hard to stimulate that interest, but it didn’t work. It just, nah, complete and utter rejection, probably because of her initial rejections that she’d had so much of. I don’t think she understands why. Once her father was gone, nup, I’m not Māori. But what I did with her was, one of her uncles tore a big piece of wallpaper off the wall at the marae and wrote down her whakapapa on the wallpaper, on the back side of it. And I got a friend of mine who was an artist and clever, to frame it for her. That became an enormous treasure. Because the mihi that you do, the marae, the river, lalala. And so when she looks at it, she knows. That’s where your father came from, that’s who you are. So she’s got the chance there to say, this is who I am.”

EL: “** is half European, so he wasn’t interested in his Māori side. I was the one that would also encourage, that’s why I took him up north and we’d stay at Marae’s and, um, the first year I took him up there, and I said to the leaders, I said

** knows how to sing a prayer in Māori, ask him to say a prayer (laughs). And when ** said the prayer in Māori and everyone was like ‘wow!’ It was pride. So I was like ‘that’s my **,’ I’m proud of that, so he always says, he’ll say the prayer in Māori and it’s just lovely.”

One group of participants expressed their difficulty in encouraging their foster child to accept her cultural identity, explaining that it is a recurring issue.

OT: “And she wants to be a white New Zealander, she complains about her skin colour, her eye colour. We keep saying you’re beautiful, you’ve got beautiful brown eyes. ‘I don’t want brown eyes, I don’t want to be this colour.’” OA: “‘I want blonde hair, I want...’ But again, that’s her ideal, and she can’t she can change everything else around her but she can’t change the way she looks. And that’s a bone of contention in the mirror, she’ll sit there and just stare at herself in the mirror. ‘What are you doing?’ ‘Wishing I was white.’” (Focus group discussion)

As shown in Table 5 below, a large portion of focus group and interview discussion revolved around the importance of identity in foster child resilience, with the foster carers explaining how poor self-image can affect resilience and how many children reject parts of their old identities to form new ones. The participants also talked about ways they attempt to strengthen the resilience of their foster children, through building positive self-talk. Finally, the importance of cultural identity was discussed, with many participants observing the rejection of culture and language by Māori foster children.

Table 5

Subthemes within Theme 2

1. Self-Image		2. Self-Talk	3. Culture
<i>1. Who Am I?</i>	<i>2. Distancing Self from Old Identity</i>	<i>1. Internal Working Model</i>	<i>1. Rejection of Cultural Identity</i>

Theme 3: Connection

Much of the conversation in the focus groups and interviews centred around the value of relationships in enhancing the resilience of foster children. Ways that resilience can be seen in the context of foster child-foster parent relationships were discussed by participants. Common topics emerged in the conversations with foster carers, including foster children's ability to trust and make connections with others, and many participants suggested providing the appropriate conditions for attachment and allowing the child to respond when they are ready. Carers explained that foster children differ in their desire for connection, in that some children appear detached, while others actively seek a relationship with the adults in their lives.

Subtheme 3.1: Importance of Trust

Participants talked about trust as a foundation for a caregiving relationship, explaining that trust needs to go both ways and can take time to establish.

RM: "I've had kids that I've worked with for a couple of years, and still at the end of it I think I could honestly say that we haven't achieved a lot, as far as building up resilience. I think it works part and parcel with trust, and getting them to trust you first. So that they know that, you know, you're trying to help them..."

OA: "So we give them the adult decision, but that's with older children, older young adults. We do give them the choice." OT: "And I think the ones we've had have appreciated that level of trust. And they've never abused it." (Focus group discussion)

IV: "But they try to put a wall up, a barrier up, distance, they try not to trust and have faith, because they've had that and they've had it shattered. So, why risk it again? So I don't think they fully get a genuine real close bond. I think they leave that door open."

OA: "They need a stable placement, a lot of the time, and that doesn't happen, for whatever reason. And they need the trust to be built, which can take some time."

Observations about the role of age in the ability of foster children to trust adults varied, with the majority of participants believing that younger children find it easier to let down their barriers and begin to trust their carers.

EE: "...from my experience, the younger they are, the easier it's been to build a trusting relationship with them. Um, it hasn't always been like that, I think that the 15 year old boy that came into our care, the level of trust was quite high near the start, however he didn't come in cold either, there'd been six months that he'd kind of been aware of us and we'd been aware of him first, so that kind of made a difference as well. But definitely I've found that the younger they are, because I find for myself that it's easier to connect with children, they are, they tend to be more trusting, it's easier to sit down and play with the Lego with them, and that connects with them... so I find the trusting relationship is easier when either they're younger or when there's been a prior connection."

LU: "I was thinking, that difficulty in establishing a trusting relationship, I guess with teenagers versus younger children, is because their defences are much stronger, because of the broken trust and the hurt, so it's a harder road I guess, to get there."

Two of the participants illustrated the role of trust in relationship building through the story of their foster child and her willingness to trust her foster carers and the staff at her school relatively quickly.

OA: "But her resilience as in, she'd been with us maybe eight or nine weeks, when she started to trust us, so she disclosed what had been happening and her resilience to go through court processes against who had done these things to her. I mean amazing, I'm just blown away."

OA: "And she's got a lot of trust in her teacher and the headmaster down there. [Teacher] was her support person in court, for instance, because we couldn't do it because we were witnesses, because she'd disclosed to us, so we couldn't do it. And there was no one else, and the school, no problem at all. So for two days, [teacher] left the classroom, they got a relief teacher in, and [teacher] was **'s

[support person]. I mean not a lot of schools would do that, I think. And the principal is very much into how ** is doing and what's going on for her, isn't he? And I think that builds her resilience because there's people around her supporting her, and she's not had that."

One of the participants provided a narrative about the process of gaining the trust of one of the children she cared for, explaining that an open, welcoming approach and a lot of patience led to the child eventually trusting her and seeking to connect.

EE: "When I showed him the bedroom and that kind of thing, and just showing them around, he found his bed, he climbed into bed right away. It was after school, it wasn't like it was after dinner or anything like that, and he didn't talk or eat that whole weekend. And if he came out of the bedroom, and that was even with me spending all day on Saturday, all day, I did nothing else but play Lego with the children. And started off, you know, figured out from him what he wanted to build, and then I pretty much set about building the whole thing because he just lay in bed. So we were physically close, same room and that, but he wasn't, he didn't get out of bed, he didn't find any of the pieces, do you know what I mean? It was just being present, and his brother and sister were there, and it was demonstrating to him, through the relationship that I was building with his brother and sister, that I was a safe person and I was someone he could trust. So as I said, he didn't eat anything on the weekend, he would just sit at the table, and look at his food, wouldn't eat. And then on the, one of the nights, they'd been out watching a movie, and he just totally refused to get up and go to bed. So, he was a fairly solid little Samoan kid (laughs) and I, in the end, had to physically pick him up, because it was just that resistance to connect with me, connect with his environment, connect with anything. And then going back to, so he came on a Friday and going back to school on the Monday, which I thought at least this is something he's familiar with. And Monday he had started to talk and he let me listen to his home reader and that kind of thing. I can't remember if he ate that night or not. He might have started eating at that point. But um, just that resistance, and they ended up, and obviously over the next few days, because the other thing is when he wasn't in bed, he brought a blanket with him and he'd bring it to the couch and cover himself up and just have his eyes closed, and that

was his way of blocking out everything, everyone. He wasn't necessarily asleep, he just had his eyes closed the whole time. Um, and by the Monday, Tuesday the following week, starting to talk, starting to come out of himself. Wednesday afternoon went for a walk to the beach with the other children, that kind of thing, so starting to really come out of himself. As it turned out the following Thursday, so they'd only been with us for 13 days. We did do stuff together on the weekend, and as I said he was kind of becoming a lot more himself. And they were meant to be with us for months, it wasn't a short term placement, but anyway, they did find kin that could take them, and so it was quite a sudden kind of end to it, and just on that last day when he was getting a taxi to school, his little arms around my waist and just, you know, just this extra long, long hug, as he had kind of got to the point of, during those 13 days, you are someone that I can trust. And actually more significant was the night before, that was a Friday morning so the Thursday night, he, I'd got the paintbrushes out and they were painting, and he said to me 'I'm going to paint a picture of you carrying us, because you've carried us for the last...' and this is coming out of the mouth of a six year old, you know, because you've carried us and looked after us and protected us. You know?... so it was just a matter of like I said, proximity, and being able to demonstrate to him that I'm trustworthy, as he could see me interact with his brother and sister and show kindness and yeah."

Subtheme 3.2: Offer and Let Child Respond

A recurring theme in the data was the idea of foster carers providing children with an optimal environment and allowing the child to initiate a relationship, rather than trying to push foster children to connect with them. One of the focus groups discussed the process of negotiating a relationship with a foster child, explaining that the dynamics of each relationship differ depending on the child and the situation.

LU: "I think we provide everything that would facilitate healthy attachment, so in the old days CYFS used to move the children every six months from a caregiver so that they wouldn't attach. And now with understanding around attachment, that's probably the worst type of abuse, on top of the abuse they've already had. As far as building resilience and being able to function in the world. So I would

detest any caregiver that says they oppositionally make sure that they don't attach to a child, that would be a huge red flag for me. Because you provide the environment where attachment would take place, as in, you know, you are warm, you are consistent, you take an interest..." EE: "You're present..." LU: "Yeah, so you provide that environment, and how much the child will attach to you is going to come from their own stuff." (Focus group discussion)

OH: "I just let the child that comes into your space and you allow it to happen, and you glean from that how you're going to react to it, basically..." LU: "But you're not oppositional to them finding their space and their connection, you know. Which was the old thinking. Holy heck." (Focus group discussion)

EL: "...if they can see you're having a good time, even if you're sitting in the couch, but you're having a good time, because we play board games as well, and we just have a good time. You know, they're listening... Every now and then just ask 'you still don't want to play?' And just leave it."

Some of the participants expressed their experience that the nature of their relationship with each child is determined by the child's needs and desires for a relationship.

EE: "I think there's different levels of attachment, that's the reality. And I think it's, it's very much kind of from the child. You know, ** said that you treat each child the same, which you do. But there'll be some that attach themselves to you..." LU: "Mm, more powerfully than others." (Focus group discussion)

OT: "...all the others were pretty up for a relationship straight away. But it was always the relationship they wanted to have. It wasn't necessarily what we needed."

The importance of allowing children to make the boundaries in a foster relationship was discussed specifically in the context of a cross-gendered foster care relationship. One of the participants expressed his own experience with female foster

children and explained that as a male carer, he tends to have a less involved role with the children, due to their negative history with males and levels of comfort.

OT: "...especially being a bloke, because a lot of these children have had bad experiences with blokes, and so very much it's a case of stand back and see how the child wants to take it. They're going to set their boundaries and then, you stick to those boundaries. You try to cross them and then you just push everything back a step or two. I think it's easier for OA on the relationship level, because all the children we've had have seemed to be more accepting of the woman, closer to the woman, but like I say, that's because so many of them have had bad relationships with blokes in the past, either physically or sexually, so... But yeah, I think it's very much, you let them set their boundaries, let them put up their fences, and then you walk up to the fence, and if they want to take the fence a bit closer to them, then they do that. And there's no point in pushing."

Subtheme 3.3: Seeking Connection

Foster carers talked about the differences between the children they had fostered in terms of their desire to connect with their carers and participate in a relationship.

EE: "I think there's different levels of attachment, that's the reality. And I think it's, it's very much kind of from the child. You know, LU said that you treat each child the same, which you do. But there'll be some that attach themselves to you..." LU: "Mm, more powerfully than others." (Focus group discussion)

Some of the participants talked about children who desire to have a relationship but use maladaptive methods, such as attention seeking behaviour, lashing out, or attaching too easily to adults.

OH: "And then you've got others that come at you constantly, with behaviours to get, you know, the attention, I call it attention seeking." EE: "Yeah, 'see me, see me.'" (Focus group discussion)

IV: "...the other one has reactive attachment disorder, so what she desperately yearned for, when she got it she couldn't cope with it. And she would go about

destroying it because she wasn't worthy and she didn't deserve it. And all this sort of thing. But she still says, I need a mum, and she wants mum still. But she's still struggling with that attachment to people. She'll attach to anybody at any time, any sex, any age, she is desperate to belong."

In one of the focus groups, discussion emerged about a biological drive to connect with other human beings and forge relationships. The participants suggested that even in children who have had negative relational experiences, this desire to connect still exists.

LU: "I think that you, in every human being is the desire to survive and thrive and even when a child has had far less than optimal opportunities to do both of those things, even as babies, as soon as they are in a situation where they are no longer at threat, or their safety and their selves are no longer in danger, then they quickly kick back into wanting to go through the stages of development or be it sometimes years behind where it should of, but I think that shows just an innate resilience of humanity, almost. Then when you get to children that can make a choice about whether they're going to be resilient or not, I've seen kids where they've had a lifetime of ruptured attachment or ruptured relationships, and yet in them is a drive still to connect, still to belong, and when they find the right person that they want to be a certain person for, that they then will fall into behaviours that will be almost opposite to the behaviours that they came in with because their drive to be in attachment with another key person in their life is the key to changing their behaviour. And so I think that the fact that they still, in them is still that deep need to belong, be connected, be cared for, and be good, be loved, be lovable, belong, those things, then they have that opportunity to, and time and time and time again we see children that have been written off by the system or who people have labelled with all these disorders come in and they suddenly start showing behaviours that would not lead to any of those diagnoses, so yeah. I think that shows huge resilience, and it shows it doesn't really matter what age, either biologically driven to be resilient or when it's a choice to be resilient..." EE: "Which comes back to, again, that Maslow's hierarchy of needs, every time. Because you can move from just being in survival, to you know, starting to get into those higher functions, once that stability is there." (Focus group discussion)

However, one of the participants talked about her experience with children who seem to suppress this natural drive to connect. LU explained that children who seem well behaved can often have major attachment issues.

LU: “I can think of one that was very neglected, and therefore had, um, well ambivalent attachment, in other words, didn’t really care if you attached or not, and it wasn’t an issue, there was no desire or drive to attach, and they’re the ones where people go ‘oh my gosh, he’s such a good boy, he’s so good.’ And you’re like, yeah he is, sadly, you know. And it’s actually because he’s not, I mean here’s a bed you’ve never seen before, you’re three years old, you should really not want to get into this bed in this house, and they just climb in and they’re ambivalent to the whole fact that should be wrong. So with that, with those situations, or babies that have been really neglected and are the same, don’t cry for a bottle, don’t cry for anything, just sort of glaze over. Don’t expect anything, don’t attempt milestones, that kind of thing.”

Subtheme 3.4: Place in the Family

Many of the foster carers talked about the relationships their foster children had built with their birth children, and discussed both the positive and negative aspects of these relationships. In one of the focus groups, the value of siblingship and a sense of being part of a group was discussed.

EE: “Like your children, LU has a home for life child who came to them at three days old, so your children have always been so embracing of her right from the go get. And it’s been all of them, it’s not been all of them except for.” LU: “No definitely, she’s definitely their little sister in every which way.” (Focus group discussion)

ES: “My daughter has been an absolute, a positive relationship for them. Sometimes I think too good, because she gets hurt sometimes when they do something, and she feels ‘oh I wasted my time’ but she’s only 17 and just trying to get her to understand that, well look, it’s nothing personal, it’s just the way sometimes these kids are. And you know, as we go along she’s understanding a

bit more not to try to take everything to heart, so yeah. Because with the girl we just had, she'd been in some trouble. So she sort of took her in like a big sister."

EE: "...the ages of the children coming in to care makes a huge difference for the way that my biological children respond... The 15 year old was a lot more challenging for them, as opposed to the younger children. Their role was totally different. We've had several children that have been younger, where my second daughter really stepped up and just paid a lot of attention to their needs and that kind of thing. Whereas with the older ones, she would pretty much ignore them. However with my son, he was incredible with the 11 year old boy that we had in our care. To the point where the relationship he built with him and the interest that he took in him, um, totally transformed this kid. Just to have someone else who thought, yeah, he was older and thought he was pretty cool. Made a huge impact at school, in his peer group with friendships and that sort of thing. The bullying stopped, so it was huge, it was a massive impact. And then with the 15 year old, again, he was really, really good with him. There was lots of positive influence to an extent, and then the 15 year old boy in care ended up influencing him the wrong way in the end (laughs). And then, when we've had younger children though, he's been very disinterested."

Some of the participants expressed their belief that foster children becoming connected to the carer's wider family was healthy and valuable.

CS: "And our kids did that with them as well. You know, with the family thing, some family things, it depended on the kids that we had whether they would come or not, but once they'd been with us for quite a while, it was quite a good thing... the kids need to have another aunty or uncle that they can build a relationship with."

ES: "I've had a child, towards the younger ones like my grandchildren, they're really good with them. But you still have to have that at the back at your mind to watch your grandchildren and that sort of stuff. Just because of, some of the things that the kids that come to care did or might do. But I watch from afar, and I do believe that what they show to the grandchildren, the little kids that cross our paths anywhere, you know. They show that affection and love towards them. And

maybe, I don't know, that's what they had in the beginning and wish they had now."

One of the foster carers explained that having foster children in the house with her own children was of great benefit, as her foster children did not feel alienated and alone, but could see that they were treated fairly and expected to follow the same rules as her biological children.

NP: "...they don't feel like, I'm just on this programme. And I had one child say to me, because my daughter got consequences, and he goes 'Oh is she on points?' I said, well not really on points as such, because I don't use a point system, but it adds up to no TV time just like you, it adds up to no, so it just feels like they're not different and they're not singled out. Yeah and it just comes naturally... So when they walked into this family it was just all set up anyway, it didn't seem false because it's always the way it is. So that sort of helps the resilience come down, and they soften, they start trusting more and stuff."

NP: "I do recommend, even though I know a lot of cases we don't, that kids need to be with other kids. And they see what's happening, and as long as you're fair with the rules with everyone, and trust the resilience is down. And I reckon like, a lot of cases the children are one-on-one, like the caregivers don't have kids, and you know how we have our consequences or, and it feels like they're picked on all the time, because they're the only one. But if I, like my youngest daughter, she has more consequences than my foster child, and he's like wow, it's just not me. It's sort of like, getting the barriers down, and the trust. And when he sees my older children, because I've got a 24 year old, and all that, and of course they get consequences, their cellphones get taken off or whatever, and he can see it's just not me, or the child sees it's just not me... I do believe that most cases, that kids do well in my home, which I think they do well in, is because I've got a tribe, and they follow and they don't feel left out, and they copy off others, the good or the bad habits, more than you get the ones with the one-to-one programme."

NP: "Similar relationship as well, my kids actually call me Mum (laughs). That's slightly different! They're a pain in the butt. But um, no, it's the same, because

the rules are basically the same, the rules will be TV, cellphone, it's just basically the same. But the only difference would be that in my household, it's monitored in my head with my children but this is paperwork and adding, and that's when they see. But with my kids obviously I'm not running around with paperwork, it's all in my head. And um, so it's pretty, it's basically the same. So because I've been doing foster care for 23 years, my kids have been brought up, because my oldest child is 24, so they've all got the basic rules, they've been brought up with foster kids since, they thought it was normal. My kids grew up and thought it was normal. We had like a little Marae going on here all the time. And then when my kids were old enough to go to their friends place, they thought, where's all the kids?"

RM also expressed that her foster children are treated no differently to her biological children, however the major difference in the relationship is its temporary nature.

RM: "...while my foster kids are here, they are part of our family, and they are one of my children, but at the end of the day, in the back of my head, I also know that it's not forever. And I mean, I will treat them exactly the same as my kids while they're here and they will have the same boundaries and you know, we'll all sit down to have dinner and we'll all go out together and if we go away, we'll all go away together, so we don't differentiate in this house... at the end of the day your kids do give up a lot and with the other kids here, they have to share mum and they have to share everything in the house."

One of the carers explained the process she uses when welcoming a new foster child into her home and family, emphasising clear communication of rules and boundaries.

NP: "...the first few seconds of meeting a child, sort of takes, I feel in my opinion, that it means a lot. So if you welcome them into the family, and I believe, this is what I always do, welcome them into the family, introduce all my kids obviously, and just do the basic rules, it's just basic rules of the do's and the don'ts, which all my kids get so we're on the same page straight away, and I think

okay, so it's not hard, like these are the basic rules blah blah blah, any other questions you want to ask, just give them a chance to talk, so just doing that out of respect, and thinking hey, I know we've got rules but yet we care about you, here's our family, and it's all a bit of a respect thing. Because if you try to be too nice straight away and then bring in the rules later, it doesn't work out that way. So I just believe in being straight forward, clear, simple, keep the words small and simple."

Finally, one of the carers explained that one of their children in particular knew exactly what she was looking for in a family, and has found that with her foster carers.

OT: "Well like I said, we are that ideal family that she's been looking for. So she has got a totally different view of us than the children we've had who have been here for less time or haven't really had an idea of family. She was looking for something and she's found it."

3.4.1: Sense of Inclusion and Belonging

The importance of creating a safe environment for foster children and promoting a sense of inclusion and belonging was highlighted in many of the focus groups and interviews. One of the participants explained how she and her husband created traditions and structured their family life to make their foster children feel that they belonged and were functioning members of the family.

CS: "Friday night we'd have a drinks and nibbles night, and we'd invite neighbours and things, and it also did the two fold of our neighbours coming in here and being part of the boys lives as well, which was really healthy, you know, community involvement. And so I'd go and get beer and a bottle of wine on Fridays, and the boys could pick any drink apart from an energy drink. And a bag of chips, so they'd get big bags of chips and big bottles of drinks, and that was theirs for Friday night. But we could then have something we could take away, it was like it was that culture, and we tried to create a culture here so it was a different culture. So they came here and they weren't just coming into a culture

that was ours, it was an incorporated culture... And that was very, very core around the whole belonging. And that definitely helps resilience doesn't it."

CS: "We did bizarre stuff, like one of the things we did, was we only had one job each a week, and we ran our house a little bit like a flat I suppose, because, yeah we were the adults, but we all had to contribute. Like the whole family membership was quite important. So we did the jobs that needed to be done in the house, there was a list on the table on Saturday mornings, and then the boys, if they wanted additional jobs, we would write them a list."

Another carer explained that she has created a tradition of yearly celebrations with her foster children, so they know they are welcomed and wanted, and that their place in the family is worth celebrating.

EL: "...if a lot of carers could have that same support, there would be a lot of kids that would be longer in placements, because that's why I've had him for five, we celebrated five years... we always celebrate our, that's our anniversary. And that's just special to us. You know, he's got his birthdays and he can celebrate, that's something between his family and him. But our anniversary day, that's our day... Yeah and that it was a happy, it was a happy occasion. So yeah, I definitely make a big deal of it."

The importance of getting foster children involved in the community was also discussed, with one carer explaining that developing a wider web of support and community connection helps foster children deal with difficult life situations.

CS: "I've seen the children in care, the more children in care that have got more connections with the community, they do better, and I think that's a web for them to fall back on, so that, that supporting resilience. And there's some practical things we can do as foster carers, is get them involved in the library even, asking for things themselves. When they get angry, supporting them to write a letter, or what they're capable of. They're all the things that are having their own voice and doing something about it."

One of the carers explained that she tries to close the distance between her and her foster children by being relatable and making them feel comfortable with her family.

NP: “I think a lot of that, I get a lot of respect from kids because I don’t use big words, because I don’t use them because I don’t know them myself (laughs). And so I think I’m on the same sort of level as them and they pick up on that as we go and they get to ask questions about my lifestyle and they are shocked that hey, you left school at such and such, and I’m like yeah I should’ve stayed but I did, and I’ve had to fight back hard to get where I am now. So they don’t feel like they’re lower class, like you’re down here and I’m up here, so if you can just make them feel at ease, and don’t try and overdo it. Just do it naturally, as naturally as you can. But yeah, that helps out heaps.”

Another participant explained the ways she tries to make her foster children feel included and part of the family.

ES: “...love, caring, just like my own kids. That’s my success of it, I think is treating them like my own kids and not singling them out, you know, and including them in the family things, when we go for whanau dinner and that sort of stuff, you know. Sometimes they don’t want to be there, and that’s fine. Or when they come here, and that’s fine, that’s okay. But we’re here, we’re going to be here for an hour or two, and if you want to come and sit with us then by all means. I think not excluding them from things, because they become part of the family.”

One of the foster carers explained that because foster children grow up in a world characterised by insecurity, it can be very difficult to ensure your foster children feel that they belong and are safe. She illustrated this with a story about the previous placement of one of the children in her care.

IV: “...it goes back to what they’ve been taught about themselves. And what they, the message has been from their [parents] at the start. I’m thinking at the moment, my youngest adoptee, foster to start with, was eight when she was told that her previous foster parents adored her and would always be part of her life, before

they finished the sentence, she said ‘Am I going to live somewhere else?’ So even though she’d been in their household for six of her eight years, and had been spoilt rotten and loved and adored, and treated to a wonderful upbringing, ‘Am I going to live somewhere else?’ They know, there’s this sort of, it’s hanging over them. Even as a little girl, she was only eight years old, you can, you know, it’s hanging there, unspoken and unseen, but they know... They know without it being said that tomorrow something can change. And that was astounding to me. And to the foster mum, the previous foster mum, because they believed that they had always wanted to make her feel secure, and she was. But in the back of it, there was this little girl who said, ‘Am I going to live somewhere else?’ And it was a shock. I don’t understand how a little girl could end up being able to think like that.”

3.4.2: “Home”

Within the focus group and interview discussions, the concept of ‘home’ emerged. One of the carers in particular referred to her house as ‘home’ for the children she cares for, explaining that she makes sure her foster children, who have lived lives of instability, know they have a place of their own and a place to belong.

EL: “So at the moment, he’s been with me for five years, so he, what I’ve seen in that time is that he’s been able to do that stuff now, he’s got the inner tools now to deal with it, because I’m here, home is here, so he can always fall back to here, if things don’t work out...”

EL: “...any kind of therapy work is not to happen here. The social workers come here and they do their meetings, so that’s fine, that’s the only kind of meeting I allow here. But any kind of other meetings to do, then we take it to the office or something like that. And that’s because I put a boundary around this house. This is their home, this is not a workplace for them, this is their home. So out of all the places in the world, I need them to know, to have reassurance that this is their home. This is where they come, this is where we have family time, this is their, this is not a place for social workers and therapists to come and go... it’s the same principle I also put for parents as well, as for them not to come home. Any kind of contact, I always arrange the transport, and I’m happy to do that for that reason.

Because they're not to come home. Because once again, I need the kids to know that, um, because they were uplifted from their family for whatever reason, and they need to know this property, this house here, is protected. Even though their family members aren't, well not welcome, but I explain to the kids, this is your home, and I can't have parents and family members just coming."

EL: "That's part of the relationship I have, I always like my kids to know that no matter what the circumstances are, that this is always going to be home for them."

3.4.3: Use of "Love"

Within the data, some of the participants used the word love when referring to their foster children, often comparing this with the love they have for their own biological children.

ES: "One [relationship] with love, caring, just like my own kids."

IL: "I had the teenage boy, and we were extraordinarily close, like extraordinarily close. And I could cry when I talk about it (voice trembles) and I do love him like a son. You know, it's like people say, 'but it's just somebody else's kid.' But it's not, it's not, it's a real relationship, it's a hard relationship."

One of the carers explained that she has a ritual with her foster children where she tells them daily that she loves them, both verbally and through hugs and kisses.

EL: "I love my kids. I tell them that every day too, I always tell them, not just in words. I tell them, like every day when they go to school, I always give them a kiss or hug, and 'have a good day' you know, and then when he gets back home I ask him about his day, and so that's all about, that relationship is um, I am interested in you, I am, and I care about you. When you go out there in the world, I'm thinking about you, you know. So when you get back I'm happy to see you and I am interested in your day. And that's the kind of relationship..."

EL: "That's part of the relationship I have, I always like my kids to know that no matter what the circumstances are, that this is always going to be home for them, and I tell them, I say 'I love you.' ... My boy, he's been here for five years, he

says things like ‘Oh I hate you, blah blah’ and I say to him, ‘there’s nothing you can do that will stop me from loving you, so do your best’ (laughs).”

Subtheme 3.5: Child-Carer Relationship

The relationship foster carers had with their foster children was the topic of much discussion, with carers explaining how they perceive their roles, what they perceive children require from foster carers, and where they perceive the limits of their relationship.

3.5.1: Title of Carer

During the interview and focus group discussions, the terms foster children use to refer to their carers was a common theme. Some carers were referred to using parental titles such as ‘Mum’ and ‘Dad,’ or other variations.

IV: “One of them sees me as mum, and I am mum, and we are attached as mum and daughter.”

EL: “Um, he calls me ‘numnum,’ that’s because our kids in care aren’t allowed to call us mum. You know, so his, he’s changed the word... And he’ll call me ‘my,’ which is mine. Because he’s quite selfish that way. He did that when ** came, he doesn’t like other kids coming, even when I do respite. He always, so he calls me ‘my.’”

NP: “Yes, I get called Mum, Aunty, [first name], the Bomb, the boss, the hard case one, I get lots of nice labels. I haven’t heard any of the other ones, thank goodness! They don’t say them to my face! (laughs). Um, but no, a lot of them call me mum, and I just go with the flow, so that’s fine. [First name] and Aunty, yeah a lot of them call me Aunty. Depending on nationality. A lot of the Māori and Cook Island kids always did the Aunty thing. A lot of the Europeans, it’s just by my name. Depending how long they stay here.”

Another common term used by foster children was “aunty” or the Māori equivalent of “Whaia.”

RM: "I'm Auntie. I'm aunty to all the kids, and I purely use that because I think, I don't agree with the foster kids calling me mum, because at the end of the day they've got a mum, and I will never be mum long term... every child has an aunty, and kids come and go, and especially for the other kids, if I go to pick them up and they're like 'oh your aunty is here' it's not unusual. Whereas if it's ** it's like, who's she? And if it's 'Mum' it's like 'is that your Mum?' And yeah. So I just find that Auntie works for me and all the kids, yeah."

ES: "Some of them are [on] first name basis, in fact that's fine with me. Or, Whaia, Auntie sometimes. But I don't mind what they call me as long as it's not derogative... Probably whatever they feel comfortable with, aunty, but never mum."

Some of the participants explained that they are not comfortable with their foster children calling them "Mum" or "Dad." They cited the temporary nature of the role and inability of foster carers to replace birth parents as reasons for opposing such titles.

OA: "I would hope that we've tried, what else can you do? And I mean we're not their parents, and that's what we say. ** wanted to call us mum and dad. Or she asked if she could, quite early on. And we made it quite clear at that point, because we didn't know it was going to come to this because it was supposed to be a three month long sort of thing, and two years later (laughs). So at the very beginning, we said not really. Which is probably a lot of foster parents would say (gasps) Oh my god, she's asked if she can call you mum and dad! But to me, mum and dad isn't a positive thing to her, do you know what I mean? Because of things that have happened to her." OT: "You only have one mum and dad." OA: "Yes, and that's not going to change just by calling someone else that." OT: "And I think it's confusing for the child, if they get bounced around a lot, and everyone is mum and dad, now this is mum and dad. Like OA said, we didn't know this was going to develop, and so we felt it was wrong. Because she could've been bounced on to somebody else and then somebody else, say if you've got 12 mums and dads, I'm sorry but that's got to be confusing (laughs)." OA: "Especially at that age. So she was pretty accepting of that, wasn't she? She didn't get funny about it. But then recently, about 2 months ago, no not even

that.” OT: “But that’s when [social worker] told her that she was going for permanent placement, and we put our hands up for her. So she came along again and said ‘I’m staying here, can I call you Mum and Dad.’ And on that occasion, I said, if you wish to, yeah. Well I’ll always be ** [nickname], and that was enough for her, she still calls me ** [nickname].” OA: “I think it was that reassurance that she could if she wanted to, and that we were okay with it, because she went off quite happily but was still, my **, my **. And she actually says, I’ve got a mummy and I’ve got a daddy, and I’ve also got a ** and I’ve also got a **.”
(Focus group discussion)

One of the foster carers shared the story of a girl she fostered long-term, who avoided using her name or referring to her with any terms of endearment. She interpreted this as a way of the child protecting herself and keeping her distance from her foster carer.

IV: “One of them, to this day, never uses my name ever. She’s never called me ** or anything, and that was her way of coping because she’d been shunted from pillar to post about nine times by the time she was about seven or eight. So she avoided getting hurt any more by avoiding getting close to people. And to maintain a distance without being rude or aggressive, because she wasn’t, she was very polite and gracious, she was delightful, but she would never use a person’s name, especially mine. Because she didn’t want to be seen to be getting close, and if she used my name that implied a personal relationship, and she just will not do that. So that was her coping mechanism. And she is now 20 and still is exactly the same, like that, when she was 11. And it’s what she found worked, so she clung to it.”

3.5.2: Role of Carer

Many of the participants talked about how they perceive their own role as a foster carer, with some taking on the role of a parental figure, while others saw themselves more as an Aunty or Uncle, or a friend or mentor. They explained that their role often differs depending on the child and their physical and emotional needs.

Some of the participants identified themselves as taking a parental role with their foster children, with one carer commenting that children who are younger in age and more dependent on a carer tend to elicit a more parental attachment.

NP: “Yeah it seems to be when they’re younger because they’re more dependent, and your motherly instincts come out, and you feel more needed. But in saying that, I have had a few older kids and I had to do the motherly, and they’re very needy too.”

IL: “I had the teenage boy, and we were extraordinarily close, like extraordinarily close. And I could cry when I talk about it (voice trembles) and I do love him like a son. You know, it’s like people say, ‘but it’s just somebody else’s kid.’ But it’s not, it’s not, it’s a real relationship, it’s a hard relationship.”

Some of the participants commented on the strength of the parental bond, equating their relationship with their foster children with that of their biological children.

IV: “...they’re your children. My girls are my girls, and if anyone ever hurt them, I’d come their way. They are my children, they are no different from the ones I had myself. And when people say to me, ‘how many children have you got?’ I say five. Because they are my children. They are my children.”

ES: “I see myself as maybe a parent, I just treat them the same way as I treat my own kids. Although there are certain little stuff that the kids have with them that you have to understand and be aware of, you know... But I’m just me, I just show them the love that I’ve had, and also with discipline, boundaries. Discipline, as in I mean, ‘what did you do that for?’ sort of thing, ‘have you thought about it?’ ‘would it be better if you did it this way?’ sort of thing.”

Some of the participants explained that particularly with older foster children, the role they were required to fill was that of a mentor or a support figure.

OA: "...for the older ones, because again it's the youth that we've predominantly had, it's been as a support peer, almost. Whether that's our attitude. They haven't really seen us as a parental role, which is interesting."

OT: "So it was support, within our boundaries of what we felt was acceptable, supporting them to do what they could." OA: "That grows their confidence, which then has a knock on effect on resilience." (Focus group discussion)

One of the participants described how her role as a foster carer differed with each child, depending on the child's past experience in care and their needs.

IV: "One of them sees me as perhaps someone who just did her job and looked after her for years. That's how she sees people. One young man sees me as his friend, which is fabulous. It doesn't matter when he sees me in the street, he gives me a hug. Um, the majority probably, I can't, from my point of view, and I might be far off, I was someone who was just doing their job. Because that's how they felt about themselves at that time, and most of them, I don't have a lot of contact with, so I don't know how they think about it. I think they looked upon me as just another person looking after them and doing a job. Except for those few that have been stronger relationships. And although one of them is not that close, we are still in touch, and I think it's really important to her to still be in touch, because she knows I gave her a good number of years, and as she said to me, I cared more for her than her own mother did. And I think that was her way of saying, thank you, I really do appreciate this, and I haven't forgotten you. And I was, what's the word, I was moved by her saying that because that was a hard thing for her to say. And I know that the other one sees me as Mum, and we're in touch, and she calls the shots when she wants to be, and they're all grown up, you know. She knows if it hits the fan, she's only got to ring me. So she has faith, I think they both have faith. And the young fella, again I gave him some time and stability, and he hangs onto that, that little bit of stability that he had, because it's the only time he had it."

Another participant explained that it is essential to consider the needs of each individual child and be whoever the child needs in a carer. He emphasised the importance of a foster carer being a support figure.

OT: "I think it's a case of touching base with them when you first meet them and trying to suss out what you think they need. Some of them need an Aunt to cuddle, some of them just need a mate, some of them need more input. So I think it's a case of, if they're only here for a short time, trying to quickly suss out what you think they need, and also seeing, sort of trying things and seeing how they're accepted, in the way of um, I don't know, love and support and friendship. And take it along that lines. But I'm very firmly of the belief that you should never try to replace their parents, because you're not. Um, and to some of them, if they've had an abusive relationship, what are you going to do by trying to replace their abusive parent? You promptly give yourself a negative connotation if you try to become their parent. So you, I think we're there to support and try and build up their confidence."

Another carer emphasised her own journey to understanding her role as a supportive role rather than a fixing or saving role.

EL: "Sometimes kids in care, foster carers can, and I am, I'm a fixer. I see someone and I want to fix it, and that reminded me that with him, it was more important that I emphasise, because I do tell my kids that I'm proud of you, you're doing well, but I wonder whether I had told him enough. Did I tell him enough that you are awesome the way you are? You know, and you're an amazing kid."

Some of the participants were opposed to the idea of fulfilling a parental role for foster children, explaining that a child's needs can be met without replacing the parents. One of the carers believed that an aunty or uncle role was more appropriate to the foster care situation.

OT: “We try to provide support and love in a nurturing environment without replacing mum and dad, because I don’t think you should or can. So physically we provide them, hopefully a nice, warm and nurturing environment, and then we try to provide the love and support that they need.”

CS: “We’ve never tried to form a parental attachment, it’s always been an uncle or aunty or, you know, and looked at the whole model around, years ago, you’d have your favourite uncle or your favourite aunty, so we always, that’s what we worked on. Um, so yeah really attached, in a lot of ways like that, but definitely not as their parents, we never had that sort of attachment.”

One of the participants commented on the unique complexities of the role of a male foster carer, explaining that it is particularly important to be considerate of the child’s past experience with men and allow the child to set the boundaries of their comfort zone and respect their limits.

OT: “...especially being a bloke, because a lot of these children have had bad experiences with blokes, and so very much it’s a case of stand back and see how the child wants to take it. They’re going to set their boundaries and then, you stick to those boundaries. You try to cross them and then you just push everything back a step or two. I think it’s easier for OA on the relationship level, because all the children we’ve had have seemed to be more accepting of the woman, closer to the woman, but like I say, that’s because so many of them have had bad relationships with blokes in the past, either physically or sexually, so... But yeah, I think it’s very much, you let them set their boundaries, let them put up their fences, and then you walk up to the fence, and if they want to take the fence a bit closer to them, then they do that. And there’s no point in pushing.”

Finally, one of the participants explained that her role as a foster carer is to be genuine with her foster children, to be honest and to have a genuine interest in their lives. She suggested that because of the difficult nature of the job, the most important part of a foster carer’s role is their motive for doing what they do.

EL: “I think carers need to be kind of real with caring for kids, let them know how much you care for them, you know. And if I’m annoyed, I’ll let him know I’m annoyed, and I think, for me, I’ve always been honest in that. For carers, I think the best thing you can do in this role is to bring yourself. If you feel that you are real honest and you care about kids in care, then you bring that, you know? This is not a role if you’re not interested in kids (laughs)... You have to be genuinely, genuinely interested in kids in care, and be prepared for the good, the bad and the ugly, you know.”

3.5.3: Commitment

A common theme in the data was the importance of foster carers being fully committed to their foster children and offering their foster children a safe and healthy emotional environment. Some of the participants talked about their own motivations for becoming a foster carer, and how that impacted on the relationships they have with the children in their care.

One of the participants explained that her commitment to fostering makes it difficult for her to let children go and turn children down, recognising the limits of what she can do.

NP: “I’m getting old now, so I’ve got to stop trying to adopt them all otherwise I wouldn’t be able to continue my work in helping them out... But yeah, it is hard, it’s especially hard on me. I don’t know, it’s a female thing, I’ve got enough of my own, I don’t know what the problem is, but half the time if they go to a better place, or I feel a nicer place or a better place for them, I’m okay, I’m sad but I’m okay. But when it’s situations I don’t agree with, a few of those cases, it’s really hard. Sometimes you think, what am I doing here, and I question myself. But like I said, one kid at a time, you can only do so much.”

One of the carers in particular expressed her complete and utter commitment to her foster children, explaining that she counts them as her own.

IV: "...they're your children. My girls are my girls, and if anyone ever hurt them, I'd come their way. They are my children, they are no different from the ones I had myself. And when people say to me, 'how many children have you got?' I say five. Because they are my children. They are my children."

Some of the participants commented on their underlying motivation for providing foster care, explaining that their genuine desire to help and for their foster children to live successful lives is what drives them to continue.

EE: "But I think, underlying all of that, is the fact that in the three of us are all similar, in that we actually do give a damn about the children, and that's what, I think if you genuinely give a damn about the children, you are going to be more in tune with things that are going on, eyes wide open, and, as opposed to, you're kind of doing it because you want to do your bit for society or because of a little bit of extra money, or whatever. You know, if the motivation's not right, however if the motivation is I just want the best thing for this child, then those things just naturally come out of that, I think."

RM: "And obviously the kids that come in with more issues, and you have to work a bit harder with them, some of them you actually bond with faster, because it's like you want to save them, and you know, yeah."

One carer explained that one of the girls she had fostered found it hard to understand why she would want to take care of her, attributing this to the girl's poor sense of self-worth.

IV: "I had one who couldn't understand why I did it. She said 'why do you bother?' Well why wouldn't I? And she could not grasp that she was worth the effort. Why wouldn't I? And she really struggled, but she tried. She couldn't understand why anyone..."

During focus group and interview discussions, some of the participants agreed that attachment must go two ways, and that foster carers must be willing to invest themselves and attach to their foster children to enhance their resilience.

LU: “Yeah, so I think it’s important, it’s hugely important in teaching resilience, in that you are vulnerable enough to attach to, allow the child to attach to you, providing that environment that will facilitate it but knowing it can and will probably end at some point. So that’s a test of your own resilience (laughs).”

EE: “...it takes two to attach, it can’t, it doesn’t go one way. So that’s why, I think, you know, there are some that leave and that you’re heartbroken over, and there are some that leave, and you’re satisfied that they’re going to a good place. Yes you have built up an attachment, but it’s a, you know the benefits of that attachment and that they’re going to be able to go on and attach to other people and that sort of thing. You’ve given them some skills around resilience and that sort of thing, some life skills. And then you’ve got your other ones who, when they leave, there’s an element of, you know, it’s a shame that they’ve gone but you don’t have that heartbreak or sadness, do you know what I mean?”

IL: “...you don’t want to reinforce that thing of, I can’t be close to you because then you’ll leave. And you don’t want to put that vibe out.” IV: “Yeah, how can you work with them and expect them to respond to you and be open to you if you’re putting that distance. I mean, it takes six weeks to get past, hello, how are you, or however many weeks it is for him to have a trust and a faith and relationship with you in order to be able to share the things that he needs. And if you’re putting up this professional cold front, that says ‘I’m here, just answer the questions.’ You’re going to hear what he knows that you want to hear (laughs).”
(Focus group discussion)

While the majority of participants believed it was essential to attach to their foster children, one carer shared a different opinion, explaining that it is possible to teach skills and provide a child with all their needs without becoming overly attached.

CS: I don’t believe that attachment has to be two ways. I don’t have to be as attached to this child as they are to me to build attachment. So I suppose I’m not into the whole, and I’m not into sympathy, you see that stuff doesn’t work for me, so it was more skill based.

One carer explained that foster children seem to have an innate ability to read people and to know who is genuine and who is not, explaining that foster children will not begin to trust and attach to someone who is not open to attaching to the child.

IV: “I don’t want to let them go, I don’t want to send them back. I don’t want to ever to part with them. If I had a house this big, I’d fill it! And I think if you can’t commit your emotions to them, then those kids will know. They’ll know, there’s something about their resilience that seems to be able to pinpoint who’s real and who’s not.”

During one of the focus groups, discussion emerged about what is considered acceptable in the foster care industry, with one participant explaining the heartbreak she felt when her foster children left her care.

IL: “...so I had to give them up, I couldn’t bring them with me. I broke my heart, it just broke my heart (voice trembles). Yeah, I have kept in touch with their carers, but they wouldn’t understand, they don’t understand that I am gone, they wouldn’t understand if I just popped back for a visit and then vanished again, it would just be heart-breaking, I couldn’t do it to them. I could do it to myself, I would love to do it to myself.”

IL: “I don’t know how many times I heard people say, ‘Oh, they’re just another carer that can’t let go, phase them out!’ (laughs). Without the appreciation of that relationship and the emotional connection, it can last a lifetime. You might not see them every five minutes. IV: But if you can’t commit that to that child, then why are you doing it in the first place? Sorry. IL: And there are lots of people that can do very short term, they can have them in for two nights, then gone, but they have to adopt a mindset that allows them to do that without breaking their hearts every time they do that.” (Focus group discussion)

Subtheme 3.6: Continuity of Relationship

A number of the participants talked about the importance of continuity for both foster children and carers. They described the effects of broken relationships on a child

and shared their experiences of the difficulties encountered when children are removed and connections are prematurely ended. Finally, some of the carers shared positive experiences of transition processes and maintaining contact, highlighting some key ways that processes could be improved.

3.6.1: Giving the Child a Positive Life Story

Some of the participants expressed their belief that to promote resilience in foster children, it is important that children are able to understand and process their own foster care journey and know where they have come from. They explain that even if a placement breaks down or the child must be moved for some reason, acknowledging the gains made in each foster care placement and making it a positive memory for the child can give the child a cohesive narrative of their life journey and build resilience in the child.

NP: “I wonder what, you know, that’s wrong. Because this was a positive place, we did so well with that child, and that child was thriving. So I am hurt about that in a few cases, where [agency] and the people that get the children feel that it’s not best for the child’s interests... then they make it feel like it’s a negative, when it was a positive. They need to see the positive, where they come from and how they grew up, like all kids do. So they need that, let alone the caregivers needing it. It shouldn’t be something you hide, especially if it’s a positive. Even if it’s a negative! They need a, this didn’t work out, so we got you and moved you on, even if it’s sad. I wouldn’t go into that as much, but I’d touch base. It’s not something you hide away, because it’s a lie, and then the kids know it, and they probably know it but they don’t say it, and they think, you know but you’re not saying it, so I don’t trust you. So there’s the trust out the door again.”

One of the carers explained that leaving foster children with a disjointed history can be damaging and confusing, and negatively impact on their resilience.

NP: “But a lot of CYFS cases, when they move on, the people that get them want to start fresh, that’s what they say, and they notice that the link between us is quite close and they want to start fresh and go ahead. I think that’s wrong, that’s so wrong. We’re not a negative, we’re a positive. And they’re going to wake up one day and think hey, I remember this person, who’s this person. And they try, they shut it off. So I believe they need to know that, yeah I had this caregiver, and this caregiver, this and this, and...”

Finally, another carer explained the importance of ending placements in a way that the child, the carer and the agency can learn from the experience and grow. She emphasised the importance of closure and not damaging attachments that may prevent the child from being successful in the future.

CS: “So I suppose another thing that I think is really, really, really important is that placements aren’t left until they break down, that some work is done before hand, and if it’s decided that the child needs to be moved on, it’s done at a time before it breaks down. Because I think that wrecks anything, that the kids can’t build up the attachment. [Agency] do a really good work around, if there is an issue, they make sure it’s mended. There’s some kind of reconciliation meeting, every single time. And whether there’s some respite, and then they end up going back to that placement, and that happens quite a lot, where these caregivers said no, we will never have them back. Or they do move on to somewhere else, there’s still reconciliation first. And I think if there was, one huge piece of work we could do, that would be phenomenal. Because that must build up some resilience around moving on from caregiver to caregiver. You’re not destroying everything every time. Because when you think about your resilience, I shared this, I did this, and then the same thing happens, same thing happened.”

3.6.2: Maintaining Not Breaking Connection

Some of the participants talked about the importance of maintaining relationships and providing foster children with some sense of continuity. Some of the foster carers spoke of negative experiences in which foster children and ex foster carers are prevented from keeping in contact, and expressed their belief that foster children and

carers should be able to choose whether to maintain some form of relationship. Many of the participants explained that some of their ex-foster children had re-established contact once they aged out of care.

NP: “It [maintaining contact] needs to happen more. A few of the cases, when the kids are older, they’ve found me. Like this young man here, he’s 22 now. He keeps in contact with our family, and a few other cases.”

Although most of the participants had experienced difficulty when trying to maintain contact with their foster children, due to policies of foster care agencies, one of the foster carers explained that because she was acquainted with the birth parents or subsequent foster carers of some of her foster children, she was able to maintain contact in a mutually beneficial way.

EJ: “The last two have been really good because we’ve had relationships with the parents and stuff, so we’ve seen them again, we’ve had contact with them. It’s not goodbye, it’s see you later, you know. Which is nice. That’s a healthy way to do it, I think.”

One of the carers talked about her experience with one foster child and the effect she believed instability of relationship had on her resilience levels. Another participant explained that it takes time to build a deep relationship with a child, which cannot happen if the child is moved from placement to placement and cut off from previous carers.

OA: “She’d had so many homes, moved around so much that no wonder their confidence and their resilience is knocked.”

LU: “...if they’re there a shorter period of time, obviously that [relationship] doesn’t go as deep. But if they’ve been there a significant amount of time...”

The desire to offer continuing support to foster children after they leave a foster families’ care was expressed by one of the participants.

EJ: “I think you sort of become part of their lives, and they become part of your lives, and it’s nice to know what’s happening to them, and how they’re getting along... I think it’s important to let them know that we’re always there for them no matter what, you know. And um, like we’ve always given the social workers a picture of us with them, so that way when they get older they can actually access their file and see our photo, so that way if they ever wanted to come back and say hi, they can, so that’s nice.”

3.6.3: Foster Child Attempts to Maintain Contact

Some of the participants discussed their experiences with foster children who wanted to maintain the connection they had established with foster carers after leaving their care. They explained that it is often difficult to do so when the child is with another carer, but many of the participants had been contacted by ex-foster children after they had aged out of care.

NP: “A few of the cases, when the kids are older, they’ve found me. Like this young man here, he’s 22 now.”

CS: “It was really interesting because nearly all of them either ran away eventually, or were consistent bad behaviour. But the majority of them have come back and we’ve had something to do with them again. One of them, every time he’s up here, he calls in, he’s just lovely, fantastic aye. Yeah he went on a really bad note, but with our kids, we were really, really careful that we kept the behaviour separate from the child, and that, you can see why the behaviours were there. And if you can understand why, and then, you can’t sort that out for them, they have to do, some of that stuff you have to do yourself.”

Some of the carers explained that their foster children had wanted to return to their care or asked to visit after leaving to maintain their relationship with the foster family.

OT: “Most of the children we’ve had here, when given the opportunity, have said can they come back. Or if they haven’t been given the opportunity, they’ve said they would like to come back.”

ES: “At first he didn’t want to go, he wanted to stay here, he wanted to come back for holidays and weekends and that sort of stuff, and I said that’s fine, as long as your aunty says it’s okay.”

CS: “One boy asked if he could buy a lemon tree and plant it at our house, and would he always be able to come back and pick the lemons? And it was just like, I’ll always have a place here, if my lemon tree is here.”

3.6.4: Foster Carer Desire to Maintain Connection

In addition to foster children wanting to maintain contact with their carers, some of the participants expressed their own desire to see their past foster children again and maintain the relationships they have built, although the dynamics of the relationship will change after the child leaves their care.

IV: “I want to spy on him, I want to say “how’s our ** doing?” (laughs). You know? I want to know! And if I went back to see him, I think he would remember. I think he would remember. And I’d want to take him back again.”

IL: “... You’ll get the ‘you’re just a carer that can’t let go, we’re going to phase you out’ thing (laughs). IV: Yeah, don’t get too attached. Excuse me! Mm, I like to maintain the relationships if I can. Sometimes it’s inappropriate and you just know that you’ve done the best you can for the time that you’ve had them, and that’s okay. But I do, I actually like to try and maintain those relationships. Because it alters immensely once their bags go out the door, of course.” (Focus group discussion)

EL: “So do you know what I’ve been doing? I’ve been sending to his Viber account, I send him a message every day. He hasn’t read it because he doesn’t have access to it. But when he eventually does open that account, he’s going to see all the messages that I send him every day, because it is pretty lame when you send him a text and he’s not responding (laughs). So I thought, I’m going to send

him a message on his Viber account every single day. And when he opens it, he's probably going to be angry, going 'why did you send me all those messages?' (laughs). And I'll be like, you've got to read them because, and I just put, I just post on, like today, I put down 'finished work early today, came home, did the laundry and I saw your t-shirt, made me feel sad. Oh well, love you.' I always put 'love you,' you know. So yeah, that's what I, he's gonna, when he sees that (laughs). And you know what, he might not even open his account for another year, but it's, I want to try and keep it up, just so he knows that every day, I did think of him, you know."

One of the participants spoke of her hopes for the future, to remain part of her foster children's lives long term and have a relationship with their children.

EL: "I thought to myself, actually that's not the type of carer I want to be. I just want to look after, if I look after five and make sure that these five move into adulthood, have their own families, then I'll know, that's when I'm finished. That's when my role is finished, and even then it won't be, you know. Because I've said to my boys, 'I can't wait when I am looking after your babies' (laughs)."

3.6.5: Gradual Transition Rather Than Breaking Relationship

In the focus group and interview discussions, some of the participants challenged the processes used when moving children to new placements, emphasising their belief that gradual transitions are best for the child. They explained that in their experience as carers, they believe it is best to ease children into and out of relationships rather than suddenly breaking or ending attachments. One of the participants illustrated this with the story of a set of siblings who were raised by their older sister, and separated once they entered care.

OH: "So the 12 year old girl took over looking after the babies... and the children pined for her, those babies, once they were removed. It was awful, you know, and that's all they ever talked about. EE: Because that is what attachment is, don't forget. For all of us, it didn't matter that she was only 12, she was the one that the

children had built that strong attachment with, and we all know, those of us who are parents, what it's like to be apart from that one that we have cared for, nurtured, that sort of thing, to be away from us. It's awful. And not knowing where that child is and feeling so powerless about what can I do about this anyway?" (Focus group discussion)

One of the carers shared her experience with a child who was removed from her family quite suddenly, and the effect it had on her children, who had grown attached to their younger foster sibling.

NP: "...especially in that case, I was told that the people that had that child ended up going to Australia with that young girl, and they turned around and said that we'll keep in contact, because the bond was so tight. And um, then I lost their address so I rang up the CYFS worker and said look, I've got this little gift, it's her birthday type thing, and they said that the people now decided that they didn't want you having contact, but I know where they are, and could you send everything to them and they would proceed it over there. So that was just, and my kids, it got my kids, because we, that child will be about 12 now. Last time we heard from them, we had a last photo they sent us, they know my address, because they came to my house when they did the weaning process, which was only a week weaning before they flew her out, which is another thing, I try not to go there!"

NP: "I think that should be a rule or a law that they have to, as part of the transition, that they have to keep in contact. Even phone, visual, letters. Just some form of contact. So yeah, I think that's very rough."

She expressed her beliefs about how the transition process could be improved, to maintain relationships and prevent damaging the child emotionally.

NP: "We should have quite a bit of input. Yeah, to make it easier, um, take more time doing it. Give the caregiver, let alone the child as well, time to do it, not quick. And justify why the person is going to a certain place, if the caregiver is in disagreement for whatever reason, just to assure us, to make us feel that it's, this 'no he's going here and it's out of your hands' is just not nice."

Another carer shared her experience of a positive transition process with a child coming into her care, explaining that because the process was gradual and the child was put first, he adjusted well and was able to form a healthy attachment to his new carer.

EL: “How they had planned it [the transition], and it was just beautiful how they did it, it was all about him, it was around him. And it was, he thought I was a teacher’s aide. So I went in and, so I was at the cottage in the morning, so I’d observe to see how the cottage manager managed his behaviour. And they didn’t tell him that I was new staff, he just thought I was. So I was there for a couple of mornings, then I switched and saw how the teachers managed him at school, and then when they finally told him that this is not actually a teacher’s aide, this is actually a foster carer, he spun out, totally spun out. And so they had to then, now the home had to be introduced. So he had a close relationship with his cottage manager, so how it worked was the cottage manager would bring him home for dinner, and then he would go back. Then they added one night sleep over, so this whole thing was a really gradual transition.”

Subtheme 3.7: Connection with Birth Family

When discussing the attachment and relational strength of their foster children and their ability to make and maintain connections with others, most of the participants talked about the relationships between their foster children and the birth parents. Some foster carers explained that their children remained close to their birth families, while others witnessed their foster children’s desire to cut all ties with their whanau.

3.7.1: Enduring Tie to Whanau

Some foster carers explained that because their foster children yearn for their birth family, this can affect the relationship that grows with foster carers.

ES: “But then you do realise that all they want to be and to do is with their parents, they just want to go back home and do their thing.”

ES: "I think it's 'I do need you but I'd rather have my parents, I do need somebody but I wish it was my parents fulfilling my needs.' Because they show the love, the caring and the sharing and that sort of part, but I know that they're not happy happy. They would rather be... which I get, I totally get."

Some of the participants found it difficult to understand this enduring connection despite abuse.

EL: "And they say kids will, with their family, you know, blood and that, they will still return. No matter how bad the abuse is, and that, for me as a carer, that's what's hard. And I'm struggling with that at the moment, that feeling, I've sent him back to where [he was abused], because he doesn't want to go and stay with any other carer. Which is why he just went back home, and that's hard."

EJ: "You think, why would you want to go back there when that's what they do to you. But it's all they've known." GC: "It's like a magnet pulling them home, everywhere they go, they just want to go back to their family." EJ: "Yeah, it's um, I don't know what it is. I suppose it's blood is thicker than water. And, although there's severance, it's where they feel they belong, where they started. But when you think back to your childhood, you don't remember the bad times, you only remember the good times, and I think that's part of it as well."

When dealing with the issue of balancing birth families and foster families, one participant explained how she approaches the topic with her foster children.

EL: "I let them know that this is your family and I respect that. But they just can't, at this stage. And so, we've maintained that. And so, and with my other boy, he had a, once again it just depends on the different cases. So with him, it was, there was a stronger pull, there was a strong influence, so, and as a carer, don't fight it... It's not a battle worth trying to [win]. So I never ever say any bad comments about families, even though I disagree... Because in their eyes, their parents are stars, so I'm not going to take that off them. And I think you're just causing more grief for yourself if you try..."

One of the participants suggested that this enduring tie is due to a sense of identity, which is core to the foster child's sense of self.

GC: "Do you find that the kids kind of have this pull or desire to go back to their families?" IV: "Yes. To know anyway. Because it's who you are, it's who you belong to, it's who you look like. You know, they look in the mirror, who do I look like?"

IV: "One of them, her father was killed in a ghastly accident in Christchurch when she was only 13. So we came up to **, where she was actually from, and on the Marae there they have the photographs of the ancestors who have passed away. And we were looking at them all, and this is so-and-so, and this is granny Annie, and my daughter stood there and looked at it and said 'I've seen that face before.' And her uncle handed her a mirror. Wow. And she said 'it's not me,' I said it is. Because she could see her parents, and there was no physical resemblance to them, but she looked like granny Annie. And she was a lot more settled after that, because she belonged somewhere, you know, she had family. Let's face it, you can probably tell me your family tree. These kids can't. And you know where you came from and where your roots were and who you belong to and what your culture is... These kids don't even know who they look like, quite often. She didn't even know she had a granny Annie. And their connections to any half siblings is fairly tenuous half the time, quite often, and you don't know who's who and what's what and where's where. And I don't know how I'd manage that as an adult, let alone as a kid trying to grasp an adult concept. So you think of that, they want to find out."

Some of the carers shared stories of children in foster care who desperately wanted to return to their parents and would attempt to sabotage foster placements in order to get back home.

CS: "We had one boy removed, or his mother, he asked to be removed because we weren't Māori. We didn't have him for a long period of time, but it was his way of getting out of here, because he had encopresis... he'd slept with his mother until he came into care at 14, so there was quite an enmeshment, and so

because of that enmeshment, it was like one way of him staying a child it seemed. We took him to the doctor and did all that kind of stuff as well, but he didn't want to grow out of that, he didn't want that, so his card was to say that we weren't Māori and, yeah."

Although this is typically seen as a failure in the foster care system, one carer suggested that the child's determination to return to her mother was a form of resilience.

OA: "One of the teenage girls had no resilience whatsoever. As in, she couldn't see a way out of the situation, in that she was almost wanting to fail so that she could get out of the family, so her behaviour was not very good. We did it for probably four or five months, and that was enough for us, because we also had our other little one and we had to think of the safety of that too, as well as our own [safety]. So her resilience, I think, was pretty poor. Having said that, that was her resilience in fostering. Her resilience in getting back to Mum was very different. She was very, very focused on her goal."

Finally, one carer explained how this connection with birth family, in particular siblings, can be a protective factor and help foster children to thrive.

EJ: "Um, the little girl that we've had recently, she's gone to another foster parent with her brother, and the brother, he's been, his face has been cold, it's like he's just a statue, and he stares right through you, and there's not been any affection or feeling or anything. And um, she'd been with us for six weeks, he'd been with her for five weeks, and we took her out there on Monday, and I spoke to her (foster parent) today, and she said he's actually smiling, and his eyes have really changed, because his sister's there. So you know, he knows that he's safe, and his sister's there."

3.7.2: Idealised View of Whanau

One of the participants shared her experience with two of the girls she had fostered, who maintained positive images of their birth parents throughout their foster care journey.

IV: "...one of my girls had this almost romantic dream of her father. He was almost a knight in shining armour and he was going to come for her and she believed every lie her told her. We couldn't tell her he was a paedophile and in jail more times than not. And it comes back to who do you belong to, who am I?"

IV: "And she'd had, as I said, she'd had this idealised, romantic view of how glorious her parents were, they were just misunderstood... Yeah, they'd come and [get her] and every word they'd say is true and yadeeyadeeyah. But she found out that every word she said was not true, and she learnt that a very hard way and then when she saw her it was just too much. She has now no relationship with her mother, but she had to find out first."

3.7.3: Rejection of Whanau

While a large proportion of the participants had experiences with foster children maintaining strong emotional connections to their birth parents, many of the foster carers had also witnessed children wanting to cut ties with their whanau. Two of the participants shared stories of foster children who had made the decision based on an understanding of what was best for them.

IL: "...the teenage boy, being articulate and intelligent, had made a decision he would never go back to his mother. He knew she was, you know, she had her failings, and he didn't hold her in judgement. He just saw that she'd made some [mistakes], that's how he was. But he didn't want that kind of life for himself, which was a really mature decision."

OA: "She didn't want to go back to her family, she was..." OT: "She was happy to be in care. She wanted to be, she really wanted to be in a very single carer, so she'd not moved around a lot, she'd been moved around a bit. (Focus group discussion)

One of the participants illustrated this rejection of the birth family with the story of one of her girls, who had finally reunited with her birth mother and decided not to

have any form of relationship with her. She explained that this was a difficult process for her foster daughter to go through but allowed her to move on with her life.

IV: “One of my daughters had to meet her mother for the first time in about seven years, and I went in first because I’d never met the woman. We went, and I managed to spread it out for about 20 minutes, man it was hard work. I left the girl to say goodbye to her mother, I said ‘I’m just going to go outside, and as soon as I got out to my family in the car, I said ‘look, when she comes back to the vehicle, don’t ask her how it was, don’t ask her. She’ll speak when she’s ready.’ Well we’re in the van and we’re driving along, dead silence. Half an hour later she said ‘isn’t anybody going to ask me how it went?’ (laughs). So we all in unison said ‘well how was that **?’ She said ‘is that really my mum?’ ‘Is THAT really my mother?’ And I can’t imagine, she was about 15 at the time. How do you deal with that? And to come out with such a profound statement: ‘is THAT my mum?’ She was hoping I’d say no, it was actually a dirty trick, you know? But I would never have pulled such a horrible stunt. I think she had that tiny bit of hope it wasn’t quite true. And she’d had, as I said, she’d had this idealised, romantic view of how glorious her parents were, they were just misunderstood... Yeah, they’d come and [get her] and every word they’d say is true and yadeeyadeeyah. But she found out that every word she said was not true, and she learnt that a very hard way and then when she saw her it was just too much. She has now no relationship with her mother, but she had to find out first.”

IV: “...although it was probably some of the worst information she’d had to process, as you say, in the long term, she knows now, it’s fine, it’s done. She can put that...” IL: “Close that book almost, that chapter.” IV: “It’s done now. And she can move on. And she’s got enough about her to realise that’s what she can do now. But she spent a lot of wasted years pining for what was never going to be. She said ‘I had to find out myself.’ What did she say, she just text me the other day, she said ‘you always said I learnt the hard way, and I have.’ So to me that’s fantastic.” (Focus group discussion)

This carer explained that when foster children are old enough to understand their life history and the situation they are in, they can see their birth parents for the reality of

who they are and must work through the process of dealing with the information, often leading to rejection of the birth whanau.

IV: "...all they wanted to do was scream at their parents and say 'why me?' One of them has found her biological parents, and she said, not very recently, 'now that I've found them, I don't want to know them.' She said, and you were right. And I thought that was hugely wise. And you see, I had kept the relationship of her parents at a distance, because they are very undesirable people to be involved in any young person's life. But we didn't tell her the facts as a little girl because it was just too much. No young girl should know about those sort of people. And she said I know now, and she actually thanked me for keeping that information away from her until she was mature enough to deal to it. But now that she knows, she's got to deal with what she knows. So it's quite a vicious cycle. They get over one tiny step, and back in it, and it's going to take her forever to deal with what she now knows. But the not knowing was the huge battle for her."

Subtheme 3.8: End of Relationship

Many of the foster carers discussed the difficulties that come with the end of a foster care relationship and the processes they go through when letting go of a foster child. Some participants also commented on their experience of foster children's reactions to leaving their care.

3.8.1: Carer's Grief

Many of the participants talked about a sense of grief when a child is removed from their care, either to return to family or to be placed in a different foster family. Some of the carers commented on the emotional toll of letting a foster child go, explaining that the loss of an important relationship that has formed over time is extremely difficult for the foster carer.

EL: "You just really miss them, they are part of the family, you remember wonderful things that they've done, and I can't even remember the bad things really. Yeah you really miss them. I said to my social worker, oh my gosh, I can't

even believe, you hear about the grief process, you know. When you hear all of that it's like, oh yeah, I can deal with it. Oh no, I've been a mess! I just like, you should've seen me four weeks ago, I was like crying every day, you know, I'd be driving and I'd be crying (laughs). And my boy was like 'oh my gosh, are you crying again?'"

NP: "Um, yes, there's been a couple of cases, and that's good, only a couple that I had to have counselling with, because I got them very young and they stayed for a very long time, and they went to places that I didn't agree with. So yeah, very emotional, very hard, my kids go through it too... so it is hard, it's hard on the kids, it is hard on us, especially when they're that young and my kids were younger, but now they've gotten older, it's a lot more easier on the older ones."

EL: "His family lives in **, he went to visit them and he never came back. And that really, really hurt. I am, I'm still, even my other boy was saying to me, because when I did those photos and just every time I look at his photo, I get real sad, and my other boy says to me 'Get over it! Move on!' And I'm like 'you're so mean! It's not that easy.' Especially after nearly two years, and we had made huge progress with him... if he forgives me for moving him, I want to take him back, because we have a responsibility to these kids, and I do, I have a responsibility to each and every one of my kids."

Some of the participants suggested that it can be more difficult to say goodbye to younger foster children, because the depth of relationship is greater when a child is more dependent. However, one of the carers explains that although dependency tends to be correlated with age, some older children can also have high needs.

EJ: "Because when you foster, you sort of grieve when the child goes, because you're theirs 24/7 and so suddenly when they're not there, it's like mm, you know there's this sort of loss. And sometimes you never see them again, so it's like a death in some ways, and you go through that grief cycle. So um, that is quite hard, but it's um, the kiddies go through that as well."

NP: "I've had this one for five years and um, the thought of actually losing, not losing, the thought of this one moving on, it's gonna... bring me all the

counselling you've got and I will spend up every cent! Um, the thought of even thinking where this one is going hits me... this one's going to be a toughy, definitely a toughy, and of course like that child there, definitely young, had a long time of "mummy mummy."

NP: "Yeah it seems to be when they're younger because they're more dependent, and your motherly instincts come out, and you feel more needed. But in saying that, I have had a few older kids and I had to do the motherly, and they're very needy too. And that was hard to let go as well. It is always, I find it hard to let go. But like I said, if they're going to a better place or you know they're going to another great caregiver or whatever, it makes it a lot easier, even though it's a sad moment, it's a positive sad. But if they're going somewhere and you're not in agreeance, or you don't know, or it's done not well, then yeah, it's very very hard."

One carer explained that over her years working as a foster carer, she has learned to make the letting go process easier on herself, lessening the grief she feels when a child leaves. RM explained that having a realistic mindset and preparing yourself emotionally makes the process easier.

RM: "When I first started 15 years ago I used to bawl my eyes out every time one left, but now it's, and I do it also now for my own sanity and, once I know a child is leaving, I start to detach emotionally, so the child will never pick up on that, but for me it's like, okay, you're going in two weeks, just try and prepare yourself, and I guess, you know, you do become a bit hardened after fostering for this long, and you have to, because I mean you know, at first I was like 'oh I wonder where they are, and if they're warm, and if...' and now it's like, once you're out that door... I can only do what I can do from the minute they walk in my door until the minute they walk out, and I cannot let myself stress and worry about, you know, afterwards because it's totally out of my control. And it just started to do my head in. So it's like, okay, in the time you'll be here, let's use this bracket and do the most we can for them. And when they go it's like 'see you later, I really hope things work out for you,' you know. And you have to be able to do that, as a foster parent, otherwise you won't last."

Another carer explained that understanding her role as a foster carer has a time limit from the outset and doing the best for the child that you can within that time has helped her to deal with the emotional aspects of her role.

CS: “I really had in my head, I had a really good script. And I was saying it all the time, my script, it’s we will do the very best in the period of time that we’ve got. Because we didn’t take children on long term either, or young people, we didn’t take them on long term. But we knew we had from here to here to do the best piece of work we could do, and so we always said that to the kids too, they’d talk about, quite often you’d get, ‘So am I gonna stay here or where am I going to go?’ And we’d just bring it back, look, we really don’t know, we always promised the kids we’d tell them what we knew, and we did. Um, but we’d say to them also, while you’re here, we are totally committed to you.”

3.8.2: Concern for Child’s Future

The participants shared their experience of ongoing concern for a child’s wellbeing after the child leaves their care. One of the carers explained that her biggest concern is whether her son is having his needs met now that she is no longer providing for him.

EL: “I was talking to the social worker yesterday, and I said to her, I just worry, the only thing I worry with him, I know he’s with his family, and he cares for his family a lot. The only thing I’m worried about him is, is he eating? Has he got a warm bed to sleep in? Those are the two things, you know. Is he safe? That’s the only things that I’m worried about. I want to know if he’s eating. I want to ring him up and you know, what did you have for dinner?”

The participants explained that often when they have developed a parental relationship with the child, the difficulty in watching them leave revolves around not knowing that the child is in a safe place, or being dissatisfied with the placement the child is going into.

NP: “Half the time if they go to a better place, or I feel a nicer place or a better place for them, I’m okay, I’m sad but I’m okay. But when it’s situations I don’t agree with, a few of those cases, it’s really hard.”

OA: “Sometimes I feel there’s unfinished business, particularly if it’s been around a behaviour. I also feel that once they’ve gone out the door, that’s it. You might have had them for six or seven months, and you don’t hear anything about how they’re getting on where they’ve gone to. Are they happy, are they settled? No, nothing, we don’t get to know where they are or what’s going on with them. So that can be, I feel quite often quite bereft. That’s the word. But bereft because I see maybe a chink in them somewhere, something I’d like to nurture and care for maybe, or encourage. And then they get moved, and it’s like that’s a loss for me because, it’s not that no one else can do it, don’t get me wrong. But it’s just maybe if I’ve recognised something in one of them, and I’d like to provide that, and is it going to be provided? And what sort of person will they become if it’s not? You know. If you don’t dig into what makes them happy and what their confidence, to me...”

One of the carers explained that she finds it easier to part with a child when she knows they will be well cared for after leaving her care.

EE: “...there are some that leave and that you’re heartbroken over, and there are some that leave, and you’re satisfied that they’re going to a good place. Yes you have built up an attachment, but it’s a, you know the benefits of that attachment and that they’re going to be able to go on and attach to other people and that sort of thing. You’ve given them some skills around resilience and that sort of thing, some life skills. And then you’ve got your other ones who, when they leave, there’s an element of, you know, it’s a shame that they’ve gone but you don’t have that heartbreak or sadness, do you know what I mean?”

3.8.3: Child’s Response

The participants also shared their experiences of the emotions and behaviour of their foster children in response to the end of the caregiving relationship, which varied greatly between children and situations.

RM: "...the ones that go back home just see me as being part of CYFS, so they tend to cut all ties."

OA: "*** was bawling her eyes out, ** was beside herself. 'I'll kill myself if you take me, don't take me.'"

However, OA suggests that sometimes a foster child's distress and anxiety at leaving a placement may be due to the uncertainty they face when a placement ends, and not necessarily distress at being separated from a carer.

OT: "And, most of the others we've only had for short term or respite, so they know they're coming here for maybe a week. And it's almost like a holiday, and at the end of it, bye, see you next time. And off they trot (laughs)." OA: "But placement wise, yeah, they've been upset when they've gone. But it's also fear maybe, it might not necessarily be about leaving here, and we're quite aware of that. It might be 'where the hell am I going?' Because they're not told." (Focus group discussion)

The theme of connection was the most complex and multi-layered of the themes in this research. Table 6 below shows that discussion revolved around the participants' experiences in developing relationships with their foster children, negotiating their roles, and dealing with the process of letting go once children left their care or were removed. They also attempted to comment on the experience from a foster child's perspective, emphasising the importance of maintaining relationships and attachment where possible, for the emotional wellbeing of the child and the carer.

Table 6

Subthemes within Theme 3

Subtheme	Lower Level Subtheme
1. Importance of Trust	
2. Offer and Let Child Respond	
3. Seeking Connection	
4. Place in the Family	<i>1. Sense of Inclusion and Belonging</i> <i>2. "Home"</i> <i>3. "Love"</i>

5. Child-Carer Relationship	<i>1. Title</i> <i>2. Role of Carer</i> <i>3. Commitment</i>
6. Continuity of Relationship	<i>1. Positive Life Story</i> <i>2. Maintaining Not Breaking Connection</i> <i>3. Child Attempts to Maintain Contact</i> <i>4. Carer Desire to Maintain Connection</i> <i>5. Gradual Transition</i>
7. Connection with Birth Family	<i>1. Enduring Tie to Whanau</i> <i>2. Idealised View of Whanau</i> <i>3. Rejection of Whanau</i>
8. End of Relationship	<i>1. Carer's Grief</i> <i>2. Concern for Child's Future</i> <i>3. Child's Response</i>

Theme 4. Outcomes

Finally, many of the participants discussed the way they value the outcomes their foster children have achieved, and how their perspectives differ from those of professionals who measure more objective signs of success. Foster carers tended to consider success as interpersonal progress and the gaining of resilience throughout the care process, and acknowledged that often the positive effects of resilience building attempts are delayed and may not be seen until later in the child's life.

Subtheme 4.1: Signs of Progress

Carers explained the way they observe progress in their foster children and the time it can take to see growth, acknowledging that with some of the more difficult children, progress can be minimal.

4.1.1: Slow and Gradual

While some of the participants claimed that the majority of their foster children adapted well to care and achieved good outcomes, others explained that any progress made is often gradual and hard-won. They explained that resilience is a continual journey and can be a 'three steps forward, two steps back' process.

RM: “I’ve had kids that I’ve worked with for a couple of years, and still at the end of it I think I could honestly say that we haven’t achieved a lot, as far as building up resilience. I think it works part and parcel with trust, and getting them to trust you first. So that they know that, you know, you’re trying to help them...”

OA: “It’s taken two years to get to this stage, and we still get the throwback every so often. You just about think you’re there, and then you’re not. And you think what’s it all been about? But her bounce backs are getting quicker.”

RM: “I’d like to think the majority leave here with a secure attachment, but I definitely wouldn’t say it was the majority. I would say a huge percentage of the kids that come into care have attachment issues, and we try and fill their bucket as full as we can, and keep it overflowing, but it will never... and so yeah, a lot of the kids still leave here with some kind of attachment issue, but I can only hope that I’ve sort of improved that, in the time they’ve been here. And I mean there again, it varies. Obviously a child that has been here a couple of weeks is not going to gain what a child that has been here two years [has gained].”

OA: “She’s learning. She is learning but it’s been two years in care with a stable family, versus five years with a family that were not stable, and those were the formative years where you get that resilience building up. But she’s getting there. But we’ve been very, very fortunate with this one, not so much with our other children.”

4.1.2: Different Perceptions of Success

Many of the participants shared anecdotes of their own ‘success stories’ with the foster children they had in their care. Success was defined differently by different carers, but mainly focused on relational aspects such as the acquisition of social skills, building trust with adults, and increasing emotional stability.

EL: “...that alone was success for me. And then, you know, all the other stuff that he was doing, doing well at school, sports, he got the ** award, which is a scholarship fund, and he got presented by the prime minister, he’s got a photo with the prime minister, yeah, he got into the prime minister’s youth leadership

programme. Yeah, so for me that was like, all the social workers, his social worker saw that, they're awards, that's success. But for me it wasn't that, it was that at home, we're having fun. You know. We could go out and have fun and enjoy ourselves, and he would be too. That was enough for me, you know. Which is why I miss him, I miss that about him. And I'm worried that he's gone back to that dark, because he can, he worries, he goes there. And so when I see it, I just pull him out. And I say, come on, we'll go grab something, so we'll go to the waterfront, we'll go to Mission Bay and get something to eat, you know, something like that. So, yeah. That's the only thing."

EL: "So when **'s in the room, it would kind of like bring the room down (laughs) and that's just, because he's just made it hard to connect with him. So again, my philosophy is just be real, be who you are. So I'd be like, you know, because every morning when they go to school I give them a kiss and a hug and "have a good day." But he was like, he was standoffish, so I was like that's okay. But over time he could see, this is, and you know, after a few weeks he would come to me, you know. So that's why I believe you've just got to be true to who you are. And I would say to people, people at church and in the community or whatever, because they're quite put off with it, because he's a tall boy, a very nice looking boy too, but because of that, it put people off. So I have to say, that bit where he became, his whole demeanour changed. He became a very approachable, you know, he's quite friendly, you can hear him laughing, he was joking around with people and he made friends, and he went and played basketball up the road, but he was hard. And that, to me, as a carer, was success, that alone. That people could see behind that and could see a boy."

Some of the participants told stories of success where a child who had been resistant and 'stand-offish' had begun to trust their carer and learned to show and receive affection:

NP: "I had a child in care that didn't like to be touched, obviously the child got the negative touch. We're a touchy Māori family, we're huggy and kissy, it's annoying, but that's all good, that's why we get flu's a lot (laughs). Pass the bugs! But um, when I say goodnight to my children, I get a hug and a kiss goodnight, I

go to their room and that's just how it goes, and this one case, this child just didn't want to be touched, even though the child was so cute, you just want to squeeze the poop out of him, and they've got that look where they want to be, but you know they don't. Sometimes some kids show a look that they want to, but you see their body tenses, but they want to, but they're just not ready. So I don't approach, so I say goodnight. And for two years I had this child, and didn't do the hugging thing at all. And one night I was saying goodnight to this child, and the child goes, 'you forgot something.' And I was thinking oh my goodness, what? I gave them meds, I was thinking all this, seriously, what did I forget? He goes, 'you forgot.' And I'm like 'you really have to tell me because I'm not quite getting it.' And he goes 'where's my hug?' And I went, I just like froze for a quick second, I'm thinking, act normal, act normal. 'Oh of course! How did I forget?' Like I didn't want to make a big thing. So I went and gave him a hug, and then he goes 'another one!' Oh my goodness! So I gave him another one and said nun-night, acted normal. I went out of the room and then I just broke down and had a cry, a massive cry. I didn't know who to ring. Because my friends don't quite get it. Oh, a hug from a child, big deal. But it was a big deal. So I rang up the 0800 number, and that's our hotline for when we have domestics, something bad. And I rang, first thing I said, 'this is nothing bad! I have to talk to someone.' And because they're [agency] and they understand, lucky I knew the person on the phone or she would've thought I was a right nutter! (laughs) I told her and she just had a, she said that's fantastic, and it was, it was fantastic, it was wow. And from then on, it was just hugs hugs hugs. And I've still got this kid today, I've had this kid for five years. And it took two years to break that barrier, if you want to call it that, but I didn't push it. I did everything normal, I didn't change anything, I just kept it all normal and real, but it took two years."

RM: "...definitely children that won't let you close as such, and that can be for different reasons, because their family is telling them not to when they see them, because they've never had that connection of you know, sitting on your knee and cuddle, or what have you, but it's definitely something you can work with. I mean, I've had kids that won't let you touch them or cuddle them or kiss them, that like six months down the track it's like 'Aunty, you've forgotten to give me a kiss goodnight!' So yeah, the majority of them respond to that. There are

definitely the few that, no matter how hard I try, it feels like you're making one step forward and two steps backwards, and that could purely be from what they've experienced, so the abusive experiences or what have you... but yeah, I would say in 95 percent of them, we make a difference as far as that sort of thing."

OA: "So I'm really proud of how she's come along and how she's learned things. So she's learning trust, she's learning now, two years on now it's taken with quite intense input, that she can trust adults, because she hasn't had adults around her that have been there when she's needed it. But to get to that point, she regressed to being a baby, talking like a baby, needing a bottle like a baby, being fed..." OT: "And the psychologist said it was to be expected because she'd missed out that portion of her life and so her brain wanted to do things in a logical order. So it needed to go back, pick up the bits it had missed and then fast forward through those, and she has." OA: "It's so amazing. And her resilience now, I mean she's gone from being a very quiet, introvert, hiding under her bed, not telling us how she's feeling, just..." OA: "She tells us now how she's feeling. I'm not very happy with you, she'll say. Or I'm not very happy with what's gone on. Or I'm worried about something, and she never used to do that." (Focus group discussion)

Other participants measured the success in their foster children as how far they had come as opposed to where they began and where they expected themselves to be.

LU: "...in six months [she] has gone from looking at a maths equation and beginning to spin, and you'd see her emotionally spin and also physically spin if the environment wasn't, you know, able to contain her, to yesterday doing 50 times table equations in under five minutes and got two wrong. So the brain's ability to kick in and learn, and she was beside herself because she was just like, I've always been dumb, and actually it's not you've always been dumb, it's just you've never had an environment that has been able to allow you to access your genius (laughs)."

IL: "My teenage boy had been in a residential house, one child to two carers, and had had multiple, more than 20 placement breakdowns at 14, and it was me or lock up. And he had no faith that I would be any different from anybody else. And he came with all his stuff, all the tricks, ready to play them all (laughs). And

driving home in the car after picking him up, one of the first things he said to me, there was a pause, and he said ‘hmm, what makes you angry?’ (laughs). So, ‘tell me your triggers!’ He was all set to play the games, and the last thing he expected to do was attach. And nobody expected that the placement would go beyond six weeks. And everyone had this bet, give it six weeks and he’ll be in lock up and that’ll be the end of it. So give her a go, give her a try. I had to really fight hard to get him. And it was like, alright, but you do realise it’s only going to last six weeks and he’ll be in lock up? And it lasted four years and he went to independence and yeah, really good outcomes. But he didn’t for one moment anticipate that (laughs).”

Subtheme 4.2: Long-term Benefits of Relationship

Some of the participants explained that they held out hope that the children they had fostered would benefit from their care and guidance in the long-term, if not while they were in care. This hope was reflected in the stories of some children who had found their foster carers as adults and recognised the benefits of their time in care.

4.2.1: Learning to Trust Adults

Some carers stated that they believed their relationship with their foster children had paved the way for future relationships with adults and given their children a more positive view of adults.

ES: “But hopefully they take back some of the stuff we’ve talked about, about doing the right thing and seeking help if you need it.... And that they [we] do care, there’s a lot of people out there.”

CS: “I think what we created was a pathway for them to form attachments again. There is people you can trust, and so it created that pathway. And we did a lot of work around attachment, we did a lot of stuff.”

CS: “When he first came back he said ‘I couldn’t understand why you didn’t get angry with me.’ He said ‘I just couldn’t understand it.’ And it was like he, maybe

he tried to provoke us, but it did something huge for him. So even though at the time we could've said well the outcome of that wasn't as good as we thought, however the outcome over a longer period of time in his life has really changed that he doesn't have to be angry about things, that he can look at them differently. So that's really good."

CS: "...that person can change your view of adults in general. And that absolutely affected me hugely when I read that. I thought that one intervention can change my whole concept of adults. And that's huge isn't it. After all that abuse and trauma and everything else... And that fits into there for me, for caregivers, and I'm forever saying, you can be that person, and you might never know it. Don't ever expect them to thank you! (laughs)."

4.2.2: Short-Term Failure may be Long-Term Success

Finally, many of the foster carers expressed hope that the work they have done with their foster children has planted a seed that may grow later in the child's life and lead to long-term positive outcomes.

ES: "And you just feel for them and think, gosh, you didn't even get a chance in the beginning of your life. So I just want to try and help, and not change them. I always say to them, 'I'm not wanting to change you, I just want you to realise there's other ways to do things' and there's, you know, the two roads I was talking about. I think you'll get to where you want to go but if you want to get there faster, you do what you're supposed to do. And if you want to get there longer, you'll probably carry on the way you are now. But you might get there later as you mature."

OH: "I think every positive that that child gets, no matter where it goes, it will add up to a greater thing at the end. And they will be able to hopefully make the right decisions for their children and whoever they might be involved with." EE: "Yep, but it takes someone like you to go, I want this child to go away from me feeling a better person." OH: "A whole person." EE: "And you know, feeling good about things, about themselves, that's where you come from. And that's

what I'm saying, because you give a damn about these kids." (Focus group discussion)

IL: "I think that's actually really significant too. And that is the foster carers holding out hope, you know. You can hit some really rough patches and you can wonder why the heck you'd be doing this. And is there any hope, and is it making any difference? Those are the moments that you really have to hold out hope."

IV: "While there is life, there is hope. But yes, sometimes it can be veiled and very, very, very hard to see. Very hard to see sometimes, and you wonder, as you said, why am I doing this? What difference is this going to make? And then you have to stop and tell yourself, you may never know what difference it makes, because it might make a difference 40 years from now. And that's cool. That's okay, if it takes 40 years to go, oh yes, then you've done something worthwhile. I had a lot of people say very desperately negative things about the girls, saying they, well some of them were downright rude. Along the lines of, why on earth was I bothering? Why on earth wouldn't you, that's my response. Why wouldn't you?"

One of the carers shared a story to illustrate this point, explaining that a child who had left his foster carer in very negative circumstances later on expressed a feeling of attachment towards his foster carer.

CS: "I was out at a fostering thing last night, and there was a lady who was talking to me, and she had um, a boy that's been in care for the majority of his life, and he's been, is involved in a longitudinal study at the moment around coming out of care, and you know, and they've asked for one person while he was in care that he had the most attachment with to contact, and he's asked if it can be this lady. And she said, I had him for six months, and the police took him away!"

After discussing their experience building and ending relationships with foster children, many of the carers talked about the outcomes of each foster care journey and what they felt they and their foster children had achieved (See Table 7 below). They explained that progress is often slow and not always obvious at first, but that they have

found many ex-foster children have been grateful later in life, and they have seen the long-term results of their investments in foster children's lives.

Table 7

Subthemes within Theme 4

1. Signs of Progress		2. Long-Term Benefits of Relationship	
<i>1. Slow and Gradual</i>	<i>2. Different Perceptions of Success</i>	<i>1. Learning to Trust Adults</i>	<i>2. Short-Term Failure But Long-Term Success</i>

Discussion

The data collected during focus group and interview discussions with foster carers resulted in four major thematic categories, entitled (1) Participants understandings of resilience, (2) Identity, (3) Connection, and (4) Outcomes, within which lower level themes were also identified. Each of these themes will be discussed in terms of their relevance to general resilience theory and theories of resilience in foster children. Based on the implications of the first major theme, two unique models will be presented to explain how these themes interact with each other and explain common behaviours and responses found in New Zealand foster children. This will be followed by discussion of the participants and the interview/focus group process, reflecting on the experience of interacting with the foster carers and the researcher's impressions of the foster parent participants. In addition, the researcher's personal reflections will be presented, based on her experience as a biological child in a family with foster children and as a youth worker with children and young people in the New Zealand foster care system.

Foster Carer's Definitions of Resilience

While the field of resilience research has struggled to produce a unified definition of resilience, several common themes reoccur in resilience literature, many of which have been summarised in the literature review. Before examining the discourse participants produced about resilience in foster children, it is helpful to establish a foundational understanding of resilience as used by the participants and to examine how this relates to and differs from common definitions provided by researchers. Some of the foster carers in this study claimed to have prior knowledge about resilience and some exposure to resilience literature; however, no prompting was given to participants

about the researchers' definition of resilience, in order to prevent restricting the dialogue or influencing participants. Instead, the researcher as facilitator took a 'no wrong answer' approach and encouraged participants to share their views, regardless of how educated or experienced they were.

Participants appeared to have a narrower conceptualisation of resilience that was maybe more specific to the population they have experience working with, rather than the broad definitions of resilience provided by resilience researchers to encompass a wide range of populations. Overall, they seemed to find it easier to provide examples of resilience in the form of narratives about the children they have raised, rather than dictating precise definitions of what resilience is or is not.

In their practical experience of working with foster children in New Zealand, many of the definitions of resilience provided by the participants were supported by prior research, but much narrower in scope than scholarly definitions. As reflected in the research field, many of the foster carers struggled to provide simple and precise definitions of resilience and offer criteria for measurement. However, there was much consensus among the participants about different aspects of what resilience means, meaning that most of the foster carers were on the same or similar page when approaching the discussion. Many of the participants referred to resilience as handling stressors and "bouncing back" from negative experiences, which is in line with many resilience researchers, such as Tusaie and Dyer (2004), who talk about the importance of flexibility.

Research suggests that resilience can be learned and modelled, particularly in children (Kalil, 2003). The participants in this research agreed with this idea, explaining ways that they attempt to role model indirectly, as well as explicitly teach, their foster

children how to approach problems and respond to difficulties, as a way of teaching resilience. Some research also discusses the benefit of adults buffering children from adversity (Kalil, 2003), which participants in this study suggested they have done through actions such as withholding harmful information about a foster child's birth parents until they are mature enough to handle it, and tailoring a child's environment to suit their delicate emotional needs.

Some of the participants talked about the resilience of specific foster children, explaining that they were resilient in some ways and not in others. For example, OA explained that their foster child's resilience in returning to her mother was exceptional, which aligns with McCubbin's (2001) emphasis on the contextuality of resilience and the importance of specifying what specific stressor a person is resilient to. This is also supported by Lynch's (2011) theory of domain specificity in resilience.

While many of the definitions provided by participants were conventional and straight-forward, two aspects of resilience highlighted by the foster carers, which may or may not be specific to foster children, were resilience as resistance and resilience as a shell. Some of the foster carers understood resilience as toughness and resistance to help from or relationship with the foster carer. These participants portrayed resilience throughout their interviews as a negative construct and something that must be broken down in order for the foster child to succeed in life. While at first, the researcher thought these participants may have misunderstood the meaning of the word resilience and confused it with the word resistance, and therefore their definitions were not relevant, when the theme was repeated in interviews with other participants, the researcher reconsidered that resistance may be one form of resilience and perform a protective function for foster children. This idea will be discussed below, linking it to other themes that emerged from this research to present a theory of resilience in context.

Additionally, some of the foster carers suggested that resilience can be a shell or a façade that foster children portray externally as a protective device, while their inner resilience is in fact often poor. Although this could be perceived as a lack of resilience or false resilience, if this is recognised as a resilience technique, it can be likened to survival mechanisms in the animal kingdom, such as Batesian mimicry, which occurs when a harmless species adopts the behaviour of a harmful species in order to protect itself from a predator. This has been suggested to be an evolutionary development to promote the survival of ‘weak’ animals that have few defensive resources. The basic premise, which can be applied to the resilience of foster children in unsafe situations, is that even when you are weak, to survive you must appear strong. This is reflected in foster children and youth who ‘act tough’ by refusing to cry when they are in pain (Such as OA’s narrative of a seven year old girl who broke her arm and insisted she was fine) and denying that they need help, also reflected in the theme of resilience as resistance.

Both of these unique aspects of resilience identified by the participants in the foster children they have cared for reiterate the importance of context, suggesting that context changes the way resilience is displayed and that children develop protective behaviours in response to unsafe environments. While these protective behaviours are adaptive resilience responses in one situation, they can become maladaptive when the child is placed into a safe environment and is inhibited in normal development. Therefore, as resilience changes across contexts, definitions of resilience cannot be stable and singular.

Unique contributions to the field

While many of the insights provided by the participants and analysed and sorted into cohesive themes by the researcher reflected current knowledge and theory about

resilience in foster children, some of the contributions from participants offered unique and interesting perspectives about resilience in foster care, that may be relevant to all foster children or unique to the New Zealand foster care system and context. Although the scope of this project was small, and the number of participants was modest, the purpose of this research was to investigate the possibility that relationship plays an important role in the resilience of foster children and explore the experiences of foster carers to discover new ideas in resilience and spark interest in further research exploration. Some of the themes identified in this research promote the establishment of new theories and suggest new pathways for foster care resilience research. These subthemes will be highlighted below and explanations will be offered for how these themes are linked to other themes in this project.

Identity and Connection

The two major themes derived from this research were the importance of identity and connection in the resilience of foster children. These two themes fit together well as a model and can be seen as intrapersonal and interpersonal security. The participants suggested that foster children who have a firm foundation of sense of self, reflected through aspects such as positive self-esteem, internal dialogue, and cultural identity, tend to be more resilient. They also spoke about the attempts of their foster children to forge new identities for themselves when they entered the foster family, suggesting that the search for identity was a priority for many of the foster children they had cared for. The foster carers also explained that knowing their time with a foster child is likely to be short, one of the ways they attempt to help a child is to strengthen their sense of identity, encouraging them in their cultural background and affirming them in their personal strengths and positive attributes.

The value of building connections with others as a way of strengthening resilience was also a major theme, as participants talked about differences in the relationships they had with different foster children and the relationships their foster children made with other members of their family and teachers at school, commenting on the ways foster children initiate and respond to attempts to make connection with the people around them. The influence of relationships foster children had with birth families was also discussed, and the ways foster children negotiated these relationships, either through maintenance or rejection, was believed to impact on their resilience. While identity and connection are distinct, in that one is intrapersonal and the other interpersonal, these two themes are mutually reinforcing rather than independent, in that individuals with a positive sense of self are more likely to build social connections, and those who have meaningful connections with other people are likely to develop higher self-esteem and a stronger sense of self (See Figure 6 below).

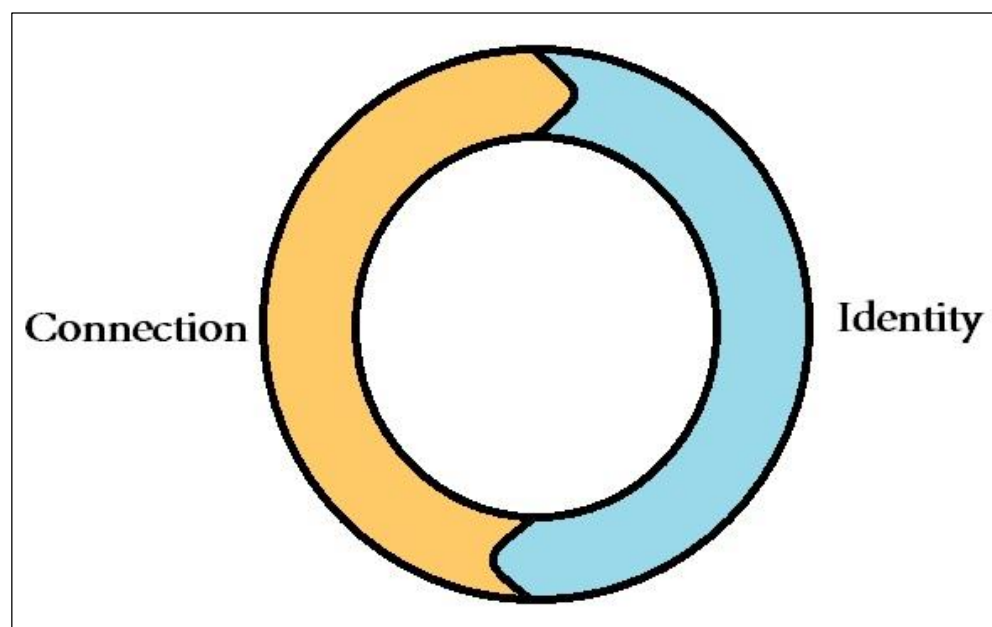


Figure 6. The interrelation of connection and identity. Strength of identity is hypothesised to increase interpersonal connection, and increased interpersonal connection is believed to improve strength of identity.

While there is no formula for the relative importance of connection and identity in foster child resilience, the model presented here suggests that both play an important role in foster children overcoming the difficulties involved in growing up in the foster system and developing into resilient adults. Identity and resilience can be seen as factors that support resilience in foster children, rather than ingredients for resilience itself. This idea can be compared to the growth of a young tree, which needs both roots (part of itself) and external supports (being surrounded by other people with whom one has a strong connection) in order to grow tall and strong. This tree model is represented in Figure 7 below, which explains how identity and connection are distinct but work together to support the development of foster children and promote resilience against stressors.

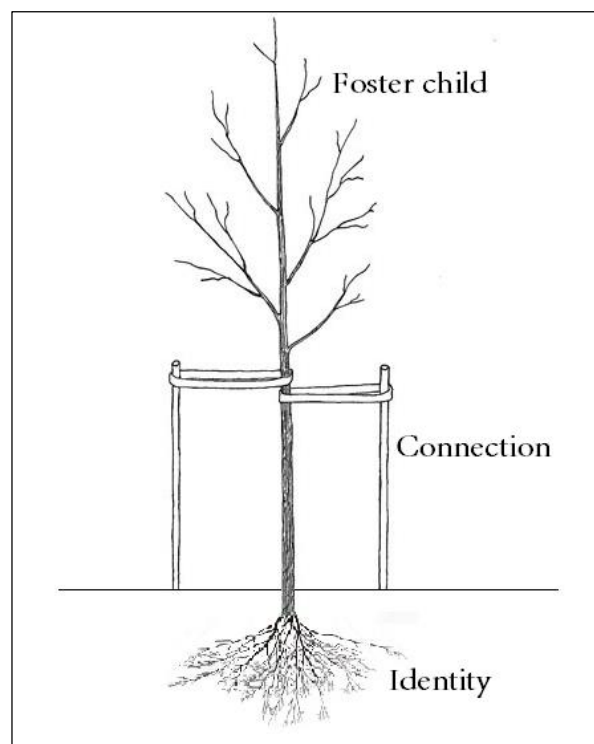


Figure 7. Tree model of resilience. The two main themes of this research, identity and connection, are represented by the roots and supportive stakes of a tree, respectively, to represent the intrapersonal and interpersonal aspects of foster child resilience.

In line with the above discussion of identity, some themes emerged in this research about culture, an issue that is highly important in the New Zealand foster care system as a large proportion of foster children are Māori, an ethnic group that has experienced a history of colonisation, resulting in the loss of culture, language and identity. Some of the participants talked about foster children who did not wish to be associated with their Māori ethnicity and strongly rejected any cultural involvement. One participant suggested that her foster daughter's rejection of Māori culture was actually linked to rejection of and by her birth family; this is supported by Stein (2005)'s assertion that for some young people, ethnic identification is linked to acceptance or rejection of certain family members.

While other colonised nations may have similar cultural dynamics, New Zealand Māori foster children have a unique cultural background and may not be comparable to other marginalised groups such as Australian Aboriginal, Native American or African American foster children. Some researchers suggest that resilient Native American children are those who are enculturated, having a strong sense of identity based on their cultural background (Hawley & DeHaan, 1996). However, the majority of participants in this research commented on cultural rejection rather than cultural acceptance in the foster children they had worked with. It is likely that these differences can be explained by the context within which a culture develops and differences in societal structure; while Native American people often live in homogenous communities separate from mainstream American culture, a result of their history of segregation, New Zealand Māori are more integrated in wider society, due to a history of assimilation, which may explain why Native American foster children seek to strengthen their cultural identity, while Māori foster children may seek to disown their cultural background and create a new identity.

Context Model

While identity and connection have been recognised as key components of resilience, the importance of context, as reflected throughout the resilience literature and expressed by the participants in this research, cannot be underestimated. The concept of resilience as resistance can be portrayed as foster children building up walls or barriers in order to protect themselves from abuse and emotional neglect that has often occurred before or even after being placed into foster care. While the common perception is that this is a negative reaction, it must be considered within the context of the foster child situation; while being resistant, tough, and defiant may be maladaptive in a safe, protective foster care environment, it can be seen as a form of helpful adaption, survival, and resilience in an abusive environment.

This suggests, as explained in the resilience literature, that resilience is highly dependent on the context an individual is in. When a child is in an unsafe living situation, resilience is seen in the form of resistance and self-protection, which may be displayed through ‘toughness’ (reflected in the theme Resilience as a Shell). Therefore, when the child first enters into a ‘good’ carer’s home, they may display this form of resilience. However, as many of the participants highlighted the importance of flexibility, adaption, and ‘bouncing back,’ long-term resilience in foster children may depend on the child’s ability to adjust their resilience strategies to their new environment. In some cases, however, this adaption does not seem to occur, as children placed into a healthy environment continue to behave in ways suited to an unhealthy environment. In this way, resilience in a safe environment can be understood as building trust, establishing a secure identity, seeking connection and allowing protective mechanisms such as resistance and defiance to lessen to allow the child to participate in a healthy relationship with their carers (See Figure 8 below). This model once again

emphasises the importance of relationship through building trust and making connection.

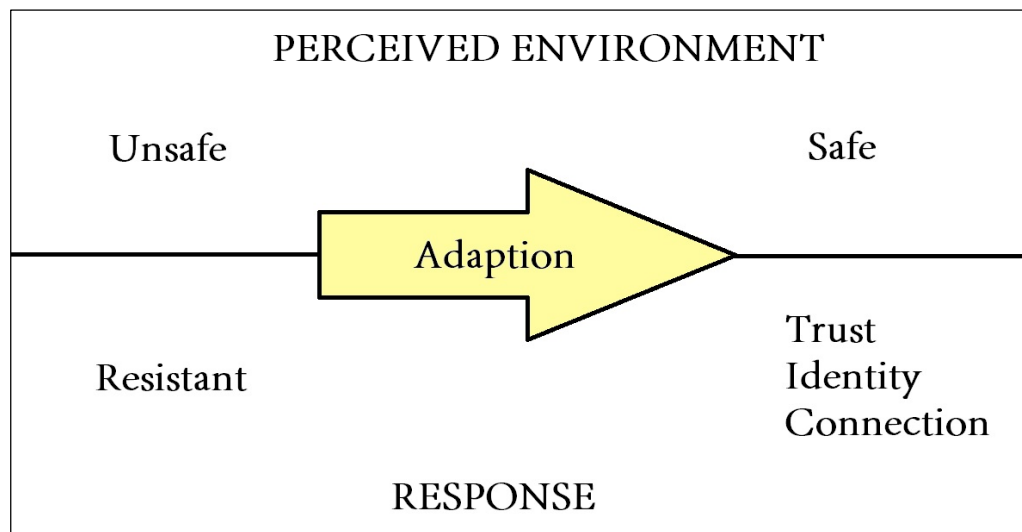


Figure 8. The context model. Responses that are resilient in an unsafe environment must be adapted in order for a foster child to remain resilient in a safe environment.

The influence of context on a child's resilience, and the ability of children to adapt to the situation they are in, was reflected in the narratives of one of the participants, RM, who talked about a boy who had come into her care with a very difficult set of behaviours. She explained that he adapted quickly to the new rules in her house and the guidance she gave him on appropriate behaviour, and settled in well, becoming resilient in his new environment. However, when this child was returned to his birth family, and subsequently placed back in her care again when problems arose, she noticed that he had reverted back to his old resilience strategies and behavioural patterns, and it took some time for him to readjust to the environment of her home, and adjust his behaviour accordingly. This suggests that resilience, in the case of foster children, is the ability to recognise the threats and requirements of the environment the

child is in, and then adjust one's behaviour and resilience strategies accordingly, to become successful in the current environment.

However, problems seem to occur when a child is unable to adapt to their new environment and continues using resilience strategies that were protective in an unsafe environment, in the new, safer environment. This occurs when strategies such as resistance are used in a safe foster home, where they are maladaptive and lead to an inability to build connections and gain the most from the nurturing environment. This suggests the importance of perception; in order for a child's natural resilience drive to be enacted and to adapt their behaviour to their context, they must perceive the context as safe. This was explained by participants who stated the importance of building trust and showing a child they are trustworthy, which takes time and must occur at the child's own pace. Therefore, when children do not adapt appropriately to a new environment, making them less resilient, this may be explained by the child perceiving a safe environment as unsafe and responding accordingly.

This theory suggests that when examining resilience in foster children, it is important to consider specific contexts. Research into resilience should be broken down into (at least) three distinct contexts or stages: initial abuse or neglect, removal from the family, and resettlement into the foster home. Because the way resilience is displayed appears to differ depending on the environment the child is in or the situation to which the child is resilient, examining resilience in foster children as a whole, without acknowledging the pivotal role of context, is likely to be unhelpful.

Themes that stood out in this research included definitions of resilience that emphasised resistance and putting up a façade of strength, indicating that resilience differs across environments and is highly contextual, and the importance of a strong

sense of individual identity, in addition to an ability to forge meaningful connections with other people, in order to access support and find security. Within the theme of identity, the relationship that Māori foster youth have to their cultural identity, as described by participants, is hypothesised to be related to social and historical issues in New Zealand society.

Comparison with existing theory and literature

A number of the themes and subthemes identified in the data are supported by other research in the resilience and foster care fields, either in theory or practice. Subthemes that correspond with themes in other research or align with discussion in relevant literature will be presented, providing examples given by the participants in this research, explaining how the results of this investigation are consistent with pre-existing literature.

Some of the participants talked about giving their foster children a framework of positive thinking, particularly in relation to themselves, that can develop into self-talk, explaining that when their foster children are faced with overwhelming emotions or problems to solve, they repeatedly tell them soothing and encouraging statements such as ‘you can do this,’ ‘you’re strong,’ and ‘you’ve done this before, remember?’ in the hopes that the child will internalise this dialogue and increase their resilience. This is supported by Leve et al. (2012)’s discussion of a programme designed to “help caregivers facilitate healthy regulation of their child’s behaviour and stress responses” and improve attachment security (p. 1201). Hawley and DeHaan (1996) also refer to the concept of family world view, which supports the suggestion of some of the foster carers that children who have been told negative statements about themselves and their families from a young age will internalise these statements, causing negative self-talk

and poor self-esteem. Some of the participants gave examples of foster children who had eventually gained increased confidence; LU referred to a girl who had been distressed by her failure at school, but had made great improvements in mathematics with consistent encouragement and confidence building from her foster mother.

In line with the hypothesis of this research, most if not all of the participants agreed that establishing a strong and supportive relationship between foster children and foster carers, or other adults, was a very central factor in foster child resilience. Existing research suggests that having a positive relationship with at least one adult figure can be a protective factor for foster children, as Hawley and DeHaan (1996) state that “sometimes this person is described as a pole-star, or someone who can guide the path of the child” (p. 286). Many of the carers talked about their hope that the time and love they had input into their foster children, no matter how short the time they had been in their care, would make a long-term impact in the child’s life and be a foundation for the child’s future relationships. Stein (2005) talks about the potential for a “compensatory secure attachment” to maintain stability of placement and provide a child with continuity, which is often lacking in the lives of foster children (p. 5). Stein (2005) also explains that an inability to form relationships with other people is likely to lead to difficulty in the journey to adulthood. Many of the carers in this study hoped that by establishing a trusting relationship with their foster carers, foster children would learn to trust adults and develop worldviews that were positive and open to building connection with other people.

Hawley and DeHaan (1996) refer to several factors that can help victims to overcome abuse, two of which were correlated with the themes of this study: “the ability to find emotional support outside their family, [and] a strong sense of self-regard” (p. 284). Although the population of study was different, these themes are

similar to the main concepts found in this research, referred to as identity and connection.

Some of the participants talked about children who accepted their situation in foster care and had a positive mindset to make the best of their circumstances. This is reflected in some of the foster care resilience literature, which refers to the importance of acceptance of the child's circumstances and coming to terms with their own history in order to utilize resilience in foster care (Emond, 2014). One participant explained that one of her foster children was highly intelligent and took a very practical approach to rationalising the actions of his birth mother, which she attributed as an important factor in his resilience. She explained: "[He] made a decision he would never go back to his mother. He knew she was, you know, she had her failings, and he didn't hold her in judgement. He just saw that she'd made some [mistakes], that's how he was. But he didn't want that kind of life for himself..." (IL).

At the same time, Emond (2014) referred to the tendency of some foster children to idealise their birth parents and create false narratives about their reasons for being in care. This was mirrored by one of the participants, who talked about two of her foster children who had romanticised views of their birth parents and the difficulty they faced when confronted with reality. Coming to terms with the reasons they are in care and the reality of their parents' actions is discussed in the literature and by some participants in this research. One of the participants shared the story of one of her foster children and her journey of reuniting with her birth parents and being faced with the harsh reality of the kind of people they were. She explained that though this process was difficult, it was helpful for her personal growth and resilience: "It's done now. And she can move on. And she's got enough about her to realise that's what she can do now. But she spent a lot of wasted years pining for what was never going to be" (IV).

In terms of the role relationships can play in individual resilience, Walker and Lee (1998) refer to the value of sibling bonds in child resilience, and Jones and Morris (2012) reaffirm that sibling unity can be a protective factor in children who do not have extreme behaviour problems. The value of sibling relationships is also suggested by one of the stories shared by a participant, about how two children separated in foster care appeared to improve greatly in resilience once they were reunited. Many of the foster carers referred to their foster children's poor social skills when they first joined the family, explaining that they have grown over time and learned to respond well in social situations. Jones and Morris (2012) explain that foster children often have poor social skills, particularly in relating to their peers, stating that foster youth have less friends and the peer relationships they do have are often characterised by low levels of intimacy and high levels of conflict. Jones and Morris (2012) further explain that foster children who have positive peer relationships, in addition to positive relationships with adults, are more likely to be resilient, supporting the idea that the ability to connect with other people can be a highly protective factor for foster children.

Foster carers also talked about the value of having older biological children of their own, and the role they often played in being a positive example and taking younger foster children under their wing. This contrasts with Oosterman et al. (2007)'s discussion of the potential negative effects of having biological children in the home, stating that it can be a risk factor due to jealousy and rivalry. However, Oosterman et al. (2007) further explain this effect varies with age and sex, in line with one of the participants, who explained that her eldest son was very helpful with school aged foster boys but less interested with infants and girls. Oosterman et al. (2007) also comment on the positive effect of having more than one foster child in a home, supporting the

explanation of one participant foster children feel more comfortable being part of a peer group, rather than being singled out.

Much research refers to the importance of stability and length of placement for attachment and resilience to develop (Lynch, 2011; Bakermans-Kranenburg et al., 2011). Many of the participants agreed with this supposition, explaining that with sufficient time, most of their foster children have settled in and developed good relationships with them and their families. They explained that time is a key factor in developing attachment and resilience; “They need a stable placement, a lot of the time, and that doesn’t happen, for whatever reason. And they need the trust to be built, which can take some time” (OA). Another participant seconded this opinion of the importance of length of placement: “...if they’re there a shorter period of time, obviously that [relationship] doesn’t go as deep. But if they’ve been there a significant amount of time...” (LU).

They also talked about the detrimental effect of placement breakdown on the children they have fostered, referring to the perceived reduction in a child’s ability to trust after a bond had been broken. Leve et al. (2012) also talk about the negative consequences of placement disruption, citing effects on children’s “emotional and behavioural development” (p. 1199).

Many of the foster carers expressed the difficulty of children being removed from their care and losing contact, describing the emotional impact on themselves and their biological children and making observations about the effects removal has on the foster children. In line with foster carers who expressed their concern for foster children who return to their birth families, Jones (2012) comments on the negative association between resilience and returning to live with the birth family after discharge. One of the

participants in this study shared the story of her foster child who chose to return to live with his birth family after conflict arose between her and the boy. Jones (2012) explains that a large proportion of foster youth choose to return to their birth families, and that this often leads to poor outcomes because problems in the family system that led to the child being placed in foster care often remain, as this foster carer felt was the case with her foster son.

Jones (2012) talks about factors positively associated with resilience in foster children, listing “maintaining contact with former foster parents” as one of these factors (p. 515). Many of the participants in this study also felt that maintaining contact was important, as the relationship they had built was a valuable source of support for the foster child and an important part of their life journey. Jones (2012) elaborated that maintaining contact with foster carers can be a source of mentorship, guidance and continuity that most foster children have not had in their lives.

Finally, the belief of some participants that the time and love they have invested in their foster children may not bring immediate gains but be a positive influence in the long term is supported by Hawley and DeHaan (1996)’s discussion of short- and long-term resilience. While the results of resilience-building attempts may be delayed, the authors suggest that adaptability and flexibility are the key to long-term resilience.

Discussion of Participants

Although the number of participants in this study was small, the diversity in the group of foster carers allowed for a wide variety of perspectives and experiences. Of particular interest, one of the participants was raised in foster care, and later became a foster carer. She alluded to some of her experiences as a foster child in the interview, but as this was not the focus of research, the researcher did not enquire further.

However, she did at times speak from the perspective of a foster child and then contrast that opinion with her experiences as a carer, adding some extra depth to the data. While the sample was predominately female, and it was unfortunate that only one male foster carer followed through with participation, this is likely to be representative of the broader population of those involved in the foster care field, as Gilligan (2000) explains that men are an under-utilised resource in the foster care field, which is dominated by female carers. The participation of foster carers who identified as Māori was seen to bring an extra level of insight to the study, as Māori children are disproportionately represented in the foster care system, and it is believed that Māori foster carers, as mentioned by some of the participants, will have less cultural barriers in working with Māori children and may be able to better recognise and explain the experiences of Māori foster children and youth.

The variation in age was evaluated as a positive factor, as changes in the education system over time suggest that training methodologies and views on topics such as attachment and relationships are likely to vary across age. One of the participants mentioned this factor, explaining that outdated views on attachment between foster carers and children are now seen as damaging, as theory has evolved. The demographic data on years of experience and number of children fostered showed that participants had a wide range of experiences and were at different stages in their foster care journeys. Participants with greater years of experience in foster care may have more practical experience and background knowledge; however, those newer to the caring role may have fresher insights and are less likely to be burned out or to have become jaded from spending years in such a difficult and stressful role.

Some participants had fostered only a few children, which could imply they had less insight into foster child resilience; however, those who had fostered higher numbers

of children (more than 100) suggested that due to the shorter term nature of many of their placements, the quality of relationship they had with these children and their level of insight into the child's resilience may be lesser. Therefore, the wide variation in number of children fostered by the participants of this study brings value to the data collected, as some participants have interacted with large number of foster children at a fairly shallow level, while others have fostered and even adopted a smaller number of children but built deeper relationships.

Researcher's personal reflections

The researcher's background as an older biological child in a family with many foster/adopted children and experience working with foster children in New Zealand are acknowledged to have shaped the design of this research project, from the research questions that were central to this investigation, to the interactions with participants, who were warm and open when the researchers' background was disclosed, and in the analysis and interpretation of the data that were gathered.

When approaching this research, I had a prior negative impression of foster carers from current or ex-foster care youth I had worked with who had multiple unsuccessful foster care placements and ended up in a residential facility. These youth had shared their perspectives of carers who abused and mistreated them, were cold and distant, and did not show any genuine concern for them. While it is likely that my sample of foster carers in this study was made up of the opposite end of the foster carer spectrum, as 'bad' foster carers would be unlikely to volunteer to participate in resilience research, I was pleasantly surprised to find that the 13 foster carers I met with were all warm, caring people who showed genuine love and sincere commitment in their work with foster children. For all of the individual interviews, I was invited into

participants' homes, proudly shown family photos and awards their foster children had won, introduced to biological and foster children, and encouraged in my own career aspirations. After completing my data collection, I was able to tell the youth I work with a little bit about the foster carers I had met (maintaining confidentiality), telling them about foster carers who cried when their foster children left and made big sacrifices because they really cared about their foster children, and encouraging them that not all foster parents are bad and that some carers can be trusted.

The discussion of cultural barriers was also of interest to me, especially the foster carers from the UK who stated that they believed being non-NZ white people lessened the resistance from the biological family of their Māori foster child. In my role as a youth worker, I have encountered initial resistance from Māori youth when they see that I am white and assume I'm from New Zealand. Racial jokes and insults are common against the Pākehā staff; however, once the youth find out that I'm from Thailand, I appear to be accepted and the racial and historical barrier of Māori-Pākehā is removed, as the British participants suggested.

It was interesting to hear the foster carers talk about the differences in their relationships with their foster and biological children, and also the role their older biological children play in the family. As an older biological child who has been very involved in the lives of my foster/adopted siblings, I could identify with participants who said their children became very attached to their foster siblings and found it difficult when they left. I could also identify with those who said their biological children took on a role model position and identified strongly with the older sibling role.

At the same time, I could understand when one of the foster carers explained that she makes sure to spend adequate time with her biological children and make their

relationship a priority, and another carer explained that they had given up fostering because of the negative effect on their children. I could relate to this because living in a family with nine adopted/foster children has at times meant my parents were preoccupied with the younger children and unable to fulfil a strong parental role for me. I was impressed with the methods different foster carers had in place to ensure their foster children were part of the family but that their own biological children's needs were not neglected.

Conclusions

The purpose of this study was to investigate resilience in New Zealand foster children in the context of their relationships with foster carers. While there is a range of international research into resilience in foster children, some of which touches upon the importance of relationships, there is a lack of research in the specific area of relational resilience in foster children, especially in the New Zealand social and cultural context. To examine the links between resilience and interpersonal connection in foster children, this study invited foster carers to participate in focus groups or one-on-one interviews to discuss their perspectives on foster child resilience, their observations and experiences with the children they have fostered, and the dynamics of the relationships they have had and the roles they have played with the children in their care.

The results of these focus groups and interviews were analysed for themes and presented under four categories: (1) Participant understandings of resilience, (2) Identity, (3) Connection, and (4) Outcomes. From these themes, various conclusions were drawn, including the development of two distinct models: the context model, which suggests that resilience is the ability to protect oneself and adapt ones strategies to the characteristics of the environment, and the tree model of identity and connection, which suggests that resilience is facilitated when a child has a secure identity, represented by roots, and utilises supportive connections with caregivers and other adults, represented by the stakes supporting a young tree. These findings contribute to the field of foster child resilience, emphasising the importance of identity and connection in resilience and suggesting a reconceptualization of the way that resilience interacts with and is shaped by the environment a child is placed in.

Limitations of the Study

This research project was evaluated to have reached its' main goals of developing an understanding of resilience in foster children and giving a voice to the participants, who stated they often feel powerless in the foster care process and that their input is not valued. While this project achieved what it set out to do, some limitations were present that could be improved upon in further research.

The small number of participants in this research meant that a range of other perspectives may have been missed that could have contributed to the understanding of resilience. In particular, the lack of male foster carers participating in this research (one out of 13) means that the perspective of foster fathers was largely missing from this project. As the one male carer who participated explained that he and his wife play very different roles in foster care and that the relationship foster children have with female and male carers differs greatly due to factors such as past abuse and boundaries, it would have been valuable to have more of a male presence in the focus groups and interviews and obtain more of an understanding of the foster father perspective.

In addition, the number of focus groups conducted was much smaller than originally planned, and the number of participants in each focus group was low. This was a limitation because the groups that were conducted involved a lot of interaction between the participants, yielding rich data and valuable insight. When contrasting the focus groups with the individual interviews, the focus groups involved much more agreeing, disagreeing, expanding, exploring, challenging and questioning of ideas and opinions as foster carers interacted with each other, which was not witnessed in the individual interviews.

Because the participants in this study were not directly the population of discussion, but rather were observers (due to the ethical complications of conducting research with a vulnerable population such as foster children), they were able to comment on their own experiences and how they think their foster children felt or perceived their relationship. While their feedback was valuable and informative, it was also one-sided, and the research was limited by a lack of access to the other perspective, that of the foster children themselves. Ideally, research into relationships and resilience in foster children would involve interviews and/or focus groups with both foster carers and foster children, to give a full perspective of both angles of the relationship.

Additionally, value would have been added to this research and the themes derived had there been a second set of focus groups, in which the themes could be presented and participants could have a chance to discuss them. Although the participants will receive a report summarising the results of this research, their feedback and active participation in the interpreting of the themes would have provided an additional level of insight to this project.

Finally, many of the participants acknowledged that the majority of their experience in fostering was with Māori foster children. While this is likely reflective of the cultural composition of the New Zealand foster care system in general, it may mean that the results gathered from this research are largely culture-specific, and may not be applicable to foster children of other cultures. In particular, discussion of cultural aspects of resilience was narrowly focused on Māori foster children and did not consider the role of cultural identity in the resilience of Pākehā or Pacifica (or other ethnic group) children. Additionally, the researcher, as a Pākehā who grew up overseas, was limited in her ability to comment in-depth on Māori cultural issues, as an outsider.

To improve on this aspect, collaboration with a Māori researcher may have allowed for more in-depth analysis.

Implications for Practice

While the findings of this exploratory research are preliminary and need further investigation, several suggestions for application in the foster care system can be made. Many of the participants suggested that they felt the need for more training and support; therefore, the models produced from this research could be incorporated into existing training modules provided by foster care agencies. For example, training could be developed around the importance of identity and connection in the resilience of foster children, providing foster carers with methods to help foster children and youth develop a coherent sense of identity of their own choosing. If foster children wish not to associate with their background culture or identity, carers or social workers may help them find other things to incorporate into their identity to give them a sense of belonging and achievement, such as sports, arts, music, community activities, or even religious groups.

With further research and the development of a clearer model about the role of context in resilience, foster carer training could include learning to understand the reasons behind ‘maladaptive’ residual resilience behaviour and help foster children to feel safe and adapt their resilience strategies to their new environments. In addition, foster carers could be taught ways to evaluate the strengths of their foster children and, as one carer explained she wishes she had done, acknowledge the positives of the child, even when feeling overwhelmed by negatives. This will empower both foster children and foster carers by focusing on strengths and reinforcing positive attributes and behaviours.

Implications for Further Research

Based on the themes of this study, further research could examine the importance of identity in foster youth, focusing on a wider variety of aspects of identity, such as gender, sexual orientation or religious beliefs, examining how strength of identity and support for the identities that foster youth subscribe to are related to resilience. In addition, further research could investigate cultural rejection in Māori foster youth and examine reasons for rejection of culture and language. In terms of the importance of connection, further research could examine the foster child-carer relationship from the child's perspective, and contrast this with the perspectives of carers.

Additionally, further research could be conducted into the ways that resilience strategies differ across contexts, to expand upon the safe/unsafe model and discover if there are additional strategies to resistance and putting up a façade. Practically, this research could examine foster child resilience across three contexts or stages of the foster care journey: pre-foster care, removal from family, and transition into the foster family.

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Appendix 1



Do you have experience working with children in foster care?

My name is Gabrielle Cornelius, and I am a Masters student at Massey University conducting research into the topic of resilience in foster children. The first phase of this research involves conducting focus groups to discuss the topic with knowledgeable members in foster children's lives.

If you are working, or have worked in the past, with foster children in New Zealand, your participation could make a difference. Research has an important impact on knowledge and practice, and helps develop a collective understanding that can be used for the good of vulnerable populations such as foster children. You are invited to participate in focus groups to discuss the topic of resilience in foster children in New Zealand, based on your experience and observations.

This research aims to understand the strengths of children and young people who have managed to thrive, despite coming from troubled backgrounds. Have you witnessed such resilience in the children you've worked with? If so, please come along and share your experiences to help us as a community of people who are invested in the lives of foster children to develop a better understanding of their strengths and share this with the wider academic and social services community.

These focus groups will be scheduled in September, and I will attempt to organise locations close and accessible to the majority of participants.

If you would like to participate in this study or would like more information, please contact:

Gabrielle Cornelius
021 0829 2242
(09) 282 0220
gabriellemarlaine@gmail.com

Appendix 2



MASSEY UNIVERSITY

School of Psychology
Massey University
Albany

Resilience in New Zealand Foster Children

INFORMATION SHEET

Researcher Introduction

My name is Gabrielle Cornelius and I am a student at Massey University, Albany Campus. I am completing this research project in fulfillment of my Masters of Arts degree in Psychology. The purpose of my research project is to develop an understanding of resilience and relational factors in foster children in New Zealand by collecting the opinions and observations of those people involved in the care of foster children, such as social workers and foster parents, in New Zealand.

Project Description and Invitation

This study has been designed to examine the construct of resilience in foster children in New Zealand. This will involve inviting important figures in the lives of foster children to participate in collective conversations about the strengths that many foster children bring with them through their foster care journeys and the relationships that they build with adults in their lives. These discussions will take place in the context of organized focus group discussions that will allow participants to meet with other foster carers or social workers to share the experiences they have gained from the children they have worked with. The results of these discussions will be analysed for important themes and these themes will be considered in the context of international literature.

I would like to invite you to take part in this study on resilience in New Zealand foster children. Whether or not you take part is your choice. If you don't want to take part, you don't have to give a reason. If you do want to take part now, but change your mind later, you can pull out of the study at any time. This Participant Information Sheet will help you decide if you'd like to take part. It sets out why I am doing the study, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. I am happy to go through this information with you and answer any questions you may have. You do not have to decide today whether or not you will participate in this study. Before you decide, you may want to talk about the study with other people, such as family, whānau, friends, or healthcare providers. Feel free to do this.

If you agree to take part in this study, you will be asked to sign a Consent Form before participating in the interview. You will be given a copy of both the Participant Information Sheet and the Consent Form.

This document is 3 pages long. Please make sure you have read and understood all the pages.

Participant Identification and Recruitment

As you may be aware, the recruitment will be completed using two methods: by contacting agencies that work with foster children and inviting their staff to participate, and by passing around

brochures to acquaintances of the researcher, and asking these people to pass copies around their networks. Invitations will be sent to social workers, foster parents and other people working directly with foster children using this snowball sampling method. Selection criteria include those who are currently working as social workers or foster parents (or other roles) and those who have experience working with foster children in the past.

Due to the method of recruitment, it is undetermined how many potential participants will be invited to participate. But due to time constraints and the intention of qualitative research to obtain more in-depth knowledge from a smaller number of participants, the number of participants aimed for in this research will be between 20-30.

It is not anticipated that you will face any risks or discomfort due to your participation in this research.

Project Procedures

- *If you choose to participate, you will be invited to join a focus group with 5-7 of your peers (people in a similar role to you). This will involve meeting at a neutral location in a private and confidential conference room, and sitting in a circle to discuss questions or ideas presented by the researcher. These focus groups will last a maximum of 1.5 hours each and will be audio recorded for later analysis of themes.*
- *After completion of the focus group process, if you would like to speak to the researcher to clarify anything that was said during the process or to complete a debriefing process, please feel free to approach the researcher in person or to make contact via phone or email (See contact information below).*

Data Management

- *The focus groups in which you participate will be audio recorded for later analysis. The audio recordings will be transcribed by the researcher and then analysed for themes.*
- *The audio recordings and transcription files will be stored on the researchers' private computer. No one except the researcher and academic supervisor will have access to these files.*
- *After analysis is completed, participants will be sent a summary of the research results.*
- *All participants' identities will be kept confidential. Initials will be used in the final report if quoting any participants from the focus groups, and gender, age and other identifiable demographic variables will not be given.*

Participant's Rights

Please read the following Statement of Rights for participants.

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any particular question;*
- *withdraw from the study at any time before the end of the focus group session*
- *ask any questions about the study at any time during participation;*
- *provide information on the understanding that your name will not be used unless you give permission to the researcher;*
- *be given access to a summary of the project findings when it is concluded.*
- *ask for the recorder to be turned off at any time during the focus group session.*

Project Contacts

If you have any questions about this project, please contact:

- *Researcher: Gabrielle Cornelius, 02 108292242, gabriellemarlaina@gmail.com*
- *Supervisor: Beverly Haarhoff, 09 414 0800 (ext. 41223), B.A.Haarhoff@massey.ac.nz*

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 14/024. If you have any concerns about the conduct of this research, please contact Dr Andrew Chrystall, Acting Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43317 email humanethicsnorth@massey.ac.nz

Compensation for Injury

If physical injury results from your participation in this study, you should visit a treatment provider to make a claim to ACC as soon as possible. ACC cover and entitlements are not automatic and your claim will be assessed by ACC in accordance with the Accident Compensation Act 2001. If your claim is accepted, ACC must inform you of your entitlements, and must help you access those entitlements. Entitlements may include, but not be limited to, treatment costs, travel costs for rehabilitation, loss of earnings, and/or lump sum for permanent impairment. Compensation for mental trauma may also be included, but only if this is incurred as a result of physical injury.

If your ACC claim is not accepted you should immediately contact the researcher. The researcher will initiate processes to ensure you receive compensation equivalent to that to which you would have been entitled had ACC accepted your claim.

Contact for Support Services

If participation in this research causes you psychological discomfort, please contact the researcher or supervisor (listed above). Alternatively, please speak to your organization or find access to counselling services through the directory listed on this website:

<http://www.talkingworks.co.nz/dir.html>

Appendix 3



MASSEY UNIVERSITY

School of Psychology
Massey University
Albany

Resilience in New Zealand Foster Children

PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me.
My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand that the edited transcripts and extracts will not identify me.

I agree not to disclose anything discussed in the Focus Group and to protect the confidentiality of all participants.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: **Date:**

Full Name -
printed

Appendix 4
Demographic Data Collection Form

Name:

Age:

Gender:

Cultural affiliation:

Role:

Organisation:

Years of experience working with foster children:

Number of children you have fostered (if applicable):

Career experience in other fields:

Appendix 5

Focus Group & Interview Outline

Thank you for coming today to join this discussion of resilience in the children you work with. I know that as members of the foster care community, we all have a common goal of achieving the best outcomes for these children and young people. First we have to cover some basic administration:

Please be aware that anything discussed in this focus group should be kept confidential; please don't share any personal information heard today outside this room. Anything you do share will be protected in my research, so names and any identifying details will be changed to protect privacy. As explained in your information sheet, this focus group will be audio recorded. If you want to receive a summary of the research report, please feel free to ask. If anything discussed today in the group makes you feel uncomfortable or you have concerns, please let me know. Also, please be aware that if anything is disclosed in the group that suggests that an adult or child may be at risk either to his/her self or others, I will be ethically obligated to speak to your organisation and inform them.

Before we begin the discussion, I want to give a brief overview of the aims of this project, which hopefully you have already read about in the information sheet. My goal in conducting this research is to highlight the positive side of the foster care situation. Although we can all acknowledge that foster children can be difficult to work with and certainly have weaknesses, what I want to talk about today is the strengths you've seen in the children you've worked with, despite the obstacles they've faced and the problems they may have. Examples of strengths might be displaying trust, succeeding at school, showing kindness and empathy and caring about others, or having good

communication skills and talking about their feelings. I believe even the most difficult people have positive sides, and I want to focus on those today. I hope you'll leave this focus group today feeling encouraged and strengthened in the work you do, as you share about your experiences and the rewarding side of the relationships you've had with children in the foster care system.

Would someone like to start us off with a Karakia or prayer?

Everyone introduce themselves

1. What does resilience mean to you?
2. How have you seen resilience in the children you have worked with?
(Examples)
3. What things would you look for in a child to determine if they are resilient?
4. What do you think makes some kids more resilient, and some not so much?
5. How do you think level of resilience affects outcomes for foster children?
6. How do you try to build resilience in the kids you work with?
7. How do you view your relationship with the kids you've worked with? If you have children of your own, how does your relationship with your own children differ? Or is it comparable?
8. How would you describe the attachment the children you work with have developed with you?
9. I believe attachment is a two way process. Do you find yourself getting attached to your foster children and can that make it difficult to see them go when they leave?
10. How do you try to build relationships with the kids you work with? How do you overcome barriers?
11. Have you taken care of foster children from a different cultural group than your own, and how have you found this to affect the relationship you've had with them?
12. Can you describe patterns in how your relationship with your foster children develops over time? (e.g. Initially hesitant, then begin to trust)
13. Do you feel that you've developed a closer bond with some of the children you've worked with than others? Why do you think that is?