Title	Family Matters: An exploratory study of the family relationships of young people who have experience of the care system
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Publication Date	2021-05-17
Publisher	NUI Galway
Item record	http://hdl.handle.net/10379/17022

Family Matters: An exploratory study of the family relationships of young people who have experience of the care system.

A Thesis Submitted for the Degree of Doctor of Philosophy

To the School of Political Science and Sociology

National University of Ireland, Galway

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May 2021

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List of Acronyms and Abbreviations

ACE's   **Adverse Childhood Experiences**

CGT   **Constructivist Grounded Theory**

CSO   **Central Statistics Office**

DCYA   **Department of Children and Youth Affairs**

EU   **European Union**

GAL   **Guardian ad Litem**

GT   **Grounded Theory**

HIQA   **Health Information and Quality Authority**

HSE   **Health Service Executive**

IFCA   **Irish Foster Care Association**

OCO   **Ombudsman for Children**

NUI Galway   **National University of Ireland Galway**

PPFS   **Prevention Partnership and Family Support**

TD   **Teachta Dála**

Tusla   **Child and Family Agency**

UNESCO   **The United Nations Education, Scientific and Cultural Organisation**

UNCRC   **United Nations Convention on the Rights of the Child**

UK   **United Kingdom**

US   **United States**

Candidate Declaration Form

Candidate declaration form I, Róisín Farragher, certify that the thesis is my work and that all published or other sources of material consulted have been acknowledged in the text or in the References section. I confirm that the thesis has not been submitted for a comparable academic award.

_____Róisín Farragher_____

Abstract

This research study was designed to explore how ten young people with experience of the care system in Ireland understand 'family', and family relationships. Constructivist Grounded Theory (CGT) was deployed as the conceptual and analytical framework for the research as it focuses on privileging the voice of research participants and raises awareness of researchers own personal biases/preconceptions. This was important given the researcher herself has experience of the care system. The actions of the researcher in the co-production of knowledge are described along with the rationale informing the choice of CGT for this research. The findings of this mixed methods CGT research study reflects an understanding and experience of 'family' grounded in the perceptions of the 10 participants. The core category of 'belonging', and subcategories of 'feelings' and 'choice' was identified by the researcher and reflects the meanings, experiences and views of family for the participants. The findings highlight how participants negotiate notions and practices attached to birth family relationships and others who become their chosen families, all in a variety of ways, for a variety of reasons and at different points in time. This study not only helps bridge a gap in understanding family for those with care experience, but also provides recommendations for future policy, legislation, and practice.

Acknowledgements

This thesis would not have been accomplished without the encouragement and support of so many people.

Firstly, to my participants, John, Alex, Joey, Ella, Aaron, Martin, Maria, David, Layla, Darcy, Bob, Mary Ann, Cameron, and Ryan (their pseudonyms). Thank you all for your honesty, openness, courage, time, energy, willingness to engage and tell your experience and stories. It was a privilege to get to know each of you and hear about your experiences. I hope I have represented and raised your ideas and understanding of family relationships well and that this thesis will make a change. Whatever the rest of your lives will entail, I wish you all nothing but the best.

To my supervisor, Dr Declan Coogan. Declan do not ever change. You are everything a student would want in a supervisor; supportive, approachable, respectful, grounded and empowering. Thank you for everything you have helped me with over the past number of years and for always being so passionate about this topic. I hope I have made you proud as a student and not put you off furthering your role as a PhD supervisor!

To Gillian, John, Pat, UNESCO Centre colleagues and my PhD Comrades. Thank you all so much for the support, advice, teaching experience, laughs, memories, teas, and cake. I could not have asked to be part of a supportive environment. To members of my Graduate Research Committee also in NUI Galway, thank you for all the guidance and feedback you provided over the last few years.

To the Galway University Foundation, AnneMarie, Dr Pat Morgan, Bríd, Aine, and Belinda for all your help with accessing funding. Sincere thanks. Thanks also to Imelda, my access school leaver friends, and all the Access Programme staff at NUI Galway for your consistent support and help down through the years. Access was where I started my University journey and I am ever so grateful for that opportunity.

To the gatekeeping organisations. Thank you for engaging with me, but more importantly seeing the value in participants' voices and enabling and supporting care experienced young people to be heard.

To 'my pillars', Elizabeth, Valerie, Tara, Frances, Caitriona, Cara, Brenda, James, Suzanne, Dinali, Dillon, Thomas and Reo you have kept me going when I most needed it. Sincere thanks for your consistent encouragement, dependability, and validation.

To my own foster family, Mike, Anne and 'the kids'. Thank you for taking me in, supporting me through the care journey, and still being there for me as an adult.

To mum and Orla. Two of my biggest supporters. Thank you for always being so happy to see and talk to me. Your encouragement to keep 'at the books' aided me to continue my academic journey. I know you will be utterly proud to have a doctor in the family.

Finally, to Darragh. Thank you for your continued commitment and want to see me do well. For all the support, validation, encouragement and care you have provided through the years, thank you. Not to mention the help with proofreading, lifts to and from ILAS and endless cups of tea. Love you.

Dedication

Regardless of personal feelings towards family, the idea of family and family relationships, matters. From the way, authors describe it as a basic unit in society, to how it is described as socially constructed, to how definitions of family are widely contested, and the term 'family' is used in everyday life. Not to mention how it is seen as the best place to raise a child. Contrasting views in each section, yet nonetheless, family is argued as the safest place children and young people should know, and yet this is not the case for all. This thesis is dedicated to those who never had the family relationships they wanted or needed. To those who never felt safe or experienced a sense of belonging or love. It is dedicated to those who are trying to come to terms with their family relationships. To those who never had the experience of family and family relationships that they deserved and had a right to. Perhaps on the flip side, this may be a wake-up call to those who take their family relationships for granted and a realisation that they should show these people how much they are valued and matter.

Readers are invited to reflect on their understanding and experience of 'family'.

Chapter One: Introduction to the study

"What family is, what family does, and how it does it are ongoing questions for Irish society and its government" (Canavan, 2012, p. 10).

1.1 The need to explore family relationships for young people

Ireland has arguably a shocking and scandalous history in how the state has treated children. Reports from industrials schools such as the Ryan Report 2009 (see O' Sullivan, 2016) to the Magdalene laundries inquires (see O' Rourke, 2011) have repeatedly shown the state's failure to protect some of its most vulnerable children. Other inquiries into child abuse and neglect in the Irish context such as the Roscommon Child Care Case (described further in chapter 3) amplify not just the need for providing support for parents who experience adversity but also the importance of accessing the voice of children to ensure their needs, wishes and feelings are considered. Each year the Irish government allocates millions of euros in child safety and welfare procedures, services, departments, organisations and agencies, all to build and enhance a child protection system. In 2019 alone, Tusla- Child and Family Agency (the national dedicated State agency responsible for improving wellbeing and outcomes for children) received an allocation of €768million from the Irish government (Statement on Budget Allocation, Tusla. ie). The budget allocation was an increase of €33million in the previous year. Nevertheless, 'systems' and money alone can never fully ensure the protection and welfare of children. Ensuring families have appropriate support and resources along with community engagement is also needed as the above reports have highlighted. In addition, committed individuals who reach out and become foster parents are also required to make the system secure and stable. Finally, hearing the voice of the child/or young person is crucial to ensuring best practice but also that basic rights are upheld. This lack of meaningful participation and having a voice heard on an influential topic such as family, seems to be a regular occurrence for those subjected to the care system. Children in care have often reported feeling unheard, invisible, as though their voices do not matter and they report feeling a lack of power over decisions made in their lives (Van Bijleveld et al., 2014, p. 257; Bessell, 2011; Leeson, 2007; Nixon, 2007; Bell, 2002). Their lack of input and choice is not just evident in different decision-making processes (as we see in Chapter two and three) but also in the findings of the research and discussion chapter (Chapters six, seven and eight). Based on the narratives of participants of the current research, the researcher deliberately uses the phrase 'subjected to the care system'. This phrase is referred to throughout this thesis to emphasise participants lack of choice in entering the care system, their lack of agency in decision making and how decisions were made without their input, and therefore their lack of basic rights being upheld.

According to the Welfare Information Gateway (2013), who promote safety, permanency and well-being of children youth and families in the US, state that children's relationships and family relationships are essential as they may be the longest relationships most people experience, particularly sibling relationships. Therefore, family relationships can also be a fundamental source of continuity throughout a child's lifetime. It has been argued that the relationships with people who care for and about children are the golden thread in children's lives (Winter, 2015; Care Inquiry, 2013) and that "the quality of a child's relationship, is the lens through which we should view what we do and plan to do" (Care Inquiry, 2013, p. 2). Noting the importance of research into what families can provide in terms of wellbeing and development, it is questionable how both family and family relationships for young people who have entered the care system is arguably an unrepresented area particularly in Ireland and very limited research elsewhere. According to Canavan (2012), questions about family have been ongoing queries for Irish society. Questions such as 'what family is' and 'what family does' (Canavan, 2012, p. 10) have yet to be answered. Family relationships are and continue to be important for many different reasons. Moran et al., (2017), show how important children's relationships with biological parents, foster carers, and social workers, are for improved permanence and stability outcomes. These relationships also are important for building family identity (Stott and Gustavsson, 2010), for informal social support and for enabling youth to transition to independent living (see Skoog et al., 2014; Chamberlain et al., 2006). This mirrors other Irish and international literature, whereby there is an importance of building strong and meaningful relationships for children and young people in care and/or with care experience (McEvoy and Smith, 2011; McSherry et al., 2008). In addition to this Biehal (2014), states how contact with birth families not only can improve outcomes in terms of permeance and stability but also provide a feeling of belonging and family identity, something that children and young people want (See also Stott and Gustavsson, 2010). Yet even with all this research, and with the many policies and guidelines in Ireland and internationally about children's and young people's participation and having their voices heard in matters affecting them (such as Better Outcomes, Brighter Futures, and UNCRC Article 12-which are discussed further in Chapter 2), Alderson et al., (2019), and Allmark et al., (2017), highlight how children and young people lack a voice and effective participation in decisions making and matters affecting them. Others such as Lansdown (2001), and Madden (2001) discuss arguments for and against involving children and young people in decision-making. Harper and Jones (2010), add that effective participation cannot be realized if children and young people are presented as passive actors. With this in mind, it begs the question of whether young people with care experience are

currently having their voices heard and participating in matters that affect this, in this case, family and family relationships; an area seldom researched.

In any case, this chapter provides an overall introduction to this study and explores the gaps in literature, policy and research relevant to family, and family relationships for young people with experience of the care system, along with the rationale that led to the emergence of the research questions. This chapter also discusses the research population, methodology and gives an overview of the structure of the thesis.

1.2 Rationale and Gaps: The emergence of the current research study

"If children were listened to, what could happen? It would be wonderful".

(Quote from a representative of the voluntary youth sector in Ireland, taken from *Hearing young Voices, Consulting Children and Young People in relation to Public Policy Development in Ireland*, 2002,)

The themes of the current study originated from both gaps in literature and policy and somewhat from the researcher own interest and experience of the Foster Care system in Ireland. According to Canavan (2012), 'family' has consistently been of interest to the Irish State and Irish society. Over the past 40 years or so, Ireland has seen compelling social changes in areas such as "fertility (non-marital births, contraception, abortion), family formation (cohabitation and divorce, cohabiting and lone-parent families), and the changing relationship between the church and the State, have all impacted on the changing nature of 'family'" (Farragher, 2019, p. 49). In addition to this, and as stated previously, Canavan (2012) argues that 'what family is, what family does and how it does are ongoing questions for Irish society and its government' (Canavan, 2012, p.10).

Given the changing nature of family, its fluidity and structure, Coleman and Hendry (1999) and Hagell (2012) explore the changing context of youth, with great social change impacting on the experiences of youth over the past few decades. It can be argued that the growth of divorce, lone-parent families and births outside marriage in Ireland have affected the contexts in which young people live and have led to the emergence of a new set of values about marriage, family and the caring for and the development of children and young people. Furthermore, authors such as Giddens and Pierson (1998) and Thomason and Holland (2004) describe these long-term processes of cultural change, as detraditionalization. It can therefore be argued that changes from traditional family structures, different family forms, the lessoning of domain powers and influence of the Irish Catholic Church, and the changes in the relationships between

State and Church (Ryan, 1994) and/or effects of detraditionalisation and other forms of social change have led to a more fluid understanding of family and community life, family norms and values.

While it can be argued that there is no-one-size fits-all definition of 'family' there is a growing literature around the topic of family relationships. Within the literature, Holden (2006), highlights that ideas about family and experiences of family units play a significant role in shaping individuality along with other influences such as friendships, school, religion and media. In addition to this, research from the United States (US), suggests that approximately two-thirds of children in foster care in the US have a sibling also in care (Child Welfare Information Gateway, 2013, p. 1). For several different reasons such as if foster carers cannot provide the necessary care, where age gap may be an issue or where behavioural problems are evident, siblings may not be placed together initially or become separated over time (Novak & Benedini, 2020; Cusworth et al., 2019; Kothari et al., 2017; Webster, Shonsky, Shaw & Brookhart, 2005; Wulczyn & Zimmerman, 2005). Sibling relationships are intensely powerful and crucial not just in childhood but over the life course as they are typically the child's first peer group and they typically spend more time with each other than with anyone else (Child Welfare Information Gateway, 2013). During these relationships, children learn social skills, particularly in sharing and managing conflict.

Additionally, Winter (2015) highlights that many young people coming into care have been exposed to abuse, neglect and harm. A decisive procedure in helping them understand and adjust to their experiences is the development and experience of trusting, stable and nurturing relationships (Happer et al, 2006; Munro, 2011; Care Inquiry, 2013). Furthermore, children and young people have declared that it is not just relationships with professionals that are crucial, but with the wider scope of people with whom they network and from whom they derive support for instance foster carers, social workers, peers and birth family (Winter, 2015). In any case, the initial review of the literature around the themes of family and young people who have experience of the care system did yield some interesting results. For example, Delgado et al., (2017) pilot study into how children and young people experience family contact in foster care in Porto, Portugal, is a response to the relative scarcity of literature concerning family contact. That qualitative study consisted of views from 10 children and young people and results highlighted issues associated with visits and the need for children's and young people views in the decision-making process and to develop better relationships with parents throughout the foster care placement. Closer again to the current research theme, Gwenzi (2018), explores 30

care leavers (aged 18-25years) construct of the meaning of 'family' in Zimbabwe. The finding suggests that although there is evidence of heteronormative definitions of "family" and ideas of "family" as biological, new definitions are coming up in the developing world. Gwenzi (2018) states how "some participants acknowledge nonbiological definitions of family based on connectivity, co-residence, affective practices, family contact, and other forms of family display in the context of out-of-home care" (p.1) and how the "Zimbabwean cultural influence is highlighted as a factor in care leavers' constructions of "family" (p.1).

However, these studies and others fail to explore in-depth family relationships for young people in care, and even more importantly how the children/young people themselves view and understand a family relationship, the process of joining a family and what exactly are the activities involved. In addition, there seems to be a gap in the literature concerning the perceptions of young people who have experiences of the care system about sibling and family relationships, and the effecting of entering the care system on family relationships, a gap this research proposes to address. Furthermore, it is evident that this topic is important to research because of social change, and gaps in the literature in terms of family. There seems to be a need to explore further the challenges and opportunities facing young people, their experiences and understanding of family and explore ways to contribute to the further development of policy and practice about young people in care and their families.

1.3 The Research Questions
The current study was designed to address the following questions:

1) How do young people with care experience talk about family?
2) How do they understand and experience 'family'?
3) How do young people in care describe a family relationship?
4) What are the legal and policy frameworks in place around family relationships in contemporary Ireland? In what ways might these frameworks help/hinder relationship connections from the perspectives of research participants?

1.4 The Research Objectives
The objectives of the current study included the development of theory relating to young people with care experience ideas and experience of family and family relationships. The objectives of this current study are detailed further below. From the outset, the research study set out to

A) To explore the topic of family relationships for people aged 18-23 years who have experience of residential, relative and/or general foster care.

 B) To explore what family means to young people in care.

C) To explore policy and legal frameworks in Ireland about the family.

D) To contribute to the further development of research policy and practice concerning young people in care and their families.

1. 5 Research Overview

The current research study was carried out over several stages. Below is an overview of the stages.

Proposal: The first stage of the study included the development of the research questions and selection of the research methodology, (Constructivist Grounded Theory).

Ethical Approval: The second stage consisted of gaining ethical approval from the researchers' institution (National University of Ireland, Galway) and the main state body that works with young people in care and with care experience in Ireland: Tusla, Child and Family Agency. Once ethical approval was granted to the research by both the Committees, consultation meetings took place with several gatekeepers. Gatekeepers are defined as a person who stands between the data collector and a potential respondent. Gatekeepers, by their personal or work relationship to a respondent, can control who has access, and when, to the respondent. In this case, gatekeepers are the organisations that have direct contact with young people in the care system. During these meetings, gatekeepers were provided with official letters of invitation, consent forms and relevant information and asked to invite young people they work with to participate in the study. A further aim of these meetings was the identification of counselling/support services for individual participants who may be distressed or upset by what they discuss during interviews due to the potential emotive themes of experiences of care and family.

Pilot Phase: Following this, a pilot phase took place. Once the gatekeepers confirm a young person who has experience of the care system in Ireland wants to be part of the pilot phase, then the young person was given a participant information sheet and consent form by the gatekeeper. The gatekeeper then passed the information to the young person's and the young person then directly made contact with the researcher via email or telephone. A group of 4 young people 18-23 years were involved in the pilot phase and gave their feedback on the proposed research.

The group were shown the participant information letter and questionnaire and were invited to give feedback and comments regarding the same. The data and feedback were then transcribed and analysed, and some small changes were made to the participant information sheet and questionnaire.

Alterations/Main Data Collection: Once this was completed, the main qualitative data was collected. 10 participants (differing from those involved in the pilot phase) were interviewed as part of the research. After each interview took place, the data were transcribed and analysed straight away to identify codes that may require further exploration in later interviews. The interviews lasted from 1 to 2 hours (including the completion of the questionnaire) and were analysed through a Constructivist Grounded Theory model. Research interviews took place until theoretical saturation occurred. The writing of memos and journaling was also used during this phase and in previous phases of carrying out the research study.

Discussion & Dissemination: After the analysis of the data, the write up began. Both during the write-up phase and following completion the researcher participated in both giving conference presentations and papers and published several journal articles.

1.6 Research Methodology

The research methodology employed for this study was Constructivist Grounded Theory (CGT). CGT is both a systematic methodology and a method of data analysis that involves the construction of theory through the analysis of data and constant comparison of data and concepts. Hunter et al., (2011a & 2011b) state that GT research aims to understand what is going on in a given instance, particularly in common social settings that are not well understood and have not been exhaustively researched. GT analysis was applied to the current research in the following manner: a) Some initial reading to familiarise with the concepts in the field, data collections an initial attempt to identify and develop categories within the data after each interview; b) an attempt to 'saturate' these categories with many appropriate cases to explore their relevance; c) developing these categories further into more general analytic frameworks with relevance outside the setting; d) the development of a substantive theory, grounded in the perceptions of the research participants, that will be recognised by individuals familiar with similar contexts (Corbin & Strauss, 2015, Hunter et al, 2011a & 2011b). The research design, methodology and analysis are explored further in Chapter 4 (Methodology).

The main data in this study was gathered through 10 qualitative interviews with young people ages 18-23years with experience of residential and/or relative foster care. During the same

interview, each participant was asked to complete a questionnaire. While the qualitative semi-structured interviews were the primary data for this study, the use of the quantitative data (questionnaires) helped strengthen and add to the data gathered. The questionnaire included questions about the participant on issues such as gender, age, current accommodation and experience of care to date of interview. The final section was comprised of statements about family from previous studies and literature. Following completion of the questionnaire, participants participated in a semi-structured interview. Questions in the interview included participants understanding of 'family', when one may join a family, what activities are involved, and how going into care, impacted their family relationships, if at all. Both the quantitative (questionnaires) and the qualitative (semi-structured interviews) databases were combined during the interpretation and conclusion of the study, as this according to Creswell (2009), provides a more complete understanding of the research problem.

1.7 The Research Population and selection process

Participants of the current research were selected on the basis that they had (before the time of interviews) experience of either residential, relative and/or general foster care in Ireland, minimum of two years experience of either or all 3 combined. Participants were selected if they had been subject to a voluntary or statutory care order. The research population consisted of 18-23 years old who were associated with the gatekeeping agencies and had at least 2 years experience of the Care system in Ireland. The current research was non-gender specific, and all nationalities and ethnicities were welcome to take part in the study. Participants of the research must also have been engaging with Aftercare services. A total of 10 participants from across Ireland took part in the research study, with four identifying themselves as females and six identifying themselves as male. Participants had varying experiences of relative care, general foster care and/or foster care.

1.8 Layout of the thesis

This introductory chapter briefly outlined the importance of family, family relationships and associated issues for young people 18-23 years with care experience, particularly those transiting into and out of Aftercare. Background and rationale to study were discussed along with the research aims and objectives. The balance of the thesis is divided into eight chapters.

Chapter two presents the context of the study. The chapter starts with highlighting Irish research, policy and legislation related to the historical context of 'family' and 'family relationships and finishes with some of the most recent changes in policy and research studies

carried out that are pertinent to the study. The chapter overall gives light to the alternative child care sector in Ireland.

Chapter three, explores, discusses and reviews the literature on the topic of 'family, family relationships generally and more specifically for young people with experience of the care in Ireland and internationally.

Chapter four details the methodological steps taken with the current research study, the theoretical approaches deployed, and the ethical procedures adhered to. The chapter also outlines the data collection methods and tools used in the research.

Chapter five focuses on the position of the researcher, acknowledges, and details the researcher own reflections and position within the study. The chapter also covers the methods used within the study to minimise the researcher own influence and impact on the research. Thus, ensuring the data is grounded and generated from the data collected from the participants.

Chapter six presents the quantitative findings of the research. The first section of the chapter details the participant's demographics. Following this, the quantitative findings from the current study are presented.

Chapter seven presents the primary findings from this research study. This chapter focuses on the qualitative findings from the interviews and the narratives of the participants.

Chapter eight begins with integrating both the quantitative and qualitative findings. The findings of this current research concerning the context, policy, and legislation (detailed in Chapter Two), and the literature review (detailed in Chapter three) is also discussed.

Chapter nine, the final chapter offers concluding thoughts on the research study, and recommendations for further research, policy, and practice.

1.9 Chapter Summary

This introductory chapter has set the scene for the current research study. The chapter has shown that the current research is concerned with exploring family matters, particularly ideas and experiences of family for young people with experience of the care system in Ireland. Throughout the chapter, the framework for the research study was described along with the methodological approaches, and rationale. Furthermore, chapters two and three will emphasize through context, policy, and literature, that family and family relationships are just as important for young people with care experience as to anyone.

Chapter Two: The context of the study

"Provision shall be made by law for securing, as far as practicable, that in all proceedings referred to in subsection 1° of this section in respect of any child who is capable of forming his or her own views, the views of the child shall be ascertained and given due weight having regard to the age and maturity of the child" (Bunreacht na hÉireann: Constitution of Ireland, Article 42. 5)

2.1 Introduction

The growth of different family forms such as heterosexual and homosexual couples, one-parent families, divorce/separated families, and policy changes such as the 34th Amendment of the Constitution (Same-sex marriage, 2015), the Adoption (Amendment Act 2017, (allowing adoption from foster care) and the 38th Amendment of the Constitution (Dissolution of Marriage, 2019) has enabled a social and cultural shift. These changes also highlight how the structure of the family is growing, changing, and becoming ever more fluid. The idea of the nuclear family (couple and dependent children) it seems is no longer perceived as the norm in Irish Society.

In any case, and whatever the structure, displays of family in one form or another can be evidential in stating one belongs to a family. A relatively new sociological concept, *'displaying families'* show us how 'display' is an important concept in contemporary family relationships as it builds on the analysis that 'doing family things' "is at the heart of the way in which people constitute 'my family" (Finch, 2007, p.66-see also chapter 3-Literature Review). Therefore, it is crucial to consider the social nature and changes over time of families, family practices, and family relationships. The focus therefore of this chapter is to consider and explore the background context, policies and legislation that influence how individuals attach meaning to family, and how it can be renegotiated and reinterpreted given family structural change and with the policies and legislation in place, for as stated in the previous chapter, Canavan (2012), highlights the needs for us to understand "what family is and what family does" (p.10) in Irish Society. In addition, the provision that all children have rights under article 42a of the constitution, described at the start of the chapter, recognises how courts can identity rights for children on a case-by-case basis and how the state can step intervene to protect children. The provision also details how those in long term foster care can be afforded the opportunity to have a permanent family life through adoption. It is important as the later sections of the provision ensure that the "best interest of the child will be the paramount consideration" along with ensuring "the views of the child are heard and taken into account" in proceedings such as child

protection, children in care, guardianship, and custody. This along with other important provisions are outlined in subsequent sections of the chapter. Following this, family policy in Ireland is linked with the alternative care sector and the international child protection policies along with issues facing the foster care system in Ireland today are explored.

2.2 Background of 'fosterage'/Foster Care in Ireland

Given the aim of the current research study to explore young people with experience of the foster care system in Ireland views of family and family relationships, it is important to detail the background to fostering in Ireland and how Ireland became so unique in placing the majority of children[1] in state care in families, that was not always the case. Hence this section details what we know about fostering long ago in Ireland.

According to Ainsworth and Thoburn (2014) Ireland, similarly to Australia has one of the highest rates of family placement (family foster care and formal relative or kinship care) across global child welfare states. The tradition itself of fostering in Ireland or fosterage is evident as far back as during Brehon laws (Medieval times), where children from families were placed into the care of other families. According to O' Donnell (2020), the Brehon laws acted as the legislation in Ireland and detailed two types of fosterage, one where no remuneration was given and the other where a fee was given. O' Donnell (2020) states the laws distinguished two types of fosterage; "One is fosterage for affection (*altram serce*) for which no fee is paid. The other type of fosterage is for a fee and is dealt with in the law-text *Cáin Iarraith-* whereby *Iarraith* is the word for 'fosterage fee'" (p.16). Principles of the present laws such as protection and welfare of children can be seen in previous laws such as the introduction of the Poor Law Amendment Act in 1862 and the Infant Life Protection Act 1897. The introduction of the Children Act of 1908 also solidified the notion that a child who was neglected or abused could be placed in the care of another.

Whilst Ireland at the time of writing showed over 90% of children and young people in care were placed in family-type placements (Foster family care and formal relative and kinship care), whereas in the past the state relied heavily on institutional or residential care. It seems that the evolution of residential care settings in Ireland has had three main stages; a) institutionalisation and seclusion (the 1850s to 1970s), b) professionalisation and denationalisation (1970s to 1990s) and c) secularization, specialisation and accountability (1990s onward) (Gilligan, 2009).

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[1] *Throughout the research study, where 'child' or 'children' is used, it also refers to 'young people', up to 18 years of age, unless otherwise specified.*

In the first stage (institutionalisation and seclusion), these large Catholic-managed institutions were isolated, and subjected to little scrutiny by the state (see Raftery and O'Sullivan, 1999). The 1970s to the 1990s period (professionalisation and denationalisation) was an era concerned with the professionalisation of childcare and welfare practice. "Some elements in religious bodies saw this professionalisation as a necessary step for the benefit of the children but also because the shrinking availability of religious personal (due to failing recruitment and redeployment) led to greater reliance of lay staff, who increasingly sought and were expected to have training" (Gilligan, 2009, p. 5). The year 1970 also saw the introduction of the Health Act 1970 which led to major reforms in the structure and delivery of health services. Additionally, the Health Act 1970 led to the gradual emergence of that state-provided social work service that focused on children's issues (Skehill, 1999). In the same year, the publication of the Kennedy Report (which was a report on residential childcare in Ireland) made several recommendations that included purposely building new smaller units, that would be dispersed in local neighbourhoods and recruitment of at least some professional staff (Gilligan, 2009). Closely linked with the second stage, the third stage (the 1990s onward) has seen increasing steps to define, standardise and regulate childcare practice. This can be seen through the provision of the Child Care Act 1991 and related regulations, the Children Act 2001 and the publication of national standards for residential care.

The National Standards for Residential Care in Ireland are of particular importance as they draw on the views of all stakeholders, especially children through means of consultation. The latest version of the standards in 2018 state in summary how children living in residential care have the right to be safe receive child-centred care and support, be treated with dignity and respect and be supported to participate in decision-making and their views should be considered when decisions that affect them are being made (National Standard for Children's Residential Centres, HIQA, 2018). The standards outline the key roles and responsibilities for standards for staff working with children in residential care. For example, a key worker (member of the centre staff team) has particular responsibility for the child, liaises directly with them, coordinates health and social services and acts as a resource person. Another example is related to the child's allocated social worker, their role is to ensure the safety and welfare of the child and is assigned by Tusla (the Child and Family Agency) (National Standard for Children's Residential Centres, HIQA, 2018). The 2018 standards were informed by young people with residential care experience, and others such as parents of children living in residential centres, front-line staff and children's advocacy groups. There are 8 main themes in the standards including children-

centred care and support, health, wellbeing and development, and responsive workforce. Of particular concern to the current study, is theme 1 (child-centred care and support), standard 1.5, which states how "each child develops and maintains positive attachments and links with family, the community and other significant people in their lives" (National Standards for Children's Residential Centres, HIQA, p. 14). Under this standard staff should support the child to keep in touch with seeing their family and other important people in their life. Family and friends are welcome to visit the residential care and if there is a reason children cannot see a person in their family it should be explained to them. The Health Information and Quality Authority (HIQA) is an independent authority that carries out regular inspections in residential care centres and they report on the safety and quality of the work of centres to the Minister for Health and Minister for Children, Equality, Disability, Integration and youth.

Recent research by Graham and Fulcher (2017) highlighted how residential care can be a positive choice for those in care. In the qualitative study carried out Graham and Fulcher (2017) five critical success factors across three organisational levers were described as important in the delivery of residential youth care services. These factors included

"(a) reciprocal relationships with young people that are needs-led instead of regulation-driven; (b) appointment of senior managers with both authority and domain expertise that supports workforce responsibilities; (c) accountable leadership that demonstrates a shared vision and purpose that promotes the best interests of young people; (d) practice-led strategic planning and service development subjected to ongoing evaluation; and (e) ongoing assurances that bureaucratic inputs do not undermine duty-of-care provisions that serve children and young peoples' best interests" (Graham and Fulcher, 2017, p. 105).

They argue that ongoing development and coordination of these five processes are essential if quality care outcomes are to be achieved for those in residential care settings. According to Gilligan (2019) and others such as Davidson et al., (2016), Ireland's high percentage of family placements settings (as opposed to residential care settings) makes Ireland of significant interest in a global policy climate. Irelands shift from placing most children in state care in institutions to family placements was impacted and shaped by history, laws and social policy. To that end and although the Irish system arguably is not fully developed or has addressed all its challenges, it is of interest because of its transitions from a system dominated by residential care to currently a one whereby it is heavily reliant on family placement. Hence, the following sections will detail how law and policy frameworks and other key influences have shaped the current 'state of care' in Ireland.

2.3 Constitution of Ireland

In many states, constitutional documents report and detail how institutions should be run. It can also detail the rights of every citizen. It is important in the current research as Ireland in the past has placed emphasis on the role of the family in society and recent changes have allowed increased rights for children within families. In subsequent sections of this chapter, details on how the process of time, chance in the typical structure of the family, and the detraditionalization of the roles within families has created a more fluid understanding of family and family relationships.

The Constitution of Ireland also known as Bunreacht na hÉireann in Irish (1937), ensures that the state is obliged to ensure its children are receiving adequate care and protection and that these duties are on a statutory footing (Child Care Act 1991-see detailed section below). Within the constitution, particularly article 41, 'recognises the family as the natural primary and fundamental unit group of Society' and therefore 'guarantees to protect the Family in its constitution and authority. In addition, Article 41.3.1 affords the family unrestricted protection: 'The State pledges itself to guard with special care the institution of Marriage, on which the Family is founded, and to protect it against attack.' However, the balance of ensuring the rights of a child, their parents and the family as a whole, is not viewed as easy to achieve and the same was highlighted in November 2012 with the referendum, or Children's Referendum as its more commonly known. The referendum aimed to change Article 42A of the 1937 Constitution. The new article numbered Article 42A was inserted into the Constitution after 58% of the turnout voted in favour of the proposal with 42% voting no. The new insertion gives explicit expression to the rights of children as individuals. The new article, 42a, recognises that all children have rights, how courts can identity rights for children on a case-by-case basis and how the state can step intervene to protect children. The provision also details how those in long term foster care can be afforded the opportunity to have a permanent family life through adoption. The later sections of the provision ensure that the "best interest of the child will be the paramount consideration" along with ensuring "the views of the child are heard and taken into account" in proceedings such as child protection, children in care, guardianship, and custody (Children's Rights Alliance, 2012). Whilst the Referendum was approved in Ireland, it was subsequently legally challenged in the High Court in 2013. The petitioner was unsuccessful in her challenge and the Thirty-First Amendment of the Constitution (Children) Act 2012 was only signed into law in April 2015. In any case, the Irish constitutional changes that have taken place and what is currently visible in Irish society show how there are many types of families today. Figure 2.3

below, taken from the latest Central Statics Office figures, show us there are varying family types, with different numbers of children per family.

Figure 2.3: Family Types in Ireland

Figure 2.3 Families by number of children, 2016

(Families - CSO - Central Statistics Office, 2020)

2.4 Family Support in Ireland

In Ireland, the Child and Family Agency or also known as Tusla has a primary responsibility to promote the safety and well-being of children, under the Child and Family Act 2013[2]. The Child and Family Agency was established in 2014 and employs over 4,000 staff and had a budget of over 750million in 2018 (About Us Tusla - Child and Family Agency, 2020). The agency has 5 core areas: social work services in Child Protection and Welfare, Alternative care and Adoption, Family support and early years and TESS, Tusla's Education support services. The Child and Family Agency offer a range of services to families in Ireland who are experiencing difficulties. Some of this work is carried out by professionals such as social workers, family

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[2] *The 'Child and Family Agency' is also known more commonly as Tusla and is used in this chapter, interchangeably. The Child and Family Agency has a statutory duty to support and promote the development, welfare and protection of children in Ireland.*

support workers, youth workers and family resources centres. Once a concern about a child or young person is received by the Child and Family Agency, the referral is screened on the same day, irrespective of the source (Tusla, 2017). According to Harlowe et al., (2019) report that there are two steps undertaken once a referral is received, which include a screening process, and the second whereby a preliminary enquiry takes place.

"*Key components of this initial assessment include, establishing with the child (where appropriate) and their parents, whether the concerns outlined exist and contacting other professionals who are known to the child, to gain their insight on the concerns. Furthermore, an analysis of the strengths and potential protective factors available to the family, such as support from extended family members or existing family support services, is also undertaken*" (Harlowe, et al., 2019).

Once the assessment process has been completed the outcome may be to close the case by diverting to a more appropriate service, or it will proceed via one of the four pathways. The first pathway related to family support and early intervention is led by the family and child. A family Support plan is developed and coordinated in collaboration with the child and the family by the Child and Family Agency professionals or community agencies (Tusla, PPFS Programme, 2019). The reason that this could be the outcome is that a child has an unmet need but is not at risk of ongoing harm. The Child and Family Agency recognise that "providing help to children and families early in the stage of a difficulty can prevent situations escalating and becoming more entrenched" (Tusla, 2013, p. 6-7). And so, this first pathway also considers *Meitheal* (an Old Irish term that describes how neighbours come together to assist in the saving of crops or other tasks) as a response to ensure the needs and strengths of families are identified. Meitheal is described as a focused, national practice model that helps to respond to the needs of children and their families in a timely way so that children and families get the help and support needed to improve children's outcomes and to realise their rights (Gillen et al., 2013). Meitheal interventions allow for a multi-agency response, is a voluntary process, but crucially, should a child protection concern arise during the process, the Meitheal will be closed or suspended (Cassidy et al., 2016) and the issue referred to child protection services.

Unlike the first pathway, the second is led by the Child and Family Agency. This pathway supports a child when they have an unmet need, and the same need requires Social Work intervention. In this pathway, the Family Support Plan may be developed at a formal meeting or by informal contacts with the child, family, and social workers (Tusla, 2017). The third pathway is related to the Child and Family Agency carrying out a child protection assessment

and a subsequent response. In 2017 Ireland introduced a practice model into its *Child Protection and Welfare Strategy 2017-2022,* called the 'Signs of Safety model'.

"*Signs of Safety has been implemented in countries including New Zealand, Japan, Europe, Canada, and Cambodia, and is generally recognised as a leading participative model of child protection case work although it has been subject, to date, to limited systematic external evaluation* (Burns and Mc Gregor, p.126).

The national approach is described as innovative, strength-based, and embedded in partnership and collaboration with children, their families, and their wider support network (Hawlowe et al., 2019). This third pathway allows for the development of a Child Protection Plan, and appointment of a key worker to coordinate such plan and a child protection conference whereby an interagency plan is developed should there be an ongoing risk of significant harm to the child (Child Protection Conference and the Child Protection Notification System: Information for Professionals, 2015). The fourth and final pathway relates to Alternative care. If the child is still deemed to be at an ongoing risk of significant harm, the Child and Family Agency can apply to the courts for a Supervision Order or to have the child removed from the home (Alternative Care, Department of Children and Youth Affairs, 2017). However, before applying for such an order,

"*a social worker must be satisfied and be able to give evidence to the Court that there is reasonable cause to believe that: (a) The child has been or is being assaulted, ill-treated, neglected or sexually abused; (b) The child's health, development or welfare has been or is being avoidably impaired or neglected; or (c) The child's health, development or welfare is likely to be avoidably impaired or neglected*" (Child Protection and Welfare Practice Handbook, 2011, p. 7).

2.5 Overview of how Children enter the care system

Several publications examine the history and development of the Irish child welfare and protection system (Buckley and Burns, 2015; Burns and Lynch 2012; Skehill, 2004). While the purpose of this chapter is not to examine the content already discussed in the publications listed above, the current author will however detail and broadly map how children may find themselves being subjected to the care system. The following sections will then discuss the key policy and legislative framework that unpins the child protection system in Ireland.

In Ireland, the Child and Family Agency has a primary responsibility to promote the safety and well-being of children. The Agency employs dedicated social workers to work in the area of

child protection and welfare and particularly to assess the risk that a child or young person may face. Social workers are guided by the *Children First National Guidance for the Protection and Welfare of Children* first published in 2011 and even more recently updated under the Children First Act 2015. Key to the current discussion, the handbook details what is child abuse, how can someone recognise it and report it. The Child and Family Agency has the responsibility to ensure the protection and welfare of children who are not receiving adequate care and protection. Hence, the Child and Family Agency will "assess the information they have received about a child and family's situation and provides appropriate social work intervention and family support services" and "as a last resort, children are received into the care of Tusla [The Child and Family Agency], (*Children First National Guidance for the Protection and Welfare of Children*, 2017 p. 6).

To that end, it is important to discuss what it means for children who are not being protected and be potentially experiencing harm. The *Children First National Guidance for the Protection and Welfare of Children*, (2017) define abuse into four different types: neglect, emotional abuse, physical abuse and sexual abuse. According to the policy, "a child may be subjected to one or more forms of abuse at any given time…that abuse, and neglect can occur within the family, in the community or in an institutional setting… and the abuser may be someone known to the child or a stranger and can be an adult or another child" (*Children First National Guidance for the Protection and Welfare of Children*, 2017, p. 7). The following table is a summary and examples of the four different types of abuse.

Table 2.5: Summary and examples of four abuse types

Type of Abuse	Summary	Examples
Neglect	Occurs when a child does not receive adequate care or supervision to the point where the child is harmed physically or developmentally.	Deprived of food, clothing, warmth, hygiene, medical care or emotional support.
Emotional Abuse	Systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Sometimes no physical signs.	Lack of comfort and love, lack of proper stimulation (eg. Fun and Play), persistent criticism, bullying, ongoing family conflicts and family violence.
Physical Abuse	When someone deliberately hurts a child physically or puts them at risk of being physically hurt- Can be a single or pattern of incidents	Beating, Slapping, hitting of kicking, excessive force in handling, deliberate poisoning, fabricated/induced illness.
Sexual Abuse	Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others.	Masturbation in the presence of a child, or with child's involvement, sexual exploitation of a child, sexual intercourse with a child.

(Collated from different sources; Tusla.ie, 2020; Children First, 2017).

The Child and Family Agency by law must work with the child and their family when there is a referral made and/or reasonable grounds for concern of a child. Some children may be at risk more than others particularly when there may be parental factors such as drug and alcohol misuse, addiction and mental health issues. Other influences such as community factors (such as culture-specific practice, forced marriage), Environmental factors (such as housing issues, poverty) and poor motivation or willingness of parents/guardians to engage can increase a child's vulnerability, possible exposure to harm and thus potentially increase their likelihood to be placed in the care of the state (*Children First National Guidance*, 2017). When a child enters the care system in Ireland, the Child and Family Agency has a statutory responsibility to provide Alternative care services under the provisions of the Child Care Act 1991, the Children Act 2001, and the Child Care (Amendment), 2007. Alternative care itself refers to care provided by people other than birth parents. As outlined previously children and young people who are

placed in care are typically placed in foster care, sometimes with relatives, and/or residential care. The Child and Family Agency, under the Child and Family Act 2013, is also responsible for providing Aftercare services for these young people.

The following table gives a breakdown of the number of children in different placement types in Ireland during 2020.

Table 2.5.1: Placement type Breakdown

Placement Type	Number of Children
Foster Care	5,364 (91%)
Residential Care	415 (7%)
Other placements such as Special Care & Higher support	131 (2%)

(Figures compiled from Children in Care, gov.ie, 2021).

Whilst Tusla (the Child and Family Agency) does collect data on the number and ages of children in their care, their gender, and lengths of time in care, ethnic data is more limited. Rooney and Canavan (2019) highlighted several reasons why collecting data on ethnicity can be challenging. Firstly, they report how people do not wish to disclose their ethnicity and so this can lead to missing data. Secondly, data collection can depend on a person's ability and willingness to complete forms which again could lead to missing data. Thirdly, people may be suspicious and not willing to answers questions around ethnicity because, for example, they can be fearful of authority and government bodies. However, Rooney and Canavan (2019) make clear rationales for collecting data regarding ethnicity "such as for monitoring equality, service improvement relation to needs, planning services, social inclusion and integration" (p. 36).

As stated previously, the majority of children who are placed in the care of the state in Ireland, are placed within family settings, some remaining with extended biological family members, or relatives, which is also known as relative foster care or kinship care. For some children, their entry into the care system may have occurred in a planned way, with social workers have worked with parents, and thus the child may be placed in care under a voluntary agreement or care order. For other children, who are in emergency situations, an emergency care order may be used to place the child in care, with assessment and planning for their care and needs taking place after they have been received into care. The type of care plan can depend on which entry route they have had into the care system, and the type of care placement they have. Before

considering 'family' and its context in terms of children in care, it is crucial to understand the policy, legislation, and regulations that surround the child welfare system in Ireland, the role of these laws and regulations, and their impact on family relationships for children in care, particularly in terms of family contact.

For many different reasons, it is not always possible for children to remain with and under the care of their birth family. The decision on whether a child's needs are being met following assessment is the main pathway in which a child may be placed in care, should their needs not be fulfilled. In some cases, families are unable to provide adequate levels of care and protection for the child and in other cases, issues such as addiction, mental health issues, abuse (physical, sexual, emotional) and neglect can be the rationale for needing a safe environment for the child and thus the child being placed in care. With this in mind, the following sections explore who has responsibility for children in care and are the laws and policies that the alternative care sector operates under.

2.6 Child Care Act 1991

In keeping with the theme of this dissertation, this section details the policies and legislation that promote and protect children of the state, particularly for those who may enter the care system. As we know from McGregor et al., (2019) and Brown (2019) the context of child-rearing and environments can help shape how we view and understand family and family relationships. Therefore, this section details policies, laws and legislation relevant to the sector.

Childcare policy in Ireland had been regulated by the Children Act 1908, up until the establishment of the Child Care Act 1991. As stated previously, the Child Care Act 1991 places a statutory obligation on the Child and Family Agency to identify children who are not receiving adequate care and protection and to promote the welfare of the same children. Before the Agency in 2004-2014, the welfare of children was managed by 'Health Service Executive' (HSE). Before the HSE, or before 2005, the welfare and protection of children were managed by several Health Boards that span across the Country. The functions and responsibilities of the Child Care Act 1991 were therefore implemented down through the years by Health Boards (1970-2005), HSE (2005-2012) and currently the Child and Family Agency (2013-present). Crucially the Child Care Act 1991, brought out other significant changes for children in care. These included the options of placing the child in foster care, placing the child in a residential care home or children's residential centre, or placing the child for adoption. In addition, The Act had a great influence on the welfare and protection of children in Ireland, as the legislation has a focus on areas including the protection of children in emergencies situations. The Act also

sets out the role of the Child and Family Agency (Tusla) and its obligations in the whole area of childcare. The following sections detail these obligations and how the Child Care Act 1991 is influential in the alternative care sector in Ireland.

Section 1 of the Child Care Act 1991 ensures the responsibility of the state in safeguarding children and the promotion of their welfare. Section 2 of the Act defines a 'child' whereby a 'child' means a person who is under the age of 18 years other than a person who is or has been married. The legal function of the Child and Family Agency to promote the welfare of children who are not receiving adequate care and protection and 'take such steps as it considers requisite to identify children who are not receiving adequate care and protection is detailed in section 3 of the Child Care Act 1991 (Child Care Act, 1991, Gov.ie, 2020). This section also details how the welfare of the child be regarded as "first and paramount and in so far as is practicable, give due consideration, having regard to his age and understanding to the wishes of the child and have regard to the principle that is generally in the best interests of a child to be brought up in his own family" (Child Care Act, 1991, Gov.ie, 2020).

Section 4 of the Child Care Act 1991 discusses 'voluntary care'. Voluntary care orders permit the Child and Family Agency to take a child into care under 'voluntary care', should the child not recieve adequate care. This can be carried out with the consent of the parent. Crucially with this order, the Child and Family Agency cannot retain the child in care against the wishes of parent(s), guardian(s). Section 13 of the Act discusses Emergency Care Orders. Emergency Care Orders are used when there is "a serious risk to the health or welfare of the child" (Child Care Act, 1991, Gov.ie, 2020) and thus the child is placed in care under an order granted in the District Court. The District Court Judge can give directions concerning "the access, if any, which is to be permitted between the child and any named person and the conditions under which the access is to take place" and can give directions to "any medical or psychiatric examination, treatment or assessment of the child" (Alternative Care Practice handbook, 2014, p. 12). Corbett (2018) highlights the benefits of voluntary care in Ireland as it keeps children, parents/guardians out of court, but like others such as Shannon (2010) and Corbett acknowledges section that section 4 should give guidance on how to resolve a conflict that arises between the wishes of the parents and the Child and Family Agency. Corbett (2018) also argues that under this section of the Act, children and families are open to breach of their rights, as the Act should facilitate not just an opportunity to hear the voice of the child but also facilitate access for parents to legal information and advice. In addition, the need for independent oversight to ensure that "family support is provided, efforts at family reunification are ongoing

and alternatives are explored to ensure that a care placement is truly a temporary measure of last resort" (Corbett, 2018, p. 14).

Detailed in section 16 of the Act is the Agency's beliefs in whether a child in its area requires care and protection and its duty to begin proceedings. Section 17 explores Interim Care Orders and allows a District Court Judge to grant such an order if s/he is satisfied that "the child has been or is being assaulted, ill-treated, neglected or sexually abused or if 'the child's health, development or welfare has been or is being avoidably impaired or neglected, or the child's health, development or welfare is likely to be avoidably impaired or neglected" (Child Care Act, 1991). Section 18 relates to 'Care Orders' and detail how the Child and Family Agency shall have "like control over the child as if it were his/ her parent(s) or guardian(s) and do what is reasonable, for safeguarding and promoting the child's health, development and welfare" (Alternative Care Practice Handbook, 2014, p.13). Section 19 allows for District Court Judges to grant a Supervision Order which allows the Child and Family Agency to visits the child and ensure his/her welfare. With the themes of care proceedings and districts courts running through section 16 to section 19 of the Child Care Act (1991), Burns et al., (2018) notes how child protection and welfare social workers experience care proceedings and also details some of the strengths and weakness of childcare proceedings as a decision-making model for children and young people (Burns et al., 2018).

Section 20 talks about private family law proceedings and how proceedings may be adjourned and allow for an investigation of the child's circumstances to be carried out by the Child and Family Agency. O'Mahoney et al., (2016) acknowledge that court proceedings concerning child protection warrant a different approach to other types of proceedings. They argue the need for judges in courts proceeding to have specialities in child or family law, even more so, specialist family courts (O'Mahoney et al., 2016).

Section 26 of the Child Care Act 1991 details how a court may appoint a Guardian ad Litem (GAL) to represent the child in proceedings that concern him/her. The role of a GAL is to ensure the child best interests are represented in court proceedings. Interestingly at the time of writing, a proposal for the reform of section 26 was put forward. The now-approved Child Care (Amendment) Bill 2019 ensures an appointment of a GAL in all child care proceedings before a District Court. Similarly, to other sections of the Child Care Act 1991, section 26 is not without its limitations. Daly (2017) argues to prioritise children's autonomy in proceedings and hear children a "right of children themselves, rather than a discretionary favour" (p. 8).

Section 31 of the Child Care Act 1991 refers to the 'In camera' rule whereby a child in care cannot be identified in public or be broadcasted a child in care. Also relevant to the current research on family for young people with experience of the care system is section 37. This section discusses how reasonable access to children in care shall be facilitated by the Child and Family Agency. This access is to be facilitated with any person who in the opinion of the Agency have a bona fide interest in the child. 'Bona fide interest' relates here to genuine, without intention to deceive. Whilst many have published about the need for child and young people to have access with their birth family and the potential positive outcomes for children with care experience (See Collings and Wright, 2020; Pye and Rees, 2019) others have argued that more support is needed from professionals such as social workers with visits (García-Martín et al., 2019; Martinez et al., 2016) and how access can be difficult without agency support (Collings et al., 2019).

Section 43A and 43B of the Child Care Act 1991 gives enhanced rights to foster carers. Under the two provisions, foster carers can apply for an order which allows them to have more control over decisions regarding the child in their care. However, the child must have been formally placed in their care for 5 years or more, the child and family Agency must consent to such an order, birth parents must be given notice of the application and parental consent obtained, and the child's wishes taken into account (Alternative Care Practice Handbook, 2014). With control comes power, and Mc Gregor et al., (2019) highlights how power markedly affected children, young people and their families in long-term care. Interactions between the different systems at play in a child's or young person life, the impact of both a foster family relationship(s) and birth family relationship highlights the need for more explicit studies of power and power relations to capture the complex layers of interactions of a child's social system and its impact on children's outcomes (Mc Gregor et al., 2019).

Also important to the current research study is section 45 of the Act as it refers to 'Aftercare'. Aftercare rights for young people aged 18-23 years were strengthened in the most recent change in legislation the 'Child Care Amendment Act 2015' (Discussed further below). "Aftercare services are support services that build on and support the work that has already been undertaken by many including, foster carers, social workers and residential workers in preparing young people for adulthood" (Tusla, 2020). However, to qualify for Aftercare the young person must be over the age of 16 and have been in care for no less than 12 months altogether in the past five years or have been in care of the Child and Family Agency for no less than 12 months over 5 years before turning 18. Aftercare services support care leavers

(those who have 'aged out of care' -18years plus) up to the age of 21years and until the age of 23 years if the young person is registered as a full-time student. The Child Care (Amendment) Act 2015 states that the Child and Family Agency must prepare an Aftercare Plan for an eligible child before they reach 18 and review an Aftercare Plan if circumstances change for an adult or more needs are required (National Aftercare Policy for Alternative Care, 2017). Financial support in the form of an Aftercare allowance is paid to those in receipt of Aftercare services. The allowance can be up to 300euro per week. For many, however, aftercare is not without its issues. O'Sullivan (2017) highlights how the provision of aftercare varied in different administrative areas, Jenkinson (2016) stated how aftercare should be a comprehensive service and not just be an afterthought and more recently, Glynn and Mayock (2019) highlighted how young people transitioning out of care revealed complexities surrounding participation in the leaving care planning process (described further in the following chapter-Literature review).

Considering there are many sections to the Child Care Act 1991, table 2.6 below summarises some of the key elements of the Child Care Act 1991 particularly relevant to the current research topic.

Table 2.6: Summary of some of the key elements of the Child Care Act 1991 that specifically relate to the theme of this research: family and family relationship for those with care experience.

Section of Child Care Act 1991	Responsibility and Function
Section 2	Definition of 'child'
Section 3	Statutory Function of the Child and Family Agency
Section 4	Voluntary admission to care
Section 16	Duty to begin proceedings
Section 26	Appointment of a Guardian ad Litem
Section 37	Access between parent and children in care
Section 43A and 43B	Enhanced rights for foster carers
Section 45	Aftercare

In summary, the Child Care Act 1991 is the main legislation in Ireland that regulates matters such as the promotion of the welfare of children, the removal and protection of children in emergencies, care proceedings children in need of special care, private foster care and

arrangements, and children in care of the Child and Family Agency. The Act details how a child can be taken into care and under what grounds. It is also relevant to the current study on family relationships for young people with experience of the care system as it details how a child may be subjected to the foster care system, how their voice may be heard in care proceeding and access between them and their birth family may be understood. It is also important to note that during the time that this research was being carried, a review of the Child Care Act of 1991 was also being undertaken. The purpose of the review is to "1) Identify what is working well within the legislation, including its impact on policy and practice, 2) Address any identified gaps and new areas for development, 3) Capture current legislative, policy and practice developments, 4) Building on those steps, revise the original legislation" (Review of the Child Care Act, Gov.ie, 2020). In the following section, other key policies and legislations regarding the alternative care sector are discussed.

2.7 Other key policy, legislation, key reports and frameworks in the Alternative Care sector

As stated previously, the Child and Family Agency has the responsibility and primary function to promote the safety and well-being of children in Ireland. The Agency's work is underpinned by several legislative frameworks, regulations, and standards to include and not limited to the Child Care Act 1991, the Children Act 2001, the National Standards in Foster Care 2003, and the Children's First National Guidance for the Protection and Welfare of Children 2011. Following on from the importance of the Child Care Act 1991, this section will detail the legislative frameworks and standards that also aim to promote the safety and well-being of children before entering the care system, and whilst in care. Each of these regulations and other crucial standards relating to foster care in Ireland is detailed below. Also detailed are the legislative instruments that guide the maintenance of contact for children in care with communities and their families. This is written in chronological order for ease.

Child protection has seen an unprecedented position on the public agenda over the past decade (Burns and McGregor, 2019). 1993 saw the first major inquiry into how the child welfare system had failed a child. The Kilkenny Incest Investigation in 1993 highlighted the issue of child abuse directly into the public domain (Mc Guinness, 1993). The investigation showed the circumstances to which a father physically and sexually abused his daughter over a 13-year period during which time that family was known to several child protection professionals. The case highlighted that 'family' could be viewed as a negative place for a child and it sent a "shockwave throughout the entire country" (Howlin, 1993, p. 719). The investigation

highlighted the need for reform of the constitution and laws in place at the time, particularly the Child Care Act 1991. The Inquiry stated that

"*the very high emphasis on the rights of the family in the Constitution may consciously or unconsciously be interpreted as giving a higher value to the rights of parents than to the rights of children. We believe that the Constitution should contain a specific and overt declaration of the rights of born children*" (McGuinness, 1993, p. 96).

Following this, a recommendation was made to amend Article 41 (concerning the family as outlined previously) and Article 42 (related to state intervention in the family) and thus the Government was pointed in the direction of the United Nations Convention of the Rights of the Child in this regard (Buckley et al, 1997; McGuinness, 1993). The inquiry also proposed reform in the identification, investigation and management of child abuse.

In 1995, the Child Care (Placement of Children in Foster care) Regulations were reformed and stated that a childcare plan is drawn up to support the child and foster carers. The regulations also discussed arrangements for access to the child in foster care by birth parents or blood relatives. The regulations also detail standards in residential care settings and monitoring of placements. Almost a decade later, the introduction of the National Standard in Foster Care in 2003 allowed inspectors to make judgements about the quality of foster care services. The standards only applied however to the placement of children in foster care and the placement of children with relatives. In addition, the standards allowed for those in foster care and their families to judge the quality of services they are receiving. Following on from this the Child Care (Amendment) Act 2007 proposed to give foster carers increased autonomy for long-term care. However, there are no generally agreed-on definitions as to what constitutes short- or long-term foster care (O'Brien & Palmer, 2016).

It seems that in Ireland most policy and legislative change is driven by "unprecedented public revelations of abuse of young children by their families, by the clergy and by other persons in positions of trust" (Buckley et al. 1997, p. 2). And thus in 2009, came the revelations of the Ryan Report or also known as the Report of the Commission to Inquire into Child Abuse; a 10year inquiry into abuse suffered by over 30,000 children living in institutions across Ireland from 1936 to 2000. In response to the report, the Irish Government developed a Ryan Report Implementation plan. The 21 recommendations of the Ryan Report aimed to reform the child protection and welfare system in Ireland and included recommendations such as "lessons of the past should be learned, children in care should be able to communicate concerns without fear,

child care policy should be child-centred, children who have been in childcare facilities should be consulted, and children in care should not save in exceptional circumstances, be cut off from their families (Children Rights Alliance, 2009, p.3).

Finding a balance between respecting the needs and rights of both parents/guardians and the child/family is often complex however many guidelines and legislation in place in Ireland state clearly that the child's welfare must come first. Published in July 2010, the *Report into the Roscommon Child Care Case Report* (Gibbons, 2010) found that services repeatedly failed to recognise the risk indicators in the lives of this family and failed to respond appropriately to the needs of the children. The family in question had been receiving services from statutory health and social care services since 1989. The report highlighted how there was a lack of training in relevant legislation and new policy guidelines, a lack of education on themes such as working with resistance and the effects of addition on parental capacity and insufficient training in supervision for staff and managers (Gibbons, 2010). Since the revelations of the harrowing abuse that the children suffered within this family, Devaney and McGregor (2015) report that all staff whose roles involve regular contact with children and families are obliged to attend *Children First Training*.

As stated earlier in this chapter, the introduction of the Children's First National Guidance for the Protection and Welfare of Children in 2011 aimed to promote the safety and wellbeing of children. The policy also acknowledges that families particularly parents may need support from the state from time to time. The principles of the policy as detail earlier in this chapter is to ensure that all government policies ensure the welfare and safety of children, that there is support for family life, and that agencies should work together to keep children safe.

Also noted earlier in this chapter was the Referendum on rights of the child in 2012. Numerous critical reports such as those from the UNCRC commented on Ireland's poor performance with regards to children's rights (see McGuiness, 1993; Kilkelly 2008). The establishment of the Constitutional Reform Group in 2006 added a drive to amend Articles on the Family (Article 41) The amendment, which was passed by a majority, meant that children could assert their rights independently from their parents. Article 42a is of particular importance to the current research as it opened the possible use of adoption for care and protection for children from all family forms, including marriage and emphasises the importance of listening to the voice of the child (Kennan & Keenaghan, 2012). Also, in 2012, other laws promoting the welfare and protection of children included the Criminal Justice (Withholding of Information on Offences

Against Children and Vulnerable Persons) Act 2012 (see Government of Ireland, 2012) and the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (see Murray, 2013).

In keeping with child protection and welfare policies and guidelines, the Government in 2014 set out its National Policy Framework for Children and Young People, called *Better Outcomes, Brighter Futures* (DCYA, 2014a). The framework notes "Our vision is for Ireland to be one of the best small countries in the world in which to grow up and raise a family, and where the rights of all children and young people are respected, protected and fulfilled: where their voices are heard and where they are supported to realise their maximum potential now and, in the future" (p.vi). *Better Outcomes, Brighter Futures* (2014-2020), outlines 6 'transformational goals' such as supporting parents, listening to, and involving children and young people and ensuring quality services to promote better outcomes about health, education, development, safety and protection from harm. Whilst the policy at the time of writing is serval years old, it still relevant in terms of understanding and reflecting the consistent need for supporting parents in parenting children given that "raising a family has never been easy" and that "contemporary parenthood faces many diverse pressures and challenges, from managing a work-life balance to trying to understand and access information on the changing aspects of childhood and matters of topical concern" (*Better Outcomes, Brighter Futures*, 2014-2020, p. X).

2015 saw the introduction of the Children and Family Relationships Act. It is of relevance to the current research study as it reformed private family law, in which it provided legal recognition of modern family types, can create new rights for parents, both biological and non-biological and for children. The new definition of '*best interests of the child'* is at the forefront of the 2015 Act and the court must consider the benefit to the child of having

"*meaningful relationship and sufficient contact with both parents and with other relatives and persons who are involved in the child's upbringing; the willingness and ability of each of the child's parents to facilitate and encourage a close and continuing relationship between the child and the other parent and to maintain and foster relationships between the child and relatives; and the history of the child's upbringing and care, including the nature of the relationship between the child and each of his or her parents and the other relatives and persons*" (Cronin, 2016, p. 8).

In a somewhat similar effect to the legislation outlined, the aim of the Children First Act 2015 which fully commenced at the end of 2017 also provides several child protection measures. The Act places an obligation on defined categories of persons to report child abuse. Generally, they

included those working with children, such as teachers, many health professionals, staff of crèches, and trained youth workers.

> **"***The Act operates side-by-side with the non-statutory obligations provided for in the National Guidelines under Children First. The guidance sets out definitions of abuse, and signs for its recognition. It explains how reports about reasonable concerns of child abuse or neglect should be made by the general public and professionals [to The Child and Family Agency]***"** (Information on Children First, Gov.ie, 2020)

Taken together, the laws policy changes and frameworks outlined above show clearly that in the last 20years in Irish Society has significantly shifted towards promoting the welfare and protection of children. In summary, the enacted laws currently in place today have aimed to promote the welfare and protection of children in their families and communities, have defined abuse and neglect in greater detail, detailed whose responsibility it is to protect children, and what organisations and agencies must do to keep children safe. In subsequent sections, the rights of the children are considered giving particular focus to measures in policy and law that aim to enhance the voice of the child.

2.8 Key Organisations that promote the rights of children and their protection from harm

This section details the role and work of key organisations and actors that have helped shape the current care system in Ireland. The table below gives an overview of key organisations and their role in the alternative are sector in Ireland.

Table 2.8: Summary of key Actors/Organisations in Alternative Care Sector in Ireland

Organisation	Establishment	Key Role in Alternative Care Sector
Department of Children, Equality, Disability, Integration and Youth Affairs	Led by a Minister who is in full member of Government (Currently, in 2020, Mr Roderic O Gorman)	Lead Responsibility for children and youth issues in government including children in care.
The Office of the Ombudsman for Children (OCO)	Established in 2002 under The Ombudsman for Children Act	A statutory body that aims to promote and protect the human rights of children.
CORU (Not an acronym)	2005 (Set up under the Health and Social Care Professionals Act 2005)	Made up of Health and Social Care Professionals. Acts as a registration body (there are several registration boards governed by the CORU board) and aims to help protect the public by setting the standard that those registered with CORU should meet.
Irish Foster Care Association	Established 1981- tends to influence its contact with other key partners in the system	Provides support, training, and information about Foster Care. Primarily aimed at the needs of Foster Carers.
Empowering Young People in Care (EPIC)	Established in 2000 (Formerly known as the Irish Association of Young People in Care), Receives funding from the Child and Family Agency.	Provides an independent advocacy service for young people in care. Its governing board includes people with care experience and the organisation itself includes a Youth Council made of care experienced young people.
Children's Rights Alliance	Founded in 1995	An organisation with over 100 members that ensure that children's rights are respected and protected in laws, policies, and services.
The Health Information and Quality Authority (HIQA)	Established under the Health Act 2007 (Comes under the Minister for Health)	Inspects provision against the national standard and is a key role in implementing the regulatory framework for children with care experience under provisions set out in the Child Care Act 1991

2.9 Rights of Children in Care

At this point and given that the legislative framework for children in care has been outlined, it is important to consider the rights of a child in care. Hence, this section discusses the same, particularly the United Convention on the Rights of the Child (UNCRC). Ireland signed the UN Convention on the Rights of the Child in 1990, however, it was not ratified until September 1992. Ratifying the UN Convention 54 articles, however, did show the Irish State commitment to promote, protect and fulfil the rights of the children (Children's Rights Alliance, 2010). Acknowledging that the 54 Articles are important, only those of particular concern to the rights of children in care are discussed in the following section.

It is widely acknowledged that children are social agents in their own right and play an active role in the construction and determination of their own lives (Prout and James, 2015). The rights of children concerning their civil, political, economic, social, health and cultural lives are explicitly outlined with an onus on societies to work towards realizing these rights in the best interests of the child (Ben-Arieh et al., 2014). In the Irish context, the rights of children and young people are enshrined into the Irish Constitution and the United Nations Convention on the Rights of the Child, with articles about the family and having the child's best interest and voice in decisions made. According to Devaney (2017), family is viewed as most significant as the quality of the parent-child relationship all affect the child's development. The UNCRC highlights family as the place for the full development of a child's personality, and the natural environment for the growth and well-being of children (UNCRC, Preamble, 1989). In addition, recent understandings of Bronfenbrenner's bioecological model of human development emphasise the concept of the proximal process, for example, the interaction between the child and their family relationships and context (see Moran et al., 2019). Bronfenbrenner's bioecological model of human development (2005) allows us to be aware that events or behaviours of an individual cannot be analysed independently, rather socio-ecological context and cultural context need to also be considered. For researchers, this means one should not regard development as simply in the individual but also is affected by their environment (See chapter 3-Literature Review section on Bronfenbrenner bioecological model and social ecology systems).

Arguably, children's rights and needs are inherently interweaved. Ife and Fiske (2006) highlight how rights and responsibilities belong together and that connecting needs with rights provide a stronger standing point from which to meet a need. They report how it is not "enough to simply claim a right, there also needs to be an allocation of responsibility on others to act accordingly"

(Ife & Fiske, 2006, p. 298). However, to agree on who is responsible for ensuring the realization of a right has been noted as problematic (Symonides, 2000). Nonetheless, Devaney (2017) argues that in linking rights to needs, children's rights are grounded in the day-to-day practice of supporting parents and families to meet such needs. The welfare of a child or young person can depend on a family capacity to meet that need. In addition, the context in which the family exists can impact the parents' capacity to address their children's needs (Devaney, 2017). Thus, considering both the child's rights and needs in the context of the family can provide a starting point in which formal support services can be provided to meet their needs. In addition, Featherstone et al., (2014) report the need to develop a family support project for the twenty-first century. They call for more focus on families' capabilities rather than their deficits. Crucially, they emphasise how a shift away from the language of child protection that "situate the individual and indeed often, idealised child separately from their families" (Featherstone et al., 2014, p. 1744)

Article 20 of the UN Convention outlines that should a child be unable to be cared for by their family, then the government must ensure the child is cared for by people who respect the child's religion, culture and language (Alternative Care Practice Handbook, 2014). In addition, Article 3 of the Convention stated how all actions concerning the child, should have the best interest of the child as the primary consideration. This includes a decision to be made in courts of law, administrative authorities and/or legislative bodies. Finally, and crucial to the current research on family relationships for young people with care experience, is Article 12 of the Convention whereby state parties should ensure the views of the child are heard and due weight given in accordance with the child's age and maturity. "These rights are reinforced within Section 3 of the Child Care Act of 1991, which states that the Courts shall: 'regard the welfare of the child as the first and paramount consideration' and 'in so far as is practicable, give due consideration having regard to his/her age and understanding, to the wishes of the child." (Alternative Care Practice Handbook, 2014, p.29).

The voice of service users and experts by experience is gaining more ground in the literature relating to practice. Regardless of placement type, all children in the care of the state in Ireland are entitled to have a 'care plan' under the Child Care (Placement of Children in Foster care) 1995 Regulations. A care plan is a

"written documents prepared by the allocated social worker that contains the important information about a child, such as their family's details, who they live with, where they go to school, arrangements for family contact and how their health, wellbeing and education are to

be promoted. This plan is agreed with everybody involved in the care of the child and is generated by the allocated social worker from an assessment of the child, setting out their goals and needs and details matters concerning the care of the child, as detailed in the regulations" (National Standards for Children Residential Centres, HIQA, 2018, p. 8).

The care plan is written by the allocated social worker following a child-in-care review. The child-in-care review meetings occur every six months for the first two years when a child is placed in the care of the state and the child, their guardian, social worker, residential staff (when the child is in residential care) and other professionals involved in the child's life or care may be present. Care review meetings and care plans can be an opportunity to involve children and young people in care in decisions affecting their lives such as family contact and their views on family relationships. Involving children and young people and taking their views into account can result in interventions that are more responsive to their needs (Mason, 2008). Furthermore, having young people and children participate in decisions affecting them can improve understanding of the child protection system, and aid their transition to adulthood (Kriz & Roundtree-Swain, 2017).

Professionals working in statutory child protection and welfare services in Ireland are obligated under the UNCRC to implement children and young people's right to participate (Kennan et al., 2019). Secondary analysis of findings published by HIQA on Tusla compliance with national participation reported how children and young people with care experience influenced decisions about all aspects of their care including care plans, and access arrangements (Kennan et al., 2019). In addition, practitioners in their roles can also ensure children and young people's views are taken seriously. For example, Kennan et al., (2019) report how a social worker described allocating time at a meeting to discuss the views of the child. "Having supported a child to express their views at a care review meeting, the social worker went on to explain: Contact with father was no.1 on the child's agenda but further down SW [social work] team agenda. Due to the importance the child placed on the issue it was given greater time and more detailed planning discussed" (social worker questionnaire respondent 152- Kennan et al., 2019).

Seeking the views of children and young people with care experience and acting on them appropriately not only respects children and young people's rights but also benefits service provision. Kennan et al's (2019) work show how practitioners in Ireland can and need to be proactive in creating the conditions for facilitating and implementing care experienced young people rights.

2.10 Child protection and Child in Alternative Care Internationally -A move towards family?

According to Gilbert (1997) and Hetherington (2002), English speaking countries such as England, Scotland, Northern Ireland, Australia, and Ireland have welfare systems that focus on a child's protection, distrust of state intervention and legalistic approaches. However, Spratt (2001) reports that in comparison, countries such as Germany and Finland adopt family service orientated child protection. Freymond and Cameron (2006) discuss systems of child protection and welfare as social movements that are embedded with specific visions for children, families and communities. Hence, countries develop different responses to child protection when reflecting on their priorities and desired outcomes. Historically, child protection services were focused on removing a child from harm or potentially harmful situations. Spratt (2001) suggests that a child protection orientation is characterised by a: "primary concern to protect children from abuse, usually from parents who are considered morally flawed and legally culpable. The social work processes associated with this orientation are built around legislative and investigative concerns, with the relationship between social workers and parents becoming adversarial in nature" (p. 934). Other orientations of child protection have focused on supporting families and guardians (Devaney, 2017) and prioritising children's rights (Gilbert et al., 2011 & 2012). Parton (2017) highlights that is not always easy to characterise a nation's orientation of child protection and welfare system due to political and policy-making structures.

Although Ireland's child protection system has been evolving it has been often criticized for its investigative orientation that focuses on family support and prevention (See Buckley et al., 2011). Since the enactment of the Children First Act in 2017, figures show that the Child and Family Agency received 47, 399 reports (Furey & Canavan, 2019, p.37). Recent figures published by the Child and Family Agency state that there were 56, 830 referrals received, however, this is one of the lowest figures when compared to our nearest neighbours, Britain.

Table 2.10: Summary of reports of Child Protection and Welfare Concerns by Country

Country	Number of Referrals	Number per 10,000 Children
Ireland	47,399	398
Northern Ireland	41,639	968
Scotland	27,340	236
England	646,120	587
Wales	33,536	504

(Source: Harlowe at al., 2019, p. 16; Furey and Canavan, 2019, p.37).

McGregor, et al., (2020) highlight how Ireland has increased recognition of the role of family support and community in children lives. They argue that this is reflected in "the development of the Parenting, Prevention and Family Support (PPFS) strand of the country's Child and Family Agency, Tusla, and the explicit re-orientation of Child Protection services towards early intervention and prevention" (McGregor et al, 2020, p. 1). In addition, it seems from the implementation of the Child Care Act (1992), *Better Outcomes Brighter Futures* (2014) and *the Child Protection and Welfare Strategy* (2017-2022) implementation in 2017, and others discussed previously there is certainly an emphasis on preventative and family support approaches to services and practices.

This approach of the importance of supporting the family and viewing the value of family and what it can provide in a child's development is also evident in Ireland's Alternative care sector. Although in the past, Ireland had a heavy reliance on institutional and residential care, Ireland is particularly unique as now family foster care placement has become the dominant placement type. Ireland's current rate of over 90% of children in the care system being placed within family placements shows that Ireland favours family as the type of placement in the child welfare system (Davidson et al., 2017). Other Catholic countries in Western Europe such as Portugal and Belgium still rely heavily on residential care (see Hamilton-Giachritsis and Browne, 2012; Barbosa-Ducharne, 2018). McGregor and Devaney (2020) using Ireland as a case example apply an emerging framework based on 'protective support' and 'supportive protection'. They argue that "front line practice it is essential that those who have a responsibility to deliver support and protection to children and families have the capacity to work in a manner that puts the child at the centre and the skills and values to engage effectively in protective support work and supportive child protection" (p. 4). The approach sets out a conceptual framework to 'protective-support and supportive-protection' and considers its process in the bio-ecological context as this helps to understand the mixed factors that impact the cases and responses to child protection concerns (McGregor and Devaney, 2020). Hence, their framework not only is beneficial to discussions on case planning but also in dealing with complex layers of child protection and welfare practice that can be seen in the alternative care sector.

2.11 Current Challenges in the Care system In Ireland

Although the aim of the current research is not to explore the challenges and current issues of the care system, it is still important to note how the Irish Care system is unique in the sense that over 90% of children who are in state care are placed in a family setting. With this in mind, this

section considers several of the current challenges in the Care system in Ireland which has particular relevance to the nature of the current research.

According to Devaney (2017), the experience of being parented and the experience of family impact the development of children. Devaney (2017) and Connolly (2004) report how good outcomes for children can be achieved through positive parenting, a stable environment, strong family and kin relationships, community involvement and supportive networks (Devaney, 2017, p. 8; Connolly, 2004, p. 1). Sharing somewhat similar views, Chan and Koo (2011) argue that the social and emotional needs of children can be supported not just through positive parent-child relationships but also within the family environment. Further to this, Connolly (2004) highlights that good outcome for children is achieved through several experiences, the environment and relationships such as positive parenting, strong family and kin relationships, community involvement, and supportive networks. Whilst there are different reasons as to why a child may enter the care system, such as illness, relationship problems, and/or family breakdown all will face loss and separation from their birth family (Fostering first Ireland, 2020). In addition, published work in the past has discussed how young people with care experience feel disconnected from their families (Hyde et al., 2017) and the effect that entering foster care can have on children and young people's mental health (Tingelhoff and Dick, 2019). Further to this, participants of other studies have highlighted other impacts of the care system on family and family relationships such as trying to form new relationships with multiple caregivers (Mitchell, 2018).

Most notably however is how children and young feel different and must manage stigma as a result of being subjected to the care system (Dansey et al., 2019; Rogers, 2017; Blythe et al., 2012). Although 'fosterage' has been around for centuries, Ireland is no different, as stigma still surrounds the care system; "The reaction when people hear that she grew up in care today as an adult. It's the *pity factor*…people either say 'ah God love you', or 'ah you had a terrible life" (*Anne) (McCrave, 2018). Anne in an interview with McCrave talked about how she was taken into care at the age of nine, and before this, she lived in homeless services with her birth mother and birth sibling. Anne reported how she was embarrassed to some degree of her experience but is much more open now. She talked about how "there is that image of what a child in care is, what they look like, or how they behave and what they dress like. That isn't what's actually correct. My care experience is part of my life but it's not the only part" (McCrave, 2018). Despite the challenges Anne faced as a care experienced young person, she reported how her foster parents provided a safe space to come to terms with her experiences.

Another current challenge within the foster care system today relates to the retention of social workers and their caseloads. Social workers have always played a vital role in the operation of the foster care system. They play a critical role at key stages of a child's journey both before entering the care system and during the child's time in care. Social workers "serve as the essential lubricant which seeks to keep all the parts of the system moving smoothly" as they as "they are central in the recruitment, selection and support of carers, and in the monitoring, matching, support and planning for each child placed" (Gilligan, 2019, p. 226). Every child in care in Ireland is entitled to be assigned a social worker, whilst each foster family is entitled to have a link social worker. However, both policy and practice differ in this regard, and reports from the Child and Family Agency show a deficit in achieving both policy principles. For example, the retention of social workers is currently an issue. One of the key risks to the Child and Family Agency business plan was noted as the potential of insufficient supply and extreme pressure on the recruitment of social workers (Murray, 2017). Choi et al., (2015) reported that the main reasons for the high turnover of social workers include low salary level, heavy workload, emotional labour, low-quality relationship with supervisor, and lack of communication. Ava* (a social worker in Ireland in 2017) highlighted how burnout from a heavy workload can be a major factor in the retention of social workers. She said "in a very short space of time, I find that everyone around me had changed. They may stay in social work but go to a different area of it. It's such a shame. It becomes too stressful, and you've got to be able to cope" (Murray, 2017). Brown et al., (2019) does offer some pathways to retention, such as the need for human service organisations to foster a work environment that provides a supportive environment and one where employees contributions are recognised.

Of interest to this study is the role of social workers and how social work intervention can impact and possibly help shape care experienced ideas and understanding of family and family relationships. Figures from October 2019, show how just over 5,000 children await allocation of a social worker, and 550 of them are children in state care (Murphy, 2019). Cho and Song (2017) highlight how high turnover rates can give rise to the deterioration of a quality service. The issues of high caseloads and retention does beg the question that if there are not enough social workers or administrative work takes up more time, then could these issues negatively impact with helping facilitate contact with birth families, supporting foster families, and building relationships with care experienced young people and their families. In addition, it is questionable as to whether the voices of these children awaiting social worker allocation are being heard.

As detailed earlier Ireland is unique in placing most children who are in the care of the state within family placements. However, that does not always necessarily mean birth siblings who enter the care system will find themselves in the same placement or home. To that end, another challenge facing the care system is that of sibling placement and sibling access/separation. The growing significance of sibling relationships for children in care has been observed for at least two decades (Shlonsky et al., 2005) and has been identified as a source of protection and healing for children (McCormick, 2010). In addition, it is widely accepted that sibling relationships play a role in a child's development, adjustment and identity is well established (Dunn, 2002; Edward et al., 2006; Davies, 2015). To that end, Waid et al., (2016) report how when siblings are placed together (Co-placement) either in kinship or non-kinship placements, it can act as protection against placement change and noted how a higher level of problem behaviours was reported for older youth who were in a different placement to their sibling. In any case, Meakings et al., (2017) bring our attention to issues associated with the initial decision to place siblings together or apart which include the timing of children's entry into care, size of the sibling group, and placement type.

It is also worth noting other issues have also been reported. Empowering young people in Care (EPIC) national advocacy report gives an overview of the EPIC Advocacy cases in 2018. The nature of EPIC's role "can vary from providing basic information, for example, in relation to social welfare entitlements, to providing practical support, such as assisting a young person to find an educational course or accommodation. At the highest level of engagement, one of the EPIC Advocacy team may be asked by a young person to represent their views on their behalf, for example, by attending a care or aftercare review meeting" (EPIC, 2018). Their tenth annual report highlighted a substantial increase in advocacy cases over ten years – from 62 in 2009 to 653 in 2018. Noting particularly that the main age group accessing EPIC Advocacy group in 2018 was 18-21-year-olds, 36% of the total 630 cases; an age range that this study is also concerned with. Some of the main issues affecting children in care or with care experience in Ireland today include care placements, accommodation, aftercare, family contact, and parental rights. These top five issues were the same as those presented in EPIC's 2017 annual report, telling us that these issues are not just important to children and young people with experience of the care system, but strikingly still of concern.

Getting solutions to the challenges in the alternative care sector is not easy. Reports from organisations like EPIC and the literature discussed have highlighted how factors that influence the system both positive and negative are complicated and often intertwined. Nonetheless,

studies are highlighting recurring themes, and we need organisations to diversify their range of supports to suit the needs of children and young people with experience of the care system.

2.12 Impact of COVID-19 on Alternative Care Sector

In early 2020, countries across the world saw their first cases of coronavirus infection. COVID-19, a respiratory disease was spreading rapidly across the globe. In February 2020, Ireland had its first confirmed case (Hogan, 2021). Due to international concern, the World Health Organisation declare a public health emergency in July 2020. For children in need of care and protection, their continuity of care needs to be ensured, particularly when in a pandemic (Sistovaris et al., 2020). Pandemics can impact children and their families in both direct (such as death, and illness) and indirect ways (such as conflicts in families). In the case of the latter, research from Germany by Jentsch and Schnock (2020) note how the number of reports on suspected child abuse and neglect has decreased. In addition, the number of children being taken into care also decreased. This was also the case in Ireland where referrals reported had decreased significantly particularly during April and May 2020 (Darmody et al., 2020). According to Jentsch and Schnock (2020), this was because the closure or limited operation of childcare facilities and schools meant a lack of reporting. Mairhofer et al., (2020) write of their expectation to see an increase in reports when facilities and schools are to reopen.

In addition to the above, other family conflicts such as domestic violence rates and exposure to violence and abuse had been reported during the pandemic. Larkins et al., (2020) found that there has been an increase in exposure to violence and abuse, with more contacts to emergency child helplines across European Countries. In Ireland, record numbers of individuals are coming forward to seek help. Whilst assaults in public places decreased from March 2020 to December 2020, there was an increase of 12 per cent in assaults in the home during the same timeframe. "Under Operation Faoiseamh, a dedicated operation targeting violence in the home during the pandemic, gardaí [police in Ireland] received 22,540 reports of domestic violence and related crimes from March 12th to November 3rd, up almost 17 per cent on the same period last year" (Lally, 2020). However, the findings may not reveal the true picture as children and those who have suffered domestic violence may not have the circumstance or be in an environment where they can seek help and support safely. As previously noted, opportunities to spot signs of violence in the home, or hear about children's experiences "have diminished, compounded by the lack of outside oversight in terms of access to professionals such as teachers, general practitioners, health visitors, and social and youth workers" (Darmody et al., 2020, p. 21). In any case, the current pandemic (COVID-19) may increase the potential of family conflicts

negatively, leading to more cases of referrals or at the very least, lead to greater fears of children and young people being more vulnerable due to their limited interaction with services and other adults in their community.

2.12 Chapter Summary

Presented in this chapter has been the context in which the current research study has been carried out. Outlining current and relevant policy, legislation, and practice guidelines have helped outlined what we know about family policy in Ireland and internationally. In addition, it has helped identify the gaps in policy and legislation relating to perspectives of family and family relationships for those with care experience. Considering also, the journey into the care system, children's rights, current issues within the foster care system and the current situation of the COVID-19 pandemic have helped foreground the context in which the current research lies. To contribute to knowledge, the following chapter presents a review of the literature relevant to family and family relationships.

Chapter 3: Literature review

"Family is a powerful and pervasive word in our culture, embracing a variety of social, cultural, economic and symbolic meanings; but traditionally it is seen as the very foundation of society. It is also a deeply ambiguous and contested term in the contemporary world, the subject of continual polemics, anxiety, and political concern about the 'crisis of the family' (Weeks et al., 2001, p. 9).

3.1 Introduction

The concept of family has been described as contested and fluid in nature (Jones and Hacket, 2012; O'Brien et al., 1996) with others such as noting that families come in a variety of different shapes and sizes (Gardner, 2004; Finch et al., 2003). According to Canavan (2012), questions about family have been ongoing queries for Irish society, especially, questions such as "what family is, what family does and how it does" (Canavan, p. 10). Whilst it can be argued that there is no one size fits all definition of 'family' there is a growing literature around the topic of family relationships (Gwenzi, 2019; Farragher, 2019; Diogo & Branco, 2017; Biehal, 2014). As the above quote from Weeks et al., (2001) highlights, the literature presented in this chapter emphasises 'family' as a powerful word, with different yet symbolic meanings, and how it is viewed traditionally as the foundation of society. While it may be a contested term as Weeks (2017) points out, the literature highlights the importance of studying children and young people's family relationships for example because of the impact these relationships can have on supporting care experienced young people's transitions to adulthood (Häggman-Laitila et al., 2018), permanence and stability (Moran et al., 2017), and outcomes, (McCauley, 2006). In addition, McCormick (2010) proposes that family relationships particularly sibling relationships can provide a significant source of continuity throughout a child's lifetime as they are likely to be the longest relationships that most people experience.

Beginning the chapter with an overall outline in Section One, Section Two provides a short review of the literature in Grounded Theory, a rationale for such a narrative review of the literature and methods and databases used. Section three of the chapter provides perspectives of family in literature. Moving on from this the sociology of childhood, the transition to adulthood and Bronfenbrenner's Ecological System theory (2005) are explored drawing also on social constructionism. The final sections then explore how relationships are viewed in literature along with studies on 'family' for care experienced young people both nationally and internationally. The chapter concludes by presenting a summary of the main points.

3.2 Methods and databases used

The initial literature review was conducted from March 2017 until May 2018 and included searching a range of different databases such as JSTOR Arts and Sciences, SocINDEX and the Applied Social Sciences Index. Any publications that were retrieved that fell within the search criteria were analysed and any source that appeared to be applicable was reviewed. Many other papers were suggested by the Graduate Research Committee members at NUI Galway and peer colleagues, some of which had not been identified through the initial searches. These papers were also included. During the initial search, keywords such as "family for care experienced", "family relationships young people in care" and "family foster care" were deployed. The results generated in the search were examined and analysed with titles and abstracts were also taken into consideration. Published materials that met the criteria were further analysed, along with studies on family relationships for care experienced young people, and studies that examined the meaning of family in the context of out of home care internationally. The inclusion criteria included the language was English, and the dates had been set from 1998 to the current year (i.e., 2018). Relevance to the current research study was determined by scanning the title and abstracts. Publications were included for further analysis if they focused exclusively on meanings of family for those with care experience or examined family relationships for young people in care. Publications about broader sociological perspectives of family and how family relationships could be understood were also included. Finally, practice papers and handbooks relevant to working with families who were known to social work, child protection and family support were also included if they were directly relevant to the research questions. As the study was underpinned by grounded theory methods, it was noted from the outset, that the researcher would return to the literature, following the completion of the qualitative data (pilot phase and one to one main interviews) analysis. The return to the literature is in keeping with grounded theory methods and is carried out to assist in the development of a substantial theory (see the chapter titled 'Methodology Chapter', chapter four, for more details.

3.3 Literature review in GT

According to Creswell (2009), research studies using grounded theory methodologies use a literature review to set the stage for the study as an exploratory framework. In mixed methods research projects, such as the current study, Creswell (2009) advises, the literature should be used in a way that is consistent with the research strategy and the approach most relevant to the design. A narrative review of the literature was chosen by the researcher as this kind of literature review is most consistent with constructivist grounded theory (perspectives adopted throughout the current study methodology). Constructivist grounded theory as the epistemological and

methodological foundations for the current study attempts to understand the meanings the research participants made of their experiences (in this case, of family relationships in the care system in Ireland) and on generating theories. This may also be of use when transferred across contexts related to the area of interest (in this case, the wider societal idea and understanding of family). This factor distinguishes constructivist grounded theory from alternative approaches which explore, test and/or confirm pre-existing hypotheses of the researcher. Whilst not testing a pre-existing hypothesis is only one reason the researcher chose constructivist grounded theory, further rationale and core elements that aided the decision of adopting constructivist grounded theory methodology, is described in more detail in chapter 4.

Nevertheless, in the literature review in grounded theory methods, the primary function is to enhance what Bryant and Charmaz (2007) describe as 'theoretical sensitivity' – the ability to see relevant data and to use theoretical terms to reflect upon the empirical data gathered during the research. For the researcher, this means a need to constantly compare incidents to incidents, incidents to concepts, concept to concepts and continuous memo writing. While a narrative review does not always make clear the inclusion criteria or the methods through which primary material is included or excluded, its use allows for the inclusion of evolving concepts and of making situational choices about the inclusion of evidence (Collins & Fauser, 2005). For example, this can be carried out by a return to the literature to further reflect upon core categories that have been identified during the analysis of data (Glaser, 1992; Urquhart, 2002; Corbin & Strauss, 2008).

3.4 The rationale for a narrative review of the literature

A narrative review of literature is an essential part of the research process and can aid a researcher in establishing a context and theoretical framework or focus. A narrative review aims to "summarise, explain and interpret evidence on a particular topic/question drawing on qualitative and/or quantitative evidence" (Mays et al., 2005, p. 11). Narrative reviews involve discussing the important theoretical points of a topic, are less formal than a systematic review and therefore do not require strict characteristics of a systematic review such as methodological approaches and inclusion and exclusion criteria (Jahan et al., 2016). The review presented in this chapter aimed to identify current studies on family, and family relationships for care experienced children and young people. A narrative review can incorporate many different research designs (Grant and Booth, 2009). In the current research study, the narrative review of the literature was conducted over a series of steps.

Firstly, a search strategy of the databases was followed by using a series of search terms such as 'family', 'family relationships' and 'care experienced'. At times some inclusion and exclusion criteria were used to refine searches sometimes this related to for example types and ages of participants, study design (constructivist grounded theory or another methodological approach) and setting (residential or general foster care). Following this, it became clearer to the researcher which studies were of concern and importance. These steps are discussed further in this chapter (see 'Methods and databases used section').

According to Jones (2007), a narrative review of literature is the most used form of literature review. Whilst researchers using grounded theory methods can utilize the initial literature review to enhance theoretical sensitivity and theoretical sampling. By not immersing themselves fully in the literature allows them to be aware and not constrained by the literature or introduce data concepts that are not relevant to the research participants (Corbin and Strauss, 2008).

In addition, the reasoning behind the delay in undertaking an extensive literature review in the early stages of grounded theory methods research is due to the concerns of the originators of the method, Glaser and Strauss (1967) and Glaser (1992). They argue that an extensive literature review at the early stages might stifle, contaminate, or otherwise impede the researcher's effort to generate categories from the data gathered during the research. For the researcher, this means not consciously being directed by earlier theories and concepts during the interpretation of data. Further to this, the decision to undertake a narrative review of the literature aided this researcher to approach the data gathered during the research with an open mind, thus allowing the categories to be developed inductively from the research data without being pre-determined by pre-existing concepts. This approach as Mc Kibbin et al., (2017) highlight allowed the researcher to regard participants in the study as experts in matters relating to them.

Nevertheless, Bryant and Charmaz (2007) remark "an open mind does not imply an empty head. Anyone starting research will most certainly have some preconceived ideas relevant to the research area. A researcher can account for these ideas in some way, but certainly should not simply ignore them" (p. 20). Particularly in the literature review and data analysis phases of the current study, the researcher was conscious of the advice suggested by Urquhart (2002) and Bryant and Charmaz (2007), that the researcher can refer to existing literature before commencing analysis but should be mindful and check for categories that may have come from the literature.

In conclusion, choosing a narrative review of the literature was in accordance with the aim of this grounded theory methods study, in this case, to develop and build a theory concerning ideas and experiences of 'family' grounded in the perspectives of research participants. The literature review phase of the study also assisted the researcher to become familiar with the international evidence and studies carried out in relation to 'family' for care experienced young people. Thus again, aiding the development of the researcher's skills to theorise and increase theoretical sensitivity for the researcher concerning the topic.

3.5 Family Matters- The emergence of the current study: gaps in the literature and the need to explore 'family'

The nature of family in Ireland has changed significantly over the past 40 years. Significant shifts and developments have occurred in areas such as family formation (cohabitation and divorce, cohabiting and lone-parent families) and changes in the area of fertility (non-marital births increases, increases in availability of contraception, and new abortion legislation) (See Canavan, 2012). In addition, the nature of family change in Ireland has also been impacted by changes in the relationships and power dynamics between the State and Roman Catholic Church (Ó Corráin, 2018; Powell, 2017). Within the Irish Constitution (Bunreacht na hÉireann 1937), references to the family are visible in Articles 41 and 42. In particular, article 41 stating that the constitution recognises the family as the natural primary and fundamental unit group of society (Article 41.1). However, the current constitution fails to recognise different types of families, their nature and diversity, and the crucial role that extended family members can play in caring for children full time when birth parents cannot. For example, the value of kinship carers (such as aunts, uncles, grandparents, close family friends) and the role they play in ensuring children's and young people wellbeing is not recognised fully in the Child Care Act 1991 or the Alternative Care policy (see Chapter two for more details).

Policy and practice can impact to different extents on children/young people and their daily life. In 1998, the Commission on the Family report provided an account of family and the role of the state. The report set out six principles by which Irish family policy should follow. The national survey of over 1,300 families with children aged 12 years or under on childcare arrangement by families complied the narratives for the *Strengthening Families for Life: Final Report of the Commission on the Family* (Dunne, 1998). The Commission's main findings and recommendations related to building strengths in families, supporting families to carry out their functions (the caring and nurturing of children) and protecting and enhancing the child's position (Government, *Strengthening families for life*, 1998). However, much more is needed

to understand contemporary views of family and family relationships. For example, more understanding of different family types, happenings of family, roles within the family, and the interplay between family support and children protection for ensuring children's and their families wellbeing. If we can understand both the historical development of policy and treatment of children by the state and contemporary views, we can then understand the needs of contemporary Irish Children.

Much like Irish and international policy (in the previous chapter, chapter two), there remain gaps in the literature on the topic of understanding family and family relationships. In Ireland, it seems that much of the literature on family relates to patterns of change in the state and family relationship. Much of the focus is on fertility decline (Fahey and Russell, 2001), fertility control (Daly, 2006), the right to life and abortion (Murphy-Lawless & McCarthy, 1999), and family formation (Kennedy, 2001). While these also provide an understanding of how the family is viewed in the Irish context in the 1990s and early 2000s, they seem to lack direct articulation of who is or can be part of a family, when does someone join a family, how do Irish people describe a family relationship, and what exactly are the activities involved. These are only some of the questions that the current research will address.

Finch's (2007) concept of family display in family relationships has added to sociological perspectives on understanding family. The idea of family display relates to how "individuals, and groups of individuals, convey to each other and to relevant audiences that certain of their actions do constitute "doing family things" and thereby confirm that these relationships are "family" relationships" (p. 73). The researcher of the current study believes that contemporary families are defined more by 'doing' family things rather than just being a family. This is evident not only from Finch's (2007) work but also Morgan's (1996) work on family practices. In this literature, there is a shift away from family structure towards understanding how sets of activities can be affiliated with family and therefore take on meanings. The concept of display has been applied to previous studies such as Lesbian parents (Almack, 2008 & 2005); residential settings (McIntosh et al., 2011) and parenting especially fathering (Doucet, 2011). These studies highlighted how different types of interaction and family dynamics can help understand how relationships work overtime.

It seems there is currently a dearth of knowledge in the literature when it comes to displays of family for care experienced young people and possible changes over time in their relationships. There are gaps both in literature from Ireland and internationally when it comes to understanding what might be, and what a family display in birth and/or foster family

relationships is. This current research aims to bridge this gap by presenting understandings of 'family' and 'family relationships' for those aged 18-23 years and who have been subjected to the care system. In addition, the current research aims to privilege and raise the voice and views of care experienced young people on this topic. In doing so, participants of the current study are respected, active co-creators of knowledge, have the right to participate in matters that affect them upheld.

This section has highlighted there is a gap in policy and research in conceptualising family and family relationships for those with experience of the care system in Ireland. Whilst the initial literature review search on the topic of family relationships for children and young people in care highlighted some interesting concepts it was clear that gaps are surrounding how young people in care describe 'family', their family relationships, and their ideas and understanding of family displays; a gap current research possess to address.

3.6 The Importance of Understanding Family and Family Relationships

Edwards et al., (2012) report how the concept of family allows sociologists to "capture important aspects of peoples connected lived experiences, and to engage directly in political debates about contemporary family policies and their consequences" (p. 732). According to Edwards et al., (2012) and McCarty (2012) 'family' remains an important concept for policy and practice because of the meanings we attach to it, such as those in identities, everyday lives and over the life course. In understanding the meanings of the family for marginalized and stigmatized groups within society, it should be possible to challenge policy discourses (Edwards et al., 2012; Wilson et al., 2012) that have relied in the past on "impoverished stories about family life" (Smart, 2011, p. 16). Therefore, the current research aims to provide rich data and stories of understandings of family and family life to bridge this literature gap and provide policy and practice recommendations.

Family and relationships more generally for young people in care are of significance as they can be a key process in helping them come to terms with their experiences (Winter, 2015). Relationships for care experienced young people are of particular importance for young people coming into care who have been exposed to abuse, neglect and harm and a key process in helping them come to terms with their experiences is the development and experience of trusting, stable and nurturing relationships (Winter, 2015; Happer et al, 2006; Munro, 2011; Care Inquiry, 2013). For children in care, it is not just relationships with professionals that are of importance but others such as foster carers, residential workers, youth workers, peers and birth family (especially siblings) (Holland and Crowley, 2013). In other studies, it has been

argued that the relationships with people who care for and about children are the golden thread in children's lives (Winter, 2015; Care Inquiry, 2013) and that "the quality of a child's relationship, is the lens through which we should view what we do and plan to do" (Care Inquiry, 2013, p. 2). In addition, it is also evident from research and literature that is explored further in this chapter that successful outcomes for children/young people who have experience of the care system can include or be described as improved self-confidence and more stable relationships within families aiding stability overall.

Recent literature highlights some of the welfare and protection issues that children and young people face. For example, Holt et al., (2018) and Buckley (2018) report on the issue of child protection and domestic violence, Coogan (2017) explores the issue of child to parent violence and McAlinden (2012) highlights the issue of digital and online abuse. From the perspective of the family, there is a needed to address problems that parents face such as addiction, alcohol abuse, and disability (Dolan and Frost, 2017). Additionally, authors such as Bywaters et al., (2018) and Morris et al., (2018) have stated how professionals working with families should consider the impact of social factors of inequality, poverty, and disadvantage as contributing factors to child neglect and child welfare concerns.

It seems that in much of the literature, family work and family support is mainly concerned with early intervention and practice models (see Healy & Rodriguez, 2019; Frost et al., 2015). Finding which model of best practice for early intervention seems also of concern (McWilliam, 2016). For some working with families should incorporate models of preventative practice for example the Hardiker et al., (1991) model of family support. The model relates to thresholds of intervention and need, has been referred to in much of the Irish and UK literature and adaptations used in family support work (See McGregor & Devaney, 2020; Flynn, 2019; McTernan, 2003). Hardiker et al's., (1991) model can be broken down into four levels of need ranging from level 1 (universal need) to level four (high level of need and risk). The model therefore can be useful in helping to understand that different families have different levels of need and some families "can do very well with excellent universal services while others need targeted intensive supports for some or all of the time" (Devaney et al., 2017, p. 12). Families can be supported to access universal services (for example health and education) by professionals who know the family such as family support workers, teachers, and general practitioners (GP's).

However, how professionals' approach 'the family' is critical as it can sometimes directly influence that type of support they receive. Therefore, this could raise questions as to how

professionals such as family support workers and child protection social workers determine "what sort of family they are encountering, how this affects the way in which they seek to work/with support families in difficulty, and how, in turn, such practice contribution to the different constructions of family" (Murray & Barnes, 2010, p. 541). Secondly, questions remain about how to intervene sensitively with different cultures and differences within cultures continues (Bartley & Beddoe, 2018; Ferguson et al., 2018). Thirdly, questions about how family support relates to the experience of the family could also arise.

It could be argued that care leavers lack the family support that most teenagers take for granted. An example of this was provided by a study carried out by the Department of Education in 2012. The study highlighted that nighty-three per cent of all 16- and 17-year-olds in the UK still live with their parents, whilst a third of 16- and 17-year-old care leavers in England were living independently (Department for Education, Care leavers in England: Local authority data pack, 2012). The study reported how these care leavers (those who 'age out' – in other words automatically exit the care system once they reach a certain age) were lacking family support for example when during exams, choosing a path following secondary level school, support in finding and applying for an apprenticeship or job. In addition, many studies such as Morton, (2017), Cunningham & Diversi, (2013) and Avery & Fruendlich, (2009) have highlighted how few care experienced young people are fully prepared for independence at the age of 18 years. Teens ageing out of foster care have significant difficulties transitioning into independent living and self-sufficiency. Youth in foster care tend to be behind educationally compared to their peers, with as few as 33% graduating from high school at the time of ageing out to 50% (Scannapieco et al., 2007 p. 425).

Research from others also indicated poor outcomes for youth. Gypen et al., (2017) report how "there is significant amount of research available on the outcomes of former foster children, however, combining and comparing different studies remains a challenge and studies that provide a clear overview are scarce" (p. 75). However, current research does seem to indicate that those with experience of the care system seem to experience several different negative outcomes. For many care experienced young people, the risk of becoming homeless, becoming involved in criminal activity, have a lack of education, employment, experience poverty, and lack proper healthcare is all much greater (Atkinson, 2008). In addition, the wider ecological system effects such as the decline in the labour market, the rapid growth of education and the shortage of affordable housing have extended young people's reliance on family support and thus since those transitioning out of foster care lack family support, their transition to adulthood

becomes even more challenging (Gypen et al., 2017; Lindquist & Santavirta, 2014; ZIontnick et al., 2012; Jones, 2010). No one should expect anyone to become an adult overnight, but it seems this is exactly what may happen for young people who turn 18 years of age and are in the foster care system. Regardless of the Amendment Act 2015 which states every child transitioning from care to aftercare should have a care plan, there is "no guarantees of support to young people in care beyond 18. Some may be lucky and get a good deal, but there is the rub. Young people in care face a virtual lottery at age 18 in terms of the level of support they will receive (or not)" (Gilligan, 2016).

Finally, the meaning and experience of family relationships seem to be as important for care experienced young people as for anyone else and these relationships have a particular impact on permanence and stability according to Moran et al., (2017). They interview the family of origin members, foster carers and young people in care and some who had left care. They report how definitions of permanence are often situated within the context of individual family relationships. These relationships include relationships with birth parents, foster carers and both foster and birth siblings. Moran et al., (2017) report that permanence and stability for those with care experience can be affected prior to and during their entry to care. They report how children and young people can struggle to forge identity and developing 'family belonging' and 'family identification' and this can impact stability, permanence, and outcomes. In addition, research by Geenen and Powers (2007) show how youth transitioning out of foster care and into adulthood rely on a range of different relationships. Much like the findings from Moran et al., (2017), Geenen and Powers (2007) report how supportive relationships such as those with foster carers and many different professionals such as social workers and caseworkers can be a valuable resource in helping care experienced young people prepare for independent living, particularly when birth parents are unavailable. In summary, family relationships are just as important for care experienced young people are to anyone else. Family relationships remains an important concept for policy and practice because of the meanings we attach to them. However, for care experienced young people they are of particular importance in forming a sense of belonging and identity, permanence, and stability.

3.7 Perspectives and functions of Family in literature

Family relationships can be complex and even more so for those who have experience of the care system, given they may for example have relationships with their biological family, foster family, previous foster placements and relationships from time spent in residential care centres. In this section, the sociological perspectives and functions of 'family' are discussed. During an

initial review of 'family perspectives' in literature, many different perspectives were reported. These included structural functionalism from the functionalist thought of family and Murdock's view of family. These theories are discussed in the following sections with a final focus on family system theory.

3.7.2 *Radcliffe-Brown and Structural-Functionalism*

Many perspectives held specific viewpoints regarding the functions of 'family'. For functionalists such as Radcliffe-Brown, the family introduces the culture and helps create the integration of members of societies. In addition, 'family' is viewed as being responsible for social replacement by reproducing new members. According to structural functionalists, 'family' is viewed as a means for offering material and emotional security, providing care and support for the individuals who require it. Structural functionalism is an early form of systems thinking that emerged in the 1800s sociological philosophers Comte, Spencer, and Durkheim. Comte, Spencer, and Durkheim explored and developed the concept to understand society (Barton et al., 2004; Urry, 2000; Spencer, 1899). Structural functionalism is related to how family can be viewed as the basic building block of society and has crucial functions for its members such as socialising the young and meeting their emotional needs. However, structural-functionalism (and particularly Parsonian structural-functionalism) has been extensively criticised in the literature (J. Alexander and Colomy, 1990; Giddens, 1979, 1984). Critics, such as Colomy (1996) argue that concept is abstract and cannot be applied empirically. Giddens (1979) adds the critique that structural functionalism fabricates the importance of integration with the system while lessening the role of the individual and agency in the system. Despite arguments made above and by Holman and Burr (1980) structural functionalism remains central in family anthologies (Kingsbury & Scanzoni, 2009; Mc Intyre, 1996).

3.7.3 *Murdock's view of Family*

In 1949 Murdock challenged researchers to think differently of the definitions of family. Murdock (1949) defined a family as "a social group characterized by common residence, economic cooperation, and reproduction. It includes adults of both sexes, at least two of whom maintain a socially approved sexual relationship, and one or more children, own or adopted, of the sexually cohabiting adults" (p. 1). According to Murdock, 'social groups' were like an atom within a molecule and society was made up of several atoms of nuclei. Hence, Murdock was the first to bring about the term 'nuclear family' and the use of the term was meant at a societal level (Levin, 1998). While many definitions of the family differ, Murdock's broader view of the family for example, "a group bound together through blood, marriage, common law,

adoption, or common interests who support each other in day-to-day living" (Parse, 2009, p. 305) has been supported throughout other literature (Schwartz & Scott, 2007; Hanson, 2001). However, this perspective or view of family is not without criticism such as the conceptual grounds reported by Adams (1960) and Weigert and Thomas (1971). In addition, notes how readers should not focus Murdock's data presented but rather Murdock's arguments on their merit (Hendrix, 1975; Leach, 1950). Further to this, Opler (1950) contested how extended families particularly in eastern and southern Asia would "overshadow the nuclear family" (p. 7). Nevertheless, the theory has been influential in sociological theory and understanding different perspectives of family and family functions.

3.7.4 *Family Systems Theory (Murray Bowen)*

A further condensed review of the literature was carried out that related to understanding perspectives of family and family functions. Much of the literature found is related to the family systems theory. Family systems theory advocates that all families can be analysed under the same model. Developed by psychiatrist Murray Bowen (1913-1990), family systems theory views the family as a close-knit emotional unit, as family members are emotionally connected. Again, the theory argues that each family member plays a specific role and must abide by the family rules. "Family systems theory is concerned with family dynamics, involving structures, roles, communication patterns, boundaries, and power relations; it's focused on the triad, with much of the action occurring within groups" (Rothbaum et al., 2002, p. 2). Bowen argues that the family is a natural living system with four concepts and assumptions that underpin the theory: chronic anxiety, basic life forces (togetherness and individuality), emotional process and family as an emotional unit. There are eight interlocking concepts that are also part of the theory. These include differentiation of self, triangles, nuclear family emotional process, family projection process, and emotional cut-off etc. The tables below summarise the key elements of the theory.

Table 3.7.4.1: Key Elements of Family System Theory part 1

Family Systems Theory Concepts/Assumptions	Relates to	Example
Chronic Anxiety	The source of one's anxiety is a reaction to a disturbance in the balance of a relationship system	
Basic Life Forces	Two competing forces- (Togetherness and individuality) Being together with the family but also developing one's own identity	Togetherness-the pressure to be like another/to agree on beliefs/values Individuality-the motivation to design a separate self from others and assume responsibility for one's own happiness and comfort etc.
Emotional Process	Feelings that can be felt while emotions operate outside of awareness –Some of one's thinking can influenced by emotions and feeling while other thinking is independent of them	Joy, despair, anger etc.
Family as an emotional unit	Deep multi-generational connection between family members that significantly influence the behaviour of its members outside of their conscious awareness	Pathology in an individual member of the family, is viewed as an imbalance of the family emotional unit- how the family system works together and is functioning (Healthy/Dysfunctional).

Table 3.7.4.2 : Key Elements of Family Systems Theory (Continued)

Family Systems Theory Interlocking Concepts	Relates to	Example
Differentiation of Self	How individuals can think and act for themselves (adaptive to least adaptive)	How people deal with life demands and cope-a less 'solid self' will feel more pressure to act than a more 'solid self'.
Triangles	Relationship's formations (triangles are interlocked with one another)	Argued that 3 persons relationships formation to be more stable than a two-person dyad as it can relieve some of the anxiety.
Nuclear family emotional process	Conflict, emotional distance, over/under reciprocity	When one person of the two-person dyad takes on the responsibilities for the relationship.
Family Projection process	Transmission of emotional problems from parent to child	According to the theory when anxiety is focused on a child, the child can develop problems. Bowen says that if parents manage their own anxiety and relationship issues, the child will automatically improve.
Emotional Cut off	Distancing from other family members	Bowen says this leads to chronic anxiety.
Multigenerational transmission process	Patterns of emotional processes through multiple generations	How patterns are generated from generation to generation. Bowen argues this is done through the pattern and functioning of the triangles.
Sibling position	When/where a child is born, timing, relationship to other siblings, etc.	Sibling position can influence family roles and functions.
Societal emotional process	Effect of society (war, over population, recession) etc	

(Source: Concepts complied from Brown, 1999 and Kerr, 2000)

Studies such as those from Rothbaum et al., (2002) discuss the importance of culture on family systems theory and link to attachment. A study from Brooks (1996) highlights the application of family systems paradigm in the custody decision-making process. The case of 'Sarah', as described in Brooks (1996) reports how Sarah had experienced child sexual abuse, was neglected by her birth mother, and was appointed a Guardian Ad Litem (GAL, a solicitor to represent her best interests). Sarah wished to live with her mother, however, she was placed with her maternal aunt and uncle and attended counselling for a brief period. In the meantime, services began working with Sarah's mother in the hope of reunification. "At the ninety-day review hearing, the caseworker stated that she had stopped making efforts with Sarah's mother because Ms P. [Sarah's mother] was "hostile" towards her. The judge ordered the caseworker to continue assisting Ms P. to achieve reunification but did not specify how this should be accomplished" (p. 1). Over the following year, Sarah's placement with her relatives broken down and she was placed in emergency temporary placements and foster homes. The case of Sarah shows that in efforts to safeguard children, parents are often condemned. Brooks (1996) argues that had family systems theory been applied throughout the court proceedings then decisions made about custody, would have considered Sarah's context within the family and her family interactions, thus her family relationships would have been better understood. Whilst family systems theory has been used in clinical applications (Titelman, 2014), it has been severally critiqued as an approach due to its biases against women (Bograd 1984), it focuses tending to only address symptoms within the nuclear family (Young, 1991) and its high emphasis placed on the mother's contribution to symptom development of the child (Leupnitzs, 1988). In any case, family systems theory highlights that even when an individual feels disconnected from their family, the family itself can still have a deep impact on their emotions and actions something that must be kept in mind when thinking about the diversity of relationships that may occur for those with experience of the care system.

This section has presented and described some of the key perspectives of the family in the initial literature review. While the section covers several different theorists, theories and perspectives, the researcher did note the dearth of literature written specifically on family perspectives or even their application for those with experiences of the care experienced. In the following section, family is explored in terms of broader contexts and considers the child's interaction with their family, community environment and societal landscape.

3.8 Sociology of Childhood/Transitions to adulthood

As the research participants within this study ranged from ages 18- 23years, it is important to examine some of the key literature that highlights this age group's role within the family, the influence of an individual's childhood experience and background, and literature that examines their transition to adulthood, as this can influence ideas of family and experiences of family. Therefore, this section will be split into three parts, a) sociology of childhood, b) transitions to adulthood, c) Bronfenbrenner's Ecological Systems Theory, keeping in mind the theme of the research: family relationships for those with experience of the care system. The latter section plays particular importance as it wraps together the importance of the first two sections, by considering an individual's development within the context of a system of relationships that form his or her environment. More specifically, these sections consider the interaction between factors in the child's maturing biology, their immediate family/community environment, and the societal landscape fuels and steer their development, noting that changes or conflict in any one layer will ripple throughout other layers. In any case, the researcher is mindful that to study a young person family relationship and their understanding of family, the young person and their immediate environment must be given consideration, but also at the context in which they find themselves in along with the interaction of the larger environment as well.

3.8.2 *Sociology of Childhood*

According to Skelton (2007) the view that children and young people are autonomous and competent social actors is increasing in theoretical perspectives in the study of childhood, it is also having a global reach. Kjorholt (2004) acknowledges that the historical conceptualisations of children and young people, where they were deemed vulnerable, were dependent and needed care. According to Lewis and Lindsay (1999), childhood and its construction is a time of vulnerability and thus children require protection from the adult world. They argued this idea arose from Piaget work. Piaget's work (1986-1980) was fundamental in developmental psychology as he identifies stages of cognitive growth from infancy. Piaget also highlighted that young people during the period of adolescence can become more mature in their reasoning and problem-solving abilities. The lack of data on children and childhood studies pre the 1990s suggested that children were not considered the merit of study. Graham (2011) and Kellet et al., (2009) highlight and critique the developmental approach to childhood and argue its flaws such as universal claims and failing to inspect socio-cultural difference and more specifically that children are social actors and active in the construction of their own lives.

Nevertheless, contemporary sociological research on children and young people today has tended to focus more on drawing out children/young people own perspectives, using qualitative methodologies. This idea, which views children as active participants, is in keeping with the notion that they are experts in their own lives. According to Woodhead and Faulker (2000) viewing children/young people as experts in matters relating to them, is of great importance as historically, they have been marginalised. Hearing the voice of the child/or young person is crucial to ensuring best practice but also that basic rights are upheld. Children are social agents in their own right and play an active role in the construction and determination of their own lives (Prout and James, 2015). In the Irish context, as detailed in the previous chapter, chapter two-context, rights of children and young people are enshrined into the Irish Constitution and the United Nations Convention on the Rights of the Child, with particular articles in relation to family and having the child's best interest and voice in decisions made. In the current research study as outlined above a narrative approach was adopted to ensure this very point: prioritising the voice of young people and a methodology that allowed participants to be regarded as the experts on the topic. The researcher was, therefore, less concerned about verifying the truth or facts of a story, but rather the meaning about how they explained 'family', how they understood their family in terms of ideas, experience and values, and their overall family relationships.

3.8.3 *Transitions to Adulthood*

According to Skelton (2002) literature on young people's transitions to adulthood tends to focus on the movement between certain key life phases, such as school to work, housing changes and domestic transitions. The growth in theoretical and empirical data on youth transitions to adulthood can be traced back to the social emergence of the adolescent during the 20th Century. For children and young people in care, their transition out of care (typically from the ages of 17/18 years) and into adulthood is of particular interest as many have been exposed to abuse, neglect and harm. Authors such as Happer et al., (2006), Munro (2011) and the Care inquiry in the UK (2013) have argued that the development and experience of trusting, nurturing and overall stable relationships during this time have aided them to accept their background and the experiences they have had. Other research from Singer et al., (2013) reports on the importance of a significant stable adult and their presence in the child's/young person's life during this time.

For many care experienced young people, it seems their journey to adulthood begins much earlier than their peers. Many move into independent living, before or when they "age out" of the foster care system in Ireland, at the age of 18 years. National legislation also highlights that

an individual's 18th birthday also marks the diving point between childhood and adulthood. Turning 18 years means becoming a legal adult under Irish Law. However, for those with care experience, it means transitioning into aftercare and the official end of legal care. Aftercare services are support services that continue to work with those who have care experience until the age of 23 years (if in education) and 21 years (if not in education or training-See previous chapter-context chapter). Turning 18 years for care experienced young people can also mean possible moves from a placement or a move from residential care to independent living. While supports such as financial and practical are to care experienced young people in this transition period, much literature and studies have noted how care experienced young people feel unprepared. Research by Reilly (2003) shows how care experienced young people face significant difficulties transitioning. Many care experienced young people live on the street, lack money for basic needs, fail to remain in employment, become involved in crime, and experience early pregnancy. This is followed by further research across the globe that highlight much the same issues experienced by those turning 18 years. Research with care experienced young people ageing out has reported includes with employment (George, 2002), poor outcomes (Courtney, 2005), lack of life skills (Scannapieco et al., 2007), placement instability and risky behaviours (Stott, 2012), support required (Ahmann, 2017), and issue with decision-making skills (Olson et al., 2017). Hence, turning 18 years of age is not just a significant birthday for those with care experience.

In addition to this, and as Doyle et al., (2012) points out, young people cannot return to the child welfare system post the age of 18 unlike their peers within the general population who can enjoy the safety net of their home. Furlong et al., (2003) argue that transitions are now fractured and complex which has resulted in a less fixed identity. According to Furlong and Cartmell, (1997), and Cote and Bynner, (2008), this is in conjunction with structural changes and limitations for example to the labour market and welfare system have all impacted young people transition to adult independence. Research carried out by Hayes (2013) found that "care leavers are often expected to make an accelerated and compressed transition to adulthood, which denies freedom of choice and psychological opportunity to explore" (p. 134). Stein (2006) adding that many care experienced young people face changes at the time of leaving care such as finding a new home, finding a path into further education, finding employment, or coping with unemployment. Thus, particular attention should be given to this transition process and its related planning (Dworsky et al., 2013).

In addition, literature frequently links the concept of vulnerability with care experienced young people and their transition to adulthood perhaps because of the risk of experiencing some of the difficulties described above. Morrow and Richards (1996) note the conceptualisation of young people as 'vulnerable' and argue that the term is driven by research that has been carried out in the past and that these children and young people who are deemed vulnerable, need to be protected from exploitation and a researcher causing them further distress. Identities that are stigmatised (such as Care Leavers, Stein 2005) are also recognised to represent a vulnerable group in need of protection. Similar to the points made earlier, Carter (2009) reinforces this idea by stating "young people leaving state care are arguably one of the most vulnerable and disadvantaged groups in society, compared to most young people they face numerous barriers accessing education, employment, and other opportunities" (p.861). Regardless, Wade (2008) argues that leaving care is a time for reappraisal, and where support through kinship networks and carer relationships are examined in terms of dependability.

3.8.4 *Bronfenbrenner's Ecological Systems Theory*

According to Bronfenbrenner (1979), the family can be viewed as a means for nurturing and reinforcing resilience. Resilience levels within a family can increase and decrease at certain times when tested. Rutter (1987) argues that most stressors for families are not just 'one off' events but a set of alternating conditions that have a past and run a future course. Greene (2012) and Walsh (2016a) add to this by arguing, that for example, risk and resilience concerning divorce can be affected over time, as there may be pre-divorce tensions, legal divorce arrangements and readjustment to the parent-child relationship. For many families. this may also result in experiencing financial hardship, remarriage, and new family formations. Additionally, Walsh (2016a) explains that "longitudinal studies find that children's resilience depends largely on supportive family processes: how both parents, and their extended families, buffer stressors as they navigate these challenges and establish cooperative parenting networks across households over time" (p. 317).

Bronfenbrenner's bioecological model of human development allows one to be aware that events or behaviours of an individual cannot be analysed independently, rather socio-ecological context and cultural context need to also be considered. For researchers, this means one should not regard development as simply in the individual but also is affected by their environment. Table 3.8.4 below, gives a breakdown of the different systems that can impact a family.

Table 3.8.4: *Bronfenbrenner's Bio-ecological theory of human development.*

System	Example
Individual	Sex, Age, Health etc.
Microsystem	Family, Peers, School etc.
Mesosystem	Relates to interactions between two microsystems i.e., interactions between School and friends, neighbourhood, and family.
Exosystem	Indirect environment- Government, Industry, Mass Media etc.
Macrosystem	Norms and Values of Cultures
Chronosystem	Time and historic Influences

(Source: Farragher, 2018, p. 93).

As stated previously, when these systems interact, they can have different effects on an individual. In dealing with the effects, resilience levels can be tested and increase or decrease. In some cases, the potential success of an intervention for a child or family can depend on identifying risk factors, and what resources are available for managing these risks (Farrragher, 2018). In addition, multiple interventions may be needed to facilitate resilience within care experienced young people who may be exposed to many different risks. Nevertheless, the theory provides a useful framework in considering, understanding, and analysing participants views of family, the protective and risk factors that lie in the different systems and considering their effects that directly or indirectly impact the young person or their family.

Outcomes either positive or negative for care experienced young people can emerge from the continuous interplay in the systems located close to the child, in the micro and mesosystem, such as family, siblings and community. Policy contexts (exosystem and macro levels) can also shape and direct children and their family's day to day lives. The application of the ecological perspective is therefore useful in understanding relationships that happen during the foster care journey. For example, research from Henderson and Scannapieco (2006) used the model to identify the ecological factors that correlated to effective non-kinship foster care. They applied the model to analyse the different levels such as the individual, family, and community. They found that foster care must be analysed at the different levels and interactions of multiple factors

within the individual, family, community, and culture can influence effective foster care. More recently the model has been applied to help understand the well-being of children who grow up in at-risk families (Ayala-Nunes et al., 2018) and used to help understand transitions from foster care to independent living (Scannapieco et al., 2016). The use of the socioecological model is also evident in Irish policy that aims to understand life course and life cycle perspectives (See Government of Ireland 2006; Department of Health and Children, 2000). With this in mind, Bronfenbrenner's *Bio-ecological theory of human development* (2005) and related ecological systems theory can help analyse and understand a child development and experiences when the child's immediate environment and their interaction with the larger environment are also considered.

3.9 Displays of Family

Finch's (2007) concept of family display in family relationships has added to the sociological perspective on understanding family. The idea of family display relates to how "individuals, and groups of individuals, convey to each other and to relevant audiences that certain of their actions do constitute "doing family things" and thereby confirm that these relationships are "family" relationships" (p. 73). The researcher of the current study acknowledges that contemporary families are defined more by 'doing' family things rather than just being a family. This is evident not only from Finch's (2007) work but also Morgan's (1996) work on family practices. In this literature, there is a shift away from family structure towards understanding how sets of activities can be affiliated with family and therefore take on meanings. For example, Finch (2007) argues that there are many means evident for display and "do not have to rely on immediate, direct interaction but where meanings are conveyed and reinforced through indirect means" (p. 77). She notes how "grandparents who keep pictures of their grandchildren in a prominent place in their homes are 'displaying' these relationships irrespective of whether their grandchildren are physically present" (p. 77). Finch (2007) also noted how the giving of gifts and having dinner together can symbolise the concept of family display and how regular actions of everyday life can carry meanings of what makes family activities.

Crucially, 'display' can be seen in two ways: as an activity of a contemporary family and/or as an analytical concept. Both Morgan (1996) and Finch's (2007) work highlight that is, for example, the type of action or event instead it is the embeddedness in a particular set of activities that makes it evident as a family practice and there is no need for display. The concept of display has been applied to previous studies such as Lesbian parents (Almack, 2008 & 2005); residential settings (McIntosh et al., 2011) and parenting especially fathering (Doucet, 2011).

These studies highlighted how different types of interaction and family dynamics can help understand how relationships work overtime. With all of this in mind, there remains a dearth of knowledge in the literature when it comes to displays of a family for care experienced young people and possible changes over time in their relationships. In addition, the above sections have emphasised the importance of 'family' for care experienced young people and need to further understand what exactly family is, what it does and how a family relationship works specifically for those aged 18-23 years old and who have experience of the care system.

3.10 Studies on 'family' for care experienced young people

Powell et al., (2010) highlight the increasing interest in how the family is perceived in modern society. Previously studies on family life focused on adults' recollections of their childhood experiences (Morrow, 1998). However, recently the shift has moved to focus on children's and young people's conceptualisation of family (Kendrick, 2013). Noticeably also is the lack of research undertaken to date in the global south literature in relation to family, and the increase in global west studies researching the family concept (Gwenzi, 2018). Evidentially, many studies recently completed have drawn upon social constructionist approaches to family, similar to the current research study. This approach allows studies to gather data through individual's reflections along with social processes and interactions (McCarty, 2012). Furthermore, Stoilova et al., (2017) state that constructing, reconstructing, and deconstructing ideas of family and experiences of family, are central to current theorizations of intimate life. According to Welsh (2018), the family is still viewed as the favoured setting for raising children. However, the meaning of family is questioned by Holstein and Gubrium (1999). They argue that family is not just biological, but its meanings have been constructed through interaction and daily relational processes. Similarly, researchers such as Jones and Hackett (2012) and Mac Donald (2017), are recognised for their studies that examine postadoption family relationships. These studies signify the change in understanding definitions of family, a move from the traditional biological only idea. In addition, social workers (based in child welfare services) own idea of family has also shifted because of the work they engage in (Studsrod et al., 2018). The study by Studsrod et al., (2018) was carried out in three countries (Chile, Norway, and Mexico) and acknowledged variation in families and the importance of networks for young people.

In the review of literature, studies that directly focused on understanding family and family relationships for care experienced young people in Ireland and elsewhere were limited. Biehal (2014) draws upon 196 children from seven English local authorities who had lived in the same foster placement for 3 years or more or has been adopted from care. The mixed-method study

found that displaying family (doing family things) such as calling foster carers 'mum and dad' was crucial in creating a sense of belonging to a family. Much like Finch's (2007) work, Biehal (2014) echoed that family membership may need to be "displayed" as well as "done". Biehal (2014) also noted how children need to have a sense of their memories and complex histories (even if provided by others) to construct a sense of self and family identity. More generally Biehal (2014) found that participants imaging's of a family were not just shaped by choice, but the meanings they ascribed to their histories, relationships, and contexts. This was also a similar finding to the work of Smart (2007) and Finch and Mason (2000).

In a more recent study, Gwenzi (2018) focused on the concept of family and family membership for those with experience of the foster care system in Zimbabwe. Data from the qualitative research and perspective of the 30-care experienced young people (aged 18-25 years) showed how new definitions around family are emerging from the global south. The research highlighted how some participants define family based on 'connectivity, co-residence, affective practice, family contact and other forms of family display' (Gwenzi, 2018, p. 1) rather than biological relatedness. In addition, most views of a family were shaped by Zimbabwean culture and crucially, birth family relationships became more important after leaving care. Participants of Gwenzi (2008) reported how leaving care exposed them to 'real life' and so they realised that life was difficult without support; "most of the care leavers also alluded to the sheltered life they experienced in residential care" (p. 60). Leaving residential care meant losing support. This focus on "Who is my family?" upon leaving care has been noted also in the past. According to Murray (2015), adult care leavers have questions like, "Who is my family?" (p.19) and so, they desire to know and understand more about their birth families (Gwenzi, 2018).

In other studies of family, McCarty (2012) examines the language associated with family and how individuals describe and speak about family. McCarty (2012) explores the idea that family can be taken for granted and that 'family' is something that is 'there' and that you can be 'part of'. She argues that meanings of 'family' are to be taken seriously given the language of the family is used in "everyday lives to express a sense of relationality" and should it be taken seriously, it then allows us to see "family as a central repository for culturally and personally meaningful understandings of human connectedness" (p. 70). Anglin (2002) and Horrocks and Milner (1999) note how some children prefer not to be living with another family when taken into foster care. They report how it can be difficult for children and young people to forge new family relationships and in cases prefer residential childcare. Anglin (2002) suggests also that

children and young people who are concerned with moving to a new family placement can be viewed as rejecting their birth family relationships.

Additionally, Kendrick (2013), highlights a UK study whereby evidence of family-like relationships and language was used from care experienced young people in residential care. For instance, words like "mother" and "father" were used to refer to care staff within the residential, along with "brother" and "sister" used to describe housemates (Kendrick, 2013). Yet, Kahan (1994) argues that residential staff cannot take the place of parents, even though they should perform parental roles and tasks. However, central to current thinking around the care system is the idea of the 'corporate parent' or 'corporate parenting' (Kendrick, 2013). On this point, Utting (1991) remarks even though that corporate parenting cannot 'replace or replicate the selfless character of parental love', it 'does imply a warmth and personal concern which goes beyond the traditional expectations of institutions' (Kenrick, 2013, p. 81; Utting,1991). On the other hand, a review of the literature highlighted that for some care staff and professionals, it can be challenging to describe their role. Fowler (2015) investigated care relationships in Scotland and wrote of how caregivers found it had to distinguish their role as a parental figure and at the same time, a professional.

Unsurprisingly, the concept of identity also features in many studies on family for care experienced young people. Samuels (2009) discussed the removal of children and young people from their birth families. Samuels (2009) argues that being in alternative care may lead to a child questioning their own identity and therefore feeling like they are not 'real' members of the family they are placed with. Additionally, the term 'familial im(permanence) is used by Samuels (2009) to describe the overall family relationships of care leavers. As these studies have highlighted, the concept of family has been contested. Regardless, its importance is clear.

3.11 Relationships in literature

According to the Care Inquiry (2013) in the UK, "the relationships with people who care for and about children are the golden thread in children's lives, and […] the quality of a child's relationship is the lens through which we should view what we do and plan to do (p. 2). This section examines the growing literature and emphasis placed on family relationships and relationships in general for those with experience of the care system. The section considers why relationships are important and their impact, and barriers to their formation for young people who have experience of the care system.

In literature, the increasing focus on relationships for young people in care stems can arguably arise from several affairs. Over the years there have been many damming investigations into deaths of children living at home that were known to social work departments and social services agencies (DCYA: 'Report of the independent child and death review group', 2012). One of the concerns as featured by Laming (2003, 2009) and Ofsted (211) was that professionals did not create or take opportunities to speak with children, meet them alone, or form meaningful relationships. Additionally, Broadhurst et al., (2010) argue that professionals who work in child protection systems are unduly caught up with procedural requirements. This in addition to a high level of caseloads, can, without doubt, undermine and hinder the capability of a social worker to form meaningful relationships with children, young people, and their families (Winter, 2009). Furthermore, Lepiniere et al., (2013), stresses the reviews given to residential care, which illuminate the vulnerability they experience, being exploited and experiencing abusive relationships.

In any case, children and young people in care have previously demonstrated their yearning for better quality relationships with their social worker(s), however time for this was limited (What Makes the Difference; 2007; Sibeh et al., 2008; Morgan, 2011; Care inquiry, 2013). Additionally, child abuse inquires demonstrate the importance of meaningful relationships for young people, with for example their teachers and the police. Additionally, what is also crucial, is the relationships between professionals (for example, the relationships between a teacher and a social worker) and the shared responsibility they have in developing meaningful relationships with whom they work (DFE, 2013; Children and Young People (Act) Scotland, 2014). For this, then places a shared responsibility for safeguarding. Even so, many authors have taken this idea further and have argues that given the emphasis on relationships in recent government reports especially in the UK, relationships now need to be at the heart of the care system (Devaney et al., 2013; SSIA, 2007; SSIA, 2006; Happer at al., 2006).

3.12 Summary of chapter

As can be seen from the above literature, the concept of family has been contested and remains fluid in nature. The literature presented has shown the importance of studying care experience young people understanding of family and family relationships. This chapter has also indicated the significance of sociological perspectives in understanding family and family relationships. The dearth of literature on family and family relationships in Ireland and internationally have been highlighted. However, questions remain as to what family is, what a family relationship

is and when does someone join a family, particularly for those with care experience in Ireland, it is therefore the aim of the current research to address those gaps.

Chapter Four: Methodology

"Like our research participants, our preconceived views, too, may shape what we see. Like them, we can also confuse our agenda with theirs. Knowingly or unwittingly, we might shape our research stories in a particular direction…However, detailed full data and an openness to grappling with these data through systematic analysis does much to correct interpretation through preconception. However imperfect and conditional, we have something to say" (Charmaz, 2000a, p. 540).

4.1 Introduction

This chapter begins by reviewing the central research questions and objectives of the current study. The chapter also details the research design and structure, methods of data collection, management and analysis deployed. Constructivist grounded theory (CGT) was chosen as the conceptual and analytical framework for the research as it focuses on privileging the voice of research participants and raises awareness of our biases/preconceptions. As the above quote from Charmaz (2000a) highlights constructivist grounded theory methods allow research to be shaped not just by the research participants but by the researcher while at the same time adopting strategies that privilege the perspectives of participants in the development of theory. With this in mind, the following sections will detail the development of Grounded Theory methods (GT) and epistemological changes as understanding the variants of grounded theory methodologies can enable researchers to make informed choices about potential methodologies used in research. The researcher will discuss the rationale for the selected method of inquiry constructivist grounded theory (CGT), along with its key elements and how they were incorporated into the research design and analysis. Other key elements of the research design and analysis such as the research timeline, managing and analysing the data along with ethical concerns and the limitations of the study are discussed.

4.2 Grounded Theory

As methods are only "a means of knowing, not knowing itself" (Charmaz, 2000a, p. 542), this chapter explains the rationale in selecting methods for this mixed methods research study. Whilst acknowledging the limitations of the current study however imperfect they may be, another aim of the chapter is to suggest that the current research has something to add that is recognisable to the research participants and anyone from a related context reading this dissertation.

As detailed in previous chapters 1, 2 and 3, this dissertation explores 'family' and family relationships for young people who have experience of the care system in Ireland. As stated

previously, using Constructivist Grounded theory methods, which are noted by Charmaz (2000a), as methods that allow research to be shaped by not only the research participants but by the researcher.

The current study explores family relationships for young people (18-23 years) who have experience of the care system in Ireland. The study was designed to address the following questions:

1) How do people in care talk about family? How do they understand and experience 'family'?

2) How do young people in care describe a family relationship?

3) What are the legal and policy frameworks in place around family relationships in contemporary Ireland? In what ways might these frameworks help/hinder relationship connections from the perspectives of research participants?

4.3 The rationale for the choice of grounded theory methods

Given the epistemological foundations of the study as a social constructivist one and given the methodology chosen is Grounded Theory methods, for the remainder of the chapter and the subsequent chapters (related to reflexivity and my position in the research) I will use the first person singular. This highlights the role of the researcher in the co-construction of knowledge.

During the initial design phase of the current research study, several other qualitative approaches were considered. These included thematic analysis and participatory methods. Thematic analysis is described as a method of analysing qualitative data "that involves searching for recurring ideas (referred to as themes) in a data set" (Riger & Sigurvinsdottir, 2016, p. 34). While thematic analysis is appealing for its inductive nature of how people can make sense of their experience it has been criticized for its lack of focus on the importance of power in shaping people's viewpoints (Schensul, 2012). Whilst thematic analysis can be used across a variety of different theoretical frameworks, is relatively straightforward and accessible, critics of thematic analysis highlight how researchers can selectively pick the data elements they want to argue rather than systematically analysing a data set (Riger & Sigurvinsdottir, 2016). Additionally, it could be argued that all research is vulnerable to being swayed by the beliefs and personal values of the researcher particularly in qualitative research, however, a key element of Constructivist Grounded theory methods is the critical reflection carried out by the researcher about their impact on the research. This key element of reflexivity requires that

researchers consider how their views of the world may shape the research process (Bailey, 2012). Therefore, the structured nature of CGT methods aims to minimize the influence of the researcher bias more than this type of limitation evident in a method such as thematic analysis.

Additionally, participatory research approaches were also considered as possible research approaches. The purpose of participatory action techniques, which were developed to engage children and young people in research (Campbell & Trotter, 2007), is to allow young people to take ownership of the research, its design, results, and the implementation of its recommendations (Törrönen & Vornanen, 2014; Daly, 2009). Participatory research provides "an opportunity to strengthen the links between young people, policies, and practices, and it relates to young people's positions in society as well as their citizenship and right to protection, provision and participation" (Törrönen & Vornanen, 2014, p. 138). Additionally, participatory research has been noted for providing useful information of non-institutional experiences and knowledge of young people's lives (Campbell & Trotter, 2007; Ben-Arieh, 2005; de Winter & Noon, 2003). However, much of the work for a participatory action researcher consists of the coordination of multiple activities, facilitation of dialogue, knowledge exchange between participants and generally the method is time and resource intensive (MacKenzie et al., 2012). Additionally, the role of the researcher can be viewed as that of a facilitator of the researcher process and focus on the researcher shaping the research process can be lost. Hence, grounded theory methods and specifically Constructivist Grounded Theory was selected as the conceptual and analytical framework for the research as it focuses on privileging the voice of research participants and raises our awareness of our own personal biases/preconceptions as a researcher. The method of design and analysis also allows for reflection on the actions of researchers in the co-production of knowledge. The following paragraphs examine further the different models of grounded theory methods and provides further rationale for choosing CGT as the conceptual and analytical framework for this research followed with the strengths of GT methods detailed in later sections (see section 4.19, page 113).

GT, initially developed by American sociologists Barney Glaser and Anselm Strauss in the 1960s, was created in response to extreme positivism that infiltrated contemporary social research at the time (Kenny & Fourie, 2014). In their seminal book, *the Discovery of Grounded Theory*, Glaser and Strauss (1967) developed the clear shift from positivist notions of falsehood and hypothesis testing to an approach in which research is conceptualised as an organic process of theory development. Its emergence is based on the 'fit' between the data and the conceptual categories that are identified by an observer, on how well the categories accounted for ongoing

interpretations and on whether the categories are relevant to the core issues being observed. Innovative to methodological approaches at the time, *The Discovery of Grounded Theory* (Glaser and Strauss, 1967) guided GT researchers to avoid immersing themselves in the relevant literature and try to approach the research with no pre-existing hypotheses for testing and validating. Crucially, when deploying GT approaches to research, a researcher should aim to develop categories and concepts that emerge from their personal and direct engagement with the data from the specific research context which was studied.

In any case, GT itself is therefore described as a systematic methodology that involves the construction of theory through the analysis of data (Glaser, 1978). It does not set out to establish definitive findings or develop an exhaustive description of the problem. Instead, GT methods aim to establish the ongoing conceptual theory that is recognisable to people in similar social settings in which the research problem was explored and can be adaptable to other similar settings (Hunter et al., 2011a). GT methods were created as a way of reflecting and carrying out research that would encourage and give confidence to the researcher to develop new ideas, by accruing or gathering data, through an inductive method, leading to the development of new concepts and thus new theories (Bryant, 2009). This original GT approach is more commonly termed as classical grounded theory (Edwards, 2012).

Bryant and Charmaz (2007), describe grounded theory methods (GTM) as a "family of methods", given its variants in the models. In addition to this, Fernandez (2012), argues there are four different GT models. The first includes the classical grounded theory model, the second namely Straussian Grounded Theory, the third Constructivist Grounded Theory, and the fourth, Feminist Grounded Theory (see Wuest, 1995). The first model; classical grounded theory model is an inductive approach in research developed by Strauss and Glaser and their aim was not to conceptualise the 'truth; but to understand and conceptualize what is going on using empirical data (Melia, 1996; Glaser, 1978). The second model, Straussian Grounded Theory, relates to Strauss and Corbin's (1990) work on qualitative data analysis. *The Basics of Qualitative* Research (1990) was directed at students who were possibly in the early stage of their research carers with little to no knowledge or understanding about qualitative research and in particular GT methods. According to Bryant (2009), Glaser published *the Basics of Grounded Theory Analysis* in 1992 as his response. Nonetheless, in both Glaser's and separately Strauss and Corbin's work, they maintained an emphasis on concepts generated through the gathering of data and analysis of data and thus leading to new concepts and new theories. At this time, grounded theory researchers had yet to focus and explore the active role of the

researcher in the co-creation and co-production of concepts and knowledge. Charmaz (2000b) later referred to this as objectivist grounded theory. In the successive developments of grounded theory methods, Bryant (2009) asserted that both Glaser and Strauss did not place emphasis on or undertake analysis on issues related to the role and position of the researcher. However, by the latter half of the 1990s, and early 2000s, Charmaz and others were exploring these issues, and thus, established constructivist grounded theory. As this is the chosen research methodology this is CGT is described in the following section. According to Fernandez (2012), the fourth GT model refers to Feminist Grounded Theory.

In earlier work, Harding (1987) argues there is no feminist method, rather there are distinct methodological features that distinguish feminist inquiry. These methodological features refer to three feminist epistemologies: feminist empiricisms, feminist standpoint and feminist postmodernism. Firstly, feminist empiricists seek to

"discover a more objective truth by eliminating such biases as gender, and race from the research process. [Secondly] in feminist standpoint, knowledge is shaped by the social context of the knower. Whilst postmodern feminism [thirdly] is also concerned with bias, this position argues there is not one single truth. GT itself is consistent with the post-feminist epistemology and recognition that there are multiple explanations of reality" (Wuest, 1995, p. 126).

Wuest (1995) shares similar points to that of Harding (1987) reporting how feminism is not a research method but "a perspective that can be applied" (Wuest, 1995, p. 129). Wuest (1995) also argues that applying a feminist perspective to the method of grounded theory can offer an approach to knowledge that embraces diversity and change. "Feminist grounded theory has been widely accepted as a method of research ideally suited to the nursing profession, and grounded theory is enriched by taking a feminist perspective when the research is based on women" (Evan, 2013, p. 39; see also Plummer & Young, 2010).

Application of a feminist inquiry approach in research has been in the past seen as both pragmatic and reflective of women's voices (Campbell and Bunting, 1991). For example, according to Klein (1983), feminist research should consider women's needs, interests and experiences into account and thus use that understanding to improve women's lives. According to Ramazanoglu (1989), feminist research should provide understandings of women's experiences as they understand it. Additionally, feminist research methods value the private and personal as worthy of study, develop non-exploitive relationships within the research, and value

reflexivity and emotion as a source of insight (Letherby, 2003). As the researcher of the current study, I wanted to hear care experienced women's and young people's narratives in a manner that would privilege and enable their voices and experiences to contribute to the development of theory that conceptualises family and family relationships. Whilst I did not set out to only hear women's views, I did find the feminist inquiry interesting as I believe that feminist inquiry has similar values to that of CGT methodology. For example, as detailed above feminist inquiry and constructivist grounded theory both place awareness on the issues of reflexivity, objectivity, the co-creation of knowledge without exploitation and participation for those whose experiences are being studied. Given this, I propose that the design of this study and the position that I took fit with what I would call a feminist constructivist methodological approach.

4.4 Constructivist Grounded Theory; The selected methodology

As stated previously, researchers using Constructivist Grounded Theory (CGT) recognise that the data and the analysis of the data emerge through interaction between the "viewer" (researcher) and the "viewed" (subject of the research), with the researcher aiming to present an interpretive representation of the understandings of the research subjects (Glaser, 2007: Charmaz, 2000). This section will discuss the rationale for choosing CGT methodology, its key elements and how it differs from other GT models as they are key fundamentals in selecting CGT methods.

The contrast between objectivist and constructivist concepts of grounded theory method are highlighted by Charmaz (2000b) and Edwards (2012). The objectivist concepts of classical grounded theory methods presume the independence and objective position of the researcher and views categories as being solely attained from the data gathered. In contrast, Constructivist Grounded Theory researchers acknowledge that the data and the analysis of data unfold from the interaction between the researcher or 'viewer' and the subject of the research or the 'viewed', to presenting an interpretive depiction of the understandings of the research participants/subjects. Hunter et al., (2011a) provide a useful and clear comparison of the key elements of the 3 main grounded theory models; Classic, Straussian, and Constructivist Grounded Theory.

Table 4.4: Components of Grounded Theory models (Hunter et al., 2011a, p. 8)

	Classic	Straussian	Constructivist
Identifying the problem area	• Emergent • No initial Literature review	• Experience, pragmatism and literature	• Sensitising concepts • Discipline-specific
Conduct of research and developing theory	Laissez-faire theory generation	Paradigm model theory verification	Co-construction and reconstruction of data into theory
Relationships to participants	Independent	Active	Co-construction
Evaluating theory	Fit, work, relevance and modifiability.	Validity, reliability, efficiency and sensitivity	Situating theory in time place, culture and context. Reflexive rendering of the researcher's position.
Coding	Open Coding Selective Coding Theoretical Coding	Open Coding Axial Coding Selective Coding	Line-by-line conceptual coding and focused coding to synthesize large amounts of data.

Even though Glaser; Strauss (and Corbin), and Charmaz, portray three main variants of grounded theory, Holt and Tamminen (2010) argue that no single variant is inevitably better than another. In the current research, I deployed the constructivist variant of grounded theory methods as it was aligned with my social constructionist epistemological stance as referred to in the following reflexivity chapter. In addition, subsequent decisions concerning the choice of mixed methods and approaches to data collection, analysis and interpretation were also consistent with my epistemological stance and methodological selection of constructivist grounded theory.

4.5 The rationale for selecting CGT

In the current research, there was a clear rationale in the selection of CGT as an approach to research design and implementation. Firstly, CGT is an accessible and transparent application of GT, as described by the researchers Strauss and Corbin (1990, 1998) and Corbin and Strauss (2008). In addition to this, CGT approaches to research "address power imbalances between participants and themselves (researchers) resulting in a theory that reflects participants'

experiences" and can "develop [a] theory that stems from the researchers' rendering of participants' data" (Hunter et al., 2011, p. 6) (parenthesis added for clarity). I selected CGT as the research design and analysis methodology, as I wished to privilege the voice of the young care leavers who I planned to invite to participate in the study. Further to this, I also spent several years in the care system in Ireland. Given this, I was aware that I have preconceptions and biases about family relationships. Therefore, I pursued a research methodology that made me aware of my position within the research and this is described further in the subsequent chapter.

A further attraction of CGT methods was its alignment to the epistemological and methodological foundations for the current research study, in that the focus was on attempting to understand the meanings that the research participants made of their experiences of family relationships. I also wanted to generate theories that could be useful when transferred across contexts related to the area of interest. This factor was therefore different to other methodological approaches such as thematic analysis or even Classical or Straussian grounded theory models. With all of these factors in mind, I decided to adopt CGT methodological approaches.

4.6 Core elements of CGT
This section will discuss the core elements of CGT and how they helped shape, design and analyse the research.

As a researcher aiming to raise the voice of care leavers in Ireland, I believe one of the most appealing and distinctive characteristics of CGT as compared to classic GT and Straussian GT, is its focus on reflexivity and the position of the researcher/subjectivity. While these are discussed in more detail in the subsequent chapter, memoing, reflexivity and the position of the researcher/subjectivity are broadly discussed below.

4.6.1 *Memoing*
Whilst memoing is a process common to all models of GT, memoing and journaling in constructivist grounded theory became a process of assisting me within the current study, to reflect on my role, any of my biases and my personal experience of the care system and family relationships. The process of keeping memos is very similar to keeping a diary. Furthermore, the writing of memos and the reflection process it includes are key to constructivist grounded theory methods as they aid the researcher to understand his/her position within the research. According to Birks and Mills (2011), memos in grounded theory research are written records of the researcher's thinking during the process of the research from the very early stages and

are documented up until the completion of the project. Corbin and Strauss (2008) recommend that the researcher keep a personal journal as a way of recording their thoughts, actions and feelings that are aroused during the research. As Corbin and Strauss (2008) suggest, this is because an important part of analyzing in grounded theory methods "is reflecting back on who we are and how we ourselves are changed by the research" (p. 85). In the current study, I commenced reflecting and writing memo's during the early stages of the research and kept a fieldwork diary of observations until completion.

Memos are also key elements that enact a role in theoretical sampling. Theoretical sampling is an action whereby the researcher makes a strategic decision about who or what will contribute the rich information to meet their analytical need. Memo writing enables the researcher to map out possible sources that may help clarify further the properties of a category or code identified in the data collected. Theoretical sampling can also help the researcher focus when analysing the data and in particular using the constant comparative method. Using a constant comparative method, the researcher may find out more about the conditions that a category may exist under, the dimensions of a category or the relationship between categories which can lead to further interviews, further questions, and a return to the literature (Aliabat & Le Navence, 2018; Staller, 2013, Boeije, 2002). Theoretical sampling processes occurred during the current research, as I returned to the literature on children in care and their experience of family, and family relationships, following the completion of analysis of the qualitative data to explore further meanings of the core category that were identified.

In addition to this, processes such as the recording of the researchers' decisions, emotions and insights along with field notes writing, memo-writing, and personal notes are described by Greene (2014) and by Probst and Berenson (2014) as exercises in reflexivity. While the meaning of reflexivity can differ depending on the context, reflexivity in qualitative research tends to be understood as an awareness of the influence of the researcher in the research and simultaneously, how the research process affects the researcher (Greene, 2014; Probst & Berenson, 2014). As remarked by Probst and Berenson (2014), reflexivity is both a "state of mind and a set of actions" (cited in Janzen, 2016: 814) which inform the research experience as it is taking place. From this researcher's point of view, engaging in the above, allowed me to develop a daily writing habit, take time to stop and notice, and crucially, to reflect on what she had already read. According to Corbin and Strauss (2008), these kinds of activities can also enhance the process of qualitative data analysis.

4.6.2 *Reflexivity*

This section focuses on the roles of the "observer" and the "observed" in the development of knowledge in the current research study. Reflexivity and reflection on the roles are also discussed below and in more detail in the subsequent chapter.

I acknowledged at the beginning of the research, that I was an insider within the research, and that I could potentially unconsciously select aspects of the participant's lives or episodes within their stories to illustrate my own. When this happens, researchers can subvert participant voices and distort their realities as they know them. As stated previously, I adopted a preference for the use of constructivist grounded theory as the model starts from an epistemological position that regards knowledge as provisional, consensual, and dependent on the researcher's perspectives (Bryant, 2009; Herr & Anderson, 2015). In constructivist grounded theory, the researcher needs to be aware and conscious of their personal experience, along with inter and intrapersonal dialogue in the co-construction of knowledge (Herr & Anderson, 2015; Redman-MacLaren &Mills, 2015). Corbin and Strauss (2008), explore how the researcher can clearly understand their position and bring awareness and reflection on any pre-existing assumptions they may have when analysing data. According to Corbin and Strauss (2008), the assumptions, biases and beliefs of the researcher are not necessarily negative factors in the research, as each individual (the researcher and the participants) are "products of their cultures, the times in which they live, their genders, experiences and training" (p.70). However, from a CGT approach, the point is to be aware and recognise when personal assumptions or beliefs are impacting or influencing the analysis of data, and imposing meaning on the data, hence I took take steps to avoid imposing meaning.

4.7 Mixed-Method Study

Grounded theory, as described by Creswell (2009) is a strategic method of investigation, whereby the researcher derives a general, abstract theory of a process, action or interaction which is grounded in the views of the participants. According to Suddaby (2009), the use of grounded theory methodological approaches is most appropriate when researchers are concerned with understanding how individuals construct meaning and understand their subjective experiences. Grounded theory methodological approaches should also be used in assessing social reality and how this reality is 'known'. Hence, this section will outline the rationale to deploy a mixed methods research approach within the current study. While the researcher in the current study initially considered designing a research project that used only interviews (qualitative approach only), further research into adopting a mixed-method design

and in particular the use of a questionnaire (quantitative method) become more appealing. Creswell and Piano-Clarke (2007) provide a clear rationale for deploying both quantitative and qualitative research methods in the same study. They argue using this mixed-methods approach gives balance to strengths/weaknesses of research that only uses either quantitative or qualitative methods. For example, in quantitative research, the personal bias of a researcher, or the voices of participants are not directly heard. On the other hand, using just qualitative methods such as interviews can also have limitations within research, such as reliance on respondent's accuracy, and subconscious bias (Alshenqeeti, 2014). Creswell and Piano-Clarke (2007) maintain that mixing both quantitative and qualitative methods in research allows for a much more in-depth understanding of the research problem, than just relying on one method of the above. Rudestam and Newton (2001), also argue for a combination of quantitative and qualitative methodologies in social sciences research. The strengths of a combined approach include the rigour and precision of experimental or quasi-experimental designs of quantitative data, with the depth of understanding that can be generated from qualitative methods and data (Rudestam and Newton, 2001). Creswell and Piano-Clarke (2007) also deem mixed methods as 'practical' insofar as the researcher can use combine approaches to research a problem. Creswell and Piano-Clarke (2007) argue that people "tend to solve problems using both numbers and words; they combine inductive and deductive thinking and they (e.g., therapists) employ skills in observing people as well as recording behaviour. It is natural then for individuals to employ mixed methods research as the preferred mode of understanding the world...it is also more persuasive than either words or numbers themselves in presenting a complete picture" (p.10). With this in mind, I integrated the use of scales and words for a more in-depth and complete understanding of the research problem, as adopting such strategies would also be in line with the epistemological standpoint of the research and a constructivist grounded theory study. For example, before the interview took place, I invited participants to complete a questionnaire that included statements such as 'Family is a mum, dad and child' and gave participants the option of choosing strongly to agree, strongly agree, disagree, or strongly disagree with the statement. Furthermore, including both quantitative methods, in the current research, a questionnaire (quantitative element), and qualitative methods in the form of interviews, (all designed under the CGT approach) allowed for complete answers, and ease into the interview, controlled answering order with flexibility and threads that were clear to generate findings.

4.8 Sample Selection

Data collected for this study took place in two phases; during an initial pilot phase that helped shape and design the study and separately on a further 10 one-to-one interviews.

4.8.1 *Criteria for Participation in the study*

Research participants were invited to take part in the research based on the following criteria.

- Participants were considered for inclusion in the study on the basis that they have experience of either residential, relative, or general foster care in Ireland, with a minimum of two years experience of either or all 3 combined.

- Participants must have been subject to a voluntary/statutory care order (A voluntary care order is when a parent permits for the child to be taken into care. A Statutory care order can include an emergency or special care order that authorizes Tusla's to ensure a child's care by being taken into state care. See Chapter Two for further breakdown).

- Participants who are associated with either of the three gatekeeping agencies. (A gatekeeper's role is usually to protect "individuals within the group for whom they are responsible, and to adjudicate upon requests for research to be undertaken within their context" (Kay, 2019, p. 39).

- Participants must be aged 18-23 years of age.

- Participants must also have signed and submitted consent forms before the commencement of the proposed study.

- Participants must have the capacity to commit to a 60-90minute face-to-face interview.

4.8.2 *Exclusion criteria*

Exclusion criteria also applied to the current study. The exclusion criteria were as follows:

- Young people in Ireland who do not have a minimum of two years experience of the care system in Ireland. This ensures that participants of the study are linked into Aftercare services (in line with the National Aftercare for Alternative Care, 2017) and are therefore identified as someone who has experience of the care system.

- Young people in Ireland who are in special care or high support units or are currently involved with Youth Justice Programmes.

- Anyone under the age of 18 years and anyone aged 24years or over.

- Those who have not submitted signed consent forms before the commencement of the study, and those who cannot commit to a face-to-face interview.

- Young people who are involved in a court case related to child and abuse neglect, and young people who are currently involved in an investigative procedure related to child abuse/neglect.

- Anyone whose case is currently undergoing case conference or legal review.

As discussed previously, and consistent with GT the researcher decided to conduct no further interviews when the data gathered reached theoretical saturation. This meant that interviews ceased when no new information such dimensions or relationships to the categories that were identified in the data collection process.

4.9 Overview of stages involved in the research
The proposed research was carried out in several stages.

Proposal: The first stage of the research begun with the development of the research questions and selecting the research methodology, Constructivist Grounded Theory.

Ethical Approval: The second stage consisted of gaining ethical approval from NUI Galway's Research Ethics Committee. Once this was granted, I applied for ethical approval within Tusla (the Child and Family Agency), who have the legal responsibility for child protection and welfare in Ireland and remit covers alternative care, and in particular child in the care of the state and care leavers (18years to 23years). When approval was granted by both organisations, other organisations that worked directly with care leavers were invited to take part in the research. Consultation meetings then took place with the organisations/agencies/gatekeepers. Gatekeepers are defined as a person who stands between the data collector and a potential respondent. Gatekeepers, by virtue of their personal or work relationship to a respondent, can control who has access, and when, to the respondent. During these meetings, gatekeepers were provided with official letters of invitation, consent forms and relevant information and asked to invite young people they work with to participate in the study. A further aim of the meetings was the identification of counselling/support services for individual participants who may be distressed or upset by what they discuss during interviews due to the potential emotive themes of experiences of care and family.

Pilot Phase: Following this, a pilot phase took place. Once the gatekeepers had confirmed a young person who has experience of the care system in Ireland wanted to be part of the pilot phase or study, the young person was given a participant information sheet and consent form by the gatekeeper. The young person contacted the researcher, in some cases via telephone and in others via email. In total 4 young people aged 18-23 years were involved in a pilot phase to

give their feedback on the proposed research. By chance, all four participants were recruited from the same organisation and were somewhat familiar with each other. The group were shown the participant information letter and questionnaire and were invited to give feedback and comments regarding the same. The data and feedback were then transcribed and analysed and any changes were made to the participant information sheet and questionnaire. These changes included rephrasing 'statement I' on the questionnaire from "*One day, I hope to return to live with my birth family to "One day, I hope to* _____ *with my birth family*". Participants of the pilot phase requested that the statement be as open as possible. Participants also requested that the section detailing 'what happens after the interview' be moved toward the end of the participant information sheet. These changes were made accordingly. A full pilot phases schedule is detailed in the appendices, (see appendix 'G'). Participants of the pilot phase helped shape how questions were asked and formulated in the main interviews. This phase of the research helped to ensure that participants directed the conversation on what's important to them when it comes to family and family relationships.

Alterations: Some minor changes to the phrasing and structuring of questions (as detailed above) were the result of the pilot phase. These were altered and changed and both research committees were advised of the changes.

Main Data Collection: Once this was completed, the main data was collected. Participants (differing from those involved in the pilot phase) were contacted once they had consented to be part of the research. They too received an information leaflet and were asked to sign a consent form for recording the interviews. After consent forms were signed by participants, they were given a questionnaire to complete, with the one-to-one main interview taking place immediately after. After each interview took place, the data (from both the interview and questionnaire) was transcribed and analysed straight away to identify codes that may require further exploration in later interviews. Research interviews took place until theoretical saturation occurred, and full interviews (including the questionnaire element) lasted from September 2018 until August 2020.

Discussion & Dissemination: Once interviews were completed, write up, discussion, and dissemination took place.

Table 4.9: Dissertation Timeline overview

Time Frame (6-month lapses overview)	Oct 2016-April 2017	May 2017-Oct 2018	Nov 2018-May 2019	June 2019 -Dec 2019	Jan-July 2020	August 2019-March 2020
Discussion with Supervisor	→					
Proposal	→					
Research Ethics Applications		→				
Memo/Journaling	→					→
Literature Review		→				
References	→				→	
Pilot Phase			→			
Alterations			→			
Data Collection			→		→	
Analysis				→	→	
Write up						→
Proof reading						→
Editing						→

4.10 Developing Qualitative and Qualitative Research

The integration and interpretation of the findings of the research will be explored in much more detail in subsequent chapters. However, at this point, it may be useful to consider how exactly the qualitative and quantitative data were combined in the research. As Creswell and PIano-Clarke (2007) and Hesse-Biber (2010) highlight, combing both quantitative and qualitative data in the same research project can create a more robust and reliable source of data, as through using both methods a triangulation of results can be presented. Incorporating both methods into the same project also allows the results to be questioned in whether the results agreed or converged or indeed diverged in any way. Within the current research, both qualitative and quantitative methods were deployed. This section will now consider how each method was implemented in the research.

4.11 Quantitative research

After the initial literature research, I found many interesting concepts concerning previous studies carried out on the topic of family relationships for young people with experience of the care system, both nationally and internationally. For example, I noted how Welsh (2018) viewed family as the favoured setting for raising children and this made me question does the family have to include a child or person under the age of 18. I also noted how Holstein and Gubrium (1999) stated that family is not just biological, but its meanings have been constructed through interaction and daily relational processes. Similar echoing Finch's (2007) construct of family and the concept of 'displaying family'. I then reflected on the initial readings and on personal experiences and conversations with peers which lead to the development of statements as part of the research questionnaire. Participants answered the statements on a scale range. They were given the options of Strongly Agree, Agree, Disagree, and Strongly Disagree. For example, one of the statements on the questionnaire includes: *Relationships I had with my birth siblings have changed since I entered the Care system.* This statement was based on information from the Child Welfare Information Gateway (2013), where they argued the importance of sibling relationships, the benefits of placing siblings together, and the impact of going into care has on these relationships. The rationale for incorporating statements like the above into the research allowed participants to think about family and family relationships in much more depth as the questionnaire was given at the beginning of the interview. Having statements in the research on the topic of family and family relationships that were based somewhat on previous studies and literature also prevented me from influencing the study given my own experience of the care system and family relationships. This again was in keeping with my chosen methodology, constructivist grounded theory.The scale and statements were used as a means to help participants start to think about family and family relationships in a more in-depth way before the one-to-one main interview (See also section 4.19, page 113).

4.12 Qualitative research

For the initial phase of the research, I chose to carry out a pilot group. As a participant of the pilot phase, participants helped shape how questions will be asked and formulated in the main interviews. The phase of the research helped me to ensure that participants directed the conversation on what is important to them when it comes to family and family relationships (see subsequent sections for information on the pilot phase). The second phase of the qualitative methods included one-to-one, face to face, semi-structured interviews with 10 participants. Individual interviews allowed the researcher to explore in more depth participants perspectives

and understandings of family and family relationships (See appendices 'G' and 'K' for interview schedules/interview questions).

4.13 Participant recruitment and demographics

Demographic information detailing the quantitative and qualitative aspects of the research is outlined in the tables below. The first table in this section details the four pilot participants' demographics. The pilot phase took place in August 2018. The table illustrates that three participants identified as male, and one participant of the pilot phase identified as female. The table also highlights participants' backgrounds including ethnicity and nationality along with their care experience type.

Table 4.13: Pilot Participants Demographics. Note: the names used below are pseudonyms, to protect the confidentiality of participants.

Interviewee Pseudonym	Gender	Involvement in pilot/Main Interviews	Age	Ethnicity & Nationality	Location	Care Experience (Type and time-approx.)
1. Joey	Male	Pilot only	19	Irish	Dublin	Relative and Foster Care (Between 3-5 years approx.)
2. John	Male	Pilot only	23	White Irish	Meath	Foster care for 17-18 years
3. Ella	Female	Pilot only	21	White EU (Dutch)	Limerick	Relative and Foster Care (5-6 years)
4. Alex	Male	Pilot only	18	White Refuge	Dublin	Residential Care and foster care (1-year res & 1-year foster care)

In a distinctly separate process to that used for the pilot interview participants, the interviewees for the current research were recruited under the criteria set out earlier in this chapter. All participants were aged between 18 and 23 years of age, with a minimum of two years experience of the care system in Ireland and engaging in aftercare services across the country. The findings of the current research study are based on the data generated from 10 one to one participant interviews and questionnaires. I reached theoretical saturation (no new data emerges during analysis) from 10 interviews although I had previously envisaged it may have taken longer. Below is a table that illustrates the 10 participants' demographic information.

Table 4.13.1: Demographic Information of Participants: note – the names used below are pseudonyms, to protect the confidentiality of participants.

Pseudonym	Gender	Age	Nationality/Ethnicity	Care Experience Overview
1. Martin	Male	21 years	Irish	20years of General foster care (General here refers to foster cares who were strangers/unknown to the child/young person before placement)
2. Aaron	Male	22 years	White Irish	10 years with 9 years of this in a residential setting
3. Maria	Female	23 years	White Irish	Experience of both residential and general foster care placements, a total of 12 years approx.
4. David	Male	22 years	White Irish	10 years experience in the care system and currently living with relative foster carers
5. Layla	Female	21 years	White Irish	Experience of living in homeless accommodation, residential and foster care, totalling 7 years
6. Darcy	Female	22 years	White Irish	A total of 11 years of general foster care experience.
7. Bob	Male	20 years	White Irish	10 years of care experience relative and general foster care.
8. Cameron	Male	23 years	White Irish	5 and a half years of care experience to include 2 emergency care placements, 2 foster care placements, and 1 residential care placement.
9. Mary Ann	Female	21 years	White Irish	2 and a half years of general foster care experience.
10. Ryan	Male	19 years	White Irish Traveller	10 years of relative care experience

As illustrated in the table above, 6 of the participants identified as male, and 4 participants identified as female. All participants described themselves as Irish and were currently living in one of four different counties in the Republic of Ireland. All the participants were aged between

18-23 years and the interviews took place between September 2018 and August 2020. At the start of each interview, each participant was given a questionnaire that consisted of 8 statements and 1 open question. Although the qualitative interviews formed the primary dataset for the research, both the quantitative and qualitative datasets assisted the researcher in investigating the three core questions that were of concern in the current study, specifically:

• How do people in care talk about family? How do they understand and experience 'family'?

• How do young people in care describe a family relationship?

• What are the legal and policy frameworks in place around family relationships in contemporary Ireland? In what ways might these frameworks help/hinder relationship connections from the perspectives of research participants?

4.14 Implementing the Study

The subsequent sections describe the process of carrying out the research. This includes the ethical considerations of the research, data collection and management. The methods of data analysis are also described, and examples are used to illustrate and conceptualize the process involved.

4.14.1 *Ethical Considerations*

I was cognizant that the issue of family relationships for young people who have experience of the care system is a potentially uncomfortable, emotive and private matter. I was aware of the ethical responsibility linked with this study and thus adhered to key principles such as respect, informed consent, beneficence, non-maleficence, and integrity. However, several other ethical issues emerged during the study.

Before the commencement of the study, I met with the designated child protection Tusla liaison person within the UNESCO Child and Family Research Centre in NUI Galway. Procedures were put in place with the gatekeeper organisations such as using gatekeeper offices to carry out interviews where possible and carrying out the interviews during 9-4 pm. Also, a meeting with the designated liaison person in the Centre allowed me to prepare a protocol should any child protection concern about any participant arise during data collection. This protocol can be viewed in detail in appendix 'M' and 'N'.

Participants were made aware that participation in the study is voluntary and that they could withdraw from the study or refuse to answer questions at any time. At the end of the interview, I opened the space to allow the participant to ask any questions. I reminded the participants that

should they experience any heightened emotions, or be upset and wish to speak with someone, they can contact the designated liaison person in the organisation they were recruited from or contact one of the services from the list they had received at the end of the interview.

Due to the nature of the subject matter, I notified participants of the potential limits in relation to confidentiality in this research project. All participants were notified before taking part in the study that any information that arises about a risk to current children, vulnerable persons, or the participant themselves will have to be reported to the appropriate authorities under the national child protection guidelines and other relevant legislation (Children First Guidance, 2017; Children First Act 2015). This was strongly emphasised to all participants and gate-keeping organisations.

As I spent time in foster care, I was aware that two ethical issues may arise from my own experience. The first is that I may meet participants of the study that I did not know that they also have experience of the care system. The study was designed in a manner to protect potential participants. Potential participants never meet me until they had signed the consent form which states they voluntarily want to be part of the study. In addition, potential participants were able to read about me and see a picture of me (see participant information, appendix 'E' and 'J') before they give consent.

In addition to all of this, I was cognisant of the fact that I have my own bias of the care system due to my experience. The research design used (Constructivist Grounded Theory) gives primacy to the data generated in the interviews and enhances the researcher's awareness of bias. Techniques such as journaling and memoing and the inclusion of a pilot phase, outlined previously, helped ensure that the findings were grounded in the data and contributed to the development of theory grounded in the perceptions of research participants. Finally, ethical considerations in relation to the position of the researcher and the question of research subjectivity are described in more detail in the following chapter on reflexivity.

4.15 Managing the Data

Participants were made aware that confidentiality of information provided cannot always be guaranteed by researchers and can only be protected within the limitations of the law, namely the Data Protection Acts 1998 and 2003. This information was included in the participant's information sheets and informed consent forms.

4.15.1 *Data Storage*

As stated previously, the data collected was in the form of questionnaires and audio-recorded data. The data was stored in a locked bag and was always on my person while travelling. The data was then passed onto a password-protected computer. I stored the document bearing personal information in a locked cabinet with access strictly restricted to the researcher. All computerised data\information was stored with restricted access and passwords. Furthermore, all computerised data\information collected was anonymous and assigned a pseudonym relating it to each participant. The data\information was stored for the duration of the study: until the work is fully reported and disseminated. It will then be stored in a locked cabinet for five years after which time it will be destroyed. This is in line with NUI Galway's Data Retention Protocol and appropriate in meeting all general NUI Galway's auditing requirements. Data containing identifying information will be securely stored and destroyed after use in line with the NUI Galway Data Retention Protocol.

4.16 Methods of Data Analysis and analytic process

According to Corbin and Strauss (2008) analysing the data using GT methods evolves to two main elements: "asking questions of the data and making constant comparisons between incident, codes, and categories" (p. 69). Corbin and Strauss (2008) explain the constant comparison process in this way: "As the researcher moves along with analysis, each incident in the data is compared with other incidents for similarities and differences. Incidents found to be conceptually similar are grouped under a higher-level descriptive concept such as 'flight'. This type of comparison is essential to all analysis because it allows the researcher to differentiate one category/ theme from another and to identify properties and dimensions specific to that theme" (p. 73). Constant comparative analysis is common to all variants of grounded theory methods and the process itself continues until the theory is fully developed.

Urquhart (2002) reports that the constant comparison method ensures rigour in the research as it aids the researcher to develop a deeper understanding of the data and in ensure 'grounding' the theory in the data gathered. In any conceptualisation that a researcher chooses to make, the constant comparative method within GT tends to not just provide an instance in the data, but on replicated and frequent instances of that conceptualisation (Urquhart, 2002). As GT codes are observed and analyzed through the method of constant comparison, "the concepts produced tend to be more substantial than if one had done a 'top down' analysis and picked broad themes from the data" (Urquhart, 2002, p. 48). Therefore, it is also evident that GT methods are not simply inductive, or do not rely just on the information contained in the data, nor does the

development of a theory form from following procedures mechanically. According to Bryant and Charmaz (2007), "Grounded theory strategies allow for imaginative engagement with the data that a simple application of a string of procedures precludes...grounded theorists can build on an epistemologically sophisticated view of emergence that allows for possibilities of emergent but never wholly inductive categories in the practice of theorising" (p. 25). Within the current research study, the constant comparative method, and memoing aided the researcher to be more creative and imaginative when engaging with the data.

Furthermore, Corbin and Strauss (2008) remark about the importance of the researcher engaging in a process of asking questions about the data and the analysis. They contend that this advances the researcher to probe, reflect, develop provisional answers, and become deeply acquainted with the data.

Table 4.16 below illustrates the key stages in which constructivist grounded theory methods were applied to the qualitative data in the current study. This process was adapted from Corbin and Strauss (2008) and Birks and Mills (2015 & 2011).

Table 4.16 Analytic Process for the Qualitative Data
The researcher reads and reflects on the entire transcript of the interview.
Then the researcher divides the transcript into different sections, using natural breaks in the transcript such as a change of topic as a cutting off point. Each section is then examined in data.
The researcher then chooses a piece of raw data as a starting point for analysis
Any feeling thought or emotion that is sparked within the researcher while analysing the data is journaled and a memo is created
Initial or open coding begins when each memo is reviewed and labelled with a concept or code. The code or concept may change depending on the researchers' own thoughts and reflection on the data contained in each quote from the participant.
Starting with the first section of the interview, the researcher begins analysis, while writing memos on what they think the data is about. Each memo is given a date, number, and concept.
Under the date, number and title, the researcher inserts the raw data, which is then followed by a written analysis.
Words or groups of words that seem important and that are taken from verbatim quotes from research participants are known as in vivo codes and these are used as labels; groups of related codes are known as categories.
As the analysis increases, the memos become more complex and longer.
On occasion, the researcher drafts what Corbin and Strauss (2008) call a 'methodological note' which is used to explain/ record analytically what is going on. This strategy is useful, as Corbin and Strauss (2008: 165) note, in assisting the researcher to avoid the mistake of failing to differentiate between different levels of concepts.
As the researcher identifies concepts from the data, the researcher also makes notes in memos that reflect the mental dialogue taking place between the data and the researcher, as a way of assisting the questioning and interpretation of the data. In these memos, the researcher reflects on questions, makes comparisons, makes notes relating to ideas and free-associates. Although as Corbin and Strauss (2008: 169) admit "this system of dialoguing with the data may seem tedious and at times rambling, it is important to the analysis because it stimulates thinking process and directs the inquiry by suggesting further areas for data collection. Most of all, it helps the analyst to get inside the data".
For each code and category, the researcher uses analytical strategies such as, for example, constant comparison, considering the various meanings of a word and reflecting on ideas.
As the analysis progresses and becomes more complex, the researcher asks the following questions of the data and of the codes that are identified as perhaps the more important and frequently occurring ones: what the main concern of the participant is   what explains the difference or variance in the data and   how is that difference or variance resolved in the data of interviews?
When the analysis of any new data collected yields codes that only fit existing categories, the categories are then regarded by the researcher as being theoretically saturated and it is these substantive codes that the researcher explores further and explains them in terms of their properties and dimensions.

Although the process outlined above details the many steps involved in analysing data using grounded theory methods, it does not mean the researcher should interrogate every single piece of data. Corbin and Strauss (2008) remark that analysing every single piece of data is not

practical. Rather, they argue that researchers should use their intuition about selecting what appears to be important in the data and ask questions about the data, as the more questions that emerge the more in-depth the analysis becomes. Corbin and Strauss (2008) propose that this method helps the researcher avoid uninteresting findings and creates the opportunity for a new set of ideas to emerge about the problem under investigation.

4.16.1 *An example of the analytical process*
This section provides more detailed examples of how the researcher applied grounded theory methods of the qualitative data. Thus, identifying important categories allows for the development of a theory.

Throughout the current research study, I was cognizant of Bryant's (2009) work on the rejection of the idea of 'emergence' in constructivist grounded theory methods. Bryant (2009) reported how there should be an acknowledgement of the active role of the researcher in identifying concepts and developing theory. The idea that concepts may, therefore 'emerge' is obscure. Acknowledging that I played an active role as a researcher in the current study meant my perspective was in keeping with Bryant's (2009) constructivist grounded theory epistemology and the rejection of the idea of 'emergence' in analysis and reflection of the data.

Following the steps outlined in Table 4.16 above, I engaged in the process of a constant comparison method, writing numerous memos, and reflecting on theories identified in the data. Many memos that I had drafted up had been created by this process of analysis. At the early stages of the analytical process, I considered several different core and subcategories. For example, I identified 'identity' as a possible subcategory and 'feelings' as a possible core category. I considered identity as it explained some variance in data relating to the impact of the care system on participants family relationships. Equally, 'feelings' was considered as many participants talked about different feelings such as love, loneliness, stigma, difference, kindness and care. To research the final chosen core category of 'belonging' and subcategories of 'feelings' and 'choice' the steps in selective coding play a crucial role. As described by Strauss and Corbin (1990, p. 116) selective coding is "the process of selecting the core category, systematically relating it to other categories that need further refinement and development". In the case of the current research 'belonging' is the core category that was identified in the findings by the researcher, and this was related to the identified sub-categories such of feelings and choice or lack of choice. The presence or absence of a feeling of belonging explains the variance or difference in the interview data. The presence or absence of a sense of belonging in a family or family relationship determines how and whether the research problem of

understanding family relationships is resolved. Similarly, the presence or absence of certain feelings such as love and care can help or hinder family relationships, whilst the other subcategory of 'choice' helps us to understand who family to the participants is as well as that ideas about family can be self-chosen.

The following is an example of a memo drafted in response to the main category identified in the current research study, the concept of 'belonging'. Although the term 'belonging' was only used by 3 participants, other associated meanings and dimensions were used by all participants. Layla (interview number 5), Mary Ann (interview number 9), and Ryan (final interview number 10) specifically stated the term at least two or more times during the transcripts. This concept was then developed into the main category in this constructivist grounded theory method study along with two subcategories 'feelings and 'choice' or lack of.

Sample extract from memo records:

"*Say with foster families it can just click in and sometimes you do not get on with them but that's okay. To know you're in a family, obviously you have your brothers or sisters, like for example my partner he has a child, and that child is not mine, but I treat him as my own. So, we are a little family of our own. But it's just kinda like… You know it's a family when there is love, that unconditional love they're for that child or yourself and that you belong together and that feeling of belonging together*" (Layla, p. 2, L. 32).

4.16.2 *Reflective memo during the initial analysis*
What has belonging got to do with knowing you 'click in' a family. What does belonging have to do with understanding family and family relationships? Why is it important/need/want to belong? What role do foster families play in belonging? What does it mean to 'just click'? It is a given that you already have a connection or belonging to your birth siblings? Can people belong to things other than individuals? What are the rules/boundaries of a family? Can it be extended to those who aren't biologically related like those in Layla's case as she believes her partner and child are part of her's? Does there need to be a child/person under 18 years involved to call it a family relationship? Does Layla have a choice in who she calls family and how many families she is part of? What is important about being treated as 'own' child-what happened when this is present? Are there limits to belonging? When do they know that we belong? When do they join a family relationship/what is involved? What is the connection between feelings of love and feeling a sense of belonging? What, if any, are the other feelings are involved? What activities are there of love/belonging/family-how do we know? What is it

not there-the opposite of family? Unrelated? Unconnected? How is that seen by other participants (Layla, Transcripts Memo, p. 3, July 1st, 2019).

Further memos based on this, and subsequent interview data recorded reflections on why it was important to some participants to belong and have family relationships. These memos, further analysis of interviews and the identification of other concepts that seemed to be important to the participants of the current research led to the development of the core category and related sub-categories.

In line with Hunter et al., (2011b) I used the core category to develop a grounded theory in the following steps: codes developed as properties of categories, for example, considering what, where how and who. Following this, these categories (conceptual elements of a theory) then became properties of the core category and supporting theoretical codes that explained the relationships between categories, their properties, and the overall substantive theory (Hunter et al., 2011b). As Bryant (2009) notes, a substantive theory is one closely linked to the context of the research study (in the current study, care experienced young people understanding and experiences of family and family relationships from across Ireland), but such theories can be developed further into formal theories that can be used in other contexts by other researchers. The steps taken in the process of theory development are illustrated in the table below.

Table 4.16.2: Steps taken of theory development in the current research

Initial coding	Memos	Constant Comparison	Focused Coding	Developing a theoretical model
Open coding allowing for the breakdown of qualitative data (line by line) into excerpts with codes that label the same.	A constant process of recording reflections, thoughts, and questions like diary writing.	A process of data analysis whereby each interpretation and findings are compared with existing findings also noting where concepts re-occur in the interviews.	Identifying recurrent patterns and their related multiple layers of meaning and thus focusing on a core category and theoretical sampling.	Constructing a theoretical framework from the data that explains what is happening in the data.

Using the same concept of 'belonging' as referred to earlier by Layla, the table below demonstrated an example of how I developed my thinking from identifying incidents in the data to conceptualization. A quote from the early part of the transcript of the interview with Layla is open -coded, and then reflected upon in memos.

> *"Say with foster families it can just click in and sometimes you do not get on with them but that's okay. To know you're in a family, obviously, you have your brothers or sisters, like for example my partner he has a child, and that child is not mine, but I treat him as my own. So, we are a little family of our own. But it's just kinda like… You know it's a family when there is love, that unconditional love they're for that child or yourself and that you belong together and that feeling of belonging together"* (Layla, p. 2, L. 32).

Initial coding	Memos	Constant Comparison	Focused Coding	Developing a theoretical model
'Belonging' represents the variety in understanding family and family relationships.	An extensive range of memos recorded on the concept of 'belonging', and its dimensions might mean it can help us understand family and family relationships.	Comparing the different dimensions, and ways in which a related concept is used by different participants help identify similarities and differences in the data.	A range of meanings is investigated under the code attributes.	In the process of theory development, 'belonging', and its related dimensions are identified and developed as the main category with sub-codes identified also.

As a theoretical concept, I identified the relationships of the core category of 'belonging' and the sub-categories of 'feelings' and 'choice' (or lack of choice) in the data gathered. The theory is therefore not based or developed on validation or rejection of my own a priori hypotheses but developed through the constant comparison method.

4.17 Collecting and analysing the Quantitative data

The following section outlines the process involved in gathering and analysing the quantitative data.

As part of the data collection process, a questionnaire was completed by all 10 participants of the study. Before each interview took place, the researcher invited each participant to complete a questionnaire that included statements such as 'Family is a mum, dad and child' and gave participants the option of choosing strongly to agree, strongly agree, disagree, or strongly disagree with the statement. The adaption and application of the Likert scale used in this study helped the researcher examine attitudes to statements about family and associated relationships within the quantitative findings. The Likert scale has in the past been used successfully in exploring whether the implementation of trauma systems worked in the foster care sector (See Bartlett et al., 2018), in assessing the impact of changing neighbourhoods and relationship disruption for children adjusting to new placements in foster care (see Fawley-king et al., 2017). The scale was also used in assessing sibling relationships for young people in foster care and how it was a predictor of resilience (see Wojciak, 2018). In the current research, the researcher developed 10 statements relating to core beliefs from the literature review carried out and from feedback from the pilot phase. The scale and statements were used as a means to help participants start to think about family and family relationships in a more in-depth way before the one-to-one main interview.

The questionnaire also included questions about participant's background, educational status, current accommodation type, the experience of placement types, and ideas and values of family and family relationships. Quantitative data was generated primarily from the outcome of a four-page questionnaire (see appendix 'J'). The questionnaires were given to participants to complete just before the interview with each participant took place. Participants of the quantitative data phase were therefore the same participants who participated in the qualitative phase of the current research. I manually carried out the analysis of the quantitative data (10 questionnaires). There was no comparison group used within the current research.

4.18 Limitations of the Current Study

It can be contested that the absence of substantive verifiable findings constitutes a limitation within the current research. Nonetheless, the study did not set out to present substantive and widely applicable findings in relation to all aspects of family and family relationships for young people who have experience of the care system. The current study aimed to address the following questions: How do care experienced young people talk about family? How do they

understand and experience 'family'? How do they describe a family relationship? These questions were explored through this mixed-method study which deploy a constructivist grounded theory methodological approach, which lead to findings that represent the views and perceptions of the care leavers who took part in the study. The findings that emerge from the current research project, do not claim to speak to the perceptions of care leavers anywhere else. Although consistent with the principles of grounded theory methods, the story of the research provided in this account of the perceptions of the participants in this study and the conceptualisations developed through this research should 'fit' with/ be recognisable to any reader familiar with contexts like those of the participants. While the limited nature of this mixed-methods study means that the findings cannot be generalised to a wider population of care leavers, it does however present credible and convincing accounts of how young people who have experience of the care system understand family and family relationships.

As an exploration of the views of participants concerning the problem under investigation, the current study did not seek out to directly measure the change in perceptions and experiences of family, through a longitudinal study. As it is acknowledged by the researcher that views on family and family relationships may differ depending on age, placement type, and transitioning into care, and being out of the care system for several years.

4.18.1 *The limitations of constructivist grounded theory methods*
The variation of sample size and sampling adequacy and the overall number of participants that must be used to obtain data saturation has been noted in previous grounded theory research. Mason (2010) wrote, "sample size in the majority of qualitative studies should generally follow the concept of saturation … when the collection of new data does not shed any further light on the issue under investigation" (p. 2). The range of sample sizes cited as a minimum for saturation in qualitative research is suggested to range from 20 to 30 (Creswell 1998, 2002), 15 to 20 (Morse, 1994) and at least six (Morse, 2000). Whilst some argue that small sizes are not credible (Laraeu, 2012) others argue that small sample sizes are needed for saturation (Mason, 2010). In addition, research by Sharp and Ispa (2006) reported a small sample size of nine and the findings were conceptually equivalent to those found in other studies with sample sizes of 200. In addition, Roy et al., (2015) concluded that the richness of data from small sample sizes is sufficient for saturation and that large sample sizes can "make it difficult to examine data in all of their complexity, limiting ability to probe data collection, develop emergent questions, or contextualize quotes" (Roy et al., 2015, p. 250). However, "qualitative research which is oriented towards positivism, will require larger samples than in-depth qualitative research does,

so that a representative picture of the whole population under review can be gained" (Boddy, 2016, p. 426). Additionally, "qualitative studies should not be judged by sample size; in grounded theory, sampling is determined by an emergent theoretical approach, as originally defined by Glaser and Strauss" (1967, p. 45 cited in McCrae & Pursell, 2016, p. 2285). I was aware that the lack of substantive findings can be represented as a limitation of the constructivist grounded theory framework. Nevertheless, constructivist grounded theory methodological approaches in studies do not set out to generate substantive findings. The constructivist grounded theory methodology aims to represent the perceptions of the participants involved in the problem in question. Additionally, findings within the current study do not claim to speak of perceptions of participants anywhere else. Whilst the limited nature of such a study means that the findings cannot be generalised to a wider population, it does however present credible and convincing accounts of the ways of how participants drawn from specific contexts understand and respond to the research problem, in this case, family, and family relationships for care leavers.

I was also aware that having multiple participants from different ethnic minorities and different genders could describe different experiences and understanding of family and family relationships. However, despite my best efforts to recruit participants of different ethnic backgrounds and genders, most participants of the current study identified as 'white Irish' and male or female. As noted in chapter two (context chapter) collecting ethnic data can be challenging. For example, defining ethnicity is subjective and given the diverse range of ethnic identities, it can be sometimes challenging for people to identify with a single group. Findings from Rooney and Canavan (2019) support this idea as they report how challenges in agreeing with ethnic categories can arise as people may change ethnicity between data collection phases. Additionally, they report how when people do not wish to disclose their ethnicity it can lead to missing data. This was like the findings of the quantitative (questionnaire data) gathered in the current study, as one participant did not disclose their ethnic data but did disclose their nationality. Whilst all participants did wish to disclose their gender, and as reported in chapter six, all participants identified as male (n=6) or female (n=4).

A further considered limitation of this study was the reliance on gatekeepers and the potential for selection bias. The study was designed in a manner to protect potential participants and a key element of deploying gatekeepers helped ensure this. The gatekeepers provided potential participants with information sheets on the current research study, and participants never met with me until they had signed voluntarily consented to to be part of the study. Snowball

sampling was used as a technique to recruit further gatekeepers and ensure rich data generation on 'family' and family relationships for young people with experience of the care system.

Finally, and in addition to the above, I was cognisant of the fact that I hold my ideas and preconceptions of what family may mean to participants of the study, as I too spent several years in care. The research design and methodology (Constructivist Grounded Theory) being used gives primacy to the data generated in the interviews and enhances the researcher's awareness of bias. Techniques such as journaling and memos and the inclusion of a pilot phase helped ensure that the findings are grounded in the data and contribute to the development of theory grounded in the perceptions of research participants. This limitation and related ethical considerations are described further in the subsequent chapter on reflexivity.

4.19 Strengths of GT, CGT & the overall Study

The application of GT methods in the current study provided several advantages. To start, the application of GT methods is not limited to a specific field, discipline, or type of data (Glaser, 1992). GT methods wide variation of applicability has informed many different areas of research (Morse, 2009). Additionally, Charmaz (2006) noted that GT provides "explicit guidelines" (p.3) that directs researchers to carry out their research. GT is therefore useful for not just novice researchers but pragmatic researchers. With this in mind, this section considers firstly, the limitations of using both GT and more specifically CGT methods and ends with examining the strengths of the research approaches.

According to Maxwell (2005), a research methodology chosen should be relevant to the area of investigation and should meet the needs and skills of the investigator. In the current research, and described earlier, there was a clear rationale in the selection of a particular GT model, that of Constructivist grounded theory (CGT). CGT as an approach to research design and implementation. Firstly, CGT is an accessible and transparent application of GT, as described by the researchers Strauss and Corbin (1990, 1998) and Corbin and Strauss (2008). In addition to this, CGT approaches to research "address power imbalances between participants and themselves (researchers) resulting in a theory that reflects participants' experiences" and can "develop [a] theory that stems from the researchers' rendering of participants' data" (Hunter et al., 2011, p. 6) (parenthesis added for clarity). I selected CGT as the research design and analysis methodology, as I wished to privilege the usually marginalised voices of the young care leavers who I planned to invite to participate in the study. Further to this, I also spent several years in the care system in Ireland. Given this, I was aware that I have preconceptions and biases about

family relationships. Therefore, I pursued a research methodology that made me aware of my position within the research.

In constructivist grounded theory, the researcher needs to be aware and conscious of their personal experience, along with inter and intrapersonal dialogue in the co-construction of knowledge (Herr & Anderson, 2015; Redman-MacLaren &Mills, 2015). Corbin and Strauss (2008), explore how the researcher can clearly understand their position and bring awareness and reflection on any pre-existing assumptions they may have when analysing data. According to Corbin and Strauss (2008), the assumptions, biases and beliefs of the researcher are not necessarily negative factors in the research, as each individual (the researcher and the participants) are "products of their cultures, the times in which they live, their genders, experiences and training" (p.70). However, a strength of the CGT approach, relates to how researchers using CGT methods means that researchers should be aware and recognise when personal assumptions or beliefs are impacting or influencing the analysis of data, and imposing meaning on the data, hence I took take steps to avoid imposing meaning (which are outlined in the previous section on the rationale for selecting CGT).

Another strength of GT and is that GT research methods are not concerned with testing an existing hypothesis or imposing meaning on the data. Rather, it generates concepts and theories through empirical data (Glaser, 1978). In other words, researchers are encouraged to avoid 'preconceived theoretical data' (Myers, 2009, p. 108). GT aids the researchers to discover themes and interpretations that naturally arise from the data (El Hussein et al., 2014). "The generative nature of GT constantly opens up the mind of the analyst to a myriad of new possibilities" (Glaser, 1978, p. 6). Additionally, as a researcher aiming to raise the voices of care leavers in Ireland, I believe one of the most appealing and distinctive characteristics of CGT as compared to classic GT and Straussian GT, is its focus on reflexivity and the position of the researcher/subjectivity. Whilst memoing is a process common to all models of GT, memoing and journaling in constructivist grounded theory became a process of assisting me within the current study, to reflect on my role, any of my biases and my personal experience of the care system and family relationships.

The approach used by grounded theory researchers to collect rich data is another strength of the method. Rich data makes the "world appear anew" (Charmaz, 2006, p. 14). The richness of data provided helps the researcher to go beneath the surface of the participant's social and subjective life (El Hussein et al., 2014; Charmaz, 2006). To unearth this rich data, researchers are expected to see thick descriptions (Greertz, 1973). This can be done through writing "extensive field

notes of observation, gathering through narratives from interviews and above all collecting respondents written personal accounts" (Charmaz, 2006, p. 14).

A further strength of CGT methods in particular and its application in the current study was its alignment to the epistemological and methodological foundations for the current research study, in that the focus was on attempting to understand the meanings that the research participants made of their experiences of family relationships. I also wanted to generate theories that could be used when transferred across contexts related to the area of interest. This factor seemed to me to be different to other methodological approaches such as thematic analysis or even Classical or Straussian grounded theory models.

In addition, the overall strength of the study is that the findings generated it seems will be the first of its kind in Ireland as it provides young care experienced people's views and experiences of family and family relationships generated from a mixed-method study. For example, the findings highlight not just why family is of importance to participants but also what family means to participants, how they experience and understand family and family relationships and why they think they join a family. Additionally, not only does the study aim to privilege the voices of care experienced young people but aims to conceptualise how participants understand family and describe a family relationship based on the narratives they provided. A final strength of the study overall is that it does help bridge gaps in the literature on how the family is understood for care experienced young people and does provide future policy and practice recommendations (see chapter nine).

4.20 Conclusion

The current study aimed to explore the meaning of family and understanding of family relationships for care experienced young people (18-23 years) in Ireland. Influenced by constructivist grounded theory epistemology, the researcher sought a methodology that allowed the participants to be regarded as the experts in the topic and an approach that acknowledges the co-construction of meaning. Thus, raising and privileging the voice of participants whilst generating theories grounded in data. Within the chapter, the rationale for adopting constructivist grounded theory was outlined, along with the rationale for choosing a mixed-method approach, and the overall research design, implementation, and analysis process. It is hoped that at the end of this chapter the reader has been presented with a clear understanding of how the researcher, as Charmaz (2000a), put it, gathered detailed and full data, and 'grappled' with it.

In the following chapter, I describe in more depth, the position I held within the study. In the subsequent chapter, topics such as the question of researcher subjectivity/position, the impact of the insider, reflexivity, and ethical considerations concerning this are also discussed.

Chapter 5: Participants, power, and the position of the researcher

"Subtly varying shades of 'insiderism' and 'outsiderism' ... it can sometimes become quickly apparent that the same researcher can slide along more than one insider-outsider continuum, and in both directions, during the research process" (Hellawell, 2006 p. 486).

5.1 Introduction

In response to Hellawell's (2006) quote above, this chapter sets out how this research is unique in exploring family relationships for young people with experience of the care system in Ireland, given the researcher herself has experience of the same system. This chapter underpins the above by reviewing the epistemological foundation of the study and considers the position of the researcher, and researcher subjectivity. Furthermore, this chapter explores reflexivity, the advantages, and challenges of being an insider and outsider at times, along with the strategies used to minimise the effects of 'insiderism' and 'outsiderism'.

5.2 Epistemological foundations of the study

As with the previous chapter and given that the epistemological foundation of the study is social constructivist and that the methodology chosen is Grounded Theory Methods, I will use the first person singular for the remainder of the chapter. This highlights the role of the researcher in the co-construction of knowledge.

In his *Metaphysics, Aristotle* states "all men by nature desire to know" (Ross and Fobes, 1929). Perhaps if Aristotle was making such a statement today, he would also include women in this statement. Whatever the case, what it means to know is one of the questions addressed by the field of epistemology. The term 'epistemology' is also referred to as the theory of knowledge and attempts to answer many fundamental questions (Rescher, 2003). These questions include, what is the nature of knowledge, what are the obstacles to the attainment of knowledge, what can be known and how does knowledge differ from opinion or belief (Steup & Neta, 2020). In the traditional sense, epistemology is recognised to have three main kinds of knowledge: Practical knowledge, knowledge by acquaintance, and propositional knowledge (Bernecker and Dretske, 2000). Practical knowledge refers to knowledge that is gained by carrying out a task: it is the learning that is 'know how' (Stehr, 2007). This contrasts with theoretical knowledge, which relates to the reasoning, techniques, and theory of knowledge (Stehr, 2007).

Knowledge can help us understand our relation to reality and our contexts. In much of the epistemology literature, Epistemologists tend to focus on both propositional knowledge (knowledge about things is indirect) for example see Williams (2008) and knowledge by acquaintance (knowledge about things is direct) for example see Zagzebski (2017). Given the

nature of the two and given their relevance in how they helped me understand my position within the research, they will both be briefly discussed.

The concept of acquaintance was introduced to contemporary philosophy by Bertrand Russell in his seminal article "Knowledge by Acquaintance and Knowledge by Description" (1910) and chapter five of *The Problems of Philosophy* (1912) (see Russell 1905, pp. 479-480, 492-493 for an earlier discussion). Russell (1910) states that when an individual is in "direct cognitive relation to the object" (p.108), they are directly aware of the object itself. According to Russell (1912) "we have acquaintance with anything of which we are directly aware, without the intermediary of any process of inference or any knowledge of truths" (p. 46). Furthermore, knowledge by acquaintance happens when an individual has immediate or unmediated awareness of propositional truth (Russell, 1912). Propositional knowledge relates to knowledge of facts. For instance, it is commonly agreed that 2 multiplied by 2 is 4.

As stated previously, both knowledge by acquaintance and propositional knowledge by their nature, helped me understand my position within the research, a position that is founded on postmodernism and social constructivism. When locating social constructionism within a postmodernism framework, Burr (1995) argues that no single description of a social constructivist position exists. However, Burr (1995) offers several key assumptions that aided my understanding of my position within the research from a social constructivist perspective. These included

(1) A critical stance towards taken-for-granted knowledge and objective "truths".

(2) Recognition that cultural and historical factors shape how individuals interpret experiences and how knowledge is developed.

 (3) An understanding that knowledge and social action accompany each other.

(4) A curiosity about social processes and interactions. (Burr, 1995, pp. 2–8; see also Creswell, 2009, pp. 8–9).

5.3 Social Constructivism
According to Tamminen (2010) and Edwards (2012) epistemology refers to two underlying assumptions about the process of acquiring or developing knowledge including beliefs regarding how knowledge is created. As stated previously in chapter 4, the epistemological position of the current research study is founded on postmodernism and social constructivism. Social constructionism assumes there are different competing interests and forms of knowledge.

5.3.1 *Postmodern epistemology*

'Social constructionism is a postmodern epistemology which as described by (Hruby, 2001) views that all knowledge is socially and culturally constructed, thus having major influences on every aspect of contemporary human sciences. In addition to this, whilst Burr (1995) argued that there is no one single description of a social constructivist position Burr (1995) as outlined about does identify several key principles pertaining to stance and knowledge. Additionally, Charmaz (2000), states that the researchers "standpoint shapes how we see respondents' stories and may stand in juxtaposition to theirs. We may unconsciously select aspects of their lives or episodes within their stories to illustrate our own and by doing so we can support their voices and distort their realities as we know them" (p.542). In the current study, I selected the methodological approach of constructivist grounded theory methods and started from an epistemological position that regards knowledge as provisional, consensual and - as distinct from classical grounded theory methods- dependent on the researcher's perspective (Bryant, 2009; see also Bradbury & Reason, 2003; Herr & Anderson, 2015). The use of constructivist grounded theory methods offers strategies that seek to highlight and account for the influence of the researcher on the research process. This is described in more detail in the subsequent sections.

5.3.2. *Myth of Subjectivity/Objectivity*

With the previous points in mind, the question of research subjectivity and objectivity in research can arise. In this section I argue that researchers are never fully objective, and so the section discusses the mirage/ myth of subjectivity and its roots in modernist research.

Arguably sociology is concerned with the analysis of social problems, in this case understanding family and family relationships for young people with experience of the care system. According to Timms (1967), sociological analysis had two primary goals. The first is that sociological analysis is related to finding the social definition of social problems and how the problems came to be known at societal or individual levels. The second goal of sociological analysis is to explore the structural roots of social problems and how social location can influence individual functioning. Timms (1967) argues that ''questions of value are inseparable from the study of social problems'' (p.17), however, "sociological analysis should be objective, free from normative pronouncements and unexamined assumptions" (Armstrong, 2014, p.758). Timm's framework is useful in exploring the questions we ask about social problems and the assumptions we make in studying them. However, it is questionable as to whether in this case, researchers can ever be objective in sociological analysis. Research from Staller (2013), Hill

Collins (2000) and Harding (1991) was also helpful to consider as they highlight how objectivity in research has been of concern and debated. Nissen (2013), argues the need to combine both the objective conditions and the process of social construction to address social problems. Objective research itself is usually viewed as research that is impartial or unbiased. The idea to 'remove' oneself from prior knowledge and prejudices to establish objectivity is often linked with the concept of 'innocence' in literature (See McKinley & Rose, 2017; Matsuda, 2015). The notion of 'innocence' however has been reported as problematic as 'innocence' or objectivity in research is never possible, as our life experiences will always affect our understanding of what we observe (McKinley & Rose, 2017; Matsuda, 2015; Berger and Luckmann, 1966).

Knowing that questions related to nature and professional knowledge were of concern and something that philosophers have even grappled with for years (Scruton, 1981), was certainly reassuring to me as a ground theory researcher. Given my experience of the care system questions could be raised as to how objective the research design, process and findings are. Taking this into account, in the following sections I describe the methods I deployed to ensure my awareness of my position in the research. The following sections also discuss how I never perceived myself to be a fully objective researcher in the study and understood that as a researcher I came with my preconceptions and bias about family, family relationships and the care system in Ireland.

In the current study, I was aware that as an Irish white, female, community development worker, educator, and care leaver, I hold assumptions about truth and knowledge that are derived from a variety of social contexts. Therefore, and in line with my research methodology, I understood the necessity of examining personal assumptions and values, to not excessively hinder or influence the findings of the study. In conjunction with a postmodern perspective, I also reflected and was committed to adopt collaborative and participant centred approaches to the research methodology.

5.4 Me, Myself and I: Situating the Researcher in the Research
This section explores how the life experiences and thoughts of the researcher shaped the study. This section also details how the reflexive methods were used to ensure self-awareness and critical management of myself during the study. This section is helpful as it presents some selected auto-biographical details called out as pertinent for the researcher (me/I) during this specific research study (Peshkin 2000, cited in Roulston 2010).

As Gringeri et al. (2013) contends,

"*critical awareness helps researchers shine a light on the diversity and complexity of social locations and relationships we bring to knowledge production and the ways in which our own biographies shape the process and outcomes of research and the interactions with participants*" (p. 2).

The above quote from Gringeri et al., (2013), emphasizes the need for researchers to be critically aware of what they bring to their research. In keeping with this awareness, the next section details my own background, and the experience of relationships I had with my biological family and a general overview of my background from childhood right up to the commencement of this research study.

I was born in the West of Ireland in 1993 to Irish married parents. Some of my earliest memories include those of my family being users of social services. When I was 16 years of age, I decided to run away from home. At the same time, I was studying for my Leaving Certificate exams, which are state exams that mark the end of secondary education in Ireland. A few weeks after running away from home, I was formally taken into foster care. I stayed with my very kind, and caring foster parents for almost two years.

Whilst living with my foster parents I was never very vocal about being in care, partly because I did not understand it at the time, and partly as I viewed my biological family as my only family. The Access Programme at NUI Galway allows students who are typically deemed under-represented at third level and are less likely to progress to university. The programme aims to prepare students academically and personally for an undergraduate programme at third level. When I started the Access Programme, my entry route into third level education, I met with other students who had been fostered, and still, I did not disclose. Thankfully, I successfully passed the Access Course and began to overcome some of my educational barriers. My reading and writing skills were never great and I remember being supported by a special needs teacher in primary school and getting grinds (private tuition) in secondary school. However, the support I received during and after the Access Programme benefited me greatly and prepared me for life in university.

During my time at University, I faced many challenges such as caring for my mum, my family situation, financial difficulties, and worries about accommodation. Nonetheless, I received my Honours degree with majors in Philosophy and Sociology and Politics. I then applied for a Masters in Community Development straight after the degree and was accepted. For the first

time in my life, I felt I was in control of my life and my decisions. Coming from a small rural village and being the first in my family to go to University, I faced much strong negative reaction from some relatives and others in my network but proceeded with the two-year Masters. During that time, my eyes were widely opened to a world of doing research and questioning the life around me. Even with this new and incredibly exciting world in my grasp, I still felt that some of my family relationships were toxic, and I was now educated enough to know I deserved better. It was during the final few months of my master's, and after several counselling sessions, I decided to rethink many of my relationships.

At the age of 22, I began to delete several particularly toxic relationships from my life. It was a particularly vulnerable time for me, but with it came strength. After a conversation with a lecturer from the Access Programme at the time, she encouraged me to seek funding, apply for a PhD and keep up third level education. Like many other times in my life, teachers and lecturers have been crucial in supporting me not in terms of education but my personal life. With the love for research still in me, and my want to make changes in my life, I then set out researching a topic, securing funding, and finding a supervisor.

5.4.1 *Academic Supervision and reflexivity*

According to Fook (1996), supervision is an integral part of reflective practice. Throughout the research, practising reflexivity was helped by the academic supervisory process. The supervision process allowed me to explore and examine various ideas and literature during the PhD process. Besides this, all social science research students in NUI Galway are obliged to have annual meetings with a Graduate Research Committee (GRC). The GRC's role is to ensure the quality of research, compliance with best practices, offer mediation if required and support and provide advice to the research student and supervisor(s) (NUI Galway, 2020). In accordance with GRC guidelines (NUI Galway, 2020), the study had three GRC members. The members comprised of three researchers from the School of Political Science and Sociology, NUI Galway. Each year, I presented my completed, ongoing, and future PhD work. During this process, I also received reflexive feedback on theoretical frameworks and methods of procedure and analysis.

5.4.2 *Research Counselling*

In conjunction with the academic supervision, support, and guidance I was given by both my supervisor and my GRC, I also attended several counselling sessions during the PhD Process. Counselling in conjunction with the academic supervision allowed me to explore what Pillow (2003) describes as the 'reflexivity of discomfort' (cited in Roulston, 2010, p. 118). According

to Shami (1988), "all too often, the insider/outsider question is posed too simplistically as a dichotomy between subjectivity and objectivity" (p. 115). It became clear throughout the PhD process I needed to practice reflexivity but also to explore the feelings of unfamiliarity and discomfort that came with this process. For example, I have never really delved into a space where I explored my ideas of family. Given my experience of abuse, I felt angry and let down at times, and questioned why anyone would want any type of relationship with an abuser, yet this was something that a small sample size of the participants talked about. Some participants explained how they wanted a relationship and contact with their biological family members even if they had been neglected by them. This along with other findings are described further in the subsequent chapters, with recommendations for future policies and practice outlined in chapter nine.

As Hamdan (2009) points out that reflexivity is not just a "simple story of subjects, subjectivity, and transcendence, nor should it entail self-indulgence" (p.381). In addition, Pillow (2003) states that "some researchers use reflexivity as a methodological tool to better present, legitimize, or call into question the research data" (p. 176). Although it is easy to get caught in a circle of 'questioning too easily' and/or of the 'too familiar', I realised reflexivity is more than a methodological exercise and is about the awareness of the self. The reflexivity I practised while in therapeutic counselling, was uncomfortable at times, but served one main purpose. This was to provide a safe space for me to explore personal reflections as distinct from the main concerns of the participants as expressed in the data. As Peshkin (1988) writes, instead of suppressing the researcher's subjectivities, the way research is influenced by perspectives values, social experiences and viewpoint of the researcher can be openly acknowledged. My main concern was that I privileged the perspectives and experiences of the research participants. The process of reflexivity assisted with this.

5.4.3 *Research memo's and Journaling*

To further reflect on my role and position within the research, the constructivist grounded theory strategies of memoing and journaling processes were deployed by me. As stated in the previous chapter, memoing is a process that is common to all variants of GT. In CGT attention is paid to the position of the researcher. Memoing and journaling during the PhD process became a way of assisting me to reflect on my role, any bias I held and my personal experience, given I like my participants have experience of the care system. Similar to a diary, I wrote memos and reflective notes of my thoughts and feelings from the early stages of the research process. Corbin and Strauss (2008) recommend that the researcher keep a personal journal as a

way of recording the thoughts, actions and feelings that are aroused during the research. As Corbin and Strauss (2008), suggest, this is because a crucial part of carrying out analysis in grounded theory methods "is reflecting back on who we are and how we ourselves are changed by the research" (p. 85). In conjunction with Corbin and Strauss, the writing of memos during the research process helped me plan out other sources which in turn helped clarify codes and categories within the data. See the example below where Aaron talks about how coming into care affected his family relationship.

Sample extract from the interview with 'Aaron'.

Interviewee (Aaron): "*I think when you're in care of family it's a lot more tied up in your identity than is normally. Your identity is based around the fact even with your family or your relationship with your family and all this stuff. When you're not in care, sure you have a family and you're in your family and everything but it's not something you'd think about constantly. When you're in care, you kind of do, a lot of people do because you're not with them or you don't see them enough. Or you're seeing them that day and it's a big deal because you don't often*" (Aaron, p. 4, L. 11).

Reflective memo during initial analysis- *Curious about 'identity' and 'constantly' here and how important if at all is having care experience in one's identity? Why does having care experience affect a family relationship and in what ways? Why is a family relationship seen differently? What makes the differentiation? Where are Aaron's views coming from and why does he perceive his situation/idea of family relationships like this? Why does it sound like he is 'constantly remind'? How or who plays a role in this? On personal reflection, is care part of my identity? I do think about family, but I go straight to biological understandings. Actually, now that I think of it I do think of family a lot and it is a big deal seeing them because of certain feelings I have and in some cases, my family visits need to be organised in advance.* (Aaron, transcript memo, 14th September 2018, p. 2)

Memos are also an integral part of the theoretical sampling process. This process allows the researcher to make a calculated decision about who or what could provide more information or a rich source of data to meet their analytical needs. Theoretical sampling processes were used during the current research as I returned to the literature on children in care and their experience of the family once the interview data had been analysed. This allowed me to further identify meanings of the core categories that were found in the original data collection (see also the previous chapter on methodology and the analytical process).

Finally, the process of such recording, re-reading and noting emotions and thoughts overall, allowed me to grow a daily writing habit which as Corbin and Strauss (2008) argue enhances the process of qualitative data analysis. In addition, from listening back to the interviews, and re-reading transcripts I found how certain ideas were repeated and emphasized during the interviews with participants. For example, the extract below describes how Layla felt when describing her ideas and understanding, and her feelings about family and family relationships.

Interviewee (Layla): *"It's good for us to talk about this because there's a lot of stigma around it. Like we come out of care system and it's like you are a stranger to your family because you didn't get to have that family access with your family, or there was something going wrong and the social workers wouldn't allow you, so we lost family time for our own families. That's why it's important to have your voice heard, and talk about these things, and stop the stigma around that"* (Layla, p. 1, L. 11).

Memo: '*Clarify who Layla is talking about when she says 'family'? I.e. Biological? Also, feeling of lost time because of entering the care system? Maybe this is a way her family relationships were affected because of entering the care system? 'Family access' was noted in previous interviews. What influences the ideas of the family? Or where do our notions from family come from? Having voice heard-What does this really mean? Voice heard on what exactly? What roles do social workers have and other professionals? Stigma-what does mean how is it happenings/created?* (Layla, Transcripts Memo, p. 2, July 1st 2019).

In my first memos during the time of the interview, I noted to make follow up questions, as seen above. However, during the interview itself, I never fully realized she had referred to the concept of loss six times. Once the interview was completed and during analysis, I noted that Layla had referred to the concept of loss six times during the interview. I also noted my emotions when reading the section of the transcript back and how regretful I had felt for her particularly when she talked about how her idea and understanding of family has changed over time.

This section how explored how my life experiences and thoughts have shaped the study. In doing so, I have detailed how the reflexive methods were used to ensure self-awareness and critical management of myself during the study. Reflexive methods such as memo-ing and journaling have also been described with a focus on how they were used given my position within the researcher. The following section explores a common issue, that of power when questioning the position of the researcher when carrying out qualitative interviews.

5.5 The insider/outside continuum: a question of Power imbalance?

This section aims to discuss a common problem that arises in carrying out research, particularly the qualitative interview phases of research. The problem relates to that of power and control. For me, and finding my position in the research, the question of power and possible power imbalances during the qualitative interview stage was given considerable thought, given my insider position, ethical considerations and my knowledge and experience of the Care System in Ireland. This chapter, highlights questions of power in my interviews, the power of the researcher, and the good use of power in researcher reflexivity and memoing, the concept of power during research design and analysis. This section has a specific focus on addressing some of the issues with power and control during research design and analysis.

The concept of power has been part of much of the modern discussions relating to carrying out research. Dahl (1957) argues that power, influence and authority are commonplace words that ordinary people share with political practitioners and political theorists (Stinebrickner, 2015). According to Herbert and Edward (cited in Kapur, 2010), power can be defined as the ability to influence the behaviour of others in accordance with one's end. In addition, MacIver (2013) argued that by having power we can have the capacity to centralise regulate or direct the behaviour of others or things.

In much of the qualitative methodology literature, issues of power relationships are explored (see Join- Lambert et al., 2020; Raheim et al., 2016; Delamount, 2016). Other sources delve deeper and are concerned with the use of interviews as part of research designs and the power relationships that follow (see Kill& Moilanen, 2019; Davies, 2018; Kutovatz, 2017). According to Plesner (2011), the issue of power imbalances "has been an issue for anthropologists concerned with how to elicit stories from otherwise marginalized groups, feminists concerned with giving voice to silenced groups of women, and action researchers concerned with making sure research takes into account the needs and wants of the researched" (p.471). Much like Plesner (2011) and Nader (1974) ideas of the methodological stance was of concern during the current research. Specifically, research from Join-Lambert et al., (2020) highlight how young people who have lived in child protection facilities often have had negative experiences of power relations. In their work, they explore suitable methods which takes account of power relations while investigating young people's perspectives on views or matters affecting them. The research was carried out with 16 young people who were living in care in France

and England. The findings of the shortitudinal[3], qualitative and cross-national research argued for an approach whereby participants were given control over the use of the research tools, topics discussed, and spaces in which research data was gathered. Like Join-Lambert et al.'s, (2020) research, the current research was carried out with an approach to empowering the participants involved. For example, the participants of the current study were given control during the pilot phase whereby they discussed and critiqued my original research questions and design. Feedback was given and some phrasing of questions was altered. Another example relates to during the main interviews, whereby the questions were semi-structured and allowed participants to give their own opinion and ideas. Prior to the imposition of the COVID 19 and public health social distancing restrictions, participants of the study could also choose from several different spaces and settings as to where the interview was held.

Whilst it is acknowledged that there are concerns about asymmetrical relationships in research, carrying out this research study has shown me that a researcher can never fully be objective, and both the researcher and research participants bring interests to the table. Familiar with certain vocabulary, having somewhat of an understanding of the Care system in Ireland, and want and need to understand participants voices, I felt the research was not about studying up or down but *sideways*. Like my experience, Hannerz (2002) describes "studying sideways" as the consciousness that a research study could not be interpreted as a matter of studying up or down. Hannerz (2006) uses the term when he carried out research and reflected on the choice of sites of investigation and when he discussed questions of alteriority or "the other" (Hannerz, 1998). Discussing research as asymmetry and/or as a study up or down process is a fundamental problem according to Schrijvers (1991). During the current research, there were times during the process of data collection I worried about the possible absence of dialogue in the interview, given the potential emotive nature of family relationships and fear of participants on how exactly the data would be used. One of the ways in which the questions of power imbalance, ethics and control was displaced was through dialogue. Before the participants met with me, they had an opportunity to read that I too had an experience of the care system. When we met for the interviews, and fully informed consent was given verbally and written, and I again disclosed that I had care experience and that the current study was something I had a great interest in. Building this rapport, and drawing on mutually familiar experiences, I viewed the

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[3] The authors use the term *'shortitudinal'* to describe their meetings with participants over three months. The meetings seemed to serve two purposes 1) potential participants could decide whether they wanted to participate in the research 2) gave young people the opportunity to anticipate the topic they wanted to discuss with the researcher (Join-Lambert et al., 2020).

interviews as an occasion for both my and participants meaning-making, and thus realised the study was not to be simply carried out from a bottom-up or top-down approach but a 'sideways' or middle approach. In conclusion, and whilst on this insider/outsider continuum, I carried out from a constructivist perspective aimed to produce empirical data from "*studying sideways*", a term attributed to Nader (1974) all to raise and privilege the voice of the participants.

This section has explored a common problem that arises in carrying out research, particularly the qualitative interview phases of research. The problem that relates to that of power and control and findings my position in the research has been discussed. Addressing imbalances of power in the current research was important not just for rigour, and my chosen research methodology but also in line with my ethical stance. In addition, addressing questions of power allowed me to gain a better insight into participants experiences by empowering them to have control over things like research design (pilot phase only) and settings for the interviews to take place. The following section discusses the advantages and challenges that I faced given the different positions I held within the current research.

5.6 Advantages and Challenges of insider/outsider relationship:

This section explores the advantages and some of the challenges I faced given my insider and outsider position during the research. Table 5.6 below gives an overview of the advantages and challenges faced during the current research as both an insider and an outsider.

Table 5.6: Insider and Outsider Positions in research

INSIDER	OUTSIDER
Advantages: ➢ Access to Participants ➢ Seen as a member of the group-easier to gain trust-acceptance ➢ Familiar with conditions and language	Advantages: ➢ Independent research, non-judgemental researcher ➢ Researcher foster care placement differs from participants-therefore researcher has little knowledge/bias/assumptions about residential care placement
Disadvantages: ➢ Not seen as researcher but advocate and counsellor by some ➢ Experiencing role conflicts ➢ Difficulties in listening to some participants experience as stories 'too close to home' ➢ Expectation and hope for change	Challenges: ➢ Limited knowledge and understanding of certain experiences

(Adapted from Gerrish, 1997; Kite,1999; Lipson, 1994; Miles & Huberman, 1994; Schatman & Strauss, 1973; Tom-Orne, 1991).

Firstly, I was aware of the advantages that may be associated with my insider position in the current study, such as those described by Fern (2012). Access to research participants can be facilitated more easily when the researcher occupies an insider position due to similar education, experiences, and professional/ support networks. For example, during the initial stages of the research, I was a member of groups such as the Youth Advisory Panel of Jigsaw (a national centre for youth mental health in Ireland) and Empowering Young People in Care (EPIC), a national organisation working in Ireland with and for young people who are or have

been part of the care system (also see chapter 2 for more details). In addition to this, I was aware that responses from participants in qualitative interviews can be influenced by factors such as participants reporting what they think the researcher wants to hear. However, I aimed to minimize such factors by implementing the processes described previously which related to the co-construction of meaning and the privileging of the perspectives of the research participants. Incorporating a participatory approach such as that of a focus group in the initial stages, the constant comparative approach and not testing a pre-existing hypothesis also helped to minimise such factors.

Another advantage to my insider position in the research was that I was viewed as 'part of the group'. Having fully disclosed on my participant information sheet that I have care experience, that the research was something I wanted to carry out and using a photo that identified myself allowed participants to be fully informed about the research and the researcher. Trust with participants developed more quickly than if I was a stranger. It also allowed for a level of intimacy to be developed, all enhancing the telling and judging of truth (Leininger, 1985; Robinson and Thorne, 1988; Ryan, 1993). Furthermore, it seemed to me that I was accepted into the group during the pilot phase and established a good rapport with participants during the individual one to one interviews. However, there was of course a new skill I developed in this process which entailed establishing myself as the researcher whilst ensuring participants still felt comfortable and at ease with the study.

According to Glaser and Strauss (1967) and Chenitz and Swanson (1986), GT methodological approaches allow the researcher to become immersed in the participant's world. Bowers (1988) adds that researchers using the methodology should attempt to take the role of the participants to understand further what their world is like, how it is constructed and what they have experienced. My position as an insider at times during the research allowed me to be familiar with the conditions, and language associated with the care system in Ireland. Whilst I did understand what terms like 'access', 'aftercare', 'care orders' 'care review' and 'risk assessment' meant in relation to the care system, I developed what Carter (2004), and Merriam et al., (2001) describe as a deeper explanation of the phenomenon being investigated, in this case, family relationships for young people with experience of the care system. Thus, being an insider in this regard, allowed for a better opportunity to perceive concepts embedded in the data and how they relate to each other, or in other terms be theoretically sensitive. Furthermore, having my own care experience gave me knowledge of some of the key organisations in the area. This aided my recruitment process as I knew where to gather data.

In the current research, it could have been easy to go 'native' and not be reflective of any of the challenges associated with being an 'insider'. Lipson (1984) argues that acknowledgement of patterns can be hard to identify given behaviour is so familiar. Gerrish (1987) warns "… there was the risk that over-familiarisation with the setting might lead me to make assumptions about what I was observing without necessarily seeking clarification for the rationale underpinning particular actions" (p. 27). In the current research, I was aware that becoming over-familiar with terms, participants and/or experiences could lead me to have bias, be upset or triggered and/or potentially prioritise certain data as main categories. Similar participant stories could also be a possible trigger or prompt upset. Therefore, the study was designed in a way to protect participants and the researcher. Gatekeepers were used in the study and potential participants never meet with me until they had signed the consent form. However, participants were able to read and see a picture of me on the participant information sheet. Techniques such as memo's and journaling (described earlier), key processes part of the CGT methodological approach taken in the research, along with the inclusion of a pilot phase (also described earlier), allowed me to give primacy to the data gathered from the participants and be aware of my own bias and assumption. The research design and analysis processes used all maximised the potential that the findings were grounded in the data generated from the perceptions of the research participants.

As stated previously, my experience and sense of being an 'insider' and outsider' fluctuated during the current research. Whilst having some knowledge and experience of the care system, it was limited in nature. For example, it could be argued that I was an 'outsider' as I did not have experience of a residential care setting, experience of homelessness and/or have other siblings placed in care. Therefore, it became very evident during the interviews I had limited knowledge and experience of the care system in comparison to some of my participants. At times, this was an advantage to me, in the sense I was able to absorb information from participants and their accounts. On other occasions, it was somewhat harder as I had to ask participants to explain certain concepts and their experiences. For example, during the pilot phase of my research, one participant talked about living in a Direct Provision Centre[4], and during my main one to one interviews, a different participant talked about their experience of residential care. Both experiences and accounts were somewhat new to me, as at the time, I knew very little of the policies or legislation they had to adhere to or even what their daily life

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[4] Direct Provision is a means of meeting the basic needs of food and shelter for asylum seekers, while their claims for refugee status are being processed (Source: Direct Provision, Department of Justice, gov.ie, 2021)

experience consisted of. Nonetheless, the participants of the current research opened my eyes to many experiences that I never had even though I was subjected to the same 'system'.

Finally, an interesting point of my 'outsider' position was the fact I was relieved to not have had some of the same experiences as some of my participants. My memo's note how difficult some of the issues that participants have had to deal with such as death/and or loss of birth parents, homelessness, placement moves, and loss of sibling relationships, many of which issues made even harder by having to survive the care system. Yet, the participants presented as kind, empathetic, responsible, respectful, non-judgemental and overall incredible young people. Many of my interviews lasted almost two hours, including the completion of the questionnaire at the start of each interview. I felt the duration of the interview was a testament to how important the topic of family relationships is, as for many participants it was the first in-depth conversation they had ever had on the topic and some of the narratives from participants report the same. This made it interesting as I felt the interview made them think and reflect on their own experiences of family and family relationships just as much as it made me reflect.

Given the guidelines and legislation about including participants voices on matters that affect them (namely article12 of the UNCRC that Ireland ratified in 1992), and the literature outlined in (chapter 3) about the importance of relationships for care experienced young people, it was questionable whether children in care or with care experience were given every opportunity to ever fully discuss their family relationships, have their voice heard, or have input into decisions affecting their family relationships. This reflection was something that arose from the interviews as many participants reported both in the quantitative data (questionnaires) and through narratives how no one had ever asked about what family means to them. This data is highlighted further in the following two chapters, quantitative findings, and qualitative findings. After each interview, I was very much left with food for thought about how much ideas about the family and family relationships have influence and impact their lives.

This section has highlighted not just the advantages and challenges that can be faced by an insider and outsider position but also the idea that these positions were on a continuum throughout the research study and hence, questions, therefore, arose about my insider position and research subjectivity.

5.7 The position of the insider research and subjectivity/positionality

This section considers the insider research position and the concept of researcher subjectivity.

The constructivist grounded theory model is focused on meaning construction (Urquhart, 2007) through a process of coding whereby the data is analysed and grouped into similar categories. Meanwhile, insider research is described as research carried out by an individual who is already a member of the organisation or community which is under investigation. They may be deemed an insider as a result of education, employment, social networks or political engagements (Humphrey, 2013). I occupied a complex position as an 'insider', as stated previously, I have direct personal experience of the care system in Ireland. In addition to this, some of the participants in the research, shared the same gender, ethnic background, and type of placement in care as me. Yet, as an individual conducting sociological research, I was also an outsider, insofar as I was not from the same area, not the same age or gender, nor was I a member of the care placement or from the same care setting from which all of the participants were drawn. This indicates the complexities of insider/ outsider research to which Herr and Anderson (2015) draw attention where they remark: "it is often no simple matter to define one 's position … Researchers will have to figure out the nuances of how they position themselves with regard to their setting and participants" (pp. 39–40). Defining my position as discussed earlier was underpinned by acknowledging and having honest discussions about the closeness and distance from my research topic. Shaping, understanding and questioning what I knew, experienced and understood about family and family relationships for young people with care experience was helped by memoing, journaling, and other methodological approaches I deployed such as research supervision and research counselling as discussed previously. In addition to this, it encapsulates the notion of Hellawells (2006) argument presents earlier, "that the same researcher can slide along more than one insider-outsider continuum, and in both directions, during the research process" (p. 486).

Given this complexity, questions could be raised about the researcher subjectivity within the research, for example, coding can be regarded as an intrinsically subjective process. This, of course, leads to the question of whether two researchers, when given the same data and research problem, would generate the same categories for the data. Even though the researchers may not identify the same categories, it should not present as a problem. GT methods can be located in any paradigm as a way of analysing data on the notion that the researcher has identified his/her perspectives with regards to their philosophy, training and research interests as this enables the reader to make an informed judgement about the researcher's analyses (Bryant, 2009; Urquhart,

2007). This approach was therefore adopted from the initial stages of consulting with young people with experience of the care system, as detailed below.

Aligned with constructivist grounded theory frameworks, I was conscious of the roles personal experience, in inter-and intra-personal dialogue can play in the co-construction of knowledge (Redman-MacLaren & Mills, 2015). With these perspectives in mind, I explicitly stated at the beginning of engagement with gatekeeping agencies and each potential research participant that although I have experience of the care system, it is the participants of the research who will inform me about their experiences and understanding of family, and family relationships. I also clarified that at the heart of the findings will be the participants' conceptualisations of family and relationships, and this will be the same when the findings of the study are broadly disseminated.

5.8 Conclusion

In conclusion, I have responded to Hellawell's (2006) quote at the start of this chapter, by setting out my perceptions and experience of this research exploring family relationships for young people with experience of the care system in Ireland. I have discussed the epistemological foundations of the study and considered my position as a researcher in this chapter. Detailed in the chapter is how I addressed questions of researcher subjectivity and issues of concern such as power imbalances. I have outlined my reflexive account and discussed the advantages and challenges of being an insider and outsider at times, along with the strategies used to minimize the effects of 'insiderism' and 'outsiderism'. In doing so, I have argued how I was never fully objective in my role as a researcher and thus highlighting how others should always consider their position in a research project also. I have also clarified the strategies I adopted to maximize the privileging of the perceptions and understandings of the participants in this research study. In the following chapter, chapter six, I present the quantitative data findings of the current research study.

Chapter Six: Quantitative findings

"As a mixed methods researcher, one important question you must ask yourself is, ''Is mixed methods going to add more value than a single method?" (McKim, 2017, p. 202).

6.1 Introduction

The current study aims to explore how young people aged 18-23 years with experience of the care system in Ireland view and understand family and family relationships. As outlined in chapter four, the current research study used a mixed-methods approach. As McKim (2017) highlighted in the above quote, the researcher should question if a mixed-method approach adds more value than a single method. In the current study, the mixed method approached was adopted as it gives balance to strengths/weaknesses of research that only uses either quantitative or qualitative methods. For example, in quantitative research, the personal bias of a researcher, or the voices of participants are not directly heard. On the other hand, using just qualitative methods such as interviews can also have limitations within research, such as reliance on respondent's accuracy, and subconscious bias (Alshenqeeti, 2014). The researcher of the current study mixed both quantitative and qualitative methods to ensure a much more in-depth understanding of the research problem, than just relying on one method of the above. This chapter presents the quantitative findings of the current study. The responses of participants to the questionnaire along with other data gathered are presented. The chapter begins by describing the data gathered from the questionnaires. This chapter concludes with a summary of the overall quantitative findings. The following chapter presents the main database (qualitative) findings.

The research questions of the current study were as follows:

- How do young people age 18-23 years with experience of the care system talk about family?
- How do they experience and understand family?
- How do young people with care experience describe a family relationship?
- What are the legal and policy frameworks in place around family relationships in contemporary Ireland? In what ways might these frameworks help/hinder relationship connections from the perspectives of research participants?

A total of 10 young people participated in the study and they were interviewed with their transcripts analysed in accordance with the constructivist grounded theory principles and practices (Corbin & Strauss, 2008; Charmaz, 2006). Interviews took place between September

2018 and September 2020 (this includes adherence to COVID-19 restrictions). Participant demographics are described in the subsequent sections.

6.2 Participant Demographics

The interviewees for the current research were recruited under the criteria set out in chapter four, the Methodology chapter. All participants were aged between 18 and 23 years of age, with a minimum of two years experience of the care system in Ireland and engaging in aftercare services across the country. The researcher reached theoretical saturation from 10 interviews although she had previously envisaged it may have taken longer. Reaching theoretical saturation meant that no new dimensions, themes, or new concepts arose during the interviews. The 10 participant's demographics are outlined in the tables below.

Table 6.2: Demographic Profiles: Gender

	Frequency	Valid Percent	Cumulative Percent
Male	6	60	60
Female	4	40	100
Total	10	100	

Table 6.2.1: Demographic Profiles: Nationality/Ethnicity

	Frequency	Valid Percent	Cumulative Percent
Irish/White Irish	9	90	90
Traveller	1	10	100
Total		100	

Table 6.2.2: Further breakdown of the demographic information of participants: note – the names used below are pseudonyms, chosen by the participants themselves, to protect the confidentiality of participants.

Pseudonym	Gender	Age	Nationality/Ethnicity	Care Experience Overview
1. Martin	Male	21 years	Irish	20 years of General foster care (General here refers to foster cares who were strangers/unknown to the child/young person before placement)
2. Aaron	Male	22 years	White Irish	10 years with 9 years of this in a residential setting
3. Maria	Female	23 years	White Irish	Experience of both residential and general foster care placements, a total of 12 years approx.
4. David	Male	22 years	White Irish	10 years experience of the care system and currently living with relative foster carers
5. Layla	Female	21 years	White Irish	Experience of living in homeless accommodation, residential and foster care, totalling 7 years
6. Darcy	Female	22 years	White Irish	A total of 11 years of general foster care experience
7. Bob	Male	20 years	White Irish	10 years of relative and general foster care experience
8. Cameron	Male	23 years	White Irish	5 and a half years of care experience to include 2 emergency care placements, 2 foster care placements, and 1 residential care placement
9. Mary Ann	Female	21 years	White Irish	2 and a half years of general foster care experience
10. Ryan	Male	19 years	White Irish Traveller	10 years of relative care experience

As illustrated in the tables above, 6 of the participants identified as male, and 4 participants identified as female. All participants described themselves as Irish and were currently living in one of four different counties in the Republic of Ireland. All the participants were aged between 18-23 years and the interviews took place between September 2018 and August 2020. At the start of each interview, each participant was given a questionnaire that consisted of 8 statements and 1 open question. Although the qualitative interviews formed the primary dataset for the research, both the quantitative and qualitative datasets assisted the researcher in investigating the three core questions that were of concern in the current study. The following section presents the quantitative data findings.

6.3 Quantitative Data Findings

The following sections present the qualitative (questionnaire) data findings. As stated previously in chapter four, the questionnaire was completed first by the participants followed by a one-to-one main interview with the researcher. The questionnaire served two main functions, a) to gather participant demographics and give context to their care experience and b) to gain an understanding of their views on family and about family relationships. The statements as outlined in chapter four, methodology, has been devised from previous research studies (see chapter four-methodology). Participants were invited to indicate their level of agreement or disagreement with the following statements which formed the later part of the questionnaire:

A) Family is a mum, a dad and a child.
B) I believe that family can only consist of biologically related people.
C) Relationships with my birth family has changed over time.
D) Relationships with my birth siblings has changed over time.
E) Nobody has asked what family means to me.
F) I feel I am forced to meet with my birth family.
G) Relationships I had with my birth siblings have changed since I entered the Care system.
H) I like my foster family because they treat me like their own child.

The following tables give a more in-depth breakdown regarding responses to the statements on the questionnaire.

	Frequency	Valid Percent	Cumulative Percent
Strongly Agree	1	10	10
Agree	2	20	30
Disagree	6	60	90
Strongly disagree	1	10	100
Total	10	100	

Table 6.3.2: Statement A and participant responses

Statement about Family A)	**Family is a mum, a dad and a child.**
Responses: **Strongly Agreed:** Lalya, **Agreed:** Martin, David, **Disagreed:** Aaron, Maria, Darcy, Bob, Mary Ann, Ryan **Strongly Disagreed:** Cameron	

Table 6.3.3: Statement B and participant Responses: I believe that family can only consist of biologically related people.

	Frequency	Valid Percent	Cumulative Percent
Strongly Agree	0	0	0
Agree	1	10	10
Disagree	4	40	50
Strongly disagree	5	50	100
Total	10	100	

Table 6.3.4: Statement B and participant responses

Statement about Family B)	I believe that family can only consist of biologically related people.
Responses: **Strongly Agreed:** n=O **Agreed:** Cameron, **Disagreed:** Darcy, Layla, Bob, Mary Ann, **Strongly Disagreed:** Martin, Aaron, David, Maria, Ryan.	

Table 6.3.5: Statement C and participant responses: Relationships with my birth family has changed over time

	Frequency	Valid Percent	Cumulative Percent
Strongly Agree	5	50	50
Agree	5	50	100
Disagree	0	0	100
Strongly disagree	0	0	100
Total	10	100	

Table 6.3.6: Statement C and participant responses

Statement about Family c)	Relationships with my birth family has changed over time.
Responses: **Strongly Agreed:** Layla, Mary Ann, Cameron, Ryan **Agreed:** Martin, Aaron, Darcy, David, Maria, Bob, **Disagreed:** n=0 **Strongly Disagreed:** n=0	

Table 6.3.7: Statement D and participant responses: Relationships with my birth siblings has changed over time

	Frequency	Valid Percent	Cumulative Percent
Strongly Agree	4	40	40
Agree	6	60	100
Disagree	0	0	100
Strongly disagree	0	0	100
Total	10	100	

Table 6.3.8: Statement D and participant responses

Statement about Family D)	**Relationships with my birth siblings has changed over time.**
Responses: **Strongly Agreed:** David, Layla, Cameron, Ryan **Agreed:** Martin, Aaron, Maria, Darcy, Bob, Mary Ann, **Disagreed:** n=0 **Strongly Disagreed:** n=0	

Table 6.3.9: Statement E and participant responses: Nobody has asked what family means to me

	Frequency	Valid Percent	Cumulative Percent
Strongly Agree	4	40	40
Agree	4	40	80
Disagree	2	20	100
Strongly disagree	0	0	100
Total	10	100	

Table 6.3.10: Statement E and participant responses

Statement about Family E)	Nobody has asked what family means to me.
Responses: **Strongly Agreed:** Darcy, Mary Ann, Cameron, Ryan, **Agreed:** Aaron, David, Layla, Bob, **Disagreed:** Martin, Maria, **Strongly Disagreed:** n=0	

Table 6.3.11: Statement F and participant responses: I feel I am forced to meet with my birth family

	Frequency	Valid Percent	Cumulative Percent
Strongly Agree	1	10	10
Agree	1	10	20
Disagree	3	30	50
Strongly disagree	5	50	100
Total	10	100	

Table 6.3.12: Statement F and participant responses

Statement about Family F)	I feel I am forced to meet with my birth family
Responses: **Strongly Agreed:** Cameron, **Agreed:** Maria, **Disagreed:** Aaron, Bob, Mary Ann, **Strongly Disagreed:** Martin, Darcy, David, Layla, Ryan	

Table 6.3.13: Statement G and participant responses: Relationships I had with my birth siblings have changed since I entered the Care system

	Frequency	Valid Percent	Cumulative Percent
Strongly Agree	6	60	60
Agree	3	30	90
Disagree	0	0	90
Strongly disagree	1	10	100
Total	10	100	

Table 6.3.14: Statement G and participant responses

Statement about Family G)	**Relationships I had with my birth siblings have changed since I entered the Care system**
Responses: **Strongly Agreed:** Martin, Maria, Layla, Mary Ann, Cameron, Ryan, **Agreed:** Aaron, Darcy, Bob, **Disagreed:** n=0 **Strongly Disagreed:** David	

Table 6.3.15: Statement H and participant responses: I like my foster family because they treat me like their own child

	Frequency	Valid Percent	Cumulative Percent
Strongly Agree	3	30	30
Agree	2	20	50
Disagree	1	10	60
Strongly disagree	3	30	90
Not Applicable	1	10	100
Total	10	100	

Table 6.3.16: Statement H and participant responses

Statement about Family H)	I like my foster family because they treat me like their own child
Responses: **Strongly Agreed:** Martin, Darcy, David, **Agreed:** Maria, Bob, **Disagreed:** Layla, **Strongly Disagreed:** Mary Ann, Cameron, Ryan **Note this question did not apply Aaron as he described having residential care experience only.**	

Table 6.3.17: Statement I and participant responses

Statement about Family I)	One day I hope to ……………with my birth family (Optional question)
Comments from the participants were as follows: **Darcy:** One day, I hope to [reunite with] my birth family. **David:** One day, I hope to [have a better relationship] with my birth [mum]. **Maria:** One day, I hope to have [a better relationship] with my birth family. **Layla:** One day I hope to [have a supportive relationship] with my birth family. [In additional notes, Layla wrote about how the last placement felt like her last foster placement had treated her like their own. They had another foster child, so she reported not feeling alone. **Bob:** One day I hope to [have a better relationship] with my birth family. **Mary Ann:** One day I hope to [truly feel apart with my birth family[sic]]. She also noted how she would have liked a question involving foster siblings. **Cameron:** One day I hope to [not be so weird] with my birth family. Additional notes: felt he was forced whilst in care to have a relationship with her birth family but does not feel this since he has left care.	

Ryan: One day I hope to [get closer with my little brother and sister].

Table 6.3.18: Summary of statements and responses

Statement	Strongly Agree or Agree with the statement (valid percentage)	Strongly Disagree or Disagree with the statement (valid percentage)	Cumulative Percentage
Family is a mum, a dad and a child.	30	70	100
I believe that family can only consist of biologically related people.	10	90	100
Relationships with my birth family has changed over time.	100	0	100
Relationships with my birth siblings has changed over time.	100	0	100
Nobody has asked what family means to me.	80	20	100
I feel I am forced to meet with my birth family.	20	80	100
Relationships I had with my birth siblings have changed since I entered the Care system.	90	10	100
I like my foster family because they treat me like their own child.	50	40	90 + N/A 10 = 100

6.4 Analysis of results

The adaption and application of the Likert scale used in this study helped the researcher examine the intensity of attitudes to statements about family and associated relationships within the quantitative findings. The Likert scale has in the past been used successfully in exploring whether the implementation of trauma systems worked in the foster care sector (See Bartlett et al., 2018), in assessing the impact of changing neighbourhoods and relationship disruption for

children adjusting to new placements in foster care (see Fawley-king et al., 2017). The scale was also used in assessing sibling relationships for young people in foster care and how it was a predictor of resilience (see Wojciak, 2018). In the current research, the researcher believed the use of the scale helped participants start to think about family and family relationships in a more in-depth way before the one-to-one main interview. Note, 1 participant, equals 10% as 10 participants participated in the study.

The results from the use of the scale outlined several very clear findings and they are:

1) 70% (n=7) of participants believe that family is more than a mum, dad and child.

2) 90% (n=9) of participants reported that families can consist of more than just biologically related people.

3) 100% (n=10) of participants believed their relationships with their birth family had changed over time.

4) 100% (n=10) of participants believed that their sibling relationships have changed over time.

5) 80% (n=8) of participants have not been asked by anyone and not outside of their participation in this research about their family relationships or who family is to them.

6) 20% (or 2 participants) reported being forced to have a relationship with their birth family.

7) 90% or 9 out of the 10 participants stated their relationship with their birth siblings had changed since entering the care system.

8) 50% or 5 participants said how they believed their foster families treated them like their own child.

6.5 Summary and Conclusion of the quantitative findings

The table below presents a summary of the data gathered from the quantitative findings.

Table 6.5: Summary of statements and responses

Statement	Strongly Agree or Agree with the statement	Strongly Disagree or Disagree with the statement
Family is a mum, a dad and a child.	N=3 participants	N=7 participants
I believe that family can only consist of biologically related people.	N=1 participant	N=9 participants
Relationships with my birth family has changed over time.	N=10 participants	
Relationships with my birth siblings has changed over time.	N= 10 participants	
Nobody has asked what family means to me.	N=8 participants	N=2 participants
I feel I am forced to meet with my birth family.	N=2 participants	N=8 participants
Relationships I had with my birth siblings have changed since I entered the Care system.	N=9 participants	N=1 participant
I like my foster family because they treat me like their own child.	N=5 participants	N=4 participants

The chapter has presented the qualitative findings of the current research study. Overall, the quantitative findings of the study highlight how many participants such as David, Maria, Layla and Bob would like a better and supportive relationship with their birth family and siblings. Many participants such as Martin, Darcy, David, and Ryan shared a common view that they are

not forced to have these relationships with birth families. On the contrary, Cameron and Maria shared their feelings of being forced to meet with their birth family. Nine of the 10 participants reported their birth sibling relationships has changed since entering the care system. Finally, the quantitative data also highlights how half of the participants reported being treated like the foster parent's own child (participants such as Martin, Darcy, David, Maria) and participants such as Mary Ann, Cameron and Ryan did not share this view from their own experiences. Despite analysing the data across multiple factors such as gender, ethnicity length of time in care to see whether there were any differences or patterns along those lines, there does not appear to have been. The following chapter focuses on integrating both the qualitative and quantitative findings and discussing both with relevance to relevant literature.

Chapter Seven: Qualitative Findings

"A person joins a family when there is a loveable connection made between the person that is joining a family and the people who are within the family already, and it's when there is a connection made and there's ya know, there's a relationship built, a loving relationship built between those people is when a family bond is established. It's not like you get hit by this brilliant flash of light and oh my goodness you're part of a family. For a bond to be made there has to be a connection between two or more people and the bond, obviously the same way as you'd put a plug into a socket, they both have to work together in order to make that connection. Otherwise, if one doesn't make the effort so to speak the connection fails"

(Martin, p. 4, L.30ff).

This chapter presents the responses of participants or qualitative information (primary database) gathered during the one-to-one interviews. *Belonging* is the core category that was identified in the findings by the researcher, and this was related to the identified sub-categories of *feelings* and *choice* or lack of choice. The presence or absence of a feeling of belonging explains the variance or difference in the interview data. The presence or absence of a sense of belonging in a family or family relationship determines how and whether the research problem of understanding family relationships is resolved. As highlighted by interview participant Martin in the above quote, a socket will always be made to ensure it fits a particular plug. The connection is important, and in this analogy, both the plug (young person) and the socket (family relationship) must both work together to ensure a good fit or belonging and that the connection works. The plug cannot be forced to fit or belong to a socket to which it does not and vice versa. Both the socket and plug also need to hold certain elements (qualities of a meaningful relationship) to ensure the full potential of the plug and socket to work or fit. Removing any elements of the plug or socket can affect the connection. Note: The quote from Martin along with the following quotes in this chapter will be discussed further in the following chapter.

This chapter also identifies how participants (under the use of pseudonyms) reported feelings of shame and stigma for having been subjected to the care system. Many participants such as Aaron, Maria and Layla, talked about how they would not disclose particularly to friends the fact they have experience of the care system and how entering the care system affected their family relationship, again influencing their idea or perception of identity and ultimately of belonging. Participants also talked strongly about the role of professionals in the sector and how social workers, aftercare workers and others shaped their experiences of family contact and

family relations. This is also discussed in the subsequent sections. Finally, responding to the third research question, policy and legislative frameworks are also analysed in terms of their influence on helping/hindering family relationships and contact. The following section presents the qualitative data, the primary database in terms of addressing the key research questions.

7.1 Findings in terms of research questions

This section presents the qualitative findings first in summary whilst relating them to the research question. The chapter then proceeds to explore the data in further detail. The first table below presents an overview of how participants of the current study talk about family.

Table 7.1 Research Question 1.
1. How do people with the experience of the care system in Ireland talk about family?

Participants of the current research study conceptualised family as an important concept for them for many different reasons. Crucially, participants reported they had a different perception of a family because of their experience of the care system to those who do not have experience of the care system. Many participants such as Aaron, Layla and Cameron talked about how their family relationships had been impacted because of being subjected to the care system. For example, entering the care system meant changes in where they lived, sibling relationship breakdowns, visits and contact related issues, and the impact on their mental health. They also talked about how going into care has affected their identity, how they think about family constantly, not seeing siblings and family members enough, visits being a' big deal.' Participants such as Maria reported feeling they had to lie if their 'real' family has not picked you from school and it seemed to the researcher that real family reference, in this case, is made up of biological relatives living together.

Participants talked about family in terms of identity, belonging, connection, a bond, permanence and how they viewed it as a safety net. Participants stated there were clear characteristics of meaningful family relationships such as the feeling of comfort, respect and loyalty, and that these relationships could impact their stability, instability, permanence and outcomes.

Displays and happenings of family featured greatly throughout the interviews when participants talked about family. Participants stated how they have perceived ideas of family and what it should look like and how it should feel. Many stated for example how Christmas and birthdays were perceived as times/occasions/events when you should be spending time with family. They also discussed how their 'ideal' views of a family came from influences such as the media. Some participants even noted how their family relationships could be

viewed as the stereotypical 'dysfunctional family relationship' because they were placed in the care system.

Joining a family itself, participants reported, should be a natural process and not forced, and something that should happen over time whereby you slide into place and think these are some of the most important people in your life. Participants such as Cameron, Mary Ann and Ryan strongly about this. For some participants family should mean permanence, stability, and not moving around, different places, leaving schools and communities. It was also noted by the researcher (and/or by the participant) that families would and should have some conflicts or disagreements and this is part of the relationship.

Overall, participants view family in its widest sense and believe it is a self-chosen thing. From the perspectives of the research participants, there is no clear structure to what a family should look like, but certain feelings, emotions and events can be associated with family relationships and this was a commonly reported perception of the participants. Some participants also believed that family was linked with the concept of home and being a safety net. In addition, family life can just as much happen in a residential setting as it can in foster family placement. The researcher also observed participants sadness in how they talked about how they felt, and in some cases were related, it seemed, to how they were forced to have family relationships, where, for example, they were not given a choice in decisions making process around contact (such as in the cases of Layla, and Darcy) and how this was seen more as a right of the parent and not of their own (such as in the cases of Bob and Cameron). Others reported that they wished they had better relationships and could have spent more time with birth families particularly with birth siblings like in Ryan's case. Participants, such as Martin, Layla and Cameron stated how important the topic of family is and how it should not be assumed that you may only have one family, or that your family is your birth family.

Overall, participants viewed family as fluid and ever-changing in nature and held the view that their ideas about and experiences of family a can change over time. These findings highlight the importance of care experienced young people to have their voices heard in a meaningful way when it comes to family relationships for the reasons outlined and in conjunction with the quantitative findings presented earlier in the chapter.

The second table below presents an overview of how participants of the current study understand and experience 'family'. The table presents an overview of findings in relation to the second research question.

Table 7.1.1: Research Question 2.

How do young people with experience of the care system in Ireland understand and experience 'family'?

Participants involved in the study reflected on who they considered part of their family. For many, this included their birth families, foster families and friends. Some participants, such as Cameron, Layla and Darcy talked about how partners and professionals could also be seen by them as part of their families.

In terms of joining a family, participants mainly agreed that there was no one time in which you join a family that is not your birth family. Some participants such as Darcy reported that joining your birth family would happen on the day of birth. For others, such as Maria, Mary Ann and Ryan, it focused much more on the feeling and sense of belonging. Whilst participants shared a view that while a care experienced young person may not be able to choose his/ her birth family she/ he should have a choice in who she/he calls 'family'.

Participants felt that family and family relationships were important and something in which you could belong, however, many relationships had been affected by entering the care system. Many participants talked about how their idea of a family had changed because of entering the care system. Participants such as Darcy, Cameron and Bob, noted how their experience of family has been impacted because of people, such as social workers making a decision on their behalf around visits and family time with their birth families. Participants also reflected on how they understand and experience family, and this mainly was through emotion/feeling and activities which are outlined in the subsequent section.

The third table below presents an overview of how participants of the current study described their experiences of a family relationship and/or relationships. The table presents an overview of findings in relation to the third research question.

Table 7.1.2 Research Question 3.
How do young people in care describe a family relationship?

Participants of the current research study said how they would describe a family relationship by using several characteristics. These in the main included a feeling of comfort, loyalty, respect, love, care, trust, and a feeling of being wanted/belonging. The relationship itself would be a bond and should, they reported, feel natural. Participants were clear that there should be no comparisons and fair rules within the relationship. They felt that there should be no difference in the way in which a child in care is treated to, for example, foster siblings. Participants wish were that they were treated as if they were the biological children of the foster family caring for them. Many agreed that being a blood relative made you family, rather the bond and feeling of belonging you had with others.

Participants also made clear what activities they considered to be part of family relationships. These included 'normal things', like having dinner together, watching tv, fighting over the remote, having disagreements, and talking to them about problems or issues. Being with them on family happenings/events is also important. For example, this could be spending time with them on birthdays, or at Christmas.

According to some participants, you know you are part of a family relationship because you do not have to overthink it. For others, being part of a family relationship meant a safety net and somewhere where you belong, and its importance to your identity. For participants it was not easy to pinpoint the specific point in which they join a family relationship, however, for the participants, it should be comfortable and be a natural process. For some, they report that the relationship is so natural you do not even realise you are part of the family and for other participants, the relationship was described as hurtful if it is not reciprocal, if those who were identified as family by a participant did not also regard the young person as part of the family.

It seems that these family relationships can change in nature and many of the participants reported that they did, particularly when it came to discussing sibling relationships. Relationships with foster families also changed, with some participants feeling a sense of belonging in their foster families after time, whilst other placements did not work out, and participants moved on or into residential settings. Participants who had experience of a residential setting also noted that they would experience what was a family relationship with residential staff for which they were grateful.

In any case, relationships with birth families, friends, partners, professionals, foster families, and peers are all featured in the accounts provided by participants and in different instances, these people were considered by different participants as part of family. These people were also reported as having influenced family relationships perceptions for participants in different ways; some were positive influences, and some were negative. In some cases, religion and the Irish Constitution impacted ideas of a family (in the case of Martin), along with others who talk about how the media and movies had impacted their ideas of a family (such as Aaron and Layla). Professionals too such as social workers, key workers and youth workers also impacted how some participants view and understood their family relationships. They reported how in some cases professionals did not allow them enough meaningful participation in decisions regarding family contact (Darcy and Martin). In other cases, they felt forced to have birth family relationships (such as Cameron).

Overall, participants stated that family relationships with whomever participants called family, can provide stability and/or enable instability for the young person thus affecting their sense of belonging.

The fourth table below presents an overview of legal and policy frameworks in Ireland that can impact family relationships. Detailed also is how these frameworks can impact relationship connections.

Table 7.1.3: Research Question 4

4. What are the legal and policy frameworks in place around family relationships in contemporary Ireland? In what ways might these frameworks help/hinder relationship connections from the perspective of research participants?

All participants of the current research study were asked their views on the current legal and policy frameworks in place and if they had affected their family relationships in anyways. Whilst many participants such as Aaron, Maria, and Layla all noted how entering the care system had affected their family relationships, participants such as Mary Ann, Bob, and Martin noted how difficult but important it was at the time to have their voices heard in matters and decisions affecting them and their family relationships. Others such as Martin, Darcy and Mary Ann reported that family time can be hard to organize and noted the role of

professionals such as social workers and their role in supporting visits. However, participants reported that they believed/ felt there needed to be a shift away from using the term 'access' to something less formal such as 'family time'. Participants also stated practical ways in which policy could better help family relationships for young people with experience of the care system. For example, many participants had specific ideas on changes in policy such as Aaron who noted how siblings should be kept together and how there should be further input from care experienced young people in the recruitment and training of foster carers. Mary Ann noted that planning for Aftercare should include what different family relationships might look like and how family relationships need support post 18 years. Bob and Maria stated that more education was needed in school about the foster care system and Ryan suggested a peer mentoring programme where children and young people in care could support each other with issues such as family relationships. Whatever the policy reform needed from the perspectives of the participants, it was clear to the researcher from the findings that family was a very important topic for young people with experience of the care system for different reasons. It was also evident to the researcher that finding a balance between the rules of family visits and contact and meeting the young person's needs or wishes to see or not see family was needed.

The fifth table below presents an overview of the core category of 'belonging' and subcategories of 'feelings' and 'choice' or lack of. The table highlights how the core and subcategories were identified in the research.

Table 7.1.4 Grounded theory core and sub-categories
What is the core category grounded in the experience and perceptions of the qualitative interviews research participants?
Findings of the Qualitative Research.
Core category: 'Belonging'. The research participants' main concern relating to understanding family and family relationships was from the category of belonging. The presence or absence of the feeling or sense of belonging determines how participants understand and experience family and family relationships.
In addition to the core category of 'belonging', the subcategories of feelings and choice were identified in the data by this researcher. The subcategories of feelings/emotion refer to when the participants feel there is a sense of belonging present and have what seems to be a clear

sense that they are part of a familial relationship. On the other hand, participants referred to several feelings and emotions to understand how they felt when they did not feel they 'belong' or experience a sense of belonging. Choice also featured in different ways. Sometimes participants referred to 'choice' as they did not choose to be biologically related to their birth families. They also talked about the category of choice when in decision making and choosing who they see as their family. These categories are developed further in subsequent sections.

7.2 Theoretical Coding- Results: The Core Category 'Belonging'.

The quantity and quality of interviewee's data were rich and comprehensive, and this led to the main category being selected by the researcher as well as two subcategories. Through the processes of constant comparison of data and concepts, the researcher took the data from categorical identification and analysis to a level of abstraction whereby final refinement meant an overarching category of 'belonging' could explain the relationship between categories. The core category of 'belonging' reflects the main understanding and experience participants have of family and family relationships. The presence or absence of a feeling of belonging explains the variance or difference in the interview data. The presence or absence of a sense of belonging in a family or family relationship determines how and whether the research problem of understanding family relationships is resolved. The following section explores both the core category of belonging and subcategories further. The real names attributed to the quotations that follow are not the interviewees' real names but are pseudonyms chosen by participants themselves.

7.3 How do young people in care talk about family?

"Families are more than having a child. Almost all my friends were raised by single parents. It's weird to think— [pause in speech] obviously it is implied here [referring to a statement in questionnaire] that the family is only a mum and dad and a child. It's just strange. In fact, the families I know that are a mum and dad and a child or kids, it's the minority" (parenthesis added for clarity) (Aaron, p. 1, L. 15).

In responses to being asked what he thought of the statements in the questionnaire, Aaron reported the above. He believed that families are more than having a child. This idea that family is a mum, a dad and a child, also featured in a slightly different way throughout other participants narratives. For many participants of the current research, the nuclear idea of a

family was discussed and disregarded. Participants of the study such as Mary Ann directly referred to the nuclear idea of family and its meaning; a group of two parents and their children.

"I suppose my idea of family would be very different to what's the nuclear perception of family and what's in the movies and stuff like that. I would view family as the people that you go to when you feel scared, or the people that you go to when you need verification, people that you know will be there" **(Mary Ann, p. 3. L. 4).**

They along with other participants of the current research believed it was an outdated perception of what family should be. Maria, emphasized this point when she said:

"The whole idea of the nuclear family has gone out the window now and stuff. With my studies and in social science, I've learnt a lot about all different types of families now. It's modern 21st century. It has changed and stuff now" **(Maria, p. 3. L. 10)**.

One thing that was clear to this researcher was how participants talked about the concept of family and how it was viewed changes over time. From the participants' points of view, 'family' is a fluid concept, that members of it can change and there should be a choice on who you call family. According to Bob, his idea of a family changed simply because of his experience of the care system, and again the impact of education and/or lack of featured.

"For myself even, the idea of family has changed over the years because of being a care experienced young person. I know even my own brothers and sisters all say the same thing your idea changes because you had different experiences to most young people. Even if you look at people you went to school with, the general idea of family is mom dad brother, sisters whatever. It's kind of different then when you look at it from our point of view it doesn't always have to be that way because even just like from my own experience of doing primary school teaching there is different families you have single parent families you have families in foster care you have families that are living with aunts and uncles, different things like that. There's loads of different types of family so it is a topic that needs to be, that is very important especially for young people in the system" **(Bob, p. 1, L. 9).**

Darcy believed that changes over time would change her view of a family. She explained how having her own family in the future and simply growing older would have an impact.

"I think it's also going to change, also when you get older and you have kids of your own, then you are like, ''Well they're another stage to my family is my kids,'' and then if you have grandkids, so obviously in your home, if you do get joy, you have kids of your own you

will obviously go, "Well, that's when years ago I had this as my family and now my I have to extend more, but we're all one family," and then if you get years later, then when you're old and you have grandkids and your daughter, and they're a part of my family, but I think it will change" **(Darcy, p. L. 35).**

Participants also reported that family did not need to be biologically related people and the structure of the family itself did not have a one-size-fits all manner. Rather as Martin's quote below highlights how it can be a self-chosen concept.

"Yeah and that goes for both people in care and out of care, regardless of their situation that if you view people that you're biologically related to a family that's understandable if you see people that you're not biologically related to as family, that's family to you. Family is a personal thing it's not… it's a very human personal thing, it's not something that one size fits all kind of thing" **(Martin, p. 4, L. 22**).

Participants reported on why the family was such an important topic for young people in care. Participants reported their views of a family were different to those who did not have care experience for several different reasons, and this is one of the reasons why it is an important topic.

"Specifically for young people in care, I think it's important because regardless of what your situation is and why you're not with your mom or dad… whatever it is, whether you're in family care or foster care or whatever, it all ties back to family like regardless of how far back you go. The main point of it is that there was a disruption within the family unit so then to understand as a person what family means to you has a very big impact on how you accept what happened in your life and how your viewpoint is if you decide to have a family and stuff like that, that's what I think" **(Martin p. 1, L. 25).**

During the interviews, it was clear that participants believed the family was an important topic to them. Martin's quote above highlights how family disruption itself can be influential to how young people in care think about and talk about family.

In addition, others such as Layla, Mary Ann, and Ryan noted the importance of feeling a sense of belonging in their family relationships. When asked if he felt the topic of family and family relationships was important, Ryan replied:

"Yes, I think it's extremely important because everyone naturally, it's the human nature to have a sense of belonging and naturally everyone wants that and I was actually

talking to-- I was going to incriminate myself there because there was such-- We were talking to someone from New Zealand about the podcast who was just talking about this and he was talking about people over there because being in care and all that, wanting a sense of belonging. That they would have joined gangs and all that because everyone wants to feel like they fit in somewhere" **(Ryan, p. 1, L. 13).**

All participants of the research shared common views that perhaps being asked about family and family relationships is important for young people with experience of the care system. Cameron believed it was important as he had never been asked what family means to him, something reported by other participants such as Darcy, Mary Ann and Ryan. Cameron added that participating in the research made him reflect on his sibling relationships and what is family to him.

"I think it is really important. I probably should think about like how do I interact with my siblings and stuff like that? What are they to me? And stuff. What do I think of them? I have been asked what I think of my family, but never ever what is family to me" **(Cameron, p. 1, L. 10).**

Mary Ann stated how nobody had asked about family before, somewhat like the experience Cameron had. Mary Ann believed although the topic of family is important, there is little emphasis on family relationships when someone is turning 18 years of age, ageing out of the care system and no longer under this system. She said preparation for family relationships and family support for care leavers is needed. When asked if she felt this was an important topic she reported:

"100% because not only is family discussed, but there's an element of family support lacking as well in an awful lot of ways. Just to keep the family a bit more informed about the young person's progress and to remind them that, that is their family, and make plans to when you leave the care system. Like, are you going to have a relationship with these people when you're no longer in foster care? What is it going to look like when you're no longer under this system while you were away from your family?" **(Mary Ann p. 1, L. 21ff).**

7.4 How do young people with care experience talk about family?

Participants of the current research study reported how there are many perceptions around what family can mean, what it can feel like and what it should look like in structure. Participants' responses highlighted that family is a mix of people and the main function is to predominantly support and protect. Layla's quote below highlights this and shows how participants believed

that 'family' members should be there in both the good times and bad and can be seen through happenings and displays and felt through emotions and feelings such as love.

"Family, dysfunctional people. Family means to me like, just like people that have their own personalities and loves. You can always have a shoulder to cry on or if you have any- like you have great news or something, that they're supportive of you, and they believe in you, and they just help you out in any way, and they show you love. I think love is very important. I think that's what family is to me, it's to grow and have that love with family, and do things, and make memories. That is what family is" **(Layla, p. 2, L. 3).**

The word family itself was also used and described by participants as a universal and global term and there should be a choice when selecting who 'family' is for an individual. Darcy encapsulated this when she talked about members of her family being both biologically related and non-biologically related. She like many other participants proposed that family should be self-chosen, and you should have a choice in selecting the family you belong to.

"I think my friends, my birth family, my foster family, cousins. My foster family, they have aunts and uncles and stuff, so they would be part of the family. They are connected, but family's more universal than relatives. Relative is just biological. Whereas family could be anyone you want it to be. It's more a universal word than relative" **(Darcy, p. 4 L. 9ff).**

David also added to this and reported how he believed how those who have experience in the care system could make up "one big global family". Perhaps suggesting a shared identity due to experiences. He said:

"No matter what your experience is, we're all in the care system together. The care system is one big global family" **(David, p. 4. L. 34).**

It was clear to the researcher from the findings, that participants reported that there was a changing narrative around the nature of family and specifically the nuclear family type. Maria said how education fed into her understanding of different types of family and family structure. She noted how:

"The whole idea of the nuclear family has gone out the window now and stuff. With my studies and in social science, I have learnt a lot about all different types of families now. It's modern 21st century. It has changed and stuff now" **(Maria, p. 3, L. 10).**

When asked by the researcher what the word 'family' meant to her, Maria responded with the following:

"I think family means that someone cares about you and loves you. It's like the Maslow's hierarchy of needs, that kind of thing. It could be family in the middle you've got all your safety and all that. Maybe something like that" (**Maria, p. 2, L. 17**).

The shift away from structures of the family to a more 'displaying family' and what it does was evident also to the researcher from the narratives of participants. Mary Ann shared a similar view to that of Maria's reporting that **"*a nuclear family, it's not the hallmark for a family. It was at one stage, but I don't think it is anymore*"** (**Mary Ann, p. 8, L. 21**).

Some participants thought the concept of the family held an important place in the world. David talked about family, its importance and that it is one term that travels across the globe and that the world would be a very different place if we did not have families. David noted that:

"Family is everything. Without family, I do not think anyone in this world would survive. Because you think of the word family, it is not just one word. It's one word that travels across the whole globe" (**David, p. 1, L. 24**).

Participants such as Aaron who had spent most of his care experience in residential care noted there is a lack of conversation around young people in care and their families. Aaron believed that as it is such a minority of people whereby people may not have families, or where there might be family breakdown and perhaps this is the reason, it is not discussed as much. He thought that policies are then harder to change for minorities of people.

"It's from the whole world outside of it that treats as abnormal and it's harder to even to change policy and -- it's sad because it feels like you have to just go through life knowing that the world was made for people with families because that's the majority. It is the overwhelming majority, and everyone knows that. No one's going to profit from accommodating people who are in care at all. I think ironically people in care don't really come into conversations about family. The farthest you got to that are single parents and stuff and maybe adoption. Stuff like foster care, it's too rare to even talk about it, because you are too weird or exotic or something" (**Aaron, p. 11, L. 5**).

It is important for young people in care to discuss the topic of family and have their voices heard. There were many different reasons for this based on the narratives of the participants. For Martin, the topic was important because he viewed family from a legal point of view, a social point and as the most necessary unit in society. Again, similar to David's earlier point, Martin stated that humans would not be the same without it.

"Like the family is viewed both from a legal point of view and a personal point of view as a necessary unit in society, that without it humans wouldn't… I don't think we would be… it wouldn't be the same society, it wouldn't be a society you know, you need that personal relationship with people you know" **(Martin, p. 4, L. 6).**

Martin described his idea of the importance of a family for care experienced young people. He believed it was important as sometimes an effect of being subjected to the care system is that there can be disruption in the family unit and that this can affect how someone views and understanding family, what it is and how it does.

"Specifically for young people in care I think it's important because that's like… regardless of what your situation is and why you're not with your like mom or dad… whatever it is, whether you're in family care or foster care or whatever, it all ties back to family like regardless of how far back you go. The main point of it is that there was a disruption within the family unit so then to understand as a person what family means to you has a very big impact on how you accept what happened in your life and how your viewpoint is if you decide to have a family and stuff like that, that's what I think" **(Martin, p. 1, L. 25).**

For others such as Layla, talking about family meant helping lessen the stigma and bring about awareness for those not in the care system. Layla also noted how having a voice on the matter means she or an individual can understand what has happened, gone right or wrong with relationships. She also discussed how being subjected to the care system has affected a family's relationship or bonds. Layla had reported how sometimes she lost family time whilst in care, as access can be an issue. She described being a stranger to her family because of that lost time. Similar to a point made by Mary Ann earlier, Layla reported how family relationships can be different when leaving the care system. Layla stated how there is a need to talk more about this topic of family and family. She said to know and talk about:

"What's gone wrong with the system and what has gone right, and your relationships with your families and your siblings that I think is very important. It's important because not a lot of people know what goes on in the care system for us to. When we're in the care system what relationship bond we have with our families, and not a lot of us that are in care have that strong bond with a family. It is good for us to talk about this because there's a lot of stigma around it. Like we come out of care system and it's like you are a stranger to your family because you didn't get to have that family access with your family, or there was something going wrong and the social workers were lying, so we lost family time with our

own families. That is why it is important to have your voice heard, and talk with these things, and stop the stigma around that" (**Layla, p. 1, L. 7**).

For Maria, the topic of family is an important issue to be discussed for young people with experience of the care system because of fear, shame, pressure and stigma that comes with it, especially within the school setting. Maria reflected on how her experience was hard for her as a child going through her school years and her sense of having to lie about who would be picking her up after school as it would not always be the same people. Her experience of day to day life and activities made her feel pressured and different to others. Maria described how she did not want to be judged or be viewed differently because of her experience of the care system.

"Because you're seen different sometimes in school settings or something. People always ask you, "Who's picking you up today from school?", and stuff. You'd say, your aunties or some uncles and stuff used to pick you up, and people be wondering who's picking you up. With foster families, it wasn't too bad because you'd be there for a certain amount in weeks, or months, or whatever. Then, with residential, it used to be a lot different, because there would be different staff every day. You wouldn't know who would pick you up yourself. You'd be like, "What are you picking me up for?". It'd be strange at the residential more so than foster family. I always felt pressured to tell people because I don't like lying. I prefer honesty. Sometimes you'd make up a story but then you'd forget your story. I never really had a problem, but you always have that worried pain in your chest then when you say something like, "Don't judge me." That's always my initial reaction is, "Don't judge me. I'm not one of the stereotypes" (**Maria, p. 1. L. 11**).

Family seems to be an important topic for those with care experience because of the fears around placement transitions, placement breakdown and fears about being 'thrown' to different families. Layla talked about how a residential care placement and how she believed staff would be more trained to work with children that had outbursts. She talked about the contrast of being in care, and what seems like the fear to be moved on if the placement did not work out. Layla believed that if a row happened in a biological family the family would keep you there and the placement would not break down. Although she reported how she believed residential care can provided what seems like more security and less of a fear of being placed somewhere else, she did talk about the difference again being placed in care to those outside the care system. Layla said:

"Obviously, the care system has affected me about the family is because when placement breaks down, you get moved on, but if you were at home with your biological family and if you've had a row like obviously, the placement won't break down, they keep you there. They're not going to hand you over like a little puppy, like throwing you over to the next family. It's mainly foster families, it's not residential that it happens. It's because residential staff, social care staff, they're trained to look after the kids when we have breakdowns. I'm not saying we have more problems but we land into a residential care home and the staff are more trained because they work with kids that have behaviours, or outbursts around. Then there are some kids like me, who landed in residential that didn't have behaviour problems. Even on my bad days, they didn't throw me out. They just kept me on and kept working on me, and they didn't give up" (**Layla, p. 3, L. 11**).

The family was also an important topic as participants had mixed views on what its structure should or could look like. For some participants such as Martin, an idealistic family is a mother, father and children as he described being raised by both a male and female. However, he also stated that extended family, or having multiple parents or others can provide the support and love that is expected from family.

"What I believe an idealistic family is obviously a mother a father, whether that's biologically or not, a mother figure a father figure, the children and hopefully the extended family for support. That's what I'd see as an ideological family. But this is where a lot of people I know would disagree with me on this one, a lot of people would and a lot of people wouldn't, but that on a basis of a family for me is either a mother and a father, the children and the extended family, a mother the children and the extended family and maybe a partner, same with the father and the children, there may be a partner" (**Martin, p. 6. L. 33**).

Cameron noted how a key worker in his residential setting played an important role in his life and how he viewed him as a father figure.

"There was one staff member, he was my key worker. He wasn't my family but I totally looked at him as a father figure. He would buy me Christmas presents and everything, even though he wasn't allowed to. Even though the policy said no, he would-- I remember, they'd be Christmas days, and they'd be underneath my bed or something, but he obviously couldn't tell anyone" (**Cameron, p. 5, L. 6**).

Whilst in contrast Aaron reflecting on his residential placement setting stated that even though he may not have necessarily had mother/father type figures or role model, he still felt he did not

miss anything being primarily raised by 13 women. He raised the questions of what is the role of fathers and do children need male role models? Aaron said:

"I have never felt I'm missing anything from that. I don't believe in the whole "Children need a mother and a father. Children need male and female. The guys need a man to be in their life," and all this stuff. I don't know, it's so stupid. I've never found that I'm missing anything or anything like that, or that it's like, "I don't have--" like I'm not. I've never seen any evidence for that. Almost none of my friends, actually, have dads. Obviously, we wish we did, but not because we need a male role model. I don't agree with that. I don't think I'd be a significantly different person if there were more male staff where I was or anything. I don't think that it would significantly affect my personality. Yes, it's an opinion that a lot of people have very strongly, that you need role models of particular genders. No. I was raised by about 13 different women, and I learned everything I needed to know from that. I don't think there's stuff only a man or only a woman can teach you" **(Aaron, p. 11, L. 28).**

This point related to male roles was also evident when Ryan described to the researcher a conversation he had with his friend. Ryan joked about his birth father to a friend and in the process found out his friend did not have contact with his birth father in the process. Ryan reported that:

"Everyone that I'm close with all have messed or dysfunctional families themselves. Not that they were in care or anything. I think even some people in my course, they're dysfunctional as well and we all get together. Not that we'd all get together to talk about it. Everyone has some sort of dysfunction. For example, me and one of my really close friends from college got really close because we were joking about each other's dads. Then it turned out he didn't have one either. We both didn't have dads. Mine's still alive, you know? That's how we actually got connected. I won't say what we were actually saying to each other, but we kept saying the same joke to each other. Then it turned out he was like, "Oh, I actually don't have one." I was like, "Neither do I" **(Ryan, p. 6, L. 29).**

On the point of roles, Layla reported how her role within a family can change depending on the setting or family she talks about. For example, she can be viewed as a mother to her birth mum, whilst her birth mum can feel like her sister. She also reports how she feels she is seen as a role model.

Let's say, for example, me own family like I'll have the role of sometimes I feel like the mother to my ma, and my ma feels like my sister, and my sister feels like my ma. It's weird. Then, sometimes when I go to my ma's, I'm the one that has- I have to be the strong role model. I'm really like, "Yes, I'll just do my own thing," where my brothers and sisters look up to me and they're like, "Jesus, Layla, you're doing so much. I want be like you," so I'm a role model to my siblings and stuff. They all look up to me" (**Layla, p. 6, L. 37**).

In any case, it was clear to the researcher that some participants ideas of family and general development were shaped by professionals, such as in the case of Mary Ann. She believed social workers and child psychologists moulded her into the person she is today. Reflecting on her experiences she questioned whether she would be alive if she did not have those influences.

"I did have a good few social workers when I was growing up. I had two very good ones and they were brilliant, although they didn't have very much time to spend with me, I did feel like I could go to them and talk to them. I've had good child psychologists growing up that have kept me on the straight and narrow. I think these people have shaped me and moulded me into the person that I am today. They've given me advice and they've listened to me when I'm at my lowest. I feel like, if I wouldn't have gone to them, I don't know if I would have been here today. There were times where I was quite low and I was alone. If I didn't have professionals to speak to and talk me off the ledge, I don't know if I would have been here today" (**Mary Ann, p. 9, L. 14**).

In addition, participants stated how you could be part of more than one family at a time. Others stated how the conventional or normative perceptions of the family could be contested and how peer groups or people within the same organisation could be families. Notably, organisations such as EPIC (Empowering People in Care) was viewed as a family as people shared similar stories, identities and experiences and were part of the care system. Layla talked about the importance of organisations and how she would call EPIC one family and still be part of other families.

"Epic and the organisation that I am in, I call them my family because we can all relate with each other, and we can all have a laugh, and we can all- we're all there for each other. Also my partner's family like, his family is a family to me. They treat me like I'm their own, that's because his ma came from care as well. She can relate to me and I can get on very well with them because they are very supportive, and they love me (**Layla, p. 2, L. 26**).

This idea of sharing experiences and feeling a sense of belonging was also echoed by David who also stated how he would also view young people who are engaged with EPIC as part of his family.

"No matter what your experience is, we're all in the care system together. The care system is one big global family. [EPIC] has helped me. Even the participants in EPIC. Hearing their stories, every story has a similarity no matter" (**David, p. 4, L. 34ff**).

Mary Ann also shared a common theme, that of feeling closer to someone if they have shared a traumatic event or similar experiences. She talked about her experience in a homeless service and her interactions and how understanding can build a sense of belonging.

"I feel when you're in that experience when you're going through the same thing, like even the young people that I've met and I think I do feel considerably closer to them because if you share a traumatic event, or the same sense of how you grew up, or the situations you find yourself in, it's nice to have somebody who understands and I feel like you can build a sense of belonging there" (**Mary Ann, p. 2, L. 36**).

For other participants such as Layla, a family breakdown was viewed as a normal part of family relationships for those with experience of the care system. Layla believed that sometimes family breakdown is perhaps part of family relationships and sometimes related to the reason a young person can be placed in the care system.

When asked by the researcher what the word family meant to her, Layla replied:

"Family, dysfunctional people" (**Layla, p. 2, L. 1**).

In another subsequent section of the interview, Layla talked about how care experienced young people may have experienced family breakdown. She reported how care experienced young people can be stronger because of the experiences they have had. In this piece of the extract, she discussed how those without care experience might think there perfect and not know what it is like to be a care leaver because they may have not had experienced similar to a care experienced young person. She said:

"Oh, well, I'm perfect. I didn't come from a fucked-up background or a dysfunctional family like you. I'm better than you," this and that. Do you know what I mean?... Then we come from a family where it's broken and we thought we had a family but obviously, it broke down. We come from the realistic world where they come from a fairy tale. We're like, "Hang on, honey. No, that's like a fairy tale. Obviously, people that weren't in care, they don't know

the struggles and the things that happen in life compared to care leavers because we've been through these struggles in life and we face that. We know what family is and what's not. We've seen family break down and we know now, and in the future, what family we all want if we do go on to have our own family. Whereas those who come from a family, they don't-like they're on a pedestal. Like they're high up and it's like they're in a fairy tale but we're realistic about things" **(Layla, p. 12, L. 5ff).**

On a somewhat similar note, Bob reported how families can have different relationships within them. Bob reported how the community he was living in at the time of the interview knew his foster mum was a foster carer and he felt that people saw him and his birth sibling as a different family but still connected Bob and his sibling to the foster family. He felt this was because he was a part of the family events such as birthdays and communions. He went on to say how you can have better relationships with certain people. Bob said:

"There is different families like you have it everywhere, even in normal families like you have your like even say brothers and sisters that you get on with better than the other ones and you'd be seeing them more and then there's more of a relationship between them so I suppose every family has these families within families and where relationships are joined together" **(Bob, p. 3, L. 4).**

Darcy brought the idea of being part of families a little further and stated how you could be part of one big circle and have circles or families within that, thus being part of or belonging to more than one family at a time.

"I think there's different levels in that there's you see family as a big circle and then within that, there's many other circles. You see your birth family as one and then outside that's your foster family and I'd say that's your friendships and stuff" **(Darcy, p. 2, L. 22).**

7.5 How do young people with care experience understand and experience 'family?'

Reflecting on responses of how young people with care experience understand and experience family, many participants' responses can be grouped in three distinct sections. The first relates to who participants call family. The second relates to joining a family and belonging. The third which is described in the following section related to how participants describe the feelings, emotions and activities associated with what family should feel like, and what family is not. In this section details of how the care system affects family relationships is also portrayed.

It seems based on the views and narratives from participants that family should be about connection and belonging. For David, family is seen as important because of the need for connection and the idea that you may only have one family.

"I suppose it is all about chemistry. I suppose it's connecting with your family, whether they're biological or they're not biological. It is important that you have that connection and that intimacy with your family no matter what because I suppose you only have one family. When that family is gone, you won't get that family back. It's important basically to treat your family like it's part of your life basically because if you don't, it's going to be very hard to maintain that connection with your family" **(David, p. 1, L. 36)**.

For many participants birth families, foster families and friends were part of what they referred to as their families. Darcy reflected and stated how she would consider all of the above, birth families, foster family and friends and her partner as family. She also highlighted how her idea of family has stayed the same, even though her placement type may have changed.

"There's loads of different families. I regard my foster family as my family and stuff, and even with my birth family and stuff. Even my friends I regard as family because I have a friend who is with me for seven years and, I regard her as a sister even though she's not technically family. She's my sister. My family's always stayed the same. Yeah, he [my partner] would be part of my family in a way. Obviously, we don't have kids yet, but he's still my family because he's always there looking out for me and making sure I'm all right and stuff. He still does the same role as the family would, yeah. Even when I went into the residential aftercare, it still stayed the same" **(Darcy, p. 2, L. 15ff)**.

Along the same lines, Layla highlighted again how there are different people she classed as family. Friends, and other care leavers, provided trust and had similar experiences and so they were part of her family. Layla also detailed how hard it was for her to trust and find people who would be accepting of her experiences and background.

"I suppose my friends, I class them as my family because I keep a small group of friends that are classed as family. Like my friends are care leavers for me because obviously, we come from the same background. For me to have a friend who can understand my background and all that, it's hard to get a friend on board and that you can trust. Whereas if you have like a group of care leavers, Epic or- you can relate to them, they're your family. Do you know that way? I class them as my family" **(Layla, p. 7, L. 36)**.

Mary Ann reflected on the struggle of seeing her birth mum and dad like family. She talked about how her mum made it a priority for her to understand that going into the care system was in her best interest. Mary Ann notably discussed how love featured in familial relationships but also how friends could be brothers and sisters.

"I would see my mum and dad even though I have struggled with the idea of that. I think my [birth] mum has always made it a priority to make me understand that she did it for my best reason, she never stopped loving me. I think I know that she does love me. But I also consider friends of mine to be family, and friends to be brothers and sisters and stuff like that. I think family is the place that you feel safe, and the place where you feel wanted, whether that be biological or foster stuff like that" **(parenthesis added for clarity) (Mary Ann, p. 2, L. 27).**

Ryan shared a more conflicting struggle on the notion of family being just biological. He believed that having to put loyalty into birth family relationships just because they are related to you is ridiculous. He stated how he has become close with strangers, how they have built him up and how they have been more supportive towards him.

"I think the notion that you have to put your loyalty in your birth family is ridiculous just because they're related to you. I think that's a ludicrous claim to be honest. There's been strangers who've been way nicer and supportive of me than other people. It's been strangers who I've become friends with. They're always there to support me when I rant and all that stuff which I don't have anything like that with my birth family really. No, definitely not biological. If it was biological, I would be screwed" **(Ryan, p. 2, L. 3ff).**

Different participants voiced different feelings towards birth families, but Aaron believed that the definition of family should include birth families. Aaron also went on to say that birth families were important because they influence identity and his belief that having care experience makes you think about family constantly. Also, he felt there should be a choice in deciding who is family and that it should be a self-chosen thing.

"Your identity is based around the fact even with your family or your relationship with your family and all this stuff. When you're not in care when you're not experiencing care, sure you have a family and you're in your family and everything but not something you'd think about constantly. When you're in care, you kind of do a lot of people do because you're not with them or you don't see them enough. Or you're seeing them that day and it's a big deal because you don't often. The definition would have to include birth families, but

then also--family is the people who consider you family. If you both agree you're family. That's all the definition it really needs. It is a very self-chosen thing" **(Aaron, p. 4, L. 12).**

In addition to these points, the language used in the narrative by participants helped describe and clarify who was family to them. For Martin, terms such as a 'mother' or 'father' were used to refer to biologically speaking those who put you on earth. Whilst 'mum' and 'dad' terms referred to those who were caring and perhaps earned those titles.

"In my opinion, a mum and a dad is someone who looks after you as a mum and a dad. A mother and a father are the people who biologically put you on this earth. That's how I make the differentiation. Mother and father is the biological aspect and the mum and dad be the caring… yeah. And that's only from… there's obviously people that might see it the opposite way round that might just see mum and dad mother and father on the same terms" **(Martin, p. 11, L. 1).**

In many other cases, such as Layla, the language used to describe family members were different. She did tend to use the term 'mother' or 'mum' but 'ma'. Notably, she used the word 'foster' in front of 'ma' for clarification. She said:

"I just stuck with that one. I only called the foster ma, ma because she was like a ma to me, but I didn't call the rest of them like that. Because she made me feel at home. She made me feel wanted and loved. My ma and my dad that comes from biological, but obviously, in a foster family, I'm like, "Oh, yes, that's my foster ma." **(Layla, p. 11, L. 17).**

For Maria, it was hard to call her birth mother, 'mom'. She described how she would address her by her name. In other cases, there was no real difference in using terms like 'mother' and 'mum' and 'father' to 'dad'. In Ryan's case, he described how he uses the terms interchangeably and sometimes uses them all as he doesn't have a specific term associated with just one person. He said:

"It's interesting, I use-- You know how people use mum, mom, ma, mother and all this stuff? I use them all because I don't use any of them if that makes sense. Because I don't use one specifically for anyone I know. When I'm referring to other people's parents or something like that, I'll just use ma or whatever, I'll switch it. You know how some people have a set mum, mother, or whatever or ma? I use all different ones because I don't have one. Do you get me? I would consider my friend's mom like a mother to me" **(Ryan, p. 7, L. 5).**

Joining a family was also a means for young people with experience of the care system to understand and experience family. For many participants, joining a family did not happen at one certain point, but rather over time. Martin's response highlighted the belief of participants in the need for a bond also to be established.

"A person joins a family when there is a loveable connection made between the person that is joining a family and the people who are within the family already, and it's when there is a connection made and there's ya know, there's a relationship built, a loving relationship built between those people is when a family bond is established" **(Martin, p. 4, L. 29).**

For David, joining a family came somewhat easier to him as he knew where his placement was and understood his parents had an addiction, something he understand better now than as a child. David also believed it was somewhat easier for him as he moved into his grandparent's house rather than moving in with people he didn't know. For him, joining a family depends on the person, their ability to adapt, the placement environment and their understanding of the situation.

"It depends on the person really. It was kind of easy for me. I was in relative care so it was easier for me. Where if let's say someone joined the family for some unknown reason like I'd say it's difficult for them as they don't know what they're walking into, whereas for me, I knew obviously this situation was not ideal, but I knew that I was going to my grandparents. I didn't know at the start but when I found out I was kind of at ease. Whereas for a person, let's say taken away from their family, it would be very very hard for them to adapt to a new family being taken away from their biological family. I knew mom and dad had an addiction, but when I was younger, I didn't-- I wouldn't say I didn't know, but I wasn't as aware as I am now. It's easier for me to understand now" **(David, p. 2, L. 5).**

Bob's response also echoed this somewhat. For Bob, it was hard to accept a new foster family as family, feel a sense of full belonging, and even more so that they could be the new 'mam' or 'dad'. He talked about cautious belongings and how family affiliations can be complex. Bob said:

"At first when you're young it's kind of hard. When you're young your idea of family is mam/dad [birth mam/dad] so you don't accept, I didn't really accept, oh this is my new foster family is my family. To be honest, I never felt I was 100% fully a part of that [foster] family. Because you would notice a difference like say even at these communions, while you

were at them and you were involved and got on with all their cousins and all that they knew you weren't part of it." **('Parenthesis added for clarity') (Bob, p. 1, L. 29ff).**

For Darcy it was clear, that deciding your part of your birth family is easier when you are born into the family and so she believed that:

> *"They always join from day one. For me, I obviously had my birth family and stuff, and obviously, when I was a baby, I joined a family, but I also joined the other family when I came into care because they never treated me as different. They had two children of their own and then me and my sister came into their care. They didn't just say, "Oh well, I've got to treat you different because you're not my biological children." They brought me on holidays and everything, same thing they would do with their family"* **(Darcy, p. 2, L. 26).**

The sense of being treated like one's own child was associated by some participants with when knowing one has joined a family and feeling a sense of belonging in a family. Layla described how she sees her and her partner's children as a family. She described how she gives them love and can feel a sense of belonging.

> *"When you join a family---I think it can sometimes just click. For example, my partner, he has his child. That child is not mine but I treat him like my own. So we're a little family of our own. You know if it's a family when there's that love, that unconditional love there for that child, or for our self, or whoever it is, and that you belong together. That feeling of belonging together, that's how you know you are family"* **(Layla, p. 2, L. 34).**

From responses participants highlighted how a sense of belonging was one of the most crucial things when it came to talking about and experiencing a family. It was not something you could visibly see, but feeling a part of a family was an important element to having close and meaningful family relationships. As Martin points out below, it is a very personal thing, where feeling comfortable, and having a connection and a bond can lead to an overall feeling that you are a part of a family.

> *"It's not like you get hit by this brilliant flash of light and oh my goodness you're part of a family. It's when you feel comfortable and… when you feel part of that connection and you feel like there's a bond there between you and those people, that's when you're part of a family. And it's the same way as… like you could feel part of a family but they might not feel like you're part of that family but as I said it's a personal thing so it's whenever whoever's viewpoint is from feels part of that bond"* **(Martin, p. 4, L. 39).**

Another idea of joining a family and knowing you are part of a family related to fitting in, feeling welcome, feeling a sense of love, and looking out for each other. Martin also acknowledged that people have a right to be loved and cared for and he notes how helping someone to 'fit in' can help the overall relationships. No special treatment, fair rules, and helping someone feel welcome can also help someone join a family easier. For Martin, the right to experience family life was clear.

"Regardless of where you're from or whatever background you're in, you are a person. And you deserve to be loved and cared for the same as any other human being. And when new members of the family came in… straight away I'd make it my duty to make sure that they fit in, they felt welcome, they felt loved. We'd play together, we'd go to school together. I'd help them with homework, they'd help me with homework. And we'd just look out for each other. And my family B, [Second placement] they'd always use this as a threat and it's kind of funny, they've always be like "Do you want me to treat you like our own child, or you want us to treat you by a page, by law?" And they did although they've always followed- they've followed all the rules, but they've done it in a way that they will treat us the way they treat their own children. They don't give us any special treatment. You are all a family, you're our kids." **(Parenthesis added for clarity) (Martin, p. 14, L. 25).**

7.6 How do young people in care describe a family relationship?

The researcher identified a second significant way in which participants of the current research understood and experienced family is through feelings, emotions, activities, happenings and displays of family and family relationships. Therefore, this section deals with responses related to the core concept of belonging and the feeling, emotions and activities or happenings of a family that give a sense of belonging.

Like much of what has been presented earlier, belonging has been a recurring overall core concept from participant responses during interviews. Aaron's response highlighted that a family relationship could have some type of permanent quality compared to that of a friendship. He stated how, in his view, an individual can drift away from friends as they may come and go, but for family relationships, it means being a part of them indefinitely as they have a permanent quality.

"If you consider someone, your family, you consider your relationship to have some permanent quality. It's not like anyone's ever been like, "I see her like a sister," but probably won't when she moves away, stuff like that. That's not a family relationship then. Family

relationships are supposed to be indefinite and that's something horrible, drama goes down like they're meant to last forever. That stuff's something characterized as a family as opposed to friends where people always say, "Friends come and go," and you drift away from your friends" (**Aaron, p. 3, L. 27**).

This view was shared with others such as Cameron as he believed that family ties and bonds are strong and even through conflict they would never be lost or go away.

"The ties and the bonds are so strong that there's never that feeling that they could one day go away. Even though really horrible fights and stuff, there's never that-- what I'm going to not be around this person ever again do you know?" (**Cameron, p. 9, L. 19**).

For other participants such as David, a family relationship needed to be reciprocal for an individual to feel like he/ she belongs. Thus, from the point of view of the participants, the relationships had to work both ways with both members having respect for each other.

"It kind of has to work both ways, because if it's only one way there's no connection. There's no point in talking to each other because let's say if you're part of my family, there's no point if I didn't respect you, then how are we going to get on?" (**David, p. 4, L. 21**).

Another definition of family relationship is related to that of trust, care and being spoilt/spoiled. Maria believed trust should be another characteristic of a family relationship. She stated that having trust, a feeling of being cared for and getting spoilt meant it was easier to have a good relationship with her foster parents and enable a sense of belonging.

"I just have a very good relationship with them. I think it's trust. I think trust is a big thing. I do trust 'John' and 'Mary' with my life and vice versa, they trust me and stuff. With other foster children in their care, they'd be wary about leaving money around the place and stuff, just because they have to, whatever. With me, they'd always say to me in care, "There could be 1,000 on the table there --"The one thing that 'John' and 'Mary' do, is 'Mary', every morning, wake up, she goes, "Do you want tea?" She'd always do something arbitrarily and I'd ask her, "Do you want me to go wash up or anything?" It's like going down to a hotel down there, where you get spoiled" (*pseudonyms added*) (**Maria, p. 3, L. 1**).

For many participants, activities carried out with a sense of care, respect, trust and other characteristics of family relationships usually enabled 'good' family relationships. Communication and support in a family relationship are also key. Layla described a good family

relationship as when a family is there for you, supportive, and when this is followed through by actions and communicating their care and love for you.

"What good means in a relationship is that they're there for you. They have to be there for you. Like supportive. That's what I think good [family relationship] is. Like communication, that's support. Then when you need them, they'll answer you and text you back or whatever it is. Being there where say if you are in, you had a little accident, then you're in hospital or whatever it is, or you failed the test and you're having a bad day and they'll just ring up and have that cry on the phone. That's what I call a good relationship is communicating, being supportive of each other, being there for each other, and giving that extra love and meeting their needs. That's what I call a good relationship" **(Layla, p. 13, L. 10).**

Participants also echoed this view in different words. For Martin, family relationships were loving relationships, between two or more people. The relationship should be caring in nature, trust should also feature.

"I'd say that love, respect and care are vital in a family relationship because a family is… A family relationship is, it's a loving relationship between two or more people in which they care for each other and say look out for each other or are willing to make certain actions or do certain things to either look out for or help the other person, you know" **(Martin, p. 6, L. 15).**

For others Bob, Mary Ann and Cameron, love being part of relationships was not so important. For Bob, love does not need to always feature as part of the family relationship. He reported that other characteristics such as trust, respect and care are just more important if not more than love. Bob also reflected on how love can come and referred to different types of love. Bob pointed out that love is not simply a feeling but is an action again linking in with the idea of displays of family. Bob said:

"Well, in family relationships I don't think love has to be actually fully there all of the time because. In relationships with family and things like love, while it's there, I don't think it needs to be as big of a part. People say they love their friends, they love their parents, but I think it's not something that actually needs to matter for a relationship to matter that much. I think just someone that you actually can trust to talk to, to get on with and that will listen to you, I think, and that they respect the things that you're at. I'd regard respect and

trust better than I would love. Love is something that can come and go easily and that there is different types of love as well" (**Bob, p. 8, L. 15**).

Commonalities of Bob's view was also shared when Cameron talked about the love he holds for his partner. Cameron reported it was a different type of relationship to that of his family relationship as it was not a forced relationship and that a family relationship should not be forced as it can hinder a sense of connection and belonging. Cameron stated:

> *"I love my boyfriend I guess but don't tell him that. That's different love to family love I think though. Because it's not forced. I'm not being forced to fall in love with someone. With a family, it's like you're told that you have to love them. I know for me now that I'm older and I think it's because of my care experience. I think that's not right, we shouldn't just be forced"* (**Cameron p. 11, L. 3**).

In addition, Mary Ann added how she believed love was hard to understand because of her experience of the care system. She noted how hard it is to know when someone is being kind, but also stated how love and belonging can be the same thing. In contrast to earlier points love is see here as a feeling and as a presence. Mary Ann said:

> *"I think love can be very hard to understand, especially when you've gone through the care system, you kind of struggle to find what love is, especially when you've hadn't had love. It's hard to know what love is if you've only ever known cruelty. It's hard to know when somebody is being kind to you. But it is a funny one like love because I think love and belonging are very much the same thing. I think they both kind of make you feel warm inside, make you feel like you have a purpose, and that you mean something to someone. I suppose you get the kind of feeling when the worst happens to you, you know that they'll be there when the worst does happen to you, you'd open your eyes and then see them"* (**Mary Ann, p. 6, L. 17**).

On the flip side of belonging, Martin also described what he believed was not a family relationship. Martin reflected on how having a favourite child and comparing members of the family can all hinder a family relationship and potentially reinforcing the image of 'you don't fit or belong here' and feeling left out. He reported how being made feel left out or different is not love or belonging.

> *"Where there's the favourite child, even if there's no foster kids in the home you'll have some times where the parents will turn around and go "why can't you just be like your*

brother or sister, why can't you do your homework, why can't you… why can't you clean, why can't you just be like them". And like sometimes it can come out of anger…if it's deliberately done within a foster home it's wrong… it's the effect it's having on the young person or a child… it's reinforcing the fact you are not my child. It's reinforcing the fact that you are different than such and such a person. And… you might not notice anything on a physical aspect but the mental implications of doing stuff like that, regardless of whether it's biological family or not, and biological family are severe. Because that person will then go on to feeling left out, they will feel underestimated, they will feel like they're not as important" **(Martin, p. 15, L. 33).**

Aaron, again similar to other responses also stated there should be no comparisons if a family relationship is to work. He noted that children who are in the care of foster families should be treated in the same way foster families would treat their biological children. He also suggested they need to be good parents. Speaking about what a family relationship needs to work, Aaron said:

"They treat them as their kids. Then they're good parents to their kids, it includes you. There should be absolutely no difference or comparison whatsoever. They should be treated exactly as their kids, exactly" **(Aaron, p. 8, L. 8).**

For Ryan siblings also played a part in ensuring a sense of belonging or not. He reported that if siblings or others were driven by self-interest and were taking advantage of you it would be hard to make a connection within family relationships. Ryan noted how human nature, values, beliefs and certain traits in people made it harder or easier to have and maintain relationships.

"My brother has scammed me out of money before, that's my brother. Do you know what I mean? I find it this way. If we're talking about it, we're on about human nature earlier and people how they act. Some people are just driven by self-interest and regardless of they're your siblings, they're going to take advantage of you. It's messed up because it's usually relatives who are the ones doing it. They take advantage of you. I would have been told going to college and all this or like, "Oh, you're a Traveller you shouldn't be doing-" Or like, "You shouldn't do this" **(Ryan, p. 6, L. 1).**

Mary Ann also shared similarities to Ryan views above. She noted that family is not people putting you down, or someone meeting your essential needs especially when you are a child. Mary Ann also noted the importance of communication within relationships.

"If somebody is actively going out of their way to put you down and not meeting your essential needs especially when you're a child, no communication and not going out of their way to actively--- [sic] Knowing that if you went to them with a problem nothing would be done about it, and that's a bad characteristic" **(Mary Ann, p. 8, L. 3).**

For other participants such as David, having a physical disability was something that made it difficult to have family relationships and contact. He said that being in a wheelchair can affect how family time is organised and where that visit might take place. David said:

"As a person with a disability and in a wheelchair, it's kind of not restricted but it's kind of—see it would be a lot easier If I could go let's say, meet my mom somewhere. Now, my grandparents would if I wanted to meet with my mom tomorrow let's say, my grandparents would be more than happy to bring me. As a person with a disability, it's difficult for me to be, I won't say independent but it's difficult for me to spontaneously go out because in terms of access and stuff like what would be a right place to go to in terms of getting my chair in" **(David, p. 2, L. 1).**

Participants of the current research study did note another way of describing family relationships through different actions/displays. These displays or happenings of a family could occur during specific times of the year. Christmas and birthdays predominantly featured with other days such as Mother's Day and Father's Day being viewed by participants as family time and tough days. Many participants talked about being conflicted on how they would spend the day and with whom. Darcy stated how she would spend time with her foster parents but also think about her biological parents. She talked about family as a connection and acts of remembering. She said:

"They were tough, but I obviously celebrated with my foster parents. I also give them something, but I also remember just my mom and dad and stuff. I always make sure to even light a candle or do something to like, "Look, they're celebrating it, too." I give them a text and be like, "Happy Father's Day. Happy Mother's Day." Just like in a way, just so that they're acknowledged in that" **(Darcy, p. 4, L. 35).**

Layla discussed how she could not spend Christmas with her biological family as she was told by social workers that her mom was not well. She described how she would 'sneak' away to have contact and family time. She also described feeling like the odd one out, not belonging in her foster family and also missing her birth family and thinking about them.

"Say if I wanted to spend Christmas with my biological family, if we all wanted to spend time with them, we couldn't. We weren't allowed because we got told lies by the social worker because they're saying, "Oh, your mom's not well." Or this or that. It went on for years upon years. Then I had to sneak. I had to go from-- I remember, I was in Kildare, and I had to leave school early, and I didn't tell my foster parents. I jumped on a train down to Dublin to support my mom in court. Do you know what I mean? I had to do on a sneakiness [sic]. I had to sneak behind a social worker's back (p. 4, L. 5). Like say for Christmas and you're spending it in a foster home or a residential and you're not allowed to see-- Let's say mainly foster home, and you have to spend it with another family that's not your family, you feel left out. You feel like the odd piggy out. It's hard because then you're thinking of what your family is doing. Your family is probably crying at home or saying, "Jesus, I wish my kids were here." That's horrible. Especially Mother's Day, or Father's Day, or whatever, your sister's or brother's birthday, you're like, "I wish I was there to see them and to spend their milestones in their life and to watch them grow." My whole family, we all missed each other growing up on our birthdays, Easter, Christmas. We don't really have much memories about any of that because we weren't allowed to. It really is hard" **(Layla, p. 4, L. 5 & p. 5, L. 30).**

Other all year round general activities were also seen as important displays of family relationships. For many participants such as Aaron, Maria, Layla and Ryan everyday activities such as having dinner, spending time together watching TV and simply being in each other's company were an important part of familial relationships.

"Just going over for dinner all the time, just sitting in the house. When I go over to the house, there's food there. My friend's mom made some, or I'll just watch TV, sit and it's like I wouldn't even talk to them. Basically, I just come to the house or she comes over whatever. It's really regular. It's a guess normal kind of thing" **(Ryan, p. 5, L. 13).**

7.7 What are the legal and policy frameworks in place around family relationships in contemporary Ireland? In what ways might these frameworks help/hinder relationship connections from the perspectives of research participants?

It seems to this researcher that participants viewed family relationships as being affected by the care system and associated policies and frameworks. In many cases, from the perspectives of the participants, this was because of how decisions were made, the difficulty in having contact and visits with birth families, and the whole overall lack of conversation around the topic of the family for young people with experience of the care system. In addition to the above, this

section highlights how participants negotiate meanings and practices attached to their birth families and other who become their chose families. Crucially, they talk about what changes in policies are needed.

Participants were clear that they wanted to have their voice heard with regards to decisions made about their family relationships and particularly in relation to contact. This was very important to many participants including Bob, Darcy, Layla, Mary Ann and Cameron.

For most participants, a right to family life and relationships was important. For Mary Ann, family life is seen as a necessity like food. She believed there is an innate need to belong and policy concerning children in care should support that view. She also shared her views on the positive feelings associated with family and how she worries about having her own children in the future. Speaking on the right to have family relationships Mary Ann said:

"100%, I feel like it's a necessity. Like food, like a bed, like whatever. Like why isn't it a necessity to feel like you belong somewhere as a child? Because these are the key years and these are the years that you remember. Then you grow up and then you feel like when you have your own family, you don't know about-- From my own personal experience anyway, I did watch my mum struggle to bring us up because she didn't have a mum. Sometimes I do worry; when I have kids myself, is that going to be an impacting factor?" **(Mary Ann, p. 9, L. 35).**

Ryan noted how everyone should have a right to family and family relationships and others such as Layla shared similar views. Layla added a particular view in relation to birth family and contact. Layla believed the right to family relationships is conditional (Layla: if the family is stable enough to have a good, happy relationship) but it should not be the case that professionals place a label on family members. She believed there were many professionals involved in the decision-making process but stated:

"If you want to go and see your family, you should by right have that family access. I think foster families don't really understand how important family access is, but it's mostly the courts as well that affected it like the judge and obviously, the social workers. I strongly believe that you have the right to contact your family and your family relationship and all that, but that's if the family is stable. If you think your biological family is stable enough for you to have that relationship and it's a good, happy relationship, then go for it. Have that access and make sure your voice is heard as well for it [sic]. Don't let the professionals like

social workers and the courts put a label on your ma or your family member saying, "Oh, well, they're not well, so you can't see them" **(Layla, p. 5, L. 13).**

Others such as Martin wanted practitioners and judges to think about the effect decisions, they make can have on someone's life, whether that's for example a social worker or judge, or whoever develops or implements a policy or actions concerning children in care. Martin believed social work is a personal job as you are affecting people's lives and it's important that the impact of decisions must be considered before the decision is made. He also noted how in the Irish constitution everyone has the right to be treated equally and those implementing policy in practice should ensure individuals get the best out of the services the country provides. Martin stated:

"I've brought up to multiple TDs [members of government] is that although social work is a personal job, you're affecting people's personal lives. The decisions that are made say by a judge, you are for those few minutes playing God. You know? Or whatever decision you make you are playing God, you are the one who makes the… or even if it's a broad, they're making the decision. But when you make it personal is when you pick and choose the effort you put in, depending on the people you're dealing with. And that is unfair because it says it in the constitution, everyone's equal, regardless of nationality, race… social status, everyone's equal. You're not going to like every case you deal with, but you need to understand that, you are, not that you're playing God, but you, the decisions you make, and the way you treat these people is affecting not - life your life, not their life. You're affecting their life and the rest of their family's life" **(Martin, p. 14, L. 44).**

Participants such as David reported that policy should include ways to ensure children and young people have more knowledge of the foster care system and what is happening should be a right of the young person entering the care system, and during their time in care. David reported it was not enough to just tell someone they are going to be placed in foster care but not fully explain what is going to happen.

"It's important to not just say, "Okay you're going into care" because for a young person to hear the word care is very daunting on that young person. I think it could be explained a lot more before it actually happens because as I said it's very daunting for a young person to hear the word care. The first time I heard it, I thought- where am I going? What next because I—I thought I am going to go into a nursing home let's say to look at the flowers, just to watch TV" **(David, p. 3, L. 13).**

This view was also somewhat echoed by Bob. Bob thought that decisions were often rushed, and young people are not told what is happening. He reflected on the day he was taken into care.

"Well I think for a lot of times, it's very rushed. No one is told anything. I remember even on the day it happened they didn't even want us to pack a bag of clothes they just wanted us to leave. The guards and social workers. Both of them. All of them. They just wanted you gone. They were like "come on". They wanted to bring us straight to the placement. They told no one. There was me, my brother and two sisters, in our actual house. There was no contact made to anyone about what was actually happening and that made it worse because you are just dumped. Luckily we were able to convince them to allow us to pack a bag but otherwise, we would have just been put into a house with nothing. So we would have just been put into this foster house with nothing---Policies in place need to actually help children have more of a say in or even get them in the loop of what's happening" **(Bob, p. 4. L. 15 & p. 5. L. 24).**

One of the main ways in which participants believed their voice could have been heard in relation to family matters and were not, was during care plan review meetings. Care plan meetings are a mandatory review of a child in care's wellbeing and an opportunity to discuss any support they may need. In Mary Ann's view, care plan meetings were a reminder she could not escape the fact she was placed in foster care and had care experience. Mary Ann also reported how difficult care plan meetings were, how her foster parent acted and how alone she felt.

"At one care plan meeting I turned around and I said, "Can I talk to the social workers alone?" and she [referring to the foster mother] was there. Then I got given out to in the car the entire way home, and they don't see that. Another time as well, I went into school, and I just brought the social worker in at the time, and they'd called a meeting, saying, "Listen, I'm six months into my leaving cert and I don't have the books still, I need the books." A meeting was called and she [referring to the foster mother] was all grand at the school and whatever, and then when we were in the car on the way back, she'd started to shout at me. Then you feel quite alone then because you can't ring the social worker when you're in this woman's house and say, "Actually, the nice front that she was putting on, it's all bull" **(Mary Ann, p. 6, L. 7).**

Others such as Martin talked about a different experience whereby his foster parent stood up in a review meeting in his second care placement with family B. Care is shown here by action and the potential role for men/fathers to ensure a child's voice is heard. Even though Martin's foster father did this to ensure Martin's voice was heard. Martin stated how he hated the meetings as a child and believed that no one cared.

"Family A I don't remember any review meetings because I was so young. But Family B... am I remember, and this is one thing, my father stood up at one stage during the review meetings and goes, turned to the team leader of whatever and said, "Shut up for a minute, can you not hear he's trying to speak? Whenever I opened my mouth to speak, no one cared. My foster parents would look, and then ask me about it afterwards" **(Martin, p. 18, L. 8).**

The importance of time with birth family was reported by participants such as Layla and Bob, however, participants such as Martin talked about it in terms of the rights of birth parents. Martin believed that young people in care are forced to interact with birth relatives because it is the law and parents having the right to see a child regardless of, in his parent's case, addiction issues. Martin's response below highlights the need to find a balance or middle ground between rules of access and protecting the child but meeting the child's needs and wishes. He reported:

"I don't think you're forced to have a relationship with your biological family. But what I do think is that you're forced at a young age to interact with those people, biological. That you're forced to see them. The reason that is... is by law, no matter how the situation played out with you being in care, your parents still have a human right to see their child. They still have a right to see the child so therefore social services regardless of whether the child wants to or not, still have to implement that law and say and that's where access becomes restricted, non-restrictive... you know- Access was a lot harder because my mum was an alcoholic, it wasn't the easiest thing to get her out of the house and make her travel from one end of the county to the other to meet me and also there's obviously standards and she has to be a certain way, to be presentable in front of a child especially with social services." **(Martin, p. 11, L. 1ff).**

Cameron also reported how he felt forced to have birth family relationships. He said when he turned 18 years of age he was not forced anymore to see his birth mother. He reported how he how the focus of birth family contact has lessened when living in residential care. Cameron believed if he was not forced by a social worker to have a relationship with his birth mother it may not have happened. Cameron said:

"If I didn't have those type of things [forced contact] I'd like to see what type of effort my mam would have made if that wasn't there if we weren't forced to see each other, because it did make me think there's that type of relationship. It did make me think that I need to have this type of relationship because they're [social worker] telling me I need to have this relationship" **(parenthesis added for clarity) (Cameron, p. 7, L. 26).**

Layla believed she was left out of decision-making processes particularly when it came to family contact and in her case professionals such as social workers would not let her have access to her birth family. She reported:

"When I was in care, all these decisions were getting made and I only came into care, they wouldn't let me have access with my brothers, or with my sisters, or with my ma. They cut my ma off completely" **(Layla, p. 3, L. 36).**

In Darcy's case, finding the middle ground of family visits, access rules and policy and meeting the needs and wishes of children was evident to the researcher. Darcy reflected on how social workers supervised the contact and family time she had with her birth family. Darcy stated how this approach was then hard for her to give love and affection towards her birth family. Darcy said:

"I remember when I had access for my birth family, they'd [referring to the social workers] keep looking through the window. I'm like, "Would you just leave me alone?" It was awkward because you're trying to give all the love and affection and then they're watching. You're like, "Would you just leave me alone?" Obviously, it's funny if you don't take note of it until you're a teenager and then you're like, "Would you just ever go away?" **(Parenthesis added for clarity) (Darcy, p. L. 18ff).**

Another way that participants believed that policy could better help their family relationships was through improvements in the way family visits are carried out and in the removal of the term 'Access'. Many of the participants believed strongly in having family visits, contact and the overall right to family and family relationships. However, some participants such as Mary Ann, preferred that the term 'access' was not used and family visits/time spent with birth family members was simply addressed by foster carers and social workers as "going back to your parents". For others such as Ryan, the term 'access' was not seen as normal and using it in conversations with those who do not have experience of the care system could lead to confusion and more questions. Ryan, when asked about the term 'access' reported that:

"I don't think it's a good word. I think 'visits' is as fair enough a word. A word like access, it's just not a normal word. If you think of it on a deeper level, kids say 10 years old, for example, having access with a 15-year-old brother or something like that, whatever, and he's telling his friends, "Oh, I had access and all that." Now he's going to stand out more, they're like "What do you mean by access and all that?" It's going to have more of an effect on his life. It's like, "Oh, you have to have access? What is access?" It's deeper questions and all that. Access is less normal" (**Ryan, p. 12, L. 15**).

For participants such as Aaron, keeping siblings together, and having more capable foster carers was important. He felt policy and practice should do ensure siblings are placed together as much as possible. Acknowledging there is a resource constraint he said:

"There have to be families who will take them. I don't know what policy changes you can make that could cause more capable foster parents to be available for multiple kids. You can't just make more foster carers happen, they have to be good people and they have to pass along to it. This is something the policy doesn't really help because it's more about public opinion. You need more people to want to be foster careers and actually good parents too. People always forget that you can't just throw more money at the sector and be like, "Foster parents, please come," because then you'll get more but there's no guarantee they'll be good" (**Aaron, p. 7, L. 29**).

Participants also spoke of the need for other broader policy reforms. Participants such as Bob and Maria said how more education was needed in school about the foster care system. They argued that this would help lessen the stigma and feeling of difference. They also felt that language around care was more normalised (something also echoed by David earlier) and how social workers should spend more time with the child and building that relationship. In response to how policy could better help family relationships for those with experience of the care system, Maria said:

"I think maybe to know age-appropriate words. Maybe normalized words and stuff. Saying you're going to access with your mother or going home for the day, maybe. Say something like that instead. I don't know. I think maybe including the child a bit more and age-appropriate things. When you're 16, you're doing that stupid review about like, "How did you get on school?" I don't know. Something like that. I think they should be more intervention with social workers and child. Sure you might not see a social worker from one week to the next or something" (**Maria, p. 4, L. 3**).

As family relationships do not end just because someone turns 18 years of age, Mary Ann reported how more planning in both at the start of the care process and in the Aftercare services was needed to support and maintain family relationships post 18 years of age. She reported how conversations of who is family and what those relationships might look like need to happen. In response to how policy could better help young people with care experience she said:

"Just making plans, I suppose, when you go to the care system. What is family going to look like for you? Asking the young person, "Do you want a relationship with your family?" Taking that into an account and discussing all possible options" **(Mary Ann, p. 4, L. 36).**

Finally, Ryan spoke of how a peer mentoring programme where children and young people in care could support each other with issues such as family relationships, placements and care plans, as needed. Ryan talked about how he lacked role models in his life growing up and having someone to talk to who also had care experienced would have helped him. In speaking passionately about the need for a mentorship programme for those with care experience Ryan said:

"To be honest, I think the lack of role models and mentorship, I think more kids should be mentored on morals and like respect, self-belief, and all this stuff. I think educate them. Personally like stuff like philosophy and how people live life, travel, history, and all that. I think it's very interesting for me, but to extend those principles to yourself and just the importance of self-discipline and self-belief. I noticed from a young age, I think if you implement-- You could do through fun ways like creativity, and art and all that, and through teamwork. I think it should definitely happen because I think the mentoring programme is what's needed, especially in this day and age where everyone's so connected. You could do a big mentoring thing" **(Ryan, p. 8, L. 21).**

7.8 Conclusions from the Qualitative Data

Participants of the current research study conceptualised family as an important concept for them for many different reasons. Crucially, participants reported they had different experiences and perceptions of a family because of their experience of the care system to those who do not have experience of the care system. Many participants talked about how their family relationships had been impacted because of being subjected to the care system. For example, entering the care system meant changes in where they lived, sibling relationship breakdowns, visits and contact related issues. Findings, from the perspective of the participants, showed how

going into care has affected their identity, how they think about family constantly, not seeing siblings and family members enough. Participants talked about family in terms of identity, belonging, connection, a bond, permanence and how they viewed chosen family as a safety net. Participants stated there were clear characteristics of meaningful family relationships such as the feeling of comfort, respect and loyalty, and that these relationships could impact their stability, instability, permanence and outcomes.

Displays and happenings of a family featured greatly throughout the interviews when participants talked about family. Participants stated how they have perceived ideas of a family and what it should look like and how it should feel. Many stated for example how Christmas and birthdays were perceived as times/occasions/events when they should be spending time with family. They also discussed how their 'ideal' views of family came from influences such as the media. Some participants even noted how their family relationships could be viewed as the stereotypical 'dysfunctional family relationship' because they were placed in the care system.

Joining a family itself, participants reported, should be a natural process and not forced, and something that should happen over time whereby you slide into place and think these are some of the most important people in your life. For some participants family should mean love, care, permanence, stability, not moving around, different places, leaving schools and communities. It was also noted by the participants that families would and should have some conflicts or disagreements and this is part of the relationship.

Overall, participants view family in its widest sense and believe it is a self-chosen thing, not simply a matter of biological relationships. All participants of the current research study were asked their views on the current legal and policy frameworks in place and if they had affected their family relationships in any way. Participants reported that family time can be hard to organize and noted the complex role of professionals such as social workers and their role in supporting visits. Participant's narratives have highlighted the need to find the middle ground between ensuring rules of access/supervision, the rights of the parents and the child needs, and wishes are upheld and met. In addition, findings have shown how participants believed there needs to be a shift away from using the term 'access' to something less formal such as 'family time'. Participants also stated practical ways in which policy could better help family relationships for young people with experience of the care system which included more education and a peer mentorships programme.

7.9 Summary of the Chapter

This chapter has presented the findings of the qualitative aspect (primary database) of the current study. It has highlighted the responses related to the core concept of 'belonging' and subcategories of 'feelings' and 'choice'. In the following chapter, both the quantitative and qualitative findings of this research are integrated and a discussion of the findings will be presented.

Chapter Eight: Discussion

"I've never been asked what family means to me, ever" (Cameron, p. 1, L.13).

8.1 Introduction

This chapter discusses and integrates into greater depth the findings from both the qualitative and quantitative analyses of the current research study. The chapter is designed by a means of reviewing the research questions, aims and objectives as well as how the findings relate to the literature derived from the initial literature review. The findings from this Constructivist Grounded Theory (CGT) mixed methods study (10 interviews and 10 questionnaires) are further interpreted and integrated thus leading to a conceptualisation of the research problem and its resolution. The quantitative element of this mixed-method study (questionnaire) was the secondary database, and the qualitative (interview) data, is the primary database of the current study. As we can see from the quote above from Cameron there seems to be a lack of discussion on the meanings of a family for those with care experience. Each section of this chapter adds depth to conversations of meanings of what is family, how can family relationships be understood and what is their importance and relevance in the lives of those with care experience.

8.2 The Research Questions and Rationale

The current study was designed to address the following research questions:

1. How do young people (aged 18-23 years) with experience of the care system talk about family?
2. How do they understand and experience 'family'?
3. How do young people (aged 18-23 years) with experience of the care system describe a family relationship?
4. What are the legal and policy frameworks in place around family relationships in contemporary Ireland? In what way might these frameworks help/hinder relationship connections from the perspectives of research participants?

These research questions and the rationale for the development of the current research study to explore family relationships for young people (aged18-23 years) with experience of the care system in Ireland was in response to the problems that were identified by the researcher in the context of the absence of:

(a) Detailed understanding in Irish and international policy and literature on the family of what 'family is' and 'what it does' in relation to care experienced young people.

(b) Clear understanding and conceptualised experiences of the family by those who have experience of the care system in Irish and international research, policy, and practice papers.

(c) Research addressing the strengths and issues associated with family and family relationships for young people with experience of the care system.

8.3 The Research Aims and Objectives

In response to the practice, policy and research gaps identified above, the current research study aimed to add to the emerging body of literature on the experiences and understanding of family and family relationships for young people with experience of the care system in Ireland. The current study was designed and analysed by the researcher using a CGT methodological approach. Table 8. 3 below, presents the objectives of the current research study and highlights where they are explored in further detail in the thesis.

Table 8.3: Research Objectives and their location in the thesis

Research Objectives It was proposed that this research study would:	Location in Thesis
Situate and add to the conceptualisation of family for young people with experience of the care system	Chapters 1, 2, 3, 4 & 8
Explore and understand what a 'family relationship' is for young people with experience of the care system	Chapters 3, 6 & 7
Integrate and co-construct knowledge and meanings of family from participants	Chapters 4, 5, 6 & 7
Understand how contemporary policies and practices influence and impact care leavers perception of family and family relationships	Chapters 3, 6 &7
Develop recommendations for policy and practice	Chapters 5, 6, 7 & 8

8.4 Methodology

The current mixed-method study was underpinned by a constructivist grounded theory methodological and epistemological framework. According to Corbin and Strauss (2008)

employing constructivist grounded theory approaches in research design, facilitates an exploration of concepts and relationships in a research area where little or no prior theory has been elaborated. The methodological approach used in design and analysis can also enable the voices of participants to be heard without the imposition of the researcher's hypotheses or biases (Allen, 2012). Designed as an exploratory study, the qualitative (one to one interviews) aspect of the research is the primary database used for the research, with the quantitative (questionnaires) element to the study acting as a secondary database. Combining both databases in the interpretation of findings facilitated a more detailed and comprehensive understanding and conceptualisation of the research problem. An initial narrative literature review did yield results indicating that there are practice and research publications concerning experiences of family relationships and their significance for young people with care experience and others without care experience. However, there seemed to be scarce amounts of knowledge based on how young people with care experience understand and conceptualise 'family' and how they experience 'family relationships', in Ireland and internationally.

8.5 The Limitations of the Study

The limitations related to the current research study were explored in depth in chapter four, the Methodology chapter. Further related limitations of the study we also explored in chapter five, whereby concerns related to the position of the researcher and questions of power were addressed. In summary, the findings of this study represent the perceptions and views of 18- 23 years care experienced young people who took part in the study. Given the limited nature of the study, the research findings cannot be generalised to a wider population. In addition, the use of gatekeepers and their role in aiding recruitment processes meant that participants of the study were not recruited through a random sampling procedure. What is more, is the research sample was modest in size. The research findings are based on the views and experiences of care experienced young people only, however, in future research, data collected from others such as birth parents, siblings and/or foster carers could provide further levels of conceptualisation of 'family' and 'family relationship' for those in the Alternative care sector. Nonetheless, one of the strengths of the current research is that the data collected and interpreted contributed to the development of a grounded theory in relation to how young people with different care experiences across Ireland, view and understand 'family' and 'family relationships'. Crucially, as noted in both the quantitative and qualitative data, partaking in this current research study was the first time for many participants to have in-depth conversations about not just who family is to them but what their understanding and meaning of family and family relationships is.

8.6 Summary of the Qualitative findings

This section presents the qualitative findings (primary database) first in summary whilst relating them to the research question. The chapter then proceeds to explore the data in further detail. As part of the data collection process, the 10 participants of the study participated in a one-to-one interview with the researcher following the completion of a questionnaire. Questions included how participants of the research understood and experience family, how did they describe a family relationship, and when they thought someone joined a family. A list of the interview questions can be found in appendix 'K'.

The qualitative findings yielded many in-depth and rich data. The transcripts from the participants were analysed in line with the principles and practices of grounded theory (Corbin & Strauss, 2008) as described in further detail in Chapter Four, the Methodology chapter.

Belonging is the core category that was identified in the findings by the researcher, and this was related to sub-categories such as feelings and choice or lack of choice. The presence or absence of a feeling of belonging explains the variance or difference in the interview data. The presence or absence of a sense of belonging in a family or family relationship determines how and whether the research problem of understanding family relationships is resolved. This category also details how participants (under the use of pseudonyms) reported feelings of shame and stigma for having been subjected to the care system. Subjected to the care system is a deliberate phase used by the researcher throughout this chapter to emphasise how little choice participants (based on their narratives) believed they had in decisions being made for them for example about being placed in care, placement type, and family relationships. Participants also reported the effects of entering the care system on their family relationships such as siblings not being placed together and the related emotional impact on their relationships with birth family. In addition to the core category of belonging, the subcategories of feelings and choice were identified in the data by the researcher. The subcategories of feelings/emotion refer to when the participants feel there is a sense of belonging present and have what seems to be a clear sense that they are part of a familial relationship. Participants referred to several feelings and emotions to understand how they felt when they did not feel they 'belong' or experience a sense of belonging.

Choice also featured as a sub-category in different ways. Sometimes participants referred to a lack of 'choice' as they did not choose to be biologically related to their birth families. They also talked about the category of choice when referring to decision making and choosing who they see as their family. 'Belonging', 'feelings' and 'choice' are discussed and further

developed in the following sections. Analysis of the qualitative data also details what characteristics and activities are involved in family relationships and some changes they would like to see in policy and practice. These concepts, subcategories, views, and experiences along with other findings are described in the subsequent section of this chapter.

8.7 Summary of the Quantitative findings

This section begins with a brief description of the data collection process. Following this, the quantitative findings are summarised. As part of the data collection process, a questionnaire was completed by all 10 participants of the study. Before each interview took place, the researcher invited each participant to complete a questionnaire that included statements such as 'Family is a mum, dad and child' and gave participants the option of choosing strongly agree, agree, disagree, or strongly disagree with the statement. The adaption and application of the Likert scale used in this study helped the researcher examine attitudes to statements about family and associated relationships within the quantitative findings. The Likert scale has in the past been used successfully in exploring whether the implementation of trauma systems worked in the foster care sector (See Bartlett et al., 2018), in assessing the impact of changing neighbourhoods and relationship disruption for children adjusting to new placements in foster care (see Fawley-king et al., 2017). The scale was also used in assessing sibling relationships for young people in foster care and how it was a predictor of resilience (see Wojciak, 2018). In the current research, the researcher used the scale as a means to help participants start to think about family and family relationships in a more in-depth way before the one-to-one main interview.

The questionnaire included questions concerning participant's background, educational status, current accommodation type, experience of placement types, and ideas and values of family and family relationships. The quantitative data indicated that many of the participants have several years of experience of the care system. All participants were aged between 18-23 years and had a minimum of two years experience in the care system in Ireland. Participants of the current study had varying experiences of different types of placement such as in residential care, relative care and general foster care and came from different areas across Ireland. Further analysis of the quantitative data showed 100% of participants believed their relationships with their birth family had changed over time. 100% of participants believed that their sibling relationships have changed over time. 90% of participants reported that families can consist of more than just biologically related people. 90% or 9 out of the 10 participants stated their relationship with their birth siblings had changed since entering the care system. 80% of

participants have not been asked by anyone and not outside of their participation in this research about their family relationships or who family is to them. 70% of participants believe that family is more than a mum, dad and child. 50% or 5 participants said how they believed their foster families treated them like their own child. In addition, 20% (or 2 participants) reported being forced to have a relationship with their birth family (See chapter seven -quantitative findings).

Overall, the quantitative findings of the study highlight how many participants would like a better and more supportive relationship with their birth family and siblings. Some participants reported how they were forced to have birth family relationships and contact, whilst others described wanting more contact with their birth families, particularly birth siblings. Nine of the 10 participants reported their birth sibling relationships has changed since entering the care system. Analysis of the quantitative data also highlighted that half of the participants agreed that they felt they were being treated in the same ways as the foster parents own child. Other participants disagreed with the statement in the questionnaire and thus, did not share this view from their own experiences. As the quantitative element of this mixed-method study was the secondary database, the following section presents the qualitative findings, the primary database of the current study. The findings from the two distinct databases will be integrated and discussed later in this chapter.

8.8 Integration of Findings

This section integrates and discusses the findings of the quantitative and qualitative findings. Integrating both the quantitative and qualitative data of the current research study can help cast a light on and confirm/ provoke further questioning. Using the tables that follow below, this section demonstrates the links between the research questions and the responses to the questions that emerged from both the qualitative and quantitative data. 'Belonging' the core category, along with the sub-categories are also represented.

Table 8.8.1: Question 1 -Integrated Findings

Research Question.
1. How do people with the experience of the care system in Ireland talk about family?
Participants in the current study understood and experienced 'family' in different and complex ways, reflecting different senses of belonging. Participants talked about family in terms of belonging, identity, connection, a bond, feeling such as love and 'fitting in'. Participants of the current research study conceptualised family as an important concept for

them for many different reasons. Crucially, participants reported they had a different perception of a family because of their experience of the care system to those who do not have experience of the care system. Many participants talked about how their family relationships had been impacted because of being subjected to the care system. For example, entering the care system meant changes in where they lived, sibling relationship breakdowns, visits and contact related issues, and the impact on their mental health. They also talked about how going into care has affected their identity, how they think about family constantly, not seeing siblings and family members enough, visits being a' big deal.' Some participants reported feeling they had to lie if your 'real' family has not picked you from school and it seemed to the researcher that real family reference, in this case, is made up of biological relatives living together. The quantitative data also confirmed that entering the care system had an impact on sibling relationships.

Participants stated there were clear characteristics of meaningful family relationships such as the feeling of comfort, respect, love and loyalty, and that these relationships could impact their stability, instability, and outcomes, particularly in placements and school.

As noted in chapter seven, analysis of the findings also highlighted displays, and happenings of family and were featured greatly throughout the interviews when participants talked about family. Participants stated how they have received ideas of family, what it should look like and how it should feel. They reported their views of the 'ideal family' came from and this was largely due to media influence. Many participants also reported for example how Christmas and birthdays were perceived by them as times/occasions/events when you should be spending time with family. Some participants even noted how their family relationships could be viewed as what Layla and Ryan the stereotypical 'dysfunctional family relationship' because they were placed in the care system.

Joining a family itself, participants reported, should be a natural process and not forced, and something that should happen over time whereby you slide into place and think these are some of the most important people in your life. For some participants family should mean permanence, stability, and not moving around, different places, leaving schools and communities. It was also noted by the researcher through analysis of participant narratives that families would and should have some conflicts or disagreements and this is part of the relationship.

Overall, participants view family in its widest sense and believe it is a self-chosen thing. Participants believed they have the right to choose the family they belong to regardless of family structure or biological ties. Whilst participant's narratives indicated that they may not have chosen their biological family, they should have a choice in deciding which family relationships they have a sense of belonging in. From the perspectives of the research participants, there is no clear structure to what a family should look like, but certain feelings, emotions and events can be associated with family relationships and this was a commonly reported perception of the participants. Some participants also believed that family was linked with the concept of home and being a safety net. In addition, participants believed that family life can just as much happen in a residential setting as it can in foster family placement. The researcher also observed participants sadness in how they talked about how they felt, and in some cases were related, it seemed, to how they were forced to have family of origin relationships, where, for example, they were not given a choice in decisions making process regarding contact. This was also confirmed in the quantitative data where some participants agreed to statements whereby, they indicated they felt forced to meet with their birth family. Upon further analysis in the qualitative findings, some participants expanded this and noted how family contact was seen more as a right of the parent and not of their own. Others reported that they wished they had better relationships and could have spent more time with birth families particularly with birth siblings. This was confirmed and reinforced in the quantitative data with many participants stating how they would like to have better and more supportive relationships with their birth family. Some participants such as Mary Ann and Ryan stated they would like to reconnect those relationships. For example, Mary Ann shared that keeping birth families more informed about a young person's progress, reminding the young person that they can have family relationships and helping the young person to make plans regarding their family relationships post-care could help improve birth family relationships. Mary Ann said:

"There's an element of family support lacking as well in an awful lot of ways. There's very little going on to reunite the young person with the family to keep that relationship alive, like with the birth family. Like, are you going to have a relationship with these people when you're no longer in foster care? What is it going to look like when you're no longer under this system while you were away from your family" (Mary Ann, p.1, L. 21 & L. 29).

Both qualitative and quantitative analysis highlighted how important the topic of family is for participants. On further exploration in the qualitative findings, it was important for some

participants that it should not be assumed that you may only have one family, or that your family is your birth family.

Overall, integrating both the quantitative and qualitative data findings, highlighted how participant's views and ideas of a family can change over time. These findings highlight the importance of care experienced young people to have their voices heard in a meaningful way when it comes to family relationships for the reasons outlined and in conjunction with the findings presented earlier in the chapter.

Table 8.8.2: Question 2- Integrated findings

Research Question.
2. How do young people with experience of the care system in Ireland understand and experience 'family'?

Participants involved in the study reflected on who they considered part of their family. For many, they chose to include their birth families, foster families, and friends. Some participants talked about how partners and professionals could also be seen by them as part of their families. This was also confirmed in the quantitative analysis as many participants disagreed with the idea that family could only consist of biologically related people. Some participants also disagreed that 'family' is only a mum, a dad and child. This idea was explored further in the qualitative interviews, and upon analysis, and there were mixed views on whether a child, or person under 18 years of age was needed in the relationship to be considered a family. Some participants believed two adults, that did not have children could be considered a family.

In terms of joining a family, participants mainly indicated that there was no one time in which you join a family that is not your birth family. Some participants reported that joining your birth family would happen on the day of birth. For others, it focused much more on the feeling and sense of belonging. Whilst participants shared a view that while a care experienced young person may not be able to choose who is biologically related to them, they believed they should have a choice in who they call 'family'. This again was echoed in the quantitative findings where many participants agreed that family can consist of more than just biologically related people.

Participants felt that family was something to which you could belong, however, the nature and relationships that come with family had been affected by entering the care system. Many participants talked about how their idea of a family had changed because of entering the care system. In the quantitative analysis, 9 out of the 10 participants stated their relationship with their birth siblings had changed since entering the care system. Upon further analysis in the qualitative interview, participants noted how their experience of family has been impacted due to lack of choice because of people, such as social workers making decisions on their behalf around visits and family time with their birth families. Participants also reflected on how they understand and experience family, and this mainly was through emotion/feeling and activities which are outlined in the subsequent section.

Table 8.8.3: Question 3- Integrated Findings

Research Question.
3. How do young people in care describe a family relationship?

Participants of the current research study described family relationships using several characteristics. These in the main included a feeling of comfort, loyalty, respect, love, care, trust, and a feeling of being wanted/belonging. The relationship itself would be a bond and should, they reported, feel natural. Participants were clear that there should be no comparisons by, for example foster carers. They felt that there should be no difference in the way in which a child in care is treated to, for example foster siblings. Participants wish were that they were treated as if they were the biological children of the foster family caring for them. Many agreed that being a blood relative did not necessarily make a family, rather significance was placed on the bond and feeling of belonging you had with others.

Participants also made clear what activities they considered to be part of family relationships. These included what participants called 'normal things', such as having dinner together, watching TV, fighting over the remote, having disagreements, and talking to them about problems or issues. Being with them on family happenings/events is also important. For example, this could be spending time with them on birthdays, or at Christmas.

According to some participants, a person knows he/ she is part of a family relationship because they do not have to overthink it. For others, being part of a family relationship meant a safety net and somewhere where you feel you belong, and its importance to your identity.

For participants it was not easy to pinpoint the specific point in which they join a family relationship, however, for the participants, it should, they said, be comfortable and be a natural process. For some, they report that the relationship is so natural you do not even realise you are part of the family and for other participants, the relationship was described as hurtful if it is not reciprocal, if those who were identified as family by a participant did not also regard the young person as part of their family in return.

From analysis, it seems that these family relationships can change in nature and many of the participants reported that they did, particularly when it came to discussing sibling relationships. Relationships with foster families also changed, with some participants feeling a sense of belonging in their foster families after time, whilst other placements did not work out, and participants moved on or into residential settings. Participants who had experiences of a residential setting also noted that they would experience what was a family relationship with residential staff, for which they said, they were grateful.

In different instances, different participants chose to include relationships with birth families, friends, professionals, foster families, and peers as part of their family. These people were also reported as having influenced family relationships perceptions for participants in different ways; some were seen by participants as positive influences, and some were negative. Overall, participants stated that family relationships with whomever participants chose to call family, can enable stability or instability for the young person. Some participants also noted how they felt they have had little choice over family contact as in some cases these decisions were made on their behalf by foster carers and professionals. Thus, participants reported that this lack of choice and meaningful participation impacted how they have conceptualised what family and family relationships means to them (See previous chapters 6 and 7).

Table 8.8.4: Question 4- Integration of the Findings

Research Question
4. What are the legal and policy frameworks in place around family relationships in contemporary Ireland? In what ways might these frameworks help/hinder relationship connections from the perspective of research participants?

All participants of the current research study were asked their views on the current legal and policy frameworks in place and if they had affected their family relationships in any way. Data analysis from both the qualitative and quantitative findings confirmed that entering the care system had impacted participant's family relationships. Participants reported how difficult in some cases it was to have their voices heard, but how important it was to them to have their voices heard in matters and decisions affecting them and their family relationships. Others reported that family time can be hard to organize when in the care system, and this again emphasised another impact of the care system on family relationships. In further analysis, some participants described the role of professionals such as social workers and their role in supporting visits. Some participants also reported that they believed there needed to be a shift away from certain language used specifically for those in the alternative care sector. This is related to switching from using the term 'access' to something less formal such as 'family time'. Participants also stated practical ways in which policy could better help family relationships for young people with experience of the care system. For example, many participants had specific ideas on policy changes (these are further outlined in the following chapter, chapter nine, conclusion and recommendations). While many participants talked about the importance of keeping siblings together, one participant Aaron expanded on this and believed there should be further input from care experienced young people in the recruitment and training of foster carers. For other participants, changes in planning for Aftercare should include conversations about what different family relationships might or should look like and supports in enabling family relationships to still happen after exiting the care system. Upon further analysis, this researcher identified a bigger question of family support particularly in relation to its role or interplay in child protection, their right to family support, pre, during and after being subjected to the care system. In other cases, this researcher noted two participants Maria and Bob suggested that more education was needed in school about the foster care system. Another example of how policy and practice could

help family relationships related to establishing peer mentoring programme where children and young people in care could support each other with issues such as family relationships.

The integration of qualitative and quantitative data highlighted to the researcher that family was a very important topic for young people with experience of the care system for different reasons, such as for identity, lessening stigma and understanding participants feelings of difference. It was also evident from participant's narratives, that many participants had never had any in-depth conversations with anyone else prior to the research about what family means to them, its importance for them and/or how they would conceptualize family and family relationships. For example, in response to a question made by the researcher about how the process of completing the questionnaire felt, Mary Ann said: *"It also does pose the question that nobody has asked about family before"* (Mary Ann, p. 1, L. 5). Mary Ann added that not in any of her care plan meetings had she been asked 'what family means to her' and how she would have like to have been asked about her sense of belonging to a family. Mary Ann said she would have liked for her care plan to have questions like: *"Do you feel like you belong?"* and*, "Do you have a sense of belonging?"*(Mary Ann, p. 1, L.11). She said these questions would have helped her understand what family is. Additionally, Cameron's quote (used also at the start of this chapter shares a similar view to that of Mary Ann's point). Cameron said: "*I've never been asked what family means to me, ever"* (Cameron, p.1, L.13) again highlighting that for many participants of the current study, participating in the current research study was the first time they had in-depth conversations about what family means to them.

In keeping with integrating the findings, the next table integrates the findings and explores the core and subcategories that were identified by the researcher in the research study.

Table 8.8.5: Integrated Findings- Grounded theory core and sub-categories.

What is the core category grounded in the experience and perceptions of the qualitative interviews research participants?
Core category: 'Belonging'. The research participants' main concern relating to understanding family and family relationships was from the category of belonging. The presence or absence of the feeling or sense of belonging determines how participants understand and experience family and family relationships.

In addition to the core category of 'belonging', the subcategories of feelings and choice were identified in the data by the researcher. The subcategories of feelings/emotion refer to when the participants feel there is a sense of belonging present and have what seems to be a clear sense that they are part of a familial relationship. Participants referred to several feelings and emotions to understand how they felt when they did not feel they 'belong' or experience a sense of belonging. Choice also featured as a sub-category in different ways. Sometimes participants referred to a lack of 'choice' as they did not choose to be biologically related to their birth families. They also talked about the category of choice when referring to decision making and choosing who they see as their family. 'Belonging', 'feelings' and 'choice' are discussed and further developed in the following sections.

8.9 Theoretical Coding – Results: The Core Category 'Belonging'

As evident from the tables above, the findings gathered were detailed and rich. The analysis of the data led to the identification of categories that occurred throughout the research. The researcher identified the relationships between concepts and then categories, which led to the final overarching category of 'belonging' being identified. The core category of 'belonging' reflected how participants experience and understand family. Its presence or absence accounts for any variance in the data. Therefore, the presence or absence of the participant's feeling or sense of belonging determines how participants understand and experience family and family relationships.

'Belonging' is comprised of two sub-categories that identify further how family and family relationships can be understood and experienced for participants. The first subcategory is 'Feelings'. 'Feelings' refer to when the participants feel there is a sense of belonging present and have what seems to be a clear sense that they are part of a familial relationship. Some of these feelings included love, respect, and loyalty. On the contrary, when participants did not experience these kinds of feelings, they did not feel part of a family or consider it to be a family relationship. In addition, and throughout the data, participants referred to several feelings and emotions such as difference, unwanted, unloved and not care for to describe how they felt when they did not feel they 'belong' or experience a sense of belonging. The second subcategory is related to 'choice'. 'Choice' featured in different ways. Sometimes participants referred to 'choice' as they did not choose to be biologically related to their birth families. They also talked about the subcategory of choice when in decision making and choosing who they see as their family.

8.10 Discussion of the Integrated Findings

This section further explores and integrates the findings derived from the current mixed-method study with the aim of privileging the experiences and voices of the participants. Drawing upon the mixed-method research entails more the presenting two separate elements of qualitative and quantitative research. Mixed methodological approaches in research must also integrate, link and draw conclusions from the two elements or strands, therefore, allowing for a better understanding of the phenomenon under investigation (Creswell & Tashakkorri, 2007).

8.10.1 *Findings and Recent Research on Family and Family Relationships*

Many participants of the current research study referred to the importance of family and family relationships for them. This was often linked to feelings of belonging, stigma, love, respect, loyalty, and care. Participants reported the importance of family to them for different reasons such as identity, and how entering the care system itself had impacted things like their sibling relationships and family contact. However, many participants also stated that they never had any in-depth conversations about family, or what family meant to them. Analysis of the findings highlighted that for some participants it was important that family could consist of individuals other than biologically related people. For participants, it was also important that professionals not just assume biologically related people were participant's family or assume that you could be part of only one family at a time. As stated earlier, the core category of belonging reflects the main understanding and experience participants have of family and family relationships. The presence or absence of a feeling of belonging explains the variance or difference in the interview data. For example, as we see in chapter six (qualitative findings) Mary Ann believed that love was hard to understand and that love and belonging can be the same thing. Love for her was seen as a feeling and a presence. On the contrary to a sense of belonging, Martin described what he believed was not a family relationship. Martin reflected on how having a favourite child and comparing members of the family can all hinder a family relationship and potentially reinforcing the image of 'you don't fit or belong here' and feeling left out. He reported how being made feel left out or different is not love or belonging. The presence or absence of a sense of belonging in a family or family relationship determines how and whether the research problem of understanding family relationships is resolved. The subcategories of feelings and choice also aid understanding of the research problem. The table below is a short illustration that highlights the importance of how the main category of belonging and subcategories of feelings and choice featured in the natives. The quotes in this particular piece also give grounding to the main category and subcategories. Finally, the table is also useful in highlighting how participants help define and conceptualise family. Participants in this research

identified at least two types of family, one related to the biological relationships into which they are born and another related to concepts of belonging, feelings and choice.

Table 8.10.1 Categories and Narratives examples

Participant	Examples of definitions of family where the main category of 'belong', and subcategories of 'feelings' and 'choice' is evident in narratives of participants
Martin	*"So it's the people that care about you and look after you, regardless of their biological attachment to you, they are who are family. I see them [foster family] as family to me because like the word family is attached with like feelings of love and care and stuff like that, they put in the effort and cared enough about me to treat me like their own child, so, therefore, that's how I view family"* (Martin, p. 1, L. 34).
Darcy	*"It's just whoever you see in your family. That could be your grandparents, if you don't live with your biological family, that would be your foster family, could be staff members in a residential, whatever you see as your family. When I think of family, I think of people around you that love you and support you. That could be anyone to you, so it could be your friends, your family. People that love you and support you and are always there for you"* (Darcy, p. 1, L. 28).
Aaron	*"It [family] is a very self-chosen thing"* (Aaron, p. 1, L. 25).
Mary Ann	*"I think family is the place that you feel safe, and the place where you feel wanted, whether that be biological or foster stuff like that"* (Mary Ann, p. 2, L.30).
Ryan	*"I would have been worse off if I didn't have a few people in my life. They [friends and their family] showed me, I've experienced family through them which is amazing because I guess that's a sense of belonging"* (Ryan, p. 4, L. 26).

The following section explores and integrates both the core category of belonging and subcategories in relation to the research questions. The real names attributed to the quotations

that follow are not the interviewees' real names but are pseudonyms chosen by participants themselves.

8.11 Core Category Belonging

In the current study, '*belonging*' is the core category that was identified by this researcher in the findings, and this was related to sub-categories, *'feelings'* and *'choice'*. This section explores and integrates both the core category of belonging and the subcategories of feelings and choice in relation to the research questions. It also presents, analyses, and situates of other findings in relation to previous and relevant studies. It begins with an overview and summary of the importance of the topic of family and family relationships for participants of the study.

8.11.1 *Importance of Family Belonging*

When questioned on whether the family was an important topic to young people with care experience, many participants spoke of how it was important. Participants reflected on its importance and some reported that their view of a family was different to those who did not have care experience for several different reasons. For example, in the current study, many participants described how family and family relationships for care experienced young people can be disrupted; but they also stated that these relationships are of significance to them because they give a sense of belonging, help shape identity, and can aid understanding of experiences to date. Much of the findings from the current research study echoes Biehal's (2014) study on how children in foster care develop a sense of belonging in their foster families (See chapter three also-literature review). Biehal (2014) carried out separate semi-structured interviews with children (37 -13 of whom in long-term, foster placements) and their foster carers and found that belonging was shaped by a variety of factors including day to day family practices and commitment of foster and birth parents. The study also mirrors the current research as many participants talked about feelings particularly of love and safety and how these feelings reinforced a feeling or sense of belonging.

Moran et al's., (2017) research (as described in chapter three also) aimed to conceptualise permanence and stability for young people with care experience and their careers and much like the current research it too noted how concepts of power, trust and communication between young people and social workers, and with birth parents and foster carers can all affect stability in the living environment. Therefore, also affecting things like identity and family relationships. Somewhat similar to Moran's et al. (2017) points, the family was also noted of importance for participants of the current research as, they said, it helps shape and gave a sense of identity. Many participants of the current study talked about difficulties in fully understanding what it

meant to be 'in care' and in some cases, they spoke about their struggles to forge a personal identity and develop a sense of family belonging and family affiliation. Sometimes this was affected by the perceived power of social workers and their role in decision-making processes. In other cases, participants talked about fears of trusting social workers. Trust also featured in the narratives as participants described having a lack of trust in relationships because of their care experience. Finally, communication was also important in the current study as in some cases as more communication between participants and social workers particularly at the point of entering care and about the care system itself was reported as needed by the participant. In addition, communication could also help forge and maintain a family relationship. In some cases, participants reported the importance of communicating through language such as calling someone 'mum' or 'dad' which is described further below.

In addition, for many participants, being subjected to the care system meant there was a disruption in the family unit, and thus the impact of the disruption could affect ideas and conceptualisation of 'family' and 'family relationships'. The researcher noted that many participants talked about how they would like to have better relationships, particularly with their birth families. The disruption of being taken into care, moving homes, in some cases schools and areas, moving into a residential centre and/or different family placement, never lessened the importance of family and/or family relationships but for all participants reinforced its significance in different ways. Hence, participants reported that they believed that they were more concerned about their ideas of 'family' and 'family relationships' than a non-care experienced young person because of the disruption of the family unit, and their changes in circumstances.

In addition, a return to the literature highlighted research by Thomas (2014) which aimed to understand how childhood familial experiences influence individual lives' through exploring former foster children's identities through narratives about the foster care experience. Thomas (2014) analysis of 17 former foster children's stories yielded that there are 3 non-exclusive identities: victim, survivor, and victor. The identity construction was analysed in relation to redemptive telling's, wellbeing, and the foster care system. Similar to Thomas' (2014) findings, many participants of the current research study relayed experiencing hardships related to the foster care system. Some participants described how they experienced different types of abuse by their family of origin and/or in foster care. Thomas (2014) noted how abuse can permeate victims' identities. In addition, some participants of Thomas' (2014) research talked about their experience of family through a 'survivor identity' and in a way that they were living to tell the

tale. Thomas (2014) third conceptualisation of identity, related to the idea of 'victor' and how participants battle with vicious circles of "Once a foster child, always a [negative description]" to "I was once a foster child, and now I [overcame]" (p. 90).

Based on the narratives of the current study, participants described how the foster care experience had impacted their family relationships but also had an impact on the person they were today. Whilst reporting hardship, only some participants stories of family relationships ended more positively, falling into the third conceptualisation of identity and what Thomas (2014) terms as the 'victor'. It seemed to the researcher that although participants in the current study had survived experiences such as moving families, and placements, faced stigma and/or feelings of being unwanted, unloved, and/or loss, had achieved successes in different ways such as living independently and achieving educational qualifications.

Whilst participants did not directly identify their strengths, the narratives that they provided showed how they were independent, articulate about their needs, and what could be characterised as resilient. For example, regardless of experiences from analysis of the quantitative data, many participants had reported living in rented accommodation and further narratives provided by the participants in the qualitative data highlighted how they had a lack of birth familial support and lacked support from their foster families. These characteristics such as being independent and resilient have arguably been tied to their experience of entering and leaving the care system, foster placements and particularly their experiences of family relationships. Additionally, much of the narratives from participants showed that they used personal strength to cope with trauma, loss of family relationships, the stigma related to care identity and different placement moves. For example, Cameron talked about how alone he felt after moving from residential care to aftercare at eighteen years of age and how he became more self-reliant and independent. He said:

"It's like when I went into that aftercare accommodation, I was alone for-- I hadn't had a conversation with someone in well over a month. That's when I realised that it's like I have to start. No one else is going to do it for me, I have to do it myself. I have to get through this year" (Cameron, p. 10, L. 15).

Mary Ann shared similar views by stating:

"Like things young people in care would think about completely different things than people who haven't experienced care. There's so much more I think that we have to worry about. We [care experienced young people] have to look after ourselves. I think the idea of family goes

as a very last priority because you have to focus on yourself, and you have to be there for yourself because oftentimes, you just don't feel like anybody else is there" (parenthesis added for clarity) (Mary Ann, p. 2, L. 1).

The concept of resilience can help understand how some children and young people do well in the face of adversity and is well researched for those with care experience (Van Breda, 2017; Leve, et al., 2012; Samuels & Pryce, 2008; Drapeau, et al., 2007. Schofield & Beek, 2005). In the current study, the resilience muscle seemed to be developed over time, as many participants experienced daily challenges such as how they would manage with not seeing family, having family contact on birthdays or other days they viewed as important such as Christmas Day. It seems these daily challenges and others such as being subjected to the care, having a lack of input into decisions made about family contact, being neglected (in birth family relationships and foster family relationships) and being fearful of disclosing to friends about their care identity all added to the development of their resilience muscle.

In the current research study, multiple foster care placement moves did not seem to lead lasting detrimental impacts on the day to day lives of participants, from their points of view. In many cases, the biggest negative outcome experienced by participants, even in placements where they had meaningful and close relationships with foster families, was the loss of birth family relationships. Participants seemed to possess the quality or the ability to bounce back from both singular events that were traumatic and ongoing emotional conflicts when they reflected on their family relationships and family experiences. Further research is needed to understand the personal strengths in depth that care experienced young people exhibited in dealing and coping with trauma and ongoing complex family-related issues. Practice responses developed can then add to theories of belonging and resilience literature and build further protective factors within the care experience journey.

For participants of the current research study, many said they felt stigma attached to having had experience of the care system and thus found it hard to disclose their care identity to friends. In summary, participants of the current research study noted the importance of family in different ways. They spoke about how their experience of the care system also impacted their ideas and experiences of 'family' and for the reasons outlined. Many participants of the current research study believed they had different views and experiences of 'family' to those without care experience because they had been subjected to the care system. However, in all cases, narratives depicted participants own personal strength to live with their complex family relationships dynamics and cope with ongoing emotional conflicts in deciding their identity and family

affiliations. These and other findings are described further in the following sections of the chapter.

8. 12 A New Ecological Framework for Understanding 'Family'

As described in chapter three (Literature review), Bronfenbrenner's bio-ecological model of human development can help us understand the concept of the proximal process. For example, the interaction between the child and their family relationships and context. Bronfenbrenner's *Bio-ecological model of human development* (2005) allows us to be aware that events or behaviours of an individual cannot be analysed independently, rather than socio-ecological context and cultural context need to also be considered. For researchers, this means one should not regard development as simply in the individual but also is affected by their environment.

Bronfenbrenner's *Bio-ecological theory of human development* (2005) and related bio-ecological systems theory can help analyse and understand a child development and experiences when the child's immediate environment and their interaction with the larger environment are also considered. Bronfenbrenner (1979) stated that 'whether parents can perform effectively in their child-rearing roles … are related to such external factors as flexibility of job schedules, adequacy of childcare arrangements, the presence of friends and neighbours … the quality of health and social services … public policies and practices (1979, p.7).

As stated previously in detail in chapter three, when the different systems interact, they can have different effects on an individual. Outcomes for care experienced young people can emerge from the continuous interplay in the systems located close to the child, in the micro and mesosystem, such as family, siblings and community. Policy contexts (exosystem and macro levels) can also shape and direct children and their family's day to day lives. The application of the ecological perspective is therefore useful in understanding relationships that happen during the foster care journey. For example, research from Henderson and Scannapieco (2006) used the model to identify the ecological factors that correlated to effective non-kinship foster care. They applied the model to analyse the different levels such as the individual, family, and community. They found that foster care must be analysed at the different levels and interactions of multiple factors within the individual, family, community and culture can influence effective foster care. More recently the model has been applied to help understand the well-being of children who grow up in at-risk families (Ayala-Nunes et al., 2018) and the model is also useful to help understand transitions from foster care to independent living (Scannapieco et al., 2016). As findings from this study support previous arguments that young people in care do not live in isolation, the researcher proposes that 'family' and family relationships can be impacted at

each system layer. Based on narratives from the current research family relationships for participants of the current study are interrelated and interdependent with all layers of the system. Hence, adapting Bronfenbrenner's model (1979) can provide a new framework of understanding views and experiences of family and family relationships.

Figure 8.12: Bronfenbrenner's' Model (1979 & 2005) Adapted-New Perspective of Ecological Framework.

8.12.1 *Family, belonging and the microsystem*
In keeping with Bronfenbrenner's original model, the individual is at the centre of the framework. By examining the individual in the contexts in which they are and how they influence their contexts, it is clear, as Bronfenbrenner and Evans (2000) pointed out that there is a bi-directional influence. At an individual level, the findings of this study have detailed how care experienced young people view, describe and experience family and family relationships. Participant's perceptions, views, beliefs, and conceptualisations of a family seem to be impacted by their attitudes and feelings of family. For example, participants believed that belonging and the feeling of being wanted are important, not just for identity but because they

had already had a disruption in their birth family relationships. Factors such as internal beliefs of feeling unwanted and unloved in family relationships can threaten a sense of belonging. Additionally, at an individual level they reported how the topic of family and family relationships is important to them, not just for belonging, but the feelings and actions they associated with it such as love and trust. Participants talked about their wishes to have family contact and their pro-activeness at an individual level to have birth family contact. Finally, participants made clear that family itself should be individual and self-chosen. These central elements of belonging, feelings and choice relate to the main and subcategories that can help conceptualise family and family relationships for participants. The categories of belonging, feelings and choice are described further throughout this chapter.

8.12.2 *Family and the mesosystem*

At an interpersonal level, the findings of the current research study show how interactions with family, friends, peer groups, school, foster families, partners and professionals such as judges, social work practitioners and residential care staff can all impact how participant's view, understand and experience family. Simply being taken into care in the first instance can be a clear instance of how bi-lateral relationships between the micro and mesosystem can be seen. For example, interpersonal relationships with birth families were disrupted because of being placed in care, moving to a new family, and community. Interactions between the bilateral relationships of the participant and family often meant changes in the relationships such as loss of contact with both birth parents and sibling relationships and hence causing complexities in understanding a sense of belonging for participants. For participant's, this led to feelings such as loss, fear, stigma and shame. Based on the narratives of the participant's, being subjected to the care system itself also meant a lack of meaningful choice and participation in decision making not just for them but their families in the microsystem. Not having their voices heard led to relationships that it seems could be characterised as untrustworthy, and fearful between the individual and those in the microsystem. For example, some participants, such as Maria and Layla described not being informed about decisions made and having little to no input and so they described how professionals were 'sneaky'. In other cases, participants were cautious of who they disclosed their care identity to in relationships with peers and their schools (microsystem) because they were concerned about the stigma attached to having care experience.

8.12.3 *Family and exosystem*

Based on the narrative of participants, it seems that failures in government and alternative care policy (Exosystem) (such as the lack of family support provided to young people in care to understand and help their family relationships, and the lack of support and information provided to birth families (particularly when the child is taken into care) have hindered family relationships for young people in care. Family relationships for young people in care should be self-chosen, should not be forced and are not simply a matter of biological relationships. Family and family relationships do not end at 18 years and so, participants believe that policies need to be extended to support young people to have the family relationships they want post being subjected to the care system. As reported by participants, future policies also need to help create further means of understanding the care experience, and those working in policy and practice need to find help find the balance in ensuring rules of family visits/supervision, the rights of the parents and the child needs, and their wishes are upheld and met. Recommendations for future policy and practice are outlined further in this chapter and the following chapter, chapter nine-conclusion and recommendations.

8.12.4 *Family and the Macrosystem*

The findings from this study support the influence of social norms on the individual. For example, findings show how macrosystem factors such as the Irish Constitution, the media, alternative care policy and related supervision rules and language, and religion filter down to the inter and intrapersonal levels of the individual's ecological framework. These influences in the macrosystem seem to have impacted participant's views, understanding and experiences of family and family relationships. Participants deconstructed normative views of family in that they reported family is more than just biological relationships and argued that you can belong to more than one family at a time. For example, Layla talked about being a part of a different family such as her foster family and being a part of a family with her partner and his children. Layla's idea (illustrated below) shows how she can be a member of more than one family at a time.

Figure 8.12.4 Example of families within families (as defined by research participants) and being a part of more than just one family-Participant Example, Layla

Additionally, some participants further questioned definitions of a family by reporting how families within families can exist (as illustrated above) and how professionals such as social workers and others in the microsystem could help educate on the diversity of family forms, thus changing attitudes and ideologies of family. Finally, the political engagement and activism work carried out by participants, such as Martin, could also arguably create changes in government policies (within the exosystem) and overall public attitudes and ideologies not just of the care system but of family relationships.

8.12.5 *Family and the Chronosystem*
The societal norms, practices and structures also have a bi-directional influence on each system of the framework. Some societal norms, practices and structures can be passed down from generation to generation. It seems, based on the narratives of the participants that their ideas and understanding of family can change with time. It also seems to the researcher that some

participant's experiences and reflections on their experiences as well as how family members relate to the participants impacts on how they understand family and family relationships. For example, both the qualitative and quantitative data highlighted how participants felt their sibling relationships changed since entering the care system. Some participants (such as David, Maria, and Bob) reported how they would like to better relationships with their birth family and so possible changes in their environment over time such as leaving the care system and the impact of aftercare services could impact on the level of contact care experienced young people have with their siblings and/or birth parents. Additionally, participants may change how they view family relationships and change may occur in how their birth families view their family relations and how they relate to each other. Additionally, relationships with siblings and other family members could change in nature over the life course because of the impact of time and environmental events such as entering and leaving the care system.

In the table below, a further summary of how belonging as a core category and subcategories of feeling and choice in understanding family relationships can be seen at each level of the model is presented. Quotes from participants of the current research are also given in each example section to support the adaption of the ecological model.

Table 8. 12. 5: Ecological System and Family

System or Level	Example from Narratives within the transcripts
Individual	➢ Participants expressed the need or wish to have family contact and their proactiveness in having family time. ➢ Participant's beliefs that family (as understood more broadly by participants) is important and the importance of belonging for identity. *"I think it's [family] extremely important because everyone naturally, it's the human nature to have a sense of belonging and naturally everyone wants that"* (parenthesis added for clarity) (Ryan, p. 1, L.13).
Micro	➢ The effect of placement moves to new families and disruption to birth family relationships. The building of new bonds and a sense of connection and belonging to new families and communities. ➢ Participant's feelings of stigma around the care experience Identity

	"When we're in the care system what relationship bond we have with our families, and not a lot of us that are in care have that strong bond with a family. It's good for us to talk about this because there's a lot of stigma around it. Like we come out of care system and it's like you are a stranger to your family because you didn't get to have that family access with your family, or there was something going wrong or the social workers wouldn't allow you, so we lost family time with our own families. That's why it's important to have your voice heard, and talk about these things, and stop the stigma around that" (Layla, p. 1, L. 7).
Meso	➢ The connection between micro and exo could be seen as the children being taken into the care of the state as government policy meets family to say it's in the best interest of the child *"It's not a good thing that I'm in care but it's better than the alternative. That doesn't mean have to be happy that I'm in care. I hate that fact I am in care and I was away from my family"* (Aaron, p. 10, L.14).
Exo	➢ Governments policy on alternative care and placing children in care ➢ Mass media perceptions of what a family should look like and should provide. *"I think the biggest one [needed in policy] is just listening to the actual people, the young people in care, and form a policy based on those ideas"* (parenthesis added for clarity) (Cameron, p. 4, L. 22).
Macro	➢ The value of family in Irish culture and Society ➢ The impact of broader definitions of 'family' as in the current research on society, on policy and families and individuals *"I'm going to have to refer to the constitution for this for fun because I was going through this last night… So it says in article 41 section 1 in the first degree; the state recognises the family as the natural primary fundamental unit group of society …basically saying that they recognize that the family is the first and foremost unit group of society and what bases our foundation as a human society"* (Martin, p. 3, L.1).
Chronosystem	➢ Historic influence and the changes in more recent times of how Family is seen and experienced ➢ The ongoing evolution of the meaning and experience of a family for care-experienced young people and society at a wider level

	"For myself even, the idea of family has changed over the years because of being a care experienced young person. I know even my own brothers and sisters who all say the same thing your idea changes because you had different experiences to most young people. Even if you look at people you went to school with the general idea of family is mom dad brother, sisters whatever. It's kind of different then when you look at it from our point of view it doesn't always have to be that way because even just like from my own experience of doing primary school teaching there is different families you have single-parent families you have families in foster care you have families that are living with aunts and uncles, different things like that. There's loads of different types of family so it is a topic that needs to be, that is very important especially for young people in the system" (Bob, p.1, L. 9).

By combining key ideas Bronfenbrenner (1979; 2005) and the findings of the current research the above framework and table provides a more detailed and comprehensive framework for understanding family and family relationships for participants. The framework notes the importance of the proximal and bilateral relationships for the conceptualisation of family and family relationships for participants. The model is useful for policy, practice and academia as it highlights and demonstrates the complexity of family and family relationships for care experienced young people. In addition, it highlights how participants are influenced by each system (both directly and indirectly), how each system can impact family and family relationships and how participants can influence each system also. The following sections draw upon some of the concepts detailed in the above framework.

8.13 Feelings of Love and Belonging

Another significant feeling that reinforced a sense of belonging and family was that of love. Regardless of the length of time spent in a family or family relationship, a sense of joining or belonging in a family itself can be created and underpinned with the feeling of love, expressed through displays of family in both foster families and birth families. Participants in the current study reported mixed experiences of feeling loved. Based on the participant's narratives, love is not believed to be simply a feeling but an action or display of family. This finding perhaps contends normative discourse on love that are primarily or exclusively being about feelings. For example, it seems much of the literature around love describes it as an emotion, a private dynamic and is usually based on a couple's narratives of love (see Brown, 2018; Langeslag, & van Strien, 2016; Levine, 2005; Berlant, 2001). In other literature, around the concept of love, the question of why people foster arose. For example, research by Smith and Smith (1990) highlighted the possible exploitation of foster parents in their role because of lack of pay and

recognition for the work they do. The question of love or money features alongside "Should or can a society pay for love and care that are spontaneously given to children in the privacy of the home"? (p. 1990). Smith and Smith (1990) findings argue that foster care is both about labour and about love and foster carers should be viewed as professionals. In more recent literature by Lausten and Frederiken (2016), the question of whether love can be offered in residential child care units in Denmark was questioned. The quantitative study, which surveyed 1,400 children in out-of-home care found that "the most important factor contributing to a child's feeling loved by his or her caregiver when living in a residential institution is high social support. Having high social support increases the likelihood of feeling loved more than seven times" (Lausten and Frederiken, 2016, p. 99). Additionally, they note how the "feeling of being secure, having good state of mental health, and feeling loved by the biological parents increases the likelihood of feeling loved by caregivers two to two-and-a-half times" (Lausten and Frederiken, 2016, p. 99). These feelings are somewhat in contrast to how love was seen for young people with care experience in the current study.

In the current study, love could be seen not just as a feeling or emotion but also an action between young people in care and foster carers and practitioners such as residential care workers and social workers. Some participants reported how they knew they were loved by for example their birth families, foster families, partners by the certain displays and happenings of family. These included receiving a card/gift on a birthday or Christmas time; for others feeling loved related to having meals together, feeling included in decisions and being listened to. Whilst some participants reported the absence of a feeling of love and care in their placement, they did indicate that love and care could be a characteristic of family relationships. For participants in the current study, where love is present and experienced, it can reinforce a sense of belonging. It was apparent to the researcher from the narratives of participants about family and family relationships that unconditional love was important for any relationships or even placement to work. Thomas and Scharp (2017) research questioned discursive constructions of 'forever' and 'ideal' families. Much of these findings focused on how families who provide unconditional love can be of great fit to those with alternative care experiences. Much like the current study, acts of care and displays can give those with care experience the feeling of love and belonging they need and deserve. It is clear from the current research study that care experienced young people need and desire role models who provide guidance and security but also love and affection. It seems to the researcher that if participants did not have relationships with people who did not provide this then it could be considered a barrier to belonging.

8.14 Belonging and Loss

For participants of the current research study, being subjected to the care system and placement moves disrupted ties and bonds to the birth family, friends, school, communities and in some cases foster families. The loss associated with these relationships affected established bonds and thus creating some confusion as to a sense of belonging. In some cases, participants reported that placement transitions also meant a loss of personal belongings and personal possessions. Based on the narratives of some participants, losing physical items that were of importance or having to leave with virtually nothing at the point of entering the care system it seems can affect memories associated with that item. Thus, having to leave behind or lose physical items could then affect a sense of belonging and identity. More crucially, however, was the loss or separation from siblings that many participants of the current research study reported. All participants of the current research study reported that the relationships they had with their birth siblings changed since entering the care system. In some cases, participants were the only person in the family to be taken into care, in other cases, birth siblings were taken went into care, with some staying in the same placements as their birth siblings and some having experienced separated placements. Some participants were the only individuals in their families to be subjected to the care system. Many participants remarked on the significance of siblings in the placement moves. In cases where participants spent time in the same placement as their siblings, and it provided some sense of familiarity and connection. In some cases, it seemed to the researcher, that placing siblings together also provided emotional support in the face of adversity.

In other cases, it seems to the researcher that there was a loss somewhat of self-esteem as some participants were left questioning either why their siblings were adopted (while they were not) and/ or in other cases why they were the only ones taken into care while other siblings remained with their birth family. Many participants remembered their need during the care experience to feel wanted and have a sense of belonging. For some participants, the experience of being taken into care in the first instance seemed to lead to a notion of not belonging (to their family of origin) of feeling unwanted, and questions about what was it about them that they were moved into the care system. The disruption to and loss of family relationships remembered by participants of the study highlights the importance of further research into areas of attachment, grief and belonging. The findings of this study suggest that children and young people going through the care system would benefit greatly from being informed of the reasons they were taken into care and having meaningful input into decisions around placement and family relationships. Creating these opportunities by those who work with children entering the care

system (such as social workers, judges, guardian ad litems) can ensure care experienced young people family relationships are listened to, included, and they can understand the process. Furthermore, it seems reasonable to suggest foster parents and key workers in the alternative care sector could be trained to view the complexity of family relationships from the perspective of the child or young person and recognise the different factors such as being subjected to the care system, placement transitions, and decisions made around contact, can have on family relationships and creating or disrupting a sense of belonging.

Understanding family relationships can help foster carers, residential centre workers, social workers, social care workers and other key professionals to recognise signs of loss and trauma, and therefore prevent future feelings of being 'unwanted', and unsure as to where they might 'fit in' as described in the participant's narratives. A return to the literature by the researcher highlighted how Cairns (2002) suggests that foster carers can endeavour to "learn the child". By this Cairns (2002) notes that foster parents should be well informed of relevant theories such as attachment and grief but also be open to learning about how each child or young person process their world. However, findings from the current study suggest that the idea of "learning the child" could be useful helpful for all those involved in the decision making-process related to the child or young person's journey through the care system with particular attention to their family relationships. Insights from the current research can contribute to developing a framework and skills training for continuous development for those working with and alongside care experienced young people. Such a framework is discussed in more detail in chapter nine, the concluding chapter.

Another key element of a sense of belonging in the current study related to relationships with friends and their families, foster siblings, partners, professionals such as social workers and key workers, peers, and particularly those who also had experience of the care system. Participants often mentioned at least one of these groups or individuals as being important for a care experienced young person sense of belonging. Memories of a caring adult or peers were clear in the narratives of many participants. Sometimes participant's recollections of nurturing or caring individuals related to advocating for their best interest in care plan meetings, ensuring they had their say in decisions affecting them, taking them to do activities and for some other participants it meant buying them a birthday gift. For all participants, these types of displays reinforced a sense of belonging, helped them cope with loss and manage their adverse experiences. If these types of actions or displays were not present or did not happen in

relationships, then participants did not fully feel a part of the family and were left being cautious about their sense of belonging in relationships.

8.15 Family-a secure base?

As we saw in chapters two and three (context and literature review) the nature of family structures has become more fluid, with foster care representing a type and frame for daily life and development of some children and young people. Foster care can provide opportunities for children and young people to experience security, permanence and stability. According to Christiansen et al., (2013) foster children can have "a past characterised by neglect and adaptation difficulties, and a breakup from familiar persons and surroundings; a present in which family life is arranged by the public authorities, and in which the responsibility for children is split between the child welfare authorities, foster-carers and parents, often with unclear lines of responsibility" (p. 721). In much of the literature, older foster children are usually interviewed to find out their reflections and childhood experience of foster care (Holland, 2009). Many studies from different countries highlighted that the majority of children and young people in foster care are happy and feel that they are included in the foster family (See Andersson, 2009; Ulvik, 2007; Barber and Delfabbro, 2005; Chapman et al., 2004, Schofield, 2003). For example, Andersson (2009), carried out a longitudinal study of placement and family relationships of a group of children 0-4 years in Sweden. The participants of the study were 26 children who had a mix of experiences from temporary residential care at an early age, and experience of foster care. In total, seven rounds of data collection were carried out and the last two occurred when the children were young adults. Using attachment theory, Andersson (2009) highlighted how some participants had secure, warm and lasting relationships with their foster parents. Much like participants in the Andersson (2009) study, the participants in the current study described foster carers as significant attachment figures, even if participants of the current research study kept in touch with the birth parents and birth siblings.

Whilst 5 participants of the current study believed their foster families treated them like their own child, it could be argued that some of the 5 participants had shown an attachment pattern known as 'secure-autonomous-free to evaluate' (Howe et al., 1999). However, other participants of the current study described insecure relationships where a sense of belonging was missing particularly in relation to foster family placements they had and their birth family relationships. In these cases, participants were perhaps 'preoccupied-entangled' or 'dismissive' with respect to belonging and attachment (Howe et al., 1999). This was echoed in the

quantitative data, where some participants agreed with a statement of being forced to have family relationships, how their relationships with birth family have changed over time and after entering the care system. Additionally, 4 participants noted how they did not feel like their foster family treated them as if they were the foster carers own child. This was evident through narratives when participants talked about being left out of activities and so inclusion was an important aspect of equal treatment in the foster placement. Participating in family gatherings or perceived cultural activities of families and being counted as a family member rather than just someone who had been fostered, enabling a sense of belonging or threaten a sense of belonging. Consequently, inclusion or lack of affected participant's sense of belonging in foster placements.

8.16 Satisfying feelings of belonging

Many participants of the current study and, much like participants in other studies (such as Herrick & Piccus, 2005; Schofeld & Beek, 2005) had experienced feelings of loss and loneliness. Meeting emotional and physical needs such as safety and food needs of care experienced children and young people during a placement can ensure they experience stability, security and an environment in which they can thrive (Berrick & Skiveness, 2012). For some young people in the current study, foster families and professionals such as key workers and residential workers provided participants with a secure base. The idea of a secure base, developed in attachment theory tends to be used to describe the balance between dependency and autonomy, closeness and exploration that lies behind secure attachment relationships (Schofield & Beek, 2006; Howe et al., 1999; Bowlby 1988). The concept is linked with resilience and benefits of a secure base suggests that "caregivers, who provide practical and emotional help and support, reduce anxiety and free the young person to become more competent and confident in tackling new challenges in learning, in work and in relationships" (Schofield, 2002, p. 257). In addition, having a secure base can result in 'felt security' that Cashmore and Paxman (2006) describe as, when young people know they have someone to turn to when things go wrong and equally someone to celebrate with when things go well. For many participants of the current study, foster carers, professionals such as social workers, residential care workers and youth workers provided this secure base. Based on the narratives of participants, having a secure base, and in cases a felt security, seemed to enable participants to deal and cope with their adversities and experiences.

Along with providing a secure base, some participants believed family and family relationships should meet the needs of a child. For example, in one case, a participant of the current research

identified family and meaningful family relationships as meeting 'Maslow's Hierarchy of Needs'. Maria, a participant of the current study said "*I think family means that someone cares about you and loves you. It's like the Maslow's hierarchy of needs, that kind of thing*" (Maria, p. 3, L. 17). Some of the key elements of Maslow Hierarchy of needs (1981), was also identified in the analysis of participant's narratives. Maslow's hierarchy of needs (1981) framework reinforces that certain needs are necessary for healthy human physical, social and emotional development. This includes physiological needs, such as water and food. Secondly, safety needs such as security and health. Thirdly, according to this theory, humans need love and belongingness. Fourthly, a need for self-esteem which relates to respect and recognition. Finally, self-actualization relates to the desire of an individual to be the most they can be and reach their full potential. Ensuring that these levels of needs are satisfied is a continuous process and research has shown that when needs are met can lead to further growth, whilst failing to meet needs can inhibit this (Deci and Ryan 1985; Maslow 1981). In the current research, the different elements of Maslow's Hierarchy of needs were identified by the researcher in different ways. For example, some participants believed family relationships could be related to the presence of food. Families would provide food and have dinner together. Families were also believed to be safety nets by participants in the way they could provide safety, love, and a sense of belonging, support, and care.

Deci and Ryan (2012) highlight how the satisfaction of basic needs can be impacted by environmental factors, or changes in the person's, or interpersonal feelings, actions, and/or thoughts. Perhaps this could be seen to have parallels with Bronfenbrenner ecological systems theory (as described earlier) in the sense that the individual or the care experienced young person, in this case, is not just impacted by their environment but how the young person impacts their environment also. For participants of the current research, needs were on a continuum and environmental factors and changes personal feelings impacted need satisfaction. For example, some participants noted how feelings of stigma (environmental factor) associated with their care identity impacted their sense of belonging. Thus, when they felt this and were more vulnerable it was clear that a sense of belonging needed to be reinforced. In addition, the sense of belonging was also on a continuum, as much as the other needs that Maslow's theory notes. Continuous placement changes, the stigma attached to the care identity, changes in family relationships and even entering and transitioning out the care system alone meant changes in the participant's environment and the reconfiguration and renegotiations of needs.

Many participants noted the importance of physiological needs, safety needs, esteem and particularly love and belonging, and how birth families, foster families, friends and their families, partners, and certain professionals could and did provide the satisfaction of the needs. Berrick and Skivenes (2012) note how adverse experiences prior to entering the care system, placements and living in foster care can cause individuals to develop specific needs. This was certainly true for participants of the current study as their narratives show how the care experience affected their family relationships, and in some cases left them in confusion about family affiliation and belonging. In many cases, they also reported needs of safety and love (for example, due to experiences in the past of neglect and abuse) and this became a characteristic of what a meaningful family relationship should entail to participants. In addition, it seems to the researcher that living away and apart from their birth families can disrupt the development of attachment and senses of belonging to birth families.

For all participants, there was a sense of self-determination evident to the researcher. In many cases, this meant, for example, participants seemed to want to do better in life, achieve goals, re-establish birth family relationships, establish more caring relationships, and achieve change in the foster care system. Even through the levels of adversity participants experienced, through the confusion around belonging, feeling of being unwanted and unsupported, having complex family relationships, and coping with past experiences, participants exhibited and presented with already having survived the care system journey and achieving potential in different ways. Thus, the findings of the current research study highlighted the need for understanding how participants own possibilities can meet their own needs. To do this, more education on self-actualisation is needed particularly for those with care experience. Future research can help understand and further develop agency and the capabilities of those with care experience. Furthermore, it can help policy and practice understand the reliance on individuals such as foster carers to meet all needs and if this does not happen how much can individuals themselves self-meet needs.

8.17 Negotiating Identity and Belonging

As care experienced young people, many participants in the current research study shared insights about how stigma associated with their identity impacted their relationships particularly with friends and their relationships in school. They talked for instance about common stereotypes and misconceptions of care experienced young people as "dysfunctional" and participants feared being viewed as different by and to other young people. This guided their decisions regarding identity disclosure with peers. Returning to the literature to identify further

examples of a sense of belonging and identity among care experienced young people, Unrau et al., (2008) notes how having care experience is associated with stigma. In their study placement moves added to the stigma of being in foster care. Unrau et al., (2008) findings suggested that not only did those who were interviewed feel different from normal, but some never attached to foster carers and described how some interviews said they 'never trusted anyone' (p. 1261). This idea of trust, disconnect and detaching was also described by participants in the current research. Analysis of the interviews in the current study led the researcher to identify narratives centred on trust and disconnection. The absence of trust in relationships be it with birth families, foster families, or professionals such as social workers led to a disconnection in relationships for the young people and did not reinforce a sense of belonging. In addition, a lack of trust between some participants and non-care experienced young people meant fear of disclosing their care experience. Some participants of the current study described lying about who was picking a participant up from school. The fear about reactions to the disclosure of being care experienced meant that some participants were conscious and had worries about what others knew. Perhaps from the point of the researcher, this hypersensitivity and consciousness of identity for some participants stemmed from schoolmates and the general public's lack of education about the foster care system and more generally the alternative care sector. To help buffer from potential negative impact, participants consciously took steps to conceal their care experience identity and thus not to impact their sense of belonging. In addition, placement moves, changes in participants environment, for example, moving area, and changing school was noted as a challenge to participant's sense of belonging. It would therefore seem reasonable to argue that it may be hard for participants to establish authentic and meaningful relationships in some of the participant's environments.

Based on the narratives of the participant, being placed in a new placement, or care setting does not automatically create a sense of belonging or means that the young person will consider those in a placement as family. For example, Bob talked about this when he said:

"I the idea of being in a placement calling them family is wrong. It's wrong because these kids, young people, may not consider the place they are in as family. They may have a meaning to family that's different to any social worker or any other person that may come in contact with them has. Due to many people thinking family is a certain family, the idea that just by placing someone in house and saying that's your new family is not right" (Bob, p. 4, L. 7).

Rather what did help create a sense of belonging to a family or in a placement was the building of certain characteristics in relationships. Characteristics of family relationships such as 'trust',

'care', and 'loyalty' were key to a sense of a belonging rather than the amount of time spent in a placement. A return to the literature highlighted how these findings affirm the findings from Johnson et al., (2020) and Unrau et al., (2008). They also connect with and affirm Strayhorn (2012) that a sense of belonging can take on increased importance at certain times particularly when one is subjected to feeling vulnerable. However, a key point in the current research is that moving to a new placement be it a family placement or residential centre did not mean on the first day a participant was part of the family as detailed above. Rather when the key characteristics (such as trust, care and love) were evident in the relationship then it became easier for participants to develop a sense of belonging within the placement. As some participants described the stigma and fear of disclosing the fact, they had care experience to those in their environment meant that belonging was important to them. In all cases, participants highlighted a yearning to belong and to feel accepted whether in school, with friends, with birth and with foster families. Again, for some participants, a sense of belonging became even more important when they thought about what would happen when they would leave aftercare and not have the support/services anymore post care and aftercare.

8.18 Family Affiliations
Some of the current research participants talked about belonging and affiliation to two families: birth and foster families. In some cases, this caused conflicts of loyalty. Some participants struggled with this because of the high level of contact they had with their birth family. For some participants who had contact with their birth families and were in foster placements, this became somewhat of a type of balancing act. While a small number of participants of the current study stated they would have liked to live with their birth parents, they concluded that they were better off in foster care. The idea of two-family affiliation, however, was a source of conflict loyalty as a small number of participants talked about situations where it was emotionally conflictual for participants, and this created confusion about where they belonged. Many statements from the interviews highlighted how difficult it was for participants particularly when it came to Christmas, or certain days such as birthdays when 'family' was seen as important, and participants spoke about how hard it was for them to decide where or how they would spend the day. The researcher felt that narratives on two-family affiliation seemed somewhat stressful and emotionally conflictual and this was something they said they experienced during the care system, aftercare and even further on. Narratives highlighted that belonging for some participants is carried out with caution. This is perhaps done with the aim of not hurting one individual or family over another.

Following data collection and analysis, the researcher returned to the literature with the aim of identifying further examples of a sense of belonging among care experienced young people. Christiansen et al., (2013) note how a cautious sense of belonging can be addressed when belonging is talked about and is referred to. 'Talk' can strengthen a sense of belonging. For example, Christiansen et al., (2013) report on how participants who addressed foster carers as 'mum' and 'dad' rather than using foster carer's first names helped strengthen a sense of belonging. The findings of the current study were similar to that of Christiansen et al., (2013). Communication and talking, using words like 'mum' or 'dad' by participants clarified who is family to them. Findings from the current study are somewhat of contrast. Many participants of the current study such as Darcy, and Layla and Bob using the term 'foster' before 'mother' or 'father' was important for clarity purposes only. For example, Darcy explained how she would use the term if a friend questioned her as to why she has a different surname. Darcy said:

"Unless my friend is like, "Why do you have a different surname?" Then I'd explain, "Oh they're my foster mother." They're like, "Okay" (Darcy, p. 11, L. 29).

In contrast to this again, Mary Ann talked about how she felt when she used the terms 'foster mother' and 'mum'. During the interview, Mary Ann said she never felt a sense of belonging to her foster family although she lived with her for 3 years because of how she was treated by her foster mother. Mary Ann talked about how was not bought schoolbooks and left the placement with the same clothes she entered the placement with. She described having nothing (Mary Ann, p. 5, L. 22). Perhaps the experiences Mary Ann had in that placement impacted her to have no emotional or feeling of attachment to her foster mother. Mary Ann said:

"I suppose when I'd say foster mother, I'd have no emotional attachment to that word. When I do say my mum, I do automatically feel love and the urge to be around her and warmth and stuff like that. Whereas I suppose when I would say foster mother, I would say she's just my foster mum. That's just a name I have to give to her for an official document" (Mary Ann, p. 9, L. 30).

 A sense of belonging based on the findings of the current study could be reinforced through things like language, however, supportive action and displays of family belonging such as providing love and care seemed more important based on the narratives of the participants. More on these activities of belonging and understanding family relationships through feelings and displays of the family are discussed further on in the chapter.

8.19 Belonging and Family Privilege

As outlined previously, all participants of the current research study viewed family and family relationships as a topic of importance for many different reasons such as identity, the effect of the care system on family relationships and the perception from some participants that everybody wants to belong somewhere. In many of the narratives of participants in the current study, loss and longing were noted as part and parcel of those being subjected to the care system. It is therefore then questionable how do young people compensate when there is a sense of loss, or when they do not have a sense of belonging to a family. Buford (1955) summed up family when he noted that family is an essential presence. Seita (2014) added it is something that never leaves a person even if one has to leave it. This was particularly true for all the participants of the current study. Thus, participants had noted the disadvantages and impacts of not having a stable family structure such as cautious belongings, loyalty conflicts, family affiliations conflicts and the feeling of being unwanted.

The concept of 'family privilege' (Seita & Brentro, 2005) was introduced to help understand the roles and dynamics of family and in this case, it is useful as it allows us to understand how family can be taken for granted. Family privilege is reported as the strengths and supports gained through primary caring relationships (Seita, 2004, p. 7). It can be broken down further into four sections: Connections, Continuity, Dignity, and Opportunity. Firstly, connections are related to the need to live in relationships. Secondly, continuity relates to the ways long term relationships can provide stability and permanence. Thirdly, dignity refers to each individual and their entitlement to be treated with respect. Thus, children who are deprived of this can become indignant or descend into worthlessness (Seita, 2004). Finally, the fourth section in understanding family privilege relates to opportunity. This is connected with when young people can achieve their potential, particularly when they met universal needs such as belonging, and independence (Brendtro et al., 2002). However, for many of the participants in the current study, birth families and in some cases foster families could not deliver family privilege in its fullest form (as described above by Seita, 2004 and Brendtro et al., 2002). In almost all cases, participants noted how others in the broader community stepped up to help them grow and thrive. Sometimes these individuals were foster carers, their friends and extended family, professionals such as key workers and social workers, residential workers, youth centre employees, and other care experienced young people.

Understanding family privilege in the context of the current study allows us to discuss the idea of invisible benefits that care experienced young people can gain through membership of a

caring family or system. Examples of family privilege were evident in some participants of the current study care journey. These examples related to being supported to have birth family relationships and knowing that some caregivers such as foster parents would remain constant regardless of when a young person turned 18 years of age or relocated. Whilst it seems to the researcher that some participants did not receive family privilege (as termed by Seita 2004 and Brendtro et al., 2002) in its fullest form many participants indicated how they had opportunities to gain family privilege from different sources. For example, some participant's relationships with other care experienced young people, friends and foster carers provided support, connection and a sense of belonging. Additionally, findings highlighted how participants felt supported by individuals outside of their immediate families, during their time in care and when they had left the care system, post 18 years of age. For example, Maria talked about how she still visits her foster home at the age of 23 years. She reported that her foster parents expect her to visit, provide her with physical displays of affection such as hugs, there is food in the fridge, and feeling welcome. For these reasons, it seems to the researcher she has developed a sense of belonging to this foster placement along with a sense of family privilege.

In addition, it seems that care experienced young people no longer belong to the foster care system at 18 years and the presence of others can help provide an opportunity to create a sense of belonging post 18 years. Ecosystems such as peer groups, communities and even youth workers complimented the idea of family privilege in the current study as participants reported that they were welcoming, safe and provided a sense of belonging in some cases post 18 years of age. Findings from the current study highlight the importance of healthy ecosystems for those who do not receive family privilege from birth families or foster families. The challenge, however, is to help promote and provide further opportunities for family privilege to happen in ecosystems such as schools, and organisational cultures. Doing so, can not only give children and young people an opportunity to experience family privilege and a sense of belonging but can also help lessen the stigma that participants discussed and experienced.

8.20 Belonging to the Care Experience Family

Following data collection and analysis, the researcher returned to the literature to identify further examples of a sense of belonging among care experienced young people. She noted how according to McMillan and Chavis (1986) and more recently Forenza, and Lardier (2017) a sense of belonging can be developed within groups if they share experiences like history and safety, and if these groups provide for a personal commitment to the community. Forenza and Lardier (2017) reported how targeted, supportive housing is a means to provide a sense of

community for foster care alumni (young people with experience of the care system post 18 years of age). The findings from their mixed-method study, which included 16 young people who had experience of the care system, showed that foster care alumni have a strong sense of membership and attachment to peers, a strong sense of membership. This strong sense of attachment "was manifested through a sense of shared history or emotional connection, despite a simultaneous emphasis on self-reliance and determination" (Forenza& Lardier, 2017, p. 108).

Echoing the findings of Forenza and Lardier (2017) McMillan and Chavis (1986) several participants of the current research study highlighted how the care experience can itself create a sense of belonging to a community not just in Ireland but globally. Participants described having a strong sense of attachment to peers, particularly those who had shared similar experiences and had care experiences. Some participants in their narratives described being a part of bigger care experienced family, one that existed across the globe. In the instances where participants talked about being part of a care experienced family globally, they noted that having a somewhat shared experience brought them closer to other care experienced young people and enabled a perceived sense of belonging to some participants. In some cases, the work of national organisations brought care experienced young people together (though events they carried out) and in other ways, the idea of a care experienced family globally was seen in participants own beliefs. Perhaps, their shared experiences of being subjected to care system, and experiencing related impacts such as family relationships conflicts, trauma, neglect and loss highlights how identifying as a foster child can create 'a community of the care experienced'. Created through membership and these shared experiences, those with care experience can perhaps develop a sense of belonging.

It seems that there is limited research in how care experienced young people and other vulnerable populations experience a sense of community and its different dimensions. The current study findings add to this literature. Some participants of the current research described themselves as being part of the care experience family globally. Given the fact they had been subjected to the foster care system, some participants believed it was easier to develop a sense of belonging to others who had care experience. Some participants spoke about how they feared stigma and shame from 'outsiders', those who did not have care experience and found it hard to disclose that they had care experience. Some participants spoke highly of organisations who work with or on behalf of care experienced young people and was thankful for them as they allowed participants to create a sense of belonging there, even if they did not have this as clear in other relationships. In another case, one participant Ryan noted the importance of building

peer relationships during their time in the care system and having something like a 'buddy system' post eighteen years of age. The buddy system would be a programme that would help children/young people in care with things like self-belief, self-discipline, teamwork and being respected. Ryan, a participant of the current study noted how he believed there was a lack of role models in his life whilst in care. He said having a mentorship element in the programme that is creative is not only needed but will give opportunities for those in care to meet with and talk to other care experienced young people about care experienced issues like placements, care plan meetings and instil a self-belief that the young person is cared about. In addition, all participants showed how important their roles in the care community can be, as even participating in the study meant they wanted to make changes and improve things for those coming after. The recommendations for changes they wanted to see such as having a buddy system with other care experienced young people, showed their loyalty and commitment to ensuring changes would benefit those going through the care system.

A return to the literature by the researcher shows how the findings of the current study are similar to the work by McMillan and Chavis (1986) and recently Forenza, and Lardier (2017) in that a sense of belonging can be developed within groups if they share experiences like history and have similar life experiences, and if these groups provide for a personal commitment to the community. This sense of belonging is developed through uniting the care experienced community, simply organising, and allowing meetings to take place, and giving that space to care experienced young people to share experiences, creating emotional and social ties. The findings highlight the need for policymakers and practitioners to further support and maintain targeted support that facilitate a sense of community and belonging. Further research is also needed on the importance of such targeted supports. Finally, the findings of the current study support funding organisations that create space and places of community that validate and support the care experience.

8.21 Belonging and After Aftercare

In a small number of cases, participants reflected on their sense of belonging post the care system experience, post 18 years, particularly what would happen after turning 23years of age, and aftercare. Participants who disclosed their worries and fear about the future and their family relationships gave the best indication of their lack of a current secure sense of belonging. These fears related to how their family relationships might be supported in the future and what would happen after the care experience. Participants questioned what their family relationships would look like having fully left state care and whether they would have birth family relationships

when they are no longer under the system. Based on all the information gathered from participants, the majority of participants lived with their foster family or still had positive contact with them at the time of the interview. Some participants who were now living independently in rented accommodation visited their foster families regularly. Whilst Ireland awaits a full longitudinal study on the outcomes for children and young people in the care system, and full data on placement outcomes, neighbours in the UK note that staying in a foster home beyond eighteen is rare (Stein, 2009; Sinclair, 2005). For participants of the current research study, having a sense of belonging with a foster placement meant in some cases staying on post eighteen years of age, or at the least having regular contact with foster parents and foster siblings and returning to visit. Findings indicate that a sense of belonging and lifelong relationships have been established between young people and their foster families.

From the perspective of foster carers, Christiansen et al., (2013) noted foster carers concerns on foster children moving out and contact post eighteen years of age. From the perspective of participants, findings highlighted how the Norwegian children and young people in care "counted on having some kind of contact with their foster family in the future. Half of them answered 'extensive contact' and half replied, 'some contact'. Some of them were convinced that the foster home would also be their 'home' in the future" (p. 732). In the research by Christiansen et al., (2013) several foster carers believed that foster children's affiliation with birth family would become more important than to the foster family. Additionally, foster carers believed that their foster children would be part of their network in the future.

Based on the perspectives of the participants in the current research study, participants described having contact with foster families post eighteen years, their affiliations to foster families and in many cases how foster families were valued and important through the narratives. For example, some participants, such as Darcy and Maria described how foster families provided them with love, care and a sense of belonging. In some cases, participants, such as Martin talked about how foster parents would try to ensure their voices were heard at care plan meetings and how they would spoil them and treat participants as their children.

Some participants at the time of interviews were also still living with their foster families, although they were over 18 years old. In the current study, family affiliation and a sense of belonging with both foster families and birth families varied along a continuum. A sense of belonging and family affiliation was affected by for example decisions made by professionals such as social workers around family contact, participants themselves being proactive in

initiating contact, and whether or not feelings such as trust, love and care were felt by participants.

8.22 Subcategory of feelings

In the current study, *'belonging'* is the core category that was identified by this researcher in the findings and this was related to sub-categories such as feelings and choice. The presence or absence of a feeling of belonging explains the variance or difference in the interview data. The presence or absence of a participant's sense of belonging in a family or family relationship determines how and whether the research problem of the experience of family relationships for young people with care experience is resolved. In this section, the subcategory of 'feelings' is explored and integrated.

From the perspectives of the research participants, there is no clear structure to what a family should look like, but they commonly shared the perception that certain feelings, emotions and events can be associated with family relationships. Participants reflected on how they understand and experience family, and this mainly was through feeling and activities. Therefore, the subcategory of feelings refers to when the participants feel there is a sense of belonging present and have what seems to be a clear sense that they are part of a familial relationship. On the other hand, participants referred to several feelings and emotions to understand how they felt when they did not feel they 'belong' or experience a sense of belonging. This section describes the main feelings that participants described and integrates them in relation to the main concept of 'belonging' and previous related research studies.

Belonging itself can be an unconscious part of day-to-day life (Bennett, 2014). Children and young people in care can move between different places or settings of belonging. For the participants of the current study, many had experiences of this. For many of the participants, particularly those who had several different placements or in cases where they did not want a relationship with members of their birth family, belonging was certainly a very real and conscious notion. Much like the findings from Finch's (2007) described in chapter three, the idea of family display relates to how "individuals, and groups of individuals, convey to each other and to relevant audiences that certain of their actions do constitute "doing family things" and thereby confirm that these relationships are "family" relationships" (p. 73). Finch (2007) argues that there are many means evident for display and "do not have to rely on immediate, direct interaction but where meanings are conveyed and reinforced through indirect means" (p. 77). Finch (2007) also noted how the giving of gifts and having dinner together can symbolise the concept of family display and how regular actions of everyday life can carry a meaning of

what makes family activities. Crucially, 'display' can be seen in two ways: as an activity of a contemporary family and/or as an analytical concept. Findings from the current study, show that participants understanding of belonging is fluid and a sense of belonging can be reinforced through feelings and displays. The findings of the current study somewhat mirrored Finch's (2007) work. Participants reported how certain family displays can be seen, such as joking around, spending time together, creating memories, communicating through talk, spending days like birthdays and Christmas together, play, and doing things together like having family meals. Based on the narratives of the participants, these types of family displays can create a sense of belonging and aid the conceptualisation of family and family relationships.

For many participants, the theme of trust featured greatly in narratives. In some cases, trust is related to a characteristic of the type of relationship needed to sustain a sense of belonging to family relationships. In other cases, having trust issues in relationships was believed to be an effect of the experience of the care system. For some other participants of the care system such as Maria, and Layla, trust or lack of trust featured when participants talked about how professionals in the area were perceived by them and disclosing the fact, they had experienced of the care system to friends. In a small number of cases, issues around trust meant that participants would try and put what seems like a safe distance in their interpersonal relationships with others, not disclose their care identity too quickly or at all and in some cases shut down birth family contact and relationships. In addition, some participants described professionals such as social workers being 'sneaky' in their decisions, as participants, Layla, Maria, and Bob described how they were not told about decisions affecting them, or at least told very little. As highlighted earlier, the findings of this study suggest that children and young people going through the care system would benefit greatly from being informed of the reasons for being placed in care and what that process entails. Participants indicated they want meaningful participation and input into decisions around placements. It also seems reasonable to suggest that they should allowed to process the psychological impact of the disruption to family relationships and losses they have experienced possibly through counselling or through work carried out by organisations that support children and young people going through the care system. Allowing these opportunities can ensure care experienced young people develop a better understanding of the care system, and the transition of the impact on birth and foster family relationships. Based on the narratives of the participants, and their right to be heard on matters affecting them, it seems reasonable to suggest foster parents and key workers in the alternative care sector are trained to view the complexity of family relationships from the

perspective of the child or young person, and recognise the different factors such as placement transitions, belonging and identity can have on those relationships.

8.23 Subcategory -Choice/Lack of

In the current study, belonging is the core category that was identified by this researcher in the findings and this was related to sub-categories such as feelings attached. The second subcategory that is the focus of the section is related to choice or lack of in certain instances. Choice featured in different ways in the current research study. Sometimes participants referred to 'choice' as they did not choose to be biologically related to their birth families. They also talked about the category of choice when in decision making and choosing who they see as their family. In many cases, participants were not given a choice in decision-making processes around contact and some participants noted how this was seen more as a right of the parent and not of their own. The researcher also observed participants sadness in how they talked about how they felt, and in some cases were related, it seemed, to how they were forced to have family relationships. Several other participants reported that they wished they had better relationships and could have spent more time with birth families particularly with birth siblings. Overall, participants shared a view that while a care experienced young person may not be able to choose his/ her birth family she/ he should have a choice in who she/he calls 'family'.

Many participants of the current research study depict a picture of a loss of power over personal identity, belonging and destiny particularly when they were in the care system. Narratives from the participants highlight how they believed they had little to no control or influence in decisions around placement moves or things such as family contact. In some cases, participants reflected on placement moves and reported how they had moved from one place to another with little information. In one case, the participant highlighted the lack of understanding around the care system more generally, and when he was told about being taken into 'care' he believed at the time that 'care' for him was going to be a nursing home facility. Participants conveyed the uncertainty, no preparations, loss of connections, disruption to birth family ties and trying to fit in. In some cases, placement moves even meant losing personal possessions and not even having time to pack a bag. The issue of lack of information about moves has been well documented and raised consistently in other research (Unrau et al., 2008; Sinclair et al., 2005; Butler & Charles, 1999; Johnson et al., 1995).

8.23.1 Choice and the Right to Be Heard

While there is much research and policy in support for the idea of hearing and asking children directly about their care experience (Curran & Percora, 1999), many participants of the current

study reported about needing more personal power in decisions related to family contact and decisions making process during their care experience. Young (1990) describes those as powerless when they 'lack authority or power' and must 'obey without say'. For many children and young people in care, decisions regarding placements (which have life-long impacts) are regularly made with the participation of the child affected (Schnedier & Phares, 2005). For many participants of the current study, ensuring the child's welfare did not provide many opportunities to participate actively and meaningfully. Some participants noted how child in care review meetings, a time when the voice of the child/young person should be listened to, was not. Some participants reported their belief that they were not actively listened to by social workers when they talked about family and family relationships and particularly about wanting contact/relationships with birth family or not.

Another participant of the current research study (Martin) reported how his foster father had to stand up and tell a team leader to "shut up for a minute" as the participant wanted to speak. After the encounter, the participant reported feeling that no one cared other than his foster father. This feeling of exclusion in choice about family relationships emphasises some participant's experiences of having no personal control or a choice in decisions that affected them. Whilst many participants of the current study acknowledged there was no choice in choosing or selecting the birth family they were born into, they should, however, have a choice in decisions that affect family relationships. The findings highlight how notions about family cannot be fixed onto those who are care experienced. Hence, based on the findings, several recommendations have been developed and detailed in the following chapter as the idea that there are at least two types of families for care experienced young people have implications for policy, practice and further research.

In the current research, study findings suggest that almost all participants never had in-depth conversations about who their family was to them with anybody else other than the researcher. Some revealed how they had never been asked about what family is to them and/or who is family. In fact, in some cases, birth families were perceived by others such as social workers as participants own families. In addition, several participants talked about being left out of or having no impact on decisions made about family contact and thus in some cases, participants were forced to have birth family contact when they did not want to have some of these relationships. For some participants, the right of the birth parent was perceived to outweigh their right to choose to have contact or not. In other cases, participants wanted to have birth family relationships, in some cases with birth siblings only, but this was impacted by being

separated in placements, and this would sometimes mean moving to different counties. Furthermore, their reported lack of input into decisions made, meant somebody else such as a social worker would decide things like family visits or time spent with birth families. The findings of the current research, therefore, highlight to what degree do foster children/young people have control over deciding how much/little family contact they would like to have. Findings also highlight the need for policy and practice needs to be attuned to the elastic notions of family being invested in and be attuned to the problems attached to foisting inappropriate and fixed notions of family onto those who are care experienced. This means hearing from them who they consider family and who they want to spend time with.

8.23.2 *The Right to Be Consulted*

There is agreement among policymakers that to ensure a right-based child welfare approach be implemented, then children must be involved in decisions concerning them (Back-Hansen & Falch-Erisken, 2018; Gal & Duramy, 2015). Ensuring the child's view is taken into account is informed by both national legislation in Ireland and the international policy (such as the Irish Constitution, *Better Outcome Brighter Futures 2014-2020* and the *United Nations Convention on the Rights of the Child* (UNCRC) (see chapter two for further details). As noted by Pösö et al., (2018) how children enter the care system can impact their consent and objection in decision-making processes particularly around family. Whether a child has been placed voluntarily in care or under a care order made by the court then children/young people's decision-making authority can be impacted (Pösö, et al., 2018). Whilst the current research study did not consider how participants were taken into care, or seek to explore the same, the researcher does acknowledge that certain care orders can impact family contact throughout the care journey. As we saw in chapters six and seven (qualitative and quantitative findings chapters) the findings of the current study highlight how participants believed they were left behind and had little to no input around family visits, contact, family relationships and in deciding who was family to them. Findings also show that we still have some way to go until every child/young person's view and voice is heard, not just in care proceedings but thereafter. Findings of the current study show the importance of young people having input, and meaningful involvement in decisions surrounding family, family relationships and contact. For example, as highlighted in chapter eight (qualitative findings) participants such as Layla felt strongly about believing that family access should be seen as a right of the child regardless of what she saw as the label put on her birth family members during court proceedings and by professionals such as social workers.

It seems that when professionals such as social workers do not explain restrictions regarding access, the young person is left with belief that professionals (and others such as foster families) do not understand the importance of birth family contact. This can then negatively impact the relationship between for example social work and young person as they feel the social worker is being sneaky and trust issues may arise. Additionally, not fully explaining restrictions on access can lead to young people in care feeling uncomfortable during birth family visits as they feel they are being watched, and not being able to display love and affection towards birth family members (as described in the case of Darcy).

As detailed in chapter two statuary child in care review meetings can be an opportunity to involve children and young people in care in decisions affecting their lives such as family contact and their views on family relationships. Involving children and young people and taking their views into account can result in interventions that are more responsive to their needs (Mason, 2008). Having young people and children participate in decisions affecting them can also improve understanding of the child protection system and aid their transition into adulthood (Kriz & Roundtree-Swain, 2017). Whilst findings from Kennan et al., (2019) (also detailed in chapter two) highlight how social workers can help raise the voice of children/young people in care reviews, this seems to somewhat contradict the findings of the current study. For example, many participants such as Cameron and Mary Ann reported how they were never asked about what family or its importance means to them. Participants indicated that they want professionals to understand that family is more than just being biologically related. It seems to the researcher that not all children/young people in care may want birth family relationships. For example, Cameron believed that his birth family relationships were forced because the social worker insisted. Cameron believed that if the social worker did not insist, he questioned the level of effort that would be made by his birth mother. While it could be seen the social worker, in this case, was seen to be carrying out their role, Cameron believed that this social worker did not know him or his wishes. Cameron said*: "She barely talked to me, so I don't know how often she talked to my mam or anyone else. The way she would talk about my family is in a really positive light, but she doesn't know them. She doesn't know me or she doesn't know them. I barely think she even read the case notes"* (p. 3, L. 1). Cameron went on to say how he wished he had no birth family contact and now that he is out of the care system it "so much easier" (Cameron, p. 3, L. 26) as the contact is not forced.

Children/young people in foster care require more than the basic requirement of inclusion. The participants in this study indicated they wanted thorough and detailed type and input and choice

in decisions that affect them, at every level. Having a choice in decisions about, for example, birth family contact and placements could mean that children/young people are not only kept informed, and have their rights upheld but also could enhance their chances of belonging and they can begin to understand their experiences. Practitioners in the alternative care sector such as social workers and aftercare workers could be proactive in creating the conditions for facilitating and implementing care experienced young people rights. For example, simply having a conversation about who is family, what does it mean and its importance for children/young people in the care system can help them understand their family relationships and where they believe they belong. Recommendations in the following chapter (chapter nine-conclusion and recommendations) give rise to practical ways in which conversations about family and family relationships can be had, whilst also allowing for practitioners to learn about what family means to the child/young person in care.

The findings based on the narratives of the participants highlight the need for family support to be seen as important as protecting the child. Participants, such as Martin and David for example, talked about how their birth families were not supported to overcome/ resolve personal/ social challenges. In some cases, birth family members had addictions and in other cases lacked knowledge of the care system, the related process of their child being place in care and what exactly would happen. As detailed in chapter two once a child protection issue arises and the child is taken into care, family support does not occur. The findings of the current study suggest that this needs to change in policy and practice. Children and young people going through the care system should have a right not just to child protection and family support, not just during their time in care but whilst in aftercare also. Additionally, the findings of this research seem to provoke questions such as what are the limits of the information that professionals such as social workers can share with children/young people when entering the care system. Additionally, are children/young people told about the reason or reasons they are being placed in care, in a child/young person friendly way whereby basic definitions of care terminology such as 'care system' and 'access' are explained to them. Whatever the case may be, policies and practice need to reflect that there is more than one type of family for care experienced young people. This is evident as participants described negotiating notions of and practices to both their birth families in some cases, and other who became their chosen families (see also chapter six, seven and nine).

8.24 Political Awareness and Activism

Recently, there has become a greater focus on young people being key actors in major political and social change such as the same-sex marriage referendum in 2015 in Ireland (see Elkink, et al., 2017), the Black Lives Matter Movement (see Ni Chonaill, 2021) against racial injustice and the #MeToo movements advocating for women's rights and protection against sexual violence (see Templeton et al., 2020). According to Ekman and Amna (2012), political engagement involves influencing the system formally or informally, online or offline, on decisions about social issues. Political engagement falls under a wider umbrella of civic engagement, which includes a contribution to the community (Wray-lake et al., 2017). Wray-lake (2019) contends that "adolescents and young adults make their voices heard in ways that extend beyond voting, such as by interacting with candidates and campaigns; following political news; participating in school, community, or organizational governance; and addressing social, political, or environmental issues through advocacy and activism" (p. 127). Findings from the current study (see chapter seven) seem to support this notion. For example, in the current research study, one participant (Martin) talked about how they engaged in conversations about the role of social work with members of the Irish government. One participant, Martin stated how he had brought the issue of how social work practice and decisions made about care can affect the young person family relationships and experiences to the attention of a number of Teachtaí Dála[5] or TD's. Perhaps this participant became politically engaged to ensure that members of government understood how social work practice can affect people's lives, an idea he seemed to be passionate about. Martin said: "*This is one thing that I've brought up to multiple TDs is that although social work is a personal job, you're affecting people's personal lives*" (Martin, p. 14, L. 44).

Additionally, and as outlined earlier some participants reported how they are involved in advocacy and participation groups like EPIC in the hope of changing aspects of the system for more positive experiences for other care experienced young people. It seems that participants of the current study who did talk about political engagement related it mainly to the changes they would like to see for other care experienced young people. Perhaps not having their voices heard, lack of input into decision-making processes, participant's selfless and determined nature could be part of the reasons as to how care experienced young people become politically engaged and want to improve the care experience for others. Whilst these findings shed some

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[5] Teachtaí Dála are members of Dáil Éireann and are directly elected during a general election. Their role includes being a representative, raising issues that are important to individuals in their constituencies, and proposing new legislation (Government in Ireland, Citzensinformation.ie, 2021).

light on political awareness and engagement for social change for care experienced young people, further research into how meaningful political activism, engagement and participation can be achieved at local and national policies level is needed.

8.25 Summary of the Chapter

In response to the research questions, as seen in chapters six, seven and eight, I identified how participants of the current research study conceptualised family as an important concept for them for many different reasons. Participants in this research identified at least two types of family, one related to the biological relationships into which they are born and another related to concepts of belonging, a core category with two subcategories (feeling and choice). Both the qualitative data and the quantitative data reflected how participants in the current study understood and experienced 'family' in different and complex ways, reflecting different senses of belonging. Participants talked about family in terms of belonging, identity, connection, a bond, feeling such as love and 'fitting in'. Participants of the current research study conceptualised family as an important concept for them for many different reasons. Crucially, participants reported they had a different perception of family because of their experience of the care system to those who do not have experience it. Additionally, many participants talked about how their family relationships had been impacted because of being subjected to the care system. For example, entering the care system meant changes in where they lived, sibling relationship breakdowns, visits and contact related issues, and the impact on their mental health. They also talked about how going into care has affected their identity, how they think about family constantly, not seeing siblings and family members enough, visits being a' big deal.' Participant's lack of choice in decision making around family relationships and contact also featured greatly in their narratives.

Participants stated there were clear characteristics of meaningful family relationships such as the feeling of comfort, respect, love and loyalty, and that these relationships could impact their stability, instability, and outcomes, particularly in placements and school. Equally, if these feelings were not felt by a participant, then it could threaten a sense of belonging for them. Helping create or foster meaningful family relationships could be seen through displays and happenings of a family such as spending time together, having meals together and for many participants, Christmas and birthdays were perceived as times/occasions/events when you should be spending time with family. The media was the main source in which participants stated how they have received ideas of family, what it should look like and how it should feel. Additionally, joining a family was described by participants as what should be a natural process

and not forced; something that should happen overtime and whereby you slide into place. While some participants shared the belief that family should mean permanence and stability. Some participants also reported how family relationships can contain some degree of disagreements and conflict. Crucially participants also noted that family overall is fluid and ever-changing. Other key learning points from the study highlight how

- Views and understanding along with experiences of a family can change over time.

- Family relationships can change in nature and practitioners cannot assume the biological families are the only family a young person with care experience might have.

- For some participants, partners, foster families and friends can make up the second type of family that participants talked about; the self-chosen family.

- Participants view family in its widest sense and believed they have the right to choose the family they belong to regardless of family structure or biological ties.

- Whilst participant's narratives indicated that they may not have chosen their biological family, they should have a choice in deciding which family relationships they have a sense of belonging in. This means that policy and practice need to be attuned to the elastic notions of family and be aware of the problems attached to foisting inappropriate and fixed notions of family onto those who are care experienced.

Whilst it was acknowledged in chapter two (context chapter) we have many policies in Ireland and practices which could ensure the voice of the child is heard, many participants in this study feel their voices are still not being heard and their views on important topics such family are not being considered. Furthermore, they have reported their lack of participation in decision-making processes, especially when it comes to family and family relationships. Thus, hearing from the individual as to who they consider family, who they want to spend time with is crucial. Hence, the development of several new practice and policy recommendations are outlined in Chapter 9. These are informed by the wishes and narratives of the participants of the current study and aim to privilege and ensure the voices of children and young people with care experience are heard in policy and service provision especially when it comes to family.

Other key learnings from this CGT study include how those feelings such as love, loss, stability, safety can help care experienced young people experience a sense of belonging and help negotiate their idea of identity. Additionally, family affiliations to two families particularly birth and foster families can in cases cause conflicts of loyalty. For some participants, as described in their narratives, there is a struggle because of a high level of contact with birth families and became somewhat of a type of balancing act. While a small number of participants of the current study stated they would have liked to live with their birth parents, they concluded that they were better off in foster care. Findings from the current study also highlighted how many participants of the current study use the term 'foster' before 'mother' or 'father' as this was important to them for clarity purposes when talking to someone who may not know about the participants care experience.

Overall, the use of a grounded theory approach throughout the research ensured the voices of participants were raised and privileged in the conceptualisation of the research problem which was the meaning of family and family relationships for those with experience of the care system. The theory is based on the core category of 'belonging' which captures participants need for and/or absence when it comes to their family relationships. The presence or absence of a feeling of belonging explains the variance or difference in the interview data. The presence or absence of a participant's sense of belonging in a family or family relationship determines how and whether the research problem of the experience of family relationships for young people with care experience is resolved. The sub-categories of 'feelings' and 'choice' or lack of was identified as significant in participant's responses and narratives responding to family and family relationships. The importance of the grounded theory lies in the representation of understanding belonging and its role in family and family relationships. Methodologically speaking, the development the core category of 'belonging' and the sub-categories (feelings and choice) could arguably draw attention also to the role researchers, practitioners, and policymakers in the development of how we think about and carry out research in this area. For example, from the very early stages of research and policy development, care experienced young people could be involved in choices concerning policy/ research questions, methodologies and participant recruitment as highlighted in chapter five, earlier in the current chapter and noted also in the concluding recommendations.

Overall, a greater insight into understanding 'family' and 'family relationships' is given by the narratives of the participants and provides insight into the emotional and physical displays of family and family relationships. Narratives have also shown how a sense of belonging is crucial

for those with complex family dynamics and how their sense of belonging can be seen as being on a continuum. In addition, a sense of belonging is needed most when individuals are at their most vulnerable for example entering the care system, dealing with disclosing the care experience identity, leaving the care system and post aftercare. Findings of the current study show how a sense of belonging can relate to attachment, family affiliation, loss, resilience, displays, emotions and choice.

As an insider researcher, I feel a sense of privilege to have met care experienced young people who were willing to share their stories and some intimate details of their life. Participants spoke about the stigma that remains of self-identifying as a care experienced young person. The dearth of literature on this topic makes these findings and narratives all the more important. During the current study, I was brought on not just an academic journey but a personal one. I learned from the perspective of the participants that ideas around family relationships can change over time. I learned not just from the young people's stories as outlined above but also about how 'care' in research relationships can be implemented to ensure both participants and the researcher can be cared for before, during and after research. Especially when the research, as an insider researcher has an expectation of their role to include advocating, making changes and when the when the research topic is something 'so close to home'. Furthermore, while being the researcher on this topic was a privilege being an insider researcher is not without its challenges and questions of power should always be addressed. As outlined in chapter 5 (Participants, power, and the position of the researcher) I always felt always felt like I was on a continuum between being inside and outside the research topic. I hope that having completed the study I will advocate for the benefits of reflexive methods for every researcher to ensure they are self-aware and critically manage themselves during a research study. Additionally, as discussed in chapter 5, learning from this study shows how research can be carried out from 'the middle' and empirical data can be co-produced from "studying sideways" to raise and privilege the voices of the participants.

This Chapter has presented the study's contribution to knowledge along with discussing implications for policy, practice, and future research. The study has highlighted the importance of belonging, feelings, and choice in understanding family and family relationships for those with care experience. The presence or absence of a feeling of belonging explains the variance or difference in the interview data. The presence or absence of a participant's sense of belonging in a family or family relationship determines how and whether the research problem of the experience of family relationships for young people with care experience is resolved. Overall,

these findings call for several revisions to policy and practice relating to pre, during and after the care experience. In the following chapter the implications of the findings for future research, policy and practice are discussed along with recommendations.

Chapter Nine: Conclusion and Recommendations

"Policies in place need to actually help children have more of a say in or even get them in the loop of what's happening" (Bob, p. 5, L. 24).

9.1 Introduction

This chapter provides a summary of the thesis as a whole and proposes a constructivist grounded theory of family built upon the experiences and perceptions of care-experienced young people. The researcher own reflections on carrying out the study are presented. As the above quote from Bob, a participant of the current study highlights the need for policies to help children and young people in care rather than subject them to decisions made for example by judges and social workers. Bob's quote highlights research participants' belief that children should have more of a say in decisions affecting them and be kept informed about matters relating to them. The chapter ends with a discussion on the implications of the current research findings along with recommendations on how exactly children and young people's voices can be privileged and heard in policy and service provision especially when it comes to family relationships. Given the epistemological foundations of the study are a social constructivist one and given the methodology chosen is Grounded Theory methods, for the remainder of this chapter I will use the first person singular. This highlights the role of the researcher in the co-construction of knowledge but also in keeping with my reflections as the researcher.

9.2 Aims of the Current Research Study

This study explored 18-23-year-old care experienced young people's understanding and views of family and family relationships.

The key research questions were:

1. How do people in care talk about family? How do they understand and experience 'family'?

2. How do young people in care describe a family relationship?

3. What are the legal and policy frameworks in place around family relationships in contemporary Ireland? In what ways might these frameworks help/hinder relationship connections from the perspectives of research participants?

In response to the research questions, as seen in chapters six, seven and eight, I identified how participants of the current research study conceptualised family as an important concept for them for many different reasons. Participants in this research identified at least two types of family, one related to the biological relationships into which they are born and another related

to concepts of belonging (main category) and two subcategories (feeling and choice). Crucially, participants reported they had a different perception of the family because of their experience of the care system to those who do not have experience of the care system. Many participants talked about how their family relationships had been impacted because of being subjected to the care system. For example, entering the care system meant changes in where they lived, sibling relationship breakdowns, visits and contact related issues, and the impact on their mental health. Participants talked about family in terms of belonging, feeling and choice. They also spoke about family in terms of identity, connection, a bond, permanence and how they viewed it as a safety net.

As the researcher in this study and based on the narratives of the participants, I identified how young people with care experience described a family relationship. I have presented how there were clear characteristics of meaningful family relationships such as the feeling of belonging and comfort, choice, respect and loyalty, and that these relationships could impact their stability, instability, permanence and outcomes. I noted how participants also described family relationships in terms of displays and happenings of family. Participants, such as Aaron, Cameron, Maria and Layla, stated for example how Christmas and birthdays were perceived as times/occasions/events when you should be spending time with family. They also discussed how their 'ideal' views of a family came from influences such as the media and how joining a family itself, participants reported, should be a natural process and not forced. Based on the narratives of the participants it should happen over time whereby you slide into place and think these are some of the most important people in your life.

In relation to the research question, I identified how current legal and policy frameworks in place and have affected their family relationships in any way. In chapter seven, I presented how participants reported that family time can be hard to organize and noted the role of professionals such as social workers and their role in supporting visits. In chapter eight I examined how participant's narratives have highlighted the need to find the middle ground between ensuring rules of access/supervision, the rights of the parents and the child's needs, and wishes are upheld and met. In addition, I have highlighted how there is a need (again based on participants narratives) to make very practical changes such as make a break away from the term 'access' to something less formal such as 'family time'. In the recommendations below, I present further ways in which policy could better help family relationships for young people with experience of the care system which included more education of the alternative care sector and the importance of a peer mentorship programme.

9.3 Implications

This section details the implications of the current research study findings for policy and practice.

The aim of using a grounded theory approach throughout the research was to ensure the voices of participants were raised and privileged in the conceptualisation of the research problem which was the meaning of family and family relationships for those with experience of the care system. The theory is based on the core category of 'belonging' which captures participants need for and/or absence when it comes to their family relationships. The presence or absence of a feeling of belonging explains the variance or difference in the interview data. The presence or absence of a participant's sense of belonging in a family or family relationship determines how and whether the research problem of the experience of family relationships for young people with care experience is resolved. The sub-categories of 'feelings' and 'choice' or lack of was identified as significant in participant's responses and narratives responding to family and family relationships. The importance of the grounded theory lies in the representation of understanding belonging and its role in family and family relationships. Methodologically speaking, both the core category of 'belonging' and the sub-categories (feelings and choice) could arguably draw attention also to the role of the researcher, practitioner, and policymaker in the development of how we think about and research this area. For example, from the very early stages of research and policy development, care experienced young people could be involved in choices concerning research questions, methodologies and participant recruitment (see also chapter four and five).

Overall, a greater insight into understanding 'family' and 'family relationships' is given by the narratives of the participants of the study and provides insight into the emotional and physical displays of family and family relationships. Narratives have also shown how a sense of belonging is crucial for those with complex family dynamics and how a sense of belonging can be seen as being on a continuum. It seems that belonging was important in helping understand identity. In addition, a sense of belonging is needed most when individuals are at their most vulnerable for example entering the care system, dealing with disclosing the care experience identity, leaving the care system and post aftercare. Findings of the current study show how a sense of belonging can relate to attachment, family affiliation, loss, resilience, displays, emotions and choice.

For instance, many participants noted how the stigma and shame of having care experience impacted their relationships and thus a sense of belonging in that relationship. Schofield et al.

(2000) encapsulated what it means to spend your childhood in care when they highlighted that the break from the universal cultural understanding of family life was generally an 'uncomfortable' and stigmatising experience. Hence, the findings from the current research show how stigma and fear of disclosing care identities can exhibit cautious belonging and hinder it from happening altogether. Professionals in the foster care and alternative care sector, such as social workers and social care leaders, along with teachers can all help raise awareness about the alternative care sector and the experiences of the young people who have been subjected to the care system. Implementing more information about different types of families in the school curriculum can not only raise awareness but help children and young people understand their experiences. Future research can also help develop training and workshops to reduce the level of stigma those with care experience face by understanding the full impact of the care journey on relationships. To do this, however, this is a need for more in-depth longitudinal data on how the care system impacts family relationships. Research questions for this could include: A) Are children/young people's family relationships impacted before, during and after the child/young person being placed in care? B) Do these impacts affect the child/young person's outcomes? C) If so, how. Having this data would help understand the full instances of positive and/or negative relationships throughout being subjected to the care system. Thus, analysing where a sense of belonging can be reinforced or enhanced can help ensure more supported relationships and better outcomes for those entering, leaving and thereafter the care system journey.

In addition, the findings could provide a useful conceptual framework for policymakers, those who directly work with children and young people in foster care and who work with those ageing out of the system. Crafting family and care policy and practice initiatives that take the views of participants and incorporating their voices and needs not only will help family relationships in the future but also ensure that children and young people going through the care system have their rights upheld. Additionally, their voices should be heard in a meaningful way. One practical way in ensuring meaningful consultation happens for children and young people in care about their family relationships is presented in recommendation one below. The checklist provided below, (see recommendation one) if implemented can ensure children/young people have their voices heard in the statutory care review meetings on topics that are important to them such as family and family relationships. This recommendation is based on what participants in the current study disclosed to me as possible recommendations for change a topic on which they felt their voices were not heard.

For some participants of this study, entering care itself was a daunting process surrounded by confusion. Children and young people subjected to the care system could be on their rights, their relationship to foster care and what it means to be 'in care'. Doing so creates an opportunity for those in child's/young person's environment to affirm their value and importance. Thus, helping build foundations of belonging and aiding their understanding and complexities in the family relationships they have/may experience. The findings of this research support the work carried out by Tusla and EPIC participation teams and youth councils who continue to develop child-friendly resources such as leaflets and videos about the care system and care terminology. Care experienced young people could be directed and/or given some of these resources by social workers during their care plan meetings and further encouraged to access these resources by others such as their foster carers, social care workers, key and residential workers. Doing this may help children/young people with care experience know what to expect during the care journey. Implementing this in practice could avoid the feelings described in the narrative of participants such as fear of the care journey.

Further, practice implications include developing a theoretical framework to inform foster carers and birth families on how to understand the effects of the care system on family relationships and be able to create a sense of belonging for those subjected to the care system. Belonging is a core concept unifies the emotions and choices that are needed for young people in care to experience family relationships as meaningful and it seems this can lead to positive outcomes such as understanding their identity, and their family affiliations, and a lead to a sense of being loved and cared for. Birth families and foster families must be made aware of the importance they have to the child or young person and vice versa. Their importance can be noted through language, emotion, displays of family and having input. Foster link workers, social care workers and social workers can play a part in support birth family contact but also reinforcing the value of family relationships for children and their families. This can also be done through language and providing practical support such as help with family visits. The application of these practices can ensure those subjected to the care system can feel a sense of belonging and their need to fit in is addressed.

The nature of the study limits generalizations beyond the sample; however, the findings of the current study could have significant implications for policy and practice. Firstly, it is evident that more research is needed on the longitudinal effect of familial relationships for young people with care experience and how these relationships are impacted pre, during, and after the care experience. Whilst the findings highlight the importance of a sense of belonging, having a full

breakdown of the effect of the care system had on family relationships and the core and subcategories highlighted in this research, can help track these concepts. Doing so will aid the understanding of how the continuum of belonging is experienced fully and whether it is impacted by certain experiences. In addition, this future research and longitudinal study could include the view of birth families and foster families.

9.4 Recommendations are as follows:

Based on the integration of findings derived from the qualitative and quantitative aspects of the current study, added to further research, reading and reflection undertaken by the current researcher, the following recommendations for practice, policy and research are proposed below. A summary copy of the main findings of the research will be sent to gatekeeping organisations so that participants of the research will have an opportunity to read the same. Participants will also be encouraged to request full drafts of the thesis should they wish to read the same. Findings of the current study and the co-creation of this knowledge on family relationships will continue to be presented at several national and international conferences and further dissemination will be in the form of summary reports of the research which will be sent to organisations that work with and for young people in care.

The recommendations of this research study on family and family relationships for those with care experience are outlined below. The recommendations are split into 3 key areas; practice, policy and research.

The recommendations for practice are as follows:

1. Child in Care statutory review meetings could consider the questions in the following table. These questions may need to be revisited during the course or a child or young person's care experience as based on the narratives of participants of the current study, family and family relationships are fluid and views can change over time. Carrying out this checklist at the child in care review meetings can help ensure the child/young person is meaningfully heard on what family means to family to them, the importance if any of family to them and their understanding of the care system more generally.

Table 9.4: Recommendation for Child in Care Review Meetings Questions	Date this question was discussed with the young person	The person who discussed this with the young person
1. What does the child/young person know about the care system? 2. Does the child/young person know why they have been placed in care? 3. What does 'family' mean to the child/young person in care? 4. Is family of importance to the child/young person in care? 5. Who is 'family' to the child/young person in care? 6. How has being placed in care affected their birth family relationships? 7. Does the child/ young person feel a sense of belonging in their current placement? 8. What is helping/hindering this sense of belonging? 9. Would the child/young person like birth family contact? If so, with whom? How often? 10. What type of contact and how often, if at all, would the child/young person like with whom they call family? 11. How would the child/young person like to be supported around their family relationships? 12. How can foster carers and the allocated social worker support family contact for the child/young person? 13. Would the child/young person like their family to have involvement in their care going forward? If so, how? 14. What is currently helping and/or hindering the child's/young person's family relationships currently? 15. Would the child/young person like to add anything to this list that needs to be revisited or followed up within future meetings?		

2. A framework of practice needs to be developed that ensures a middle ground and balance to how rules of family contact and related supervision is upheld alongside the needs and wishes of the child or young person. On this note, a right to family and family relationships could be supported by statutory services such as Tusla that work with and for those in care and aftercare services. In practice, this means several meaningful consultations could be organised by the Department of Children, Equality, Disability, Integration and Youth and Tusla with all stakeholders that supervision and family contact impacts, such as care experienced young people, their birth and foster families, social workers and social care workers. Meetings could discuss what information can be provided to the child about the reason they have been placed in care and how can family relationships be best supported by all parties. These meetings allow for co-design and co-construction of a framework of practice that can ensure that policy does not hinder family relationships.

3. Further supports around maintaining family relationships post 18 years of age need to be incorporated into aftercare services. This may include aftercare workers having conversations about what family means to the young person as well as helping organise family visits/contact.

4. The findings of this research support the work carried out by practitioners in Tusla and EPIC participation teams and youth councils who continue to develop free child-friendly resources such as leaflets and videos about the care system and care terminology. Care experienced young people could be directed and/or given some of these resources by social workers during their care plan meetings and further encouraged to access these resources by others such as their foster carers, social care workers, key and residential workers. Doing this may help children/young people with care experience know what to expect during the care journey. Implementing this in practice could avoid the feelings described in the narrative of participants such as fear, and the unknown.

5. Furthermore, participants of the current study have indicated their preference to make the shift away from using the term 'access' to 'family time' or 'visits'. Those in the alternative care sector such as social workers, aftercare workers, residential workers,

Tusla staff and foster carers can all play a part in this. Additionally, future policy documents developed should reflect the change to 'family time' or 'visits'.

6. More supports need to be offered by Tusla and given to birth families, particularly birth parents prior to their child being placed in care and during the care process. In doing so, birth parents understand the care process, their rights, and what or how family visits or contact could be organised.

7. A peer mentorship and buddy system programme for those in care needs to be developed by those with care experience as they are the experts by experience. This kind of programme should be funded by, for example, Tusla and oversight could be provided by, for example, EPIC. Young people entering the care system could have a choice to 'opt in' or 'opt out' of the programme. The programme should be a space to meet other young people in care and develop skills such as self-belief, confidence and teamwork.

8. Young people with care experience are experts by experience. Young people with care experience can help not just in the recruitment of foster carers but also in the interviewing process. Currently, young people can and do support 'National Fostering week'[6]. Some young people speak about their positive experiences of foster care and the impact foster carers have on them. Being placed in care has a significant impact on the lives of young people as outlined in chapters six, seven and eight. Hence young people in care can provide a different perspective to those who wish to foster and so the findings indicate that involving young people not just in recruitment, interviewing process and training can create opportunities to learn from both perspectives. A collaborative interagency approach from organisations such as Tusla, IFCA, Five Rivers, Orchard Fostering and EPIC could help support this.Tusla and the Department of Children, Equality, Disability, Integration and Youth, need to work together and establish a dedicated counselling team to work with children in care. This counselling team could be aware of the complexities a child or young person in care faces along with understanding the impact that the care system has on families. The counselling team could be available to all children in care and those in aftercare. This research study could inform the counselling team's work.

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[6] National Fostering Week is an annual public awareness campaign run by Tusla. The week usually happens in October and is aimed at recruiting new foster carers across Ireland.

9. As noted by participants in the narratives, having a space and place to meet other care experienced young people is important. Practitioners in organisations such as EPIC have been commended by participants for the work, they do with young people with care experience. Therefore the findings of the research study support funding calls made by EPIC and indicate that consistent engagement between Tusla and EPIC will help ensure the voices of the experts are heard.

10. Family support projects, resource centres, addiction centres, domestic violence and abuse specialist response agencies need to be continually and further funded to ensure children and young people have a chance of reunification and more supported family relationships. Continual funding is needed from Tusla and the Department of Children, Equality, Disability, Integration and Youth.

The recommendations for future policies are as follows:

1. Practice and policy should reflect the equal importance of family support and a child/young person's rights to family and family relationships alongside upholding their right to children protection. Family support should be seen as a right of the child in policy and practice. This means support could be given to children and young people in care and in aftercare services to have family relationships with whomever they call family. Tusla, social workers, foster carers, social care workers, residential workers and aftercare workers can all help implement this right.

2. Family should not be an afterthought in policy rather the starting point from which policies are developed. Those who play a part in creating policy such as members of the government, the Department of Children, Equality, Disability, Integration and Youth, Tusla's Alternative Care practitioners and PPFS practitioners could consider the findings and framework proposed in this study. Considering the ecological framework proposed in this research study (see chapter eight) could provide a starting point that could inform future policy, and the effect it has on care experienced young people and their families. Doing so ensures the impact of the policy on care experienced sense of belonging and their families is given full consideration before policies that developed.

3. Crafting policy that takes the views of participants and incorporating their voices and needs not only will help family relationships in the future but ensure that children and young people going through the system have their rights upheld. Including young people with care experience in policy discussion forums held by the Department Children, Equality, Disability, Integration and Youth and Tusla can provide an opportunity to have their voice on matters that affect them. Including children and young people in decision-making processes can also help make sense of the care journey, allow them an opportunity to meet with other care experienced young people and empower them to make positive policy changes. Future policy around family and family relationships should incorporate voices of those most affected, the experts by experience. Tusla and other services working with children and families in the care system could avoid a tokenistic approach but rather a focus on carrying out research with rather than for participants with care experience and with meaningfully include them from early-stage design to completion of the project.

The recommendations for future research are as follows:

1. Further research is needed to explore the development of the core category of belonging and subcategories of feeling and choice. Key aims and objectives of this research could include a) to explore further how children and young people with care experience understand belonging within family relationships and to their wider networks and communities, b) What if anything, helps or hinders this sense of belonging/ How is a sense of belonging impacted before, during and after a child is placed in care? C) To understand can policies better help care experienced young people feel a sense of belonging D) To explore how policies better help care experienced young people to have a choice in deciding where they belong. E) To examine how the core category outlined in this research and subcategories can impact on outcomes for children and young people with care experience.

2. There is a need for further research into understanding the interplay/interface between family support and children protection policy and practice. Children and families are often in need of both support and protection at the same time and they require both approaches of family support and child protection. Participants in this study indicated that an equal amount of emphasis on care needs to be placed on the child and need/wish to have their family supported. Withdrawing family support when a child has a child

protection referral is not enough. Children and their families can get lost in between and family support should always remain. A 'wrap around' support for both children and their families that takes into count the child's need for protection but also family support is needed. It should not simply be a case of one or the other.

3. Whilst the findings of the current study show how foster carers can foster a sense of belonging during placements, further research is needed that is based directly on the views of both foster carers and the young people in their care. Having care experienced young people co-design and co-facilitate training for foster carers can aid understandings of belonging and how placements can better support the young person and foster carer.

4. Currently, a lack of longitudinal data fails to explore the effect of the care system on family relationships, pre, during and prior to being in care. Having this data can help provide information on the full instances of positive and/or negative relationships over the course of being subjected to the care system. Thus, analysing where a sense of belonging can be reinforced or enhanced to ensure more supported relationships and better outcomes for those entering, leaving and thereafter the care system journey.

5. It is evident that more research is needed on the longitudinal effect of the care system on family relationships for children in care and young people in care, and how they are impacted pre, during, and after the care experience. Whilst the findings highlight the importance of a sense of belonging, certain related feelings, and choice in decision making can help us understand familial relationships, having a full breakdown of the process and tracking these concepts can aid the understanding of how the continuum of belonging is experienced fully and whether it is impacted by certain experiences. In addition, future research could include the view of birth families and foster families.

6. Future research can also help develop training and workshops to help reduce the stigma those with care experience face by understanding the full impact of the care journey on relationships. Professionals in the foster care and alternative care sector, along with teachers can all help raise awareness about the alternative care sector and the experiences of young people who have been subjected to the care system. Implementing

more information in the school curriculum can not only raise awareness but help children and young people understand their experiences.

7. There is a clear need to develop a theoretical framework to inform foster carers and birth families on how to understand the effects of the care system on family relationships and be able to create a sense of belonging for those subjected to the care system. The findings and ecological framework presented in chapter eight provide a starting point from which the framework can be developed. However, this new framework should also include the voices of foster carers and birth families and be supported by the Department of Children, Equality, Disability, Integration and Youth, Tusla and organisations such as the Irish Foster Care Association and EPIC. Given that ideas and views of the family can change over time, along with people in a care experienced young person's environment (as indicated in the findings of the current research) the framework will need to be reviewed and updated in line with any policy change that occurs.

9.5 Reflexivity and the Researcher own Reflections

Reflexivity in research tends to be understood as an awareness of the influence of the researcher in research and simultaneously, how the research process affects the researcher (Greene, 2014; Probst & Berenson, 2014). Exercising reflexivity throughout the current research study through processes such as the recording of the researchers' decisions, emotions and insights along with field notes writing, memo-writing, and personal notes allowed me to develop a daily writing habit, take time to stop and notice, and crucially, to reflect on what she had already read. Reflexivity in this current study was a valuable tool as it helped me to understand my position and enable scrutiny in terms of research integrity by presenting an account of research decisions.

As someone with complex family relationships as well as having experience of the care system, I had the initial and personal interest in the topic being studied as part of this research project. Entering the care system at 16 years old and a new family placement meant that I moved to a new house, moved community, became estranged from some biological family members and went from being the youngest child to the eldest child. Like many care leavers and those with experience of the care system, I felt different and self-identifying myself as someone with care experience was at times very hard. Whilst I had an experience of relative foster care only, I did experience living independently at a very young age, fear of homelessness, challenges with

sibling visits and loss of certain family relationships. Nonetheless, being subjected to the care system gave me a 'new' family, which provided me with love, security, and protection.

Before commencing this research study, I had a belief that my 'biological' family was my only family. However, during the current study, this notion radically changed, as it made me reflect more than ever on the people, who were, became and still are close to me and those I consider 'family'. Furthermore, being educated by listening to the participants' voices within the research also made me rethink my idea of family and what a family relationship is or could look and feel like. I would like to thank my participants for helping me understand that family can be whomever you choose, with whom you have a sense of belonging and that each individual has the right to choose. Family and family relationships should never be forced nor taken for granted.

9.6 Conclusion

This chapter has discussed and outlined the implications of the current research study for policy, service provision and further future research. Overall contributions to knowledge have been presented. The study has highlighted the significance of understanding meanings of family and family relationships for care experienced young people. Based on the perspectives of care experienced young people, the study described the importance of family relationships, the need for belonging, the feelings associated with experiences of family relationships and the lack of choice and conversations of deciding who is family, what it means, and lack of input into related decision making about family contact. As described by the narratives of participants family should be a 'self-chosen thing' whereby assumptions about who is family to someone should not be made. In addition, an acknowledgement that family relationships do not end at 18years of age and so further support around maintaining family relationships need to continue into aftercare Along with using more everyday language when it comes to describing the care system, and the need for more awareness of the care system, the findings of the current research also call for finding the balance between meeting the needs and wishes of children and young people in care and still adhering to the legal requirement to prioritise the best interests of and the protection and welfare of children and young people.

9.7 The final word

Throughout the data collection, analysis and particularly the write-up process I faced an insider's researcher's dilemma. Choosing which quotes to highlight and having the choice to select quotes from very rich stories and data was both a pleasure but also a struggle at times. The last word of this research study on the meaning and understanding of family and family

relationships goes to one of the participants, David. The quote incorporates everything I believe that research should be – that is inclusive, informative, and the co-construction of knowledge between a researcher and the experts by experience or those most affected. I felt this quote was also of significance because of the thanks given to a researcher and the selfless want of many participants in the current research to make change for those coming after them in the care system. Many of the participants told me that taking part in this research was the first time they had their say and voices heard on the significant everyday topic of 'family'. I see this research as going back to the basics, in aiming to understand 'the primary unit in society', 'the social construct,' 'the best place to raise a child': that of 'family'.

"This interview, it helps you but it also helps other people in the care system and it helps not only other people in the care system, it helps the government to know where they stand and know what they need to do correctly and know what they need to improve on, know what they have done okay and what they have not done okay. There is contact out there so I'd encourage people not to be afraid just because they hear the word care and may not know what it means. But research. The keyword is 'research' because if they don't research, they won't know" **(David, p. 5. L. 13).**

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Researcher: Roisín Farragher
Name of Supervisor: Dr. Declan Coogan
Email: declanp.coogan@nuigalway.ie

Address of University:
UNESCO, Child and Family Research Centre,
School of Political Science and Sociology,
National University of Ireland,
Newcastle Road, Galway.

Dear (Person & Organisation details),

_____ ,

_____

(DATE)

RE: **An explorative study of the family relationships of young people who have experience of the care system.**

My name is Róisín Farragher. I am currently a student, of the Structured Child and Youth Research PhD programme in the National University of Ireland, Galway.

I am carrying out research in relation to young people who have experience of the care system in Ireland. My chosen topic is to explore family relationships for people aged 18-23 years, who have experience of residential, relative and/or general foster care. My main aim of the research is to explore what family means to young people in care. This is an area of huge interest to me as I too spent a number of years in the Care system.

In this research, I am asking about what family means to young people, and **I am asking your organisation to help identify young people who may be interested in participating in this study**.

If your organisation agrees to be part of the study, ethical approval will be sought from your organisation, should it be required. If and when ethical approval is granted, those in your organisation that work directly with young people in aftercare, will be invited to attended a consultation meeting explaining the aims, process and method of the research. If your organisation agrees to be part of this research, **your organisation will also involve a 'gatekeeping' role**. A gatekeeper is a person who controls access to something. For example, in this case you will act as a gatekeeper and hold the young person details. The role of the gatekeeper in this research, is to provide information about the research only. Should a young person want to voluntarily participate in the research, they will need to contact the researcher directly. It is so important that we give a right to young people to participate in research as their involvement has the potential to greatly improve policies and practice. As an organisation, you have access to young people who are the experts on this topic, so let's work together to help raise their voices.

I would gratefully appreciate it if your organisation would be part of this study. If you wish to do so, please let me know and we can arrange a meeting and go through the research in more detail.

I am very grateful for your help and I look forward to hearing from you and if you have any questions or require more information please contact me.

Yours Sincerely,

Róisín F

_____

Róisín Farragher

Contact Number: 089-4580540 (available only Mon- Friday 8.30am-5.30pm) Email: r.farragher2@nuigalway.ie

Name of Supervisor of this research: Dr. Declan Coogan

Email: declanp.coogan@nuigalway.ie

Appendix B: Consent to facilitate research- Gatekeeper

Re: Family Matters: An explorative study of the family relationships of young people who have experience of the care system.

Researcher: Roisín Farragher
Name of Supervisor: Dr. Declan Coogan
Email: declanp.coogan@nuigalway.ie

Address of University:
UNESCO, Child and Family Research Centre,
School of Political Science and Sociology,
 National   University of Ireland,
 Newcastle Road, Galway.

 I……………………………………… voluntarily agree to help facilitate this research study.

I understand that even if I agree to help now, I can withdraw at any time without any consequences of any kind.

I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.

I understand my role as gatekeeper, that is to provide information about the research to young people I work with.

I understand that all data collected in this study is confidential and anonymous.

I understand that I am free to contact any of the researcher, her supervisor and/or the Research Ethics Committee in NUI Galway to seek further clarification and information.

Name (BLOCK capitals, please) and Signature of gatekeeper:

_____

Organisation and role in organisation (BLOCK capitals, please):

_____

Name and Signature of researcher: _____

Date: _____

Appendix C: Recruitment leaflet

Family Matters: An explorative study of the family relationships of young people who have experience of the care system.

Researcher: Róisín Farragher

OÉ Gaillimh
NUI Galway

Are you interested in Participating in Research?

Are you 18-23 years of age and have two or more years' experience of Foster Care, Relative Foster Care or Residential Care?

Are you interested in participating in a study that seeks your view on Family relationships because of your care experience?

Can you commit to a 60-90minute interview?

If so, this research maybe for you!

What are the Aims & Objectives of the Research

A) To explore the topic of family relationships for people aged 18-23 years in residential and relative care.

B) To explore what family means to young people in care.

C) To explore policy and legal frameworks in Ireland, the UK and elsewhere in relation to the family.

D) To contribute to the further development of policy and practice in relation to young people in care and their families.

The study will aim to address the following research questions:

How do people in care talk about family? How do they understand and experience 'family'?

How do young people in care describe a family relationship?

What kind of contact do people in care have with their family of origin, if any?

In what ways might the perceptions and experiences of participants in this research contribute to our understanding of young people in care and their family relationships?

Why Should I participate in this research?

By participating in this study you will add to public and professional understanding and lend a crucial voice to potential policy development in the area.

Your experiences and voice will benefit other young people who are and will be transitioning in and out of care.

Moreover, you will help improve understanding of what exactly Family means to young people in care for those who work with and care for young people in care.

What do I have to do?

A once off, questionnaire and face-to-face interview, done on the same day and which will take a total of 60-90mins.

For More Information Contact:

(Gatekeeping Organisation)

(Contact X-& Details)

Or alternatively you can contact the researcher for more information (see below)

Name: Róisín Farragher (Researcher)

Contact Number: 089-4580540 (available only Mon- Friday 8.30am-5.30pm)

Email: r.farragher2@nuigalway.ie

Appendix D: Letter for Participants of the Research (Pilot Phase)

NUI Galway
OÉ Gaillimh

(DATE)

Dear Participant,

RE: An explorative study of the family relationships of young people who have experience of the care system.

My name is Róisín Farragher. I am currently a student of the Structured Child and Youth Research PhD programme in the National University of Ireland, Galway.

I am carrying out research in relation to young people who have experience of care. My chosen topic is to explore the topic of family relationships for people aged 18-23 years in residential, relative and/or general foster care and explore what family means to young people in care. This is an area of huge interest to me, as I spent a number of years in Care.

I am asking about what family means and I am asking you to participate because you have experience of the care system. You are an expert in this topic and I want you to have your say on the matter.

I would be very grateful if you would be part of the pilot phase of this study. If you wish to do so, we can arrange a time and date that suits you. I am including with this letter, an information sheet about the research. Please take a moment to read it.

If you do decide to take part please contact me directly at my details below.

All responses will be strictly confidential and anonymized.

I am very grateful for your help and I look forward to hearing from you and if you have any questions or require more information please contact me.

Yours Sincerely,

Róisín F.

_____

Róisín Farragher

Contact Number: 089-4580540 (available only Mon- Friday 8.30am-5.30pm) Email:
r.farragher2@nuigalway.ie

NUI Galway
OÉ Gaillimh

Róisín Farragher,
Room 1007,
UNESCO, Child and Family Research Centre,
School of Political Science and Sociology,
National University of Ireland,
Newcastle Road,
Galway.
Tel: 089 4580540
E: r.farragher2@nuigalway.ie
(Contact Hours Mon-Friday 8.30am -5.30pm)

(DATE)
Title of Research Study: Family Matters: An explorative study of the family relationships of young people who have experience of the care system.
Primary Researcher: Róisín Farragher
Supervisor: Dr Declan Coogan

Aim & Purpose of the Research:

The main aim of the research is to ask people aged 18-23 years who have experience of residential, relative and/or general foster care about the ways in which they think about family – who is family, what does family mean to them and what researchers and workers need to know about family from the point of view of people who are experiencing or have experienced the care system? The research study is inquiring how young people in care, similar to you, talk about family, how they understand family, and what exactly family means to young people in care.

Invitation to take part & what it involves:

You are being invited to take part in this pilot phase of the research because of your experience of the care system. It is your choice to participate in the pilot study or not. However, before you

make your decision to participate in this study, it is important to understand what the study will involve. Below, is information that will explain what happens if you decide to participate in pilot phase, any risks and the benefits of taking part in the study.

What is the exclusion criteria for the research?

- Young people in Ireland who do not have a minimum of two years' experience of the care system in Ireland.

- Young people in Ireland who are in special care or high support units or are currently involved with Youth Justice Programmes.

- Anyone under the age of 18 years and anyone aged 24years or over.

- Those who have not submitted signed consent forms before the commencement of the study, and those who cannot commit to a face-to-face interview.

- Young people who are involved in a Court case related to child and abuse neglect, and young people who are in the currently involved in an investigative procedure related to child abuse/neglect.

- Anyone whose case is currently undergoing case conference or legal review.

So I agree to take part, what happens?

Firstly, you will have 3 weeks from the date you receive this information form to decide whether or not you wish to participate. If you wish to participate you will be asked to sign a **consent form**. The consent form when signed, states that the participant is happy to participate in the pilot phase of the study. You should only consent to part take in the research when you feel you understand what is being asked of you, as a participant. If you do decide to take part, please get in touch with me, the researcher, or alternatively you can contact me directly if you have any specific questions not answered on this information sheet. Of course, if you do take part, you are free to withdraw from the study at any time, without giving reason. Any service you are currently receiving will not be affected.

Following on from the consent form, you will meet with the researcher at a time and place that we decide together. As a participant in the pilot phase you will meet with 4 other young people who have experience of the care system by voluntarily taking part in a focus group. As a participant the focus group/pilot phase you will be asked for your thoughts and feedback regarding a questionnaire, which will be followed up by discussion. You can say as much or as little as you want within the group. No details of who is participating in the group will be shared between participants only on the day that the research is taking place and confidentiality within the group will be expected. Data from the focus group and participant's data will be anonymized and confidentially recorded. Participants of the pilot phase will be asked not to share any details from the research, such as other participant's names or address with anyone who is not involved in the focus group. As a participant of the focus group, you will discuss a questionnaire which is short, and looks at the participant's age, gender, and nationality. The discussion will consist of a number of semi structured questions. Participants are free to say as little or as much as they want, in reply to a given question in the interview. It is important to note that any information you give to the researcher throughout the pilot phase, will be anonymized and confidentially recorded. Nobody will see your data only the Researcher and Researcher Supervisor. You will not be identified in any of the data. The questionnaire and interview together will last 60-90minutes approximately.

What happens after the pilot phase?

After pilot phase, I listen back to the recording, write down the data word for word and then read over it again. Once the data from the pilot phase is transcribed and analysed, and any changes are made to the questionnaires the researcher will begin the main one to one interviews with a number of other young people who have experience of the care system. When all of

the interviews (including the one-to one interviews) have taken place, the data will form part of a PhD dissertation submission at NUI Galway. The findings of the study may be published. No participant identifying information will be contained in the PhD dissertation or in any subsequent publication that may arise. Participants in the research, can avail of a copy of the dissertation on request. If there is anything you would like to have clarified, I will be happy to explain it to you**.**

Will the Pilot phase be recorded?

In order to conduct this research, I will ask your permission to digitally record what is said during the focus group (audio recording) for data analysis purposes only. All audio recordings/notes will be destroyed following the conclusion of the research and only the researcher will have access to recordings/notes throughout the research.

Why should I get involved in the research?

You are being asked to be part of this study because you are the expert in this area. As a participant of the pilot phase, you help shape how questions will be asked and formulated thus aiding the overall design of the study. As part of the pilot phase you will also meet with two other who have experience of the care system. Your involvement in this study would mean that you have a say of what family means to you and your ideas of family, as this study will be the first of its kind carried out nationally. By participating in this study you will add to public and professional understanding and lend a crucial voice to potential policy development in this area. Your experiences and voice may also benefit other young people who have had similar experiences of family relationships. As a participant in the pilot phase, you will always be respected and valued. Being part of this study also means that you can assist in the development of policy and practice in relations to young people in care and their families. Moreover, interviews will take place on a time and date that we agree together.

What should I do if I need to speak with someone?

The topic of family relationships can be emotive for anyone. If at any point during the pilot phase you feel you need to speak with someone or something is of concern to you, the researcher can recommend someone to you that you can talk to, in confidence. As a participant of this study you will also be given a list of services you can contact should you feel uncomfortable or upset at any stage.

What happens if I change my mind during the study?

You are completely free to change your mind and withdraw your participation at any stage during the pilot phase. You will also have the opportunity to withdraw any data you have given from the study up until data analysis is complete which will be February 2019 approx.

What happens if a concern about risk to a child is talked about during the research process?

The researcher in this study will work in line with Children First: National Guidance for the Protection and Welfare of Children (Department and of Children and Youth Affairs DCYA, 2017). If you, as a participant disclose something to the researcher that puts a child at risk of harm or abuse, the researcher will be obliged to pass this information onto Tusla as part of part of our responsibility for child protection.

What happens if I have a complaint or wish to provide any feedback about the research study?

If you would like to speak with the researcher regarding any questions in relation to the research study, you can speak with the researcher, Roisin Farragher who can be contacted at 089 4580540 or r.farragher2@nuigalway.ie.   If you have a complaint or would like to make any comment about

the research, you can either speak with the researcher or the researcher's supervisor Dr. Declan Coogan at Declanp.coogan@nuigalway.ie.

Participants can also speak use the 'Tell us' (**Tusla complaints and feedback**) option for giving feedback or making a complaint. More details in relation to this can be found at: https://www.tusla.ie/about/feedback-and-complaints/.

If you would like to someone else in confidence who is independent of the research, you may contact the Chairperson of the NUI Galway Research Ethics   Committee, NUI Galway, at ethics@nuigalway.ie

About the Researcher:

Róisín is from Galway and is currently studying in NUI Galway. She has a BA in Philosophy and Sociology and Politics with a Masters in Community Development. She has a keen interest in hurling and loves volunteering in youth orientated organisations.

Thank you for taking the time to read this participant information sheet.

Name of Research: Family Matters: an explorative study of the family relationships of young people who have experience of the care system.
Name of Student: Róisín Farragher
Email: r.farragher2@nuigalway.ie
Name of Supervisor: Dr. Declan Coogan

Email: declanp.coogan@nuigalway.ie
Pseudonym:_____

Name of Participant: _____

Address: _____
Contact Number: _____
Date: _____

Gatekeeper Organisation/Agency: _____

I understand the following…
- I confirm that I have read the information sheet for the above study and have had the opportunity to ask questions.

- I am fully aware that I will remain anonymous throughout data reported and that I have the right to leave the focus group at any point. I understand that if I do withdraw from the group, this will not have any impact on the services I am currently receiving.

- I am satisfied that I understand the information provided and have had enough time to consider the information.

- I agree to have the focus group recorded (via Dictaphone), so it can be transcribed after the focus group is held. I am aware that I have the right to request a copy of the transcript of my contribution to the focus group and to edit the transcript of the focus group once it has been completed.

- I understand that direct quotations from the pilot phase group might be used.

- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, or any services I am availing of being affected.

- I have the right to refuse any information about me recorded.

- I consent to the researcher (Róisín Farragher) holding this information. I understand that it will not be shared with any third party in a way that can identify me.

- I agree to take part in the above study.

I _____ (Name of participant) hereby give my consent to my involvement with the research described above and carried out by Róisín Farragher.
If you have any questions please feel free to ask me.

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact Dr. Declan Coogan at declanp.coogan@nuigalway.ie Please be assured that your concerns will be dealt with in a sensitive manner.

Project Title: Family Matters: An explorative study of the family relationships of young people who have experience of the care system.

Participant Numbers/Pseudo names.   ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯ , ⎯⎯⎯⎯⎯⎯⎯

⎯⎯⎯ , ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯ , ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯ .

Date:⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

Location: ⎯⎯⎯⎯⎯⎯⎯⎯

After a welcome and general introduction, the respondents are invited to read the information sheet and then requested to sign the consent form.

The researcher will begin with an icebreaker: *Fears in a hat*. The teambuilding exercise promotes unity and group cohesion as individuals write their personal fears (anonymously) on sheets of paper which is then collected in a hat or box and will be read out loud by the researcher. This activity will help gauge the researcher how people are feeling and help draw the researcher's attention to the feelings of the group and about participating in the pilot phase. This activity can be repeated at the end of the day to 'check-in' or address any remaining issues or fears that participants may have.

After the ice-breaker participants will be asked to compile a group contract. The contract will focus on the expectations from the participants and the researcher, ground rules, and behaviours that will be expected of all group member's including that of the researcher. The group will aim for 5-7 ground rules. During this process, a conversation will take place about the role of the researcher and what she will need from the pilot phase group, such as honesty and confidentiality. She will reiterate that all responses will remain anonymous and that there are no right or wrong answers. She will explain that she hopes participants will feel comfortable in saying what they really think about the study design and questions. She will also make clear, the role of the pilot phase group as it will somewhat differ to the typical focus group that some participants maybe familiar with. Once this is completed, she will check to make sure that there are no objections with the use of an audio recorder and use pseudonyms.

Following this, participants will be given, the information sheets, and questionnaires. They firstly will be asked to fill them in and then for feedback on the process. Therefore, questions such as:

How did you find the order and phrasing of questions?

Do you feel something is missing from the form/Questionnaires?

Do you think anything needs to be clarified in more detail?

Do you feel any question or detail should be removed?

How did the process of completing the forms make you feel?

Do you feel this is an important topic for young people who have experience of the care system?

Is there anything that is not on the questionnaires/information sheet/recruitment leaflet that you feel should be?

Is there anything else you would like to add?

Once participants have finished giving feedback, a check in with the group will take place. This will be again related to the fears participants had at the start of the group. Participants will be asked if they still have the same fears or if new ones have arisen. The researcher will address any issue that may arise from this the best she can. Participants will also be given a leaflet with details of support services they can contact should they become upset after they leave on the day. Once this is completed, the researcher will have initiate a conversation around 'what happens now', following the pilot phase.

NUI Galway
OÉ Gaillimh

Róisín Farragher,
Room 1007,
UNESCO, Child and Family Research Centre,   Tel: 089 4580540
School of Political Science and Sociology,   E: r.farragher2@nuigalway.ie
National   University of Ireland,   (Contact Hours Mon-Friday 8.30am -5.30pm)
Newcastle   Road,
Galway.
(DATE)
Title of Research Study:

Family Matters: An explorative study of the family relationships of young people who have experience of the care system.
Primary Researcher: Róisín Farragher

Supervisor: Dr Declan Coogan

Aim & Purpose of the Research:

The main aim of the research is to ask people aged 18-23 years who have experience of residential, relative and/or general foster care about the ways in which they think about family – who is family, what does family mean to them and what researchers and workers need to know about family from the point of view of people who are experiencing or have experienced the care system? The research study is inquiring how young people in care, similar to you, talk about family, how they understand family, and what exactly family means to young people in care.

Invitation to take part & what it involves:

You are being invited to take part in this pilot phase of the research because of your experience of the care system. It is your choice to participate in the pilot study or not. However, before you make your decision to participate in this study, it is important to understand what the study will involve. Below, is information that will explain what happens if you decide to participate in pilot phase, any risks and the

benefits of taking part in the study.

What is the exclusion criteria for the research?

- Young people in Ireland who do not have a minimum of two years' experience of the care system in Ireland.

- Young people in Ireland who are in special care or high support units or are currently involved with Youth Justice Programmes.

- Anyone under the age of 18 years and anyone aged 24years or over.

- Those who have not submitted signed consent forms before the commencement of the study, and those who cannot commit to a face-to-face interview.

- Young people who are involved in a Court case related to child and abuse neglect, and young people who are in the currently involved in an investigative procedure related to child abuse/neglect.

- Anyone whose case is currently undergoing case conference or legal review.

So I agree to take part, what happens?

Firstly, you will have 3 weeks from the date you receive this information form to decide whether or not you wish to participate. If you wish to participate you will be asked to sign a **consent form**. The consent form when signed, states that the participant is happy to participate in the pilot phase of the study. You should only consent to part take in the research when you feel you understand what is being asked of you, as a participant. If you do decide to take part, get in touch with me, the researcher, or alternatively you can contact me directly if you have any specific questions not answered on this information sheet. <u>Of course, if you do take part, you are free to</u>

<u>withdraw from the study at any time, without giving reason</u>. Any service you are currently receiving will not be affected.

Following on from the consent form, you will meet with the researcher at a time and place that we decide together. You will be asked to complete a questionnaire, which will be followed up by an interview. The questionnaire will take an average of 20 mins to complete. The questionnaire is short, and looks at the participant's age, gender, and nationality. It also asks questions about the participant's education status, current accommodation, and experience of Care. The interview will consist of a number of semi structured questions. The time that it will take to conduct the interview, will vary from person to person. Participants are free to say as little or as much as they want, in reply to a given question in the interview. It is important to note that any information you give to the researcher throughout the questionnaire and interview, will <u>be anonymised and confidentially recorded.</u> Nobody will see your data only the researcher and the researcher's Supervisor. You will not be identified in any of the data.

What happens after the interview?

After each interview, the researcher transcribes and analyses the data. When all of the interviews have taken place, the data will form part of a PhD dissertation submission at NUI Galway. The findings of the study may be published. No participant identifying information will be contained in the PhD dissertation or in any subsequent publication that may arise. Participants in the research , can avail of a copy of the dissertation on request. If there is anything you would like to have clarified, I will be happy to explain it to you.

Will the interview be recorded?

In order to conduct this research, I will ask your permission to digitally record what is said during the interview (audio recording) for data analysis purposes only. All audio recordings/notes will be destroyed following the conclusion of the research and only the researcher will have access to recordings/notes throughout the research.

Why should I get involved in the research?

You are being asked to be part of this study because you are the expert in this area. Your involvement in this study would mean that you have a say in what *family* means to you and can share your ideas of family, as this study will be the first of its kind carried out nationally. By participating in this study, you will add to public and professional understanding and lend a crucial voice to potential policy development in this area. Your experiences and voice may also benefit other young people who have had similar experiences of family relationships. As a participant, you will always be respected and valued. Being part of this study also means that you can assist in the development of policy and practice in relation to young people in care and their families. Moreover, interviews will take place on a time and date that suits the participant.

What should I do if I need to speak with someone?

Understandingly, the topic of family relationships for young people in care can be emotive for some. If at any point during the pilot phase you feel you need to speak with someone or something is of concern to you, the researcher can recommend someone to you that you can talk to, in confidence. As a participant of this study you will also be given a list of services you can contact should you feel uncomfortable or upset at any stage.

What happens if I change my mind during the study?

You are completely free to change your mind and withdraw your participation at any stage during the pilot phase. You will also have the opportunity to withdraw any data you have given from the study up until data analysis is complete which will be February 2019 approx.

What happens if a concern about risk to a child is talked about during the research process?

The researcher in this study will work in line with Children First: National Guidance for the Protection and Welfare of Children (Department and of Children and Youth Affairs DCYA, 2017). If you, as a

participant disclose something to the researcher that puts a child at risk of harm or abuse, the researcher will be obliged to pass this information onto Tusla as part of part of our responsibility for child protection.

What happens if I have a complaint or wish to provide any feedback about the research study?

If you would like to speak with the researcher regarding any questions in relation to the research study, you can speak with the researcher, Roisin Farragher who can be contacted at 089 4580540 or r.farragher2@nuigalway.ie.   If you have a complaint or would like to make any comment about the research, you can either speak with the researcher or the researcher's supervisor Dr. Declan Coogan at Declanp.coogan@nuigalway.ie

Participants can also speak use the 'Tell us' (T**usla complaints and feedback)** option for giving feedback or making a complaint. More details in relation to this can be found at: https://www.tusla.ie/about/feedback-and-complaints/.

If you would like to someone else in confidence who is independent of the research, you may contact the Chairperson of the NUI Galway Research Ethics Committee, NUI Galway, at ethics@nuigalway.ie

About the Researcher:

Róisín is from Galway and is currently studying in NUI Galway. She has a BA in Philosophy and Sociology and Politics with a Masters in Community Development. She has a keen interest in hurling and loves volunteering in youth orientated organisations.

Thank you for taking the time to read this participant information sheet.

Appendix I: Participants Consent Form

Name of Research: Family Matters: an explorative study of the family relationships of young people who have experience of the care system.
Name of Student: Róisín Farragher
Email: r.farragher2@nuigalway.ie
Name of Supervisor: Dr. Declan Coogan
Email: declanp.coogan@nuigalway.ie
Pseudonym: _____

Name of Participant: _____

Address: _____
Contact Number: _____
Date: _____
Gatekeeper Organisation/Agency: _____

I understand the following…

- I confirm that I have read the information sheet for the above study and have had the opportunity to ask questions.

- I am satisfied that I understand the information provided and have had enough time to consider the information.

- I am fully aware that I will remain anonymous throughout data reported and that I have the right to leave the interview at any point. I understand that if I do withdraw from the interview, this will not have any impact on the services I am currently receiving.

- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, or any services I am availing of being affected.

- I have the right to refuse any information about me recorded.

- I agree to have the interview recorded (via Dictaphone), so it can be transcribed after the interview. I am aware that I have the right to request a copy of the transcript and to edit the transcript of the interview once it has been completed.

- I consent to the researcher (Róisín Farragher) holding this information. I understand that it will not be shared with any third party in a way that can identify me.

- I agree to take part in the above study.

I_____(Name of participant) hereby give my consent to my involvement with the research described above and carried out by Róisín Farragher.

If you have any questions please feel free to ask me.
If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact Dr. Declan Coogan at declanp.coogan@nuigalway.ie Please be assured that your concerns will be dealt with in a sensitive manner.

Appendix J: Questionnaire

Pseudonym: _____

The following questions ask you about yourself, such as your gender, age, ethnicity and nationality. Please take a few minutes to answer them.

Questionnaire (Please tick only one answer where possible).

Question 1.
Are you…

○ Male

○ Female

○ Other _____

○ Prefer not say

Question 2.
What is your age?

○ 18 years old

○ 19 years old

○ 20 years old

○ 21 years old

○ 22 years old

○ 23 years old

Question 3.
Please specify your ethnicity.

○ White

○ Traveller

○ Hispanic or Latino

○ Black

○ Asian / Pacific Islander

○ Other   Please Specify _____

Question 4.
Please specify your nationality

⬭ Irish

⬭ UK (please specify which nationality) _____

⬭ EU (please specify which nationality) _____

⬭ Non EU (please specify which nationality) _____

⬭ Other (please specify which nationality)

The next set of questions will ask you about your highest educational level, and current employment status. Please take a few minutes to answer them.

Question 5.

Education: What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.*

No schooling completed ▭

Primary School ▭

Second Level ▭

Post Leaving Certificate Award ▭

Diploma or the equivalent ▭

Trade/technical/vocational qualification ▭

Bachelor's degree ▭

Master's degree ▭

Other (please specify) _____

Question 6.

(Please chose one from the following)

Are you currently…

☑ In employment   -part time ▭   -full time ▭
☑ In education   - part time ▭   -full time ▭
☑ In training   -part time ▭   -full time ▭
☑ Unemployed

▭   Other (please specify) _____

The next set of questions will ask you about your current accommodation and experience of care. Please take a few minutes to answer them.

Question 7.

Type of living accommodation (current)…

Rented ☐

Residential Care ☐

Refuge ☐

Hostel ☐

Living with Foster Carers ☐

Other (please specify) _____

Question 8.

Did you have experience of any of the following? (Tick all that apply)

Residential Care ☐

Relative Care ☐

Foster Care ☐

Other forms of Care ☐

If So, for how long? i.e. Less than 1 year, 3years, 4-6years etc. ____

_____

_____

_____

_____

_____ .

The following questions will ask you about your family.

Statements about Family

Please read each statement and chose one answer from the following- Some questions regarding siblings may not apply to you and that is okay. If a question is not applicable, please leave it blank and move to the next question. Space is provided at the end if you wish to add or comment on anything relating to family or the statements below.

A) Family is a mum, a dad and a child.

Strongly Agree   Agree   Disagree   Strongly Disagree

B) I believe that family can only consist of biologically related people.

Strongly Agree   Agree   Disagree   Strongly Disagree

C) Relationships with my birth Family has changed over time.

Strongly Agree   Agree   Disagree   Strongly Disagree

D) Relationships with my birth siblings has changed over time.

Strongly Agree   Agree   Disagree   Strongly Disagree

E) Nobody has asked me what Family means to me.

Strongly Agree   Agree   Disagree   Strongly Disagree

F) I feel I am forced to meet with my birth Family.

Strongly Agree   Agree   Disagree   Strongly Disagree

G) Relationships I had with my birth siblings have changed since I entered the Care system.

Strongly Agree   Agree   Disagree   Strongly Disagree

H) I like my foster family because they treat me like their own child.

Strongly Agree   Agree   Disagree   Strongly Disagree

I) One day, I hope to _____ with my birth family.

Strongly Agree   Agree   Disagree   Strongly Disagree

Please add any additional comments you may have about family in the space provided below…

_____

_____

_____

_____

End of Questionnaire, thank you for your time and participation.

Appendix K: Research interview Questions/Schedule

Project Title: Family Matters: An explorative study of the family relationships of young people who have experience of the care system.

Outline of Interview Guide for Individual Interviews.

Pseudonym _____

After a welcome and general introduction, the respondent is invited to read the interview information sheet. The participant is then requested to sign the consent form. Following this, the questionnaire is given to the participants. Once completed the interview begins with the questions below.

A. *Research Interview Questions*

What does the word family mean to you?

What kinds of families are there?

When does someone join a family?

Who do you consider to be part of your family?

In what ways, if any, has coming into care affected your family relationships?

Tell me your thoughts about the ways decisions are made about family relationships and contact for you.

In what way do you think policy could better help family relationships for young people in Care?

What, if anything are the kinds of things that make it difficult to have family relationships/contact?

What do you think could/should be changed, if anything?

Is there anything that I haven't asked you in relation to family/family relationships that you think I need too?

The interviewer will ask whether the respondent would like to add or clarify anything. Towards the end of the interview, the interviewer will ask whether the respondent has any questions she/he would like to ask or anything participants would like to add in relation to family and their participation in this research. The interviewer will then thank the respondent for their involvement in the research and will terminate the interview.

Appendix L: Support Contact Service for Participants

Organisation Details	Contact Information
Samaritans -Provides confidential and non-judgemental emotional support for people who are experience feeling of distress or despair, including feeling that could lead to suicide	1850 60 90 90 Email jo@samaritans.org Website: http://www.samaritants.org/ 24 hours, 365 (free number to call)
JIGSAW -Youth mental health service 18-25 years (some branches 15-25 years)	01 658 3070 Email: dublincity@jigsaw.ie Website: https://www.jigsaw.ie/
Connect Counselling - free telephone counselling and support service for any adult who has experienced abuse, trauma or neglect in childhood	1800 477 477
Shine -Supports people affected by Mental ill Health	1890 621 631
ISPCC - Helpline for parents or members of the public who may be concerned about the welfare of a child and who need more information and support.	Monday-Friday 9am-5pm 01 6767960
Pieta House - Provides a free, therapeutic approach to people who are in suicidal distress and those who engage in self-harm.	Email info@pieta.ie Phone 1800 247 247 Website: http://www.pieta.ie/

Appendix M: Distressed Participants Protocol

The following is a procedural protocol for assisting participants who may become distressed while being interviewed for the "Family Matters; an explorative study of the family relationships for young people who have experience of the care system" research.

If a participant indicates that they are uncomfortable or experiencing emotional distress, or if they exhibit behaviors suggestive of such, the following course of action will be taken:

1. The participant will be asked whether they need to take a break, want to continue the pilot phase session or interview, discontinue now or withdraw from the study.

2. If the participant decides to discontinue at this time, they will be asked if they would like to continue at another time using a different venue and different method to speak about the problems or issues they are facing (e.g. face to face, phone call).

3. The participant can withdraw, and the researcher will reassure them that existing data will not be used if they do not allow the data to be used.

4. Researcher and participant can decide if another person (practitioner or partner) should be informed of the situation to ensure participant safety and well-being.

5. The participant can decide to seek further help from their local general practitioner or any other services as suggested in the following support contact services.

6. Time will be given to ensure that the participant's distress or upset has diminished sufficiently by asking the participant how they feel prior to concluding the meeting.

7. If the participant wishes to return to the focus group session/interview, they are free to do so after distress has diminished sufficiently, and they have been reassured that they can discontinue or withdraw from the study at any point if they so wish.

8. Before leaving, an information sheet with information of local supports and organisations will be provided to the person if they wish to seek for further support.

Appendix N: Disclosure Protocol

With regard to child and youth participants there are limitations to the principles of Confidentiality and Anonymity under the *Child First (2011) Protection Guidelines* and *NUIG Child Protection Policy (2011).* In line with good practice, these limitations will be communicated to participants by giving information sheets for consideration before consent is given. There is a slight risk of disclosure associated with participating in this study. This is due to the focus of the study on family relationships for young people who have experience of the care system. If a child or young person express that they or someone known to them has/or is being abused (either sexual, emotional or physical) or is at risk from experiencing abuse whilst in care the researcher will pass on this information to Tusla as part of our mandatory obligation under *Children First (2011)* guidelines and the *NUIG Child Protection Policy* (2011). The legal responsibility of the researcher and limits of confidentiality and anonymity will be made clear in the information sheets and consent forms provided.