

Major Research Project

**Care leavers' experiences of being and
becoming parents**

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1.0 Abstract

Aim: The aim of this study was to explore care leavers' experiences of parenting. Although research has previously been carried out on this area, there is a lack of research on mature care leavers' experiences of parenthood which this study attempts to address. It was hoped that this research might further illuminate our understanding of care leavers as parents, and highlight potential areas of clinical need and ways in which these could be addressed therapeutically.

Method: This study employed a qualitative design through the use of semi-structured interviews with six care leavers who were mothers; the majority of whom were in their late 30's to early 40's. Interpretative Phenomenological Analysis (IPA) was used to develop a rich and multi-layered account of participants' experiences.

Results: Four main themes emerged across participants' accounts. These were: 'Fear of the past and its impact on the future', 'Trying to do better', 'Parenting is hard but rewarding' and 'Connecting and disconnecting: the push and pull.'

Implications: The study highlights the importance of holding the complexity of care leavers' experiences as parents in mind; acknowledging both their strengths and struggles. Participants' sense-making of their parenting in relation to their pasts as well as their resources and the processes surrounding learning to parent, were discussed in light of the themes that arose and previous theoretical and research literature. Clinical implications and recommendations for future research are also discussed.

2.0 Background

The aim of this present study is to explore care leavers' (CL) experiences of being parents. I will begin this section by outlining how I came to this study, followed by outlining the terminology that will be used throughout. The demography and outcomes of CLs will be explored and situated within the wider political context. I will then review the literature on CLs' and children in cares' (CIC) experiences of pregnancy and parenting. Following an outline of the psychological theories regarding parenting, my rationale for conducting the present study will be given.

2.1 Reflexive Considerations

Reflexivity refers to an awareness and ownership of how the researcher's values, beliefs and experiences interact with and influence the research process, including the analysis and interpretation of data (Willig, 2001). In keeping with reflexivity and the 'spirit of openness' encouraged of qualitative researchers (Smith et al., 2009), I hope to be transparent about my position and clear about my influences and approach to undertaking this research. I have chosen to write this reflexivity section as a first person account, requiring more personal language, which is considered good practice and helps to further situate the researcher (Gilgun, 2005). I will introduce myself as the researcher; an outline of my theoretical and epistemological positions will be described; and my influences in the development of this research explored.

2.1.1 My Personal Position

I am a 27 year old, white British female who was brought up in the North-West of England in one of the most deprived boroughs in the UK¹. My family background is fairly complex and I have experienced multiple changes in parental figures throughout my life, although I was predominantly brought up within a single-parent household. I am the eldest of eight children in total, six of whom are my half-siblings (from my mother's and father's sides), and we range in age from 2 to 27 years of age. I spent approximately four years of my early childhood within a single foster care placement which I shared with my sister. My foster

¹ <http://www.guardian.co.uk/news/datablog/2011/mar/29/indices-multiple-deprivation-poverty-england>

carers were nurturing and caring 'grandparent' type figures who provided some stability amidst the confusion and turmoil I experienced prior to entry into care. Following our time in care my sister and I returned to live with our mother, whilst my brother who was placed separately continued to live in long-term foster care into his adult years. My younger siblings have not experienced the care system.

Given my care history and owing to the fact that I do not have any children I would consider myself to be a partial research member, occupying a position between the two poles of 'insider' and 'outsider' positions (Olson, 1977). Methodological considerations as well as the need for 'bracketing' of my own experiences will be discussed in the Methodology section (see 4.8).

2.1.2 My epistemological and theoretical positions

My own personal values are aligned with a social constructionist epistemological position. A social constructionist stance acknowledges that knowledge is culturally, socially and historically situated and that narratives and meaning are actively constructed between people (Burr, 2003). I believe that no definite truth or reality exists and am therefore interested in exploring individuals' constructed meanings and understandings of experiences. It is within this perspective that this research has been approached.

I draw upon a range of theoretical models within my clinical work as a Trainee Clinical Psychologist and I have a preference for integrating frameworks that look at intra-psychic, relational, and wider and systemic and socio-cultural factors. I am particularly drawn to viewing clinical work within an attachment-based lens, and like the focus on resiliency, strengths and resources that come from narrative therapy. I am currently on a placement based in a social care setting for CIC and adopted children. My experiences in this capacity have furthered my interest in undertaking this research.

2.1.3 How I came to this study

I think several factors contributed to how I came to research this particular area of study. I have been interested for quite a while in attachment theory and in particular research that finds that parents' attachment styles can predict their children's attachment styles. I was

often fascinated about how much this could be predicted and yet how much scope there was to change, what sometimes appeared to be reported as an inevitable chain of attachment styles being passed down from generation to generation. These thoughts also occurred with regards to children who were looked after as I wondered what attachment histories they may have developed and how their early experiences of caregivers may shape their relationships, particularly in relation to their own children. I was quite surprised to find little information or research regarding the attachment styles for children who were looked after and less about their experiences as parents.

Within my professional capacity I have encountered multiple instances where negative perceptions and assumptions about CIC and CLs have been expressed. I have felt that a generally negative discourse surrounds CIC and CLs, particularly with regards to their future potential and ability to lead 'normal' lives. I have felt that this has also been extended to the perceptions of CLs as parents, where a view of the 'care cycle' as being almost inevitable is held by some professionals as I have gathered from my contact with professionals in mental health and social service contexts. In addition, it feels as if the resilience, strengths and potential successes of CIC and CLs as parents are neglected. Given these experiences and the knowledge that CLs do not have their children removed as frequently as is sometimes suggested, I was further intrigued to research CLs experiences of the parenting role.

2.2 Terminology

Terminology used to refer to children and young people in the care of Child Protective Services (CPS) differs across different countries. In the United States and Canada they are referred to as 'children in care' (CIC) (CWIG, 2011; Farris-Manning & Zandstra, 2003), whereas In the United Kingdom the term 'Looked after Children' (LAC), or now more recently, 'Children Looked After' (CLA) denotes children and young people in the UK who are looked after by the state according to national legislation. As I will be drawing on international literature within this thesis, and to better distinguish children who are looked after with the Care Leavers' Association (they both have the same abbreviation), throughout this thesis I shall use the term 'children in care' (CIC) henceforth to refer to children and young people in the care of the CPS.

In the UK, a Care Leaver (CL) has been defined in the Children (Leaving Care) Act 2000 as someone who has been in Local Authority care for a minimum of 13 weeks which includes time spent in care on/after their 16th birthday (DH, 2000). The Care Leavers' Association (CLA), a charity and network of CLs, uses a much more inclusive definition i.e. being any adult who spent time in care as a child (under 18 years of age), including care on a voluntary basis and arrangements where the child was living outside the immediate or extended family (CLA, 2009). The definition adopted by the CLA will be used for the purpose of this research, although the stricter government definition has more commonly been used by other researchers.

2.3 Demography and outcomes of children in care and care leavers

CIC and CLs are a heterogeneous group in terms of their reasons for coming into the care system, their cultural and ethnic backgrounds, their in-care experiences, developmental needs and the type of support available to them (Stein & Wade, 2000).

In 2012, the number of CIC in England was 67,050 (Department for Education [DfE], 2012), a figure which has increased year-on-year (DfE, 2011). The largest age group of CIC is aged 10-15 years, representing 36% of CIC, and this is the most common age of children when first coming into care (DfE, 2012). Overall, for those children who started to be looked after during the year 2012 the main reason why they were provided with a service is because of abuse or neglect (62%), followed by family dysfunction (14%); both of which have been increasingly cited as reasons for children to be taken into care (DfE, 2012).

The majority of children are cared for in foster placements (75%) and 9% in residential accommodation which includes secure units, children's homes and hostels; and 4% are placed for adoption (DfE, 2012). There has been a considerable decline in the use of residential care since the 1970's, where 32% of the care population were accommodated in residential care (Berridge & Brodie, 1998; DfE, 2012; Wade et al., 1998). The decline has largely been due to changes in policy and in professional perceptions of residential institutions, with revelations about physical and sexual abuse in residential care over several decades contributing to the decline (Utting, 1991, 1997).

In 2012, 27,350 children ceased to be looked after during the year ending 31 March 2012, of which 10,000 of these were young people aged 16 and over. Data is now provided for CLs aged 19 who were in care during their 16th birthday. Of these, 40% were living in independent accommodation. In 2012 CLs not in employment, training or education at aged 19 was 36% with 4% of these being due to their illness or disability (DfE, 2012).

2.4 Outcomes and disadvantages faced by care leavers

'...institutional abuse does not stop when we age out of the system. Once in contact with the juvenile justice system we have a 90 per cent chance of becoming adult criminals. We have a one in three chance of leaving care at 16 as ...girls pregnant or already with a child. We have a one in two chance of being homeless within that first year. Only one in 100 of us will get to university, but one in three of us will have attempted suicide. We are also highly likely to wind up addicted to drugs, engaged in prostitution, unemployed, mentally ill or incapable of sustaining loving relationships.'

(Murray & Rock, 2005)

CLs in the UK represent less than 1% of young people in the general population (Stein, 2002), yet research has consistently demonstrated that CLs are a significantly disadvantaged group, with structural disadvantages leaving them more vulnerable to poor outcomes (Broad, 2005; Mendes & Moslehuddin, 2006; Stein, 2004). CLs continue to have poorer outcomes than their peers, in terms of both physical health and mental health and wellbeing (Berridge, Biehal & Henry, 2012; Buchanan, 1999; McCann et al., 1996; Meltzer et al., 2003; Saunders & Broad, 1997). The emotional effects of abuse suffered by many CLs prior to and after entry into care are thought to have predisposed CLs towards mental health difficulties, including depression, self-harm and suicide (Buchanan, 1999; Dimegen, 1999; Mendes & Moslehuddin, 2006; Saunders & Broad, 1997; Wordsworth & Hall, 2007). Research has also suggested that CLs are more likely to use and abuse alcohol and drugs; (Mauders et al., 1999; Neale, 2002; Owen, 2000). Drug and alcohol dependence can be both a symptom

and a cause of social exclusion and can further contribute to physical and mental health difficulties as well as offending and homelessness (Reed in Partnership, 2011).

CLs are significantly over-represented in the Criminal Justice System (Pritchard & Williams, 2009; Summerfield, 2011; Wordsworth & Hall, 2007), have greater levels of homelessness (Ogden, 1992; Voice of Young People in Care, 2011) and are also more likely to be victims of crime. They and are more vulnerable to exploitation, including sexual exploitation as CIC and are more likely to be involved in prostitution (Barnardos, 2011; CEOP, 2011; Child Wise, 2004; Richardson & Joughin, 2000; Swan, 1999; Wordsworth & Hall, 2007). CLs are well documented as being less likely to be involved in education, training or employment and having poorer educational achievement than their peers (Biehal et al., 1995; Broad, 1998; Stein & Wade, 2000). As a consequence CLs are more likely to be socially and economically disadvantaged (Barn & Mantovani, 2007).

2.4.1 Outcomes of children in care and care leavers who are parents

There were 350 mothers aged 12 and over who were 'looked after' on 31 March 2011, a decrease from 390 in 2010 (DfE, 2012). This trend is also similar to the decline in teenage pregnancy rates in England over the last decade, which may be the result of the implemented strategies of the ten-year national teenage pregnancy strategy to reduce teenage pregnancy (SEU 1999). However, CIC and CLs are estimated to be six times more likely to have children in their teenage years, with figures showing around a third of young people and a half of young women had become parents within 18-24 months of leaving care (Biehal & Wade, 1999; Dixon & Stein, 2002; Rodgers & Carson, 2013). Early pregnancy has also be shown to be associated with greater levels of poverty and unemployment, which likely compound the disadvantages experienced by many CLs already (Knight et al., 2006). Statistics of CIC and CLs pregnancy rates has only relatively recently begun to be monitored nationally, and there remains significant gaps in our knowledge regarding the outcomes for parents later in life, and for CLs who have children at a later age the picture is relatively unknown.

A number of CLs do go on to experience CPS involvement with regards to their own children, resulting in a comparatively high proportion having their children removed from their care. Some studies have estimated the figure for intergenerational patterns of having children

taking into the care system as similar to intergenerational patterns of abuse, of between 10-40% (Bonnice, 2002, Cashmore & Paxman, 1996; Kaufman & Zigler, 1993; Pears & Capaldi, 2001; Slade, 2005) which means that the vast majority do not go on to repeat the 'care cycle'. Both teenage motherhood and a presence of childhood abuse in the mother's personal history have both been identified as risk factors for the future abuse of one's own children; both of which feature significantly within the CIC population as a whole (Connelly & Straus, 1992; DePaul & Domenech, 2000; Pears & Capaldi, 2001).

2.5 Policy context for children in care and care leavers in England

The Children Act (1989) was introduced in 1991 following research highlighting the difficulties faced by CLs, as well as mounting campaigns and calls for reforms and improvements to services for CIC and CLs (Biehal et al., 1994; Broad, 1998; Mendes & Moslehuddin, 2006; Stein, 1999). The Act imposed new expectations on Local Authorities pertaining to provision of after-care services for CLs, although due to parts of the Act being discretionary, considerable geographical variation in the range and quality of service provision resulted, with many LAs lacking formal leaving care policies or services (Audit Commission, 1996; Biehal *et al.*, 1995; Broad, 1998; First Key, 1992; Stein, 1999). The Act led to a greater development of and expansion of leaving care programmes, including specialist leaving care schemes. This led to some success, although was largely limited to improved accommodation outcomes, developing practical life skills such as budgeting and facilitating social networks (Stein & Wade, 2000).

The Children (Leaving Care) Act 2000, introduced in 2001, significantly extended the duties and powers of the 1989 Children Act. The regulations and guidance were intended to ensure that CLs are provided with support by their corporate parents (LAs) 'in the same way that reasonable parents provide support for their own children' (DfE, 2010). LAs are required to assess the needs of all CIC and to develop Pathway Plans to meet those needs and map clear routes to independence. Services are co-ordinated by personal advisors who CLs have access to until the age of 21 years. Financial support, improved accommodation provision and access to education, training and employment have since been evidenced, although significant gaps in health services have remained (Broad, 2005). Also, like the majority of

research and practice, policy continues to focus almost exclusively on younger CLs (aged 16-25) with an absence of discussion of CLs of all ages across the lifespan (Duncalf, 2010).

2.6 Review of the Literature

A comprehensive search of the research literature was covered (see Appendix 1 for details of the search strategy). From the literature search, several research studies were identified to include in this review. Due to the limited contribution of research on the topic employing a quantitative methodology (Connolly et al., 2012) the primary focus of the literature review from this point forward will be research using a qualitative methodology. Quantitative research has been considered in the other parts of this chapter. There is a wealth of literature on CIC and CLs views and experiences of pregnancy, however due to space limitations and the focus of the research on parenthood this will not be included in this review. For more information on this area please see the following references (Barn & Mantovani, 2007; Connolly et al., 2012; Constantine, Jerman & Constantine, 2009; Corylon & McGuire, 1999; Knight, Chase & Aggleton, 2006; Love et al., 2005; Redwood, Pyer & Armstrong-Hallam, 2012; Stein & Dixon, 2006; Svoboda, Shaw, Barth & Bright, 2012).

This review includes research which employs a number of methodologies, predominantly consisting of individual interviews and focus groups. The studies vary considerably in terms of their academic rigour, depth of analysis and level of detail describing their procedures and analytic methods; with only some of the research coming from peer reviewed journal articles. The majority of studies are with young mothers in care or those who had recently transitioned out of care, with papers not always distinguishing between the two groups. Some of the research also combines the views of CIC and CLs with those of practitioners, foster carers and other young people, some of whom are either not parents themselves or have not had experiences of the care system (such as Love et al., 2005). The reader should therefore be mindful of these methodological limitations as the research literature is presented.

2.6.1 Being a parent

A number of research studies have explored the views of CIC and recent CLs about their experiences of being parents, of which motherhood will be explored unless otherwise stated.

The experiences are often complex, with positive aspects of parenting often being reported in the context of hardship, adversity and emotional turmoil. Similar to the overarching themes of risk, resilience and protective factors generated by Connolly et al. (2012) in their meta-synthesis, I will now discuss the positive experiences, difficulties, and protective and supportive factors and experiences found in the research literature. The dynamic relationships between these factors will then be discussed in more detail through detailing a couple of the studies that explore this process more fully.

2.6.1.1 Positive experiences of being a parent

Many research studies have highlighted that motherhood brought a sense of belonging and security to the lives of CIC and CLs, feeling that their baby loved them and that they felt needed in return (Knight, Chase & Aggleton, 2006; Pryce & Samuels, 2010; Wade, 2008; Williams & Vines, 1999). Given an impoverished past and a disintegration of relationships, having children brought emotional security, consistency and permanency to their lives, with them perhaps feeling loved for the first times in their lives (Williams & Vines, 1999; Pryce & Samuels, 2010). Children were also seen as being dependable and a source of support for some parents, with children being seen as ‘something of their own’ in the new family that they had created (Knight et al., 2006; Pryce & Samuels, 2010).

Having a baby often brought a sense of stability to once chaotic lives, with mothers maturing and shifting their priorities and lifestyle as a result. Some described motherhood as having a calming and grounding effect on their lives (Chase, Maxwell, Knight & Aggleton, 2006) and as it being a positive turning point (Rutman, Strega, Callahan & Dominelli, 2001). Motherhood was found to bring with it a greater maturity, having to provide and care for another life which many described in a positive light and for others it was more matter of fact; that they would need to grow up and be responsible (Allen, 2003; Rolfe, 2008). For many, motherhood brought with it hope for the future, a sense of purpose and a motivation to do well for their children (Haight, Finet, Bamba & Helton, 2009; Williams & Vines, 1999). As well as the drive to achieve financially and educationally and the stability brought through re-focusing priorities and building more routines into their lives, becoming a parent generally brought positive changes to their lives and led to better self-care for some (Dominelli, Strega, Callahan & Rutman, 2005; Pryce & Samuels, 2010). Given the almost exclusive focus of the research to mothers with young children, one wonders about whether their ambitions and

hopes for the future were fulfilled and whether the positive changes in the lifestyles of CLs were maintained through the duration of parenthood.

Having a child brought about many positive feelings for mothers including feelings of contentment, joy, pride, excitement and pleasure (Knight et al., 2006). Being a parent was often viewed as a positive valued adult identity, whereby value was gained both from their relationships with their children as well as being a mother bringing a positive social status (Chase et al., 2006; Pryce & Samuels, 2010). It was often a role mothers felt brought respect from others, together with a personal sense of achievement and a feeling that they were resilient (Love et al., 2005). Their independence, power and sense of control and agency brought by the new identity could be viewed as particularly salient in the context of their earlier lives, where they can often feel that they lack a sense of personal agency or control over their lives as CIC are subject to faceless and ever-changing systems and power structures (Knight et al., 2006; Pryce & Samuels, 2010). Rolfe (2008) found that for marginalised women (which CLs could be regarded as) motherhood becomes a large part of their identities, particularly when there is a lack of other available identities open to them (such as having a career or education) and when there has been a large investment in a caring identity. For CIC this may start from a young age, perhaps caring for siblings or their own parents.

Many studies found that motherhood also had positive reparative and healing effects for CLs and CIC. Some mothers, in keeping with their cultural values around motherhood, viewed having a child as being a blessing (Haight et al., 2009). Not only did having children help many women to recover and re-orientate their lives in a more hopeful direction; many were driven by an ambition to do things differently. This included doing things in a different order to perhaps what was expected of them, (such as having children at a younger age than their peers), but also by providing their children with different childhoods to their own: a change in roles and family scripts (Dominelli et al., 2005; Rolfe, 2008). For some, the wish to do better than their own parents was restorative and healing when the cycle was broken, such as the cycle of having one's children taken into care or being subject to abusive parenting (Love et al., 2005; Maxwell, Proctor & Hammond, 2011). Pryce and Samuels (2010), in their research using Interpretative Phenomenological Analysis (IPA) methodology, found that becoming a parent provided an opportunity for purposeful healing; giving mothers the

chance to reflect, scrutinise and potentially heal the legacies of parenting. As becoming a mother usually brings with it a focus and remembering of relationships with one's own mothers, for CLs this transition into motherhood can bring about opportunities to revisit, heal and grieve for their own childhood relationships with their own mothers, which can be beneficial (Pryce & Samuels, 2010).

For some mothers becoming a mother can also facilitate a renewal of bonds and reconnection with family members which may have been absent or fractured prior to this (Biehal & Wade, 1996; Williams & Vines, 1999). This can come in the form of increased family support of both a practical and emotional nature, particularly from birth mothers and the opportunity to find new meanings in old relationships (Love et al., 2005; Williams & Vines, 1999). In summary, children can be the start of newly-created families for CLs and CIC; as well as a bridge for reconnecting with past and existing families and relationships.

2.6.1.2 Difficulties, risks and barriers experienced as a parent

Difficulties with parenting and the experience of being a mother for CLs and CIC have been highlighted with regards to factors that are both inter and intra-personal such as emotional difficulties, loss of other identities, fear of the past, social stigma, lack of support and hardship and adversity. Connolly et al. (2012) refer to the risks in their meta-synthesis as 'events, conditions, or experiences that increase the probability that a problem will be formed, maintained or exacerbated.' (pp. 617).

Being a mother can be a difficult and painful experience for some, where mothers can feel overwhelmed in their new role and, in some cases, may also suffer from post-natal depression (Chase et al., 2006). Some mothers have reported feeling ambivalent about being a mother and have felt a sense of regret regarding the timing of becoming a mother (Rolfe, 2008). Motherhood highlighted CLs vulnerabilities and insecurities, bringing feelings of powerlessness, doubt and fear (Maxwell et al., 2011). Both identifying with the child and feeling taken over by the child could also lead to potential difficulties, as their children's needs and dependencies could be unwanted and felt as destabilising by mothers at times (Maxwell et al., 2011). Maxwell and colleagues (2011) also identified that mothers in their study often had heightened sensitivities regarding being rejected by their child, and a child's growing up and gaining autonomy and independence had the potential to be seen as being

abandoned by their child. Their own capacity to be rejecting of their child could also be particularly painful, inducing feelings of guilt and worries about repeating past relationships with their own mothers.

The emotional pain felt by some mothers at times stemmed from various factors, including a perceived sense of a loss of other potential roles and identities through the re-orientation of goals and focus towards the child, as well as potentially needing to sacrifice or put on hold their own goals and aspirations (Pryce & Samuels, 2010). Mothers experienced constraints on their freedom, as well as feelings of tiredness and exhaustion common to many parents (Rolfe, 2008; Williams & Vines, 1999). For some, their expectations of motherhood and raising a child did not meet with the reality, (Pryce & Samuels, 2010).

Whereas some felt determined to break the 'care cycle' and be different to their own parents, in reality this brought up difficult feelings for others (Maxwell et al., 2011; Pryce & Samuels, 2010). Examining the limitations of their own mothers and reliving their own childhood through the eyes of their own children could be especially difficult for mothers who were in care, particularly if they parent in a similar way to their own parents, which many consciously wish not to be like (Maxwell et al., 2011; Pryce & Samuels, 2010). Mixed feelings were also brought about through a fear of repeating the 'care cycle' which was linked to being like their own parents and/or the fear of social services involvement. Pryce & Samuels (2010) found that few women in their study referenced their own mothers as models to emulate, but were often more of a source of motivation for 'what not to do.' One wonders who or what CLs as parents draw on in the formation of their identity as parents and in their parenting role.

CLs felt a need to demonstrate that they were different from their own parents, not only to themselves but to professionals who they feared would remove their children from their care (Rutman et al., 2001). This often occurred alongside a longing for many CLs to reconnect with their birth family, who could potentially offer emotional and practical support and a sense of belonging. Some CLs had more ambivalent feelings about support from their birth families, with some fearing or actually experiencing yet further rejection from their parents when they were unable to respond with the care and support that they needed (Biehal & Wade, 1996; Chase et al., 2006; Maxwell et al., 2011).

Research has also repeatedly found that CIC and CLs who are parents have faced additional challenges of feeling judged, stereotyped and scrutinised by society at large and by professionals due to their care status and teenage parent status for some (Chase et al., 2006; Connolly et al., 2012; Haight et al., 2009; Haydon et al., 2003; Maxwell et al., 2011; Redwood et al., 2012; Rutman et al., 2001; Tyrer et al., 2005). This has been variously described as ‘mistrust of others and social stigma’, as ‘mothering under surveillance’, being ‘under the microscope’ of social services and also parenting ‘under the public gaze’ (Connolly et al., 2012; Dominelli et al., 2005; Rutman et al., 2001). CLs felt that they were often watched more closely by social services, and some felt that they were patronised or treated differently to non-CLs or non-teenage parents; such as feeling they were more likely to undergo parenting assessments (Chase et al., 2009; Redwood et al., 2012). This has been partially supported, as in some LAs child protection proceedings are automatically instigated for every CL who becomes a young parent (Sale, 2007; Voice, 2009). For fathers who were CLs this theme is particularly evident, as Tyrer et al. (2005) [in the only study focusing exclusively on fathers’ experiences] found that young fathers were often stereotyped as uncaring, they were generally made to feel unimportant and were sometimes actively discouraged from being involved in their children’s lives.

CLs frequently experienced negativity and doubt about their ability to turn their lives around or become different parents to their own (Dominelli et al., 2005; Haight et al., 2009). Social workers have also been shown to hold strong beliefs about the inevitability of the ‘care cycle’, seemingly expecting CLs to fail (Rutman et al., 2002). The social stigma experienced as a CL and teenage parent in the case of many CLs was often intensely felt. These experiences leave some mothers feeling inadequate, affecting their self-esteem and potentially their abilities to parent (Maxwell et al., 2011). Other research has found that mothers distanced themselves from other mothers “in the same boat” as themselves to avoid being tarnished with stereotypes of “single mothers.” This was done in the effort to demonstrate to social services that they were “good mothers” at the cost of reducing their support network (Rutman et al., 2001).

A lack of consistent support from family friends, partners and professionals is frequently encountered in the international research on CLs as parents (Chase et al., 2006; Dominelli et

al., 2005; Haydon, 2003; Maxwell et al., 2011; Pryce & Samuels, 2010; Rutman et al., 2001; Tyrer et al., 2005;). CLs have also reportedly been considered to have difficulties in romantic relationships, such as choice of partners, difficulties with trust and closeness in relationships and a lack of stable lasting relationships (Murray & Rock, 2005). Instability in living placements and a lack of trusted confidantes has also further led to difficulties in knowing about and accessing available resources (Knight et al., 2008). A lack of emotional and social support could also be seen to contribute to the poor mental health of mothers', a large proportion of whom had mental health difficulties that were present prior to their pregnancy (Connolly et al., 2012). Rutman et al. (2001) captured the overall experience of mothering whilst in/from care as "prevailing on the edge on my own" which they felt captured the loneliness and precariousness of their existence. For some CLs dependency on others and in particular social services can be viewed as a sign of weakness, best avoided; a view which researchers have argued is endorsed by policies and practices which professionals operate within (Pryce & Samuels, 2010). Researchers have also found that CLs were required to position themselves as 'needy yet competent' to be seen as deserving of resources professionals could provide (Dominelli et al., 2005; Rutman et al., 2001).

Motherhood adversities commonly experienced by CLs and recognised by professionals include financial hardship, including a lack of material resources and a lack of access to appropriate housing; all of which can place them in risky situations (Allen, 2003; Collins, Clay & Ward, 2007; Connolly et al., 2012; Dominelli et al., 2005; Haight et al., 2009; Haydon, 2003; Max & Paluzzi, 2005; Rolfe, 2008; Rutman et al., 2001; Svoboda et al., 2012). Young parents were seen to be particularly disadvantaged, presenting with higher levels of social exclusion and poorer outcomes than CLs who were not parents (Chase et al., 2006; Stein, 2006). CLs also frequently reported obstacles in accessing or remaining in employment and education and limited childcare and respite options, particularly for young single parents (Allen, 2003; Corylon & McGuire, 1999; Haydon, 2003; Max & Paluzzi, 2005; Rolfe, 2008; Svoboda et al., 2012). Although experiences of financial hardship are not uncommon for non-CLs who are teenage parents, their difficulties can be heightened by the reduced levels of consistent, positive adult support and being more likely to have to move (Haydon, 2003).

Yet other research interviewing professionals, 'youth' and stakeholders have cited the lack of comprehensive services as contributing to difficulties for CLs, including a lack of services

meeting their physical and mental health needs and providing them with parenting skills (Collins et al., 2007; Max & Paluzzi, 2005). Help and support from services was also found to be typically more reactive, with little preventative help or support provided by services (Dominelli et al., 2005). Despite the adversities experienced, many CLs are determined to succeed and provide a different life to what they had themselves as children, although this can be challenging to live up to for some (Pryce & Samuels, 2010). The lived reality for CLs who are parents such as the barriers and constraints are often in contrast to the contemporary ideals of parenthood which many hold (Pryce & Samuels, 2010; Tyrer et al., 2005).

2.6.1.3 Complexity of experiences

Although the positive experiences and negative experiences and barriers of parenting for CLs have been presented separately, the lived experience is usually more complex, which some research has captured. Rolfe's (2008) research on marginalised women, a large proportion of whom were CLs, motherhood was conceptualised as 'hardship and reward', bringing both pain and pleasure. Maxwell et al. (2011) represented the experiences of the CLs in their research according to dialectical positions, as their experiences were dynamic, often conflicting and changed depending on the context, as well as over time. An example of one such theme would be 'ideal and reality' where mothers struggled with the incongruence of the ideals of motherhood compared to the reality of their experiences; feeling disappointed whilst also striving to remain hopeful. Whilst Maxwell et al. (2011) acknowledge that the experiences of CL mothers were typical to many mothers' experiences of adjusting to parenthood (e.g. Miller, 2007 study regarding white middle class mothers), the intensity of the experience and the overwhelming negative discourse surrounding CLs which is rarely balanced with more positive stories of motherhood are just a few of the factors that distinguish their experiences (Maxwell et al., 2011).

Pryce and Samuels (2010) also present a complex picture for CLs as mothers due to the convergence of the past and present brought about by the birth of their children, often leaving them with mixed feelings regarding their parenting identity. Many mothers held strong convictions regarding their parenting and future aspirations amid the internal and external constraints brought about by their own personal histories and the current physical, social and material restraints faced. The changes in experiences over time and throughout

the course of the child's development are often missing within the research literature. This in part is due to the almost exclusive focus of research being on adolescent mothers and usually mothers of children who are babies or infants. Therefore significant gap in the research literature exists on mature CLs and CLs with children over the age of 5 years.

2.6.1.4 Protective and supportive factors

Protective factors are individual traits or environmental resources that likely minimise the effects of present risks. In contrast to the research outlining the risks, difficulties and barriers for CLs, the protective and supportive factors and experiences have been less researched with supportive and protective factors seemingly presently as just the inverse or absence of risk factors. Out of the seven themes generated by Connolly et al.'s (2012) meta-synthesis only one of which was considered to be a protective factor, which was labelled 'support as contributing to a positive motherhood experience'. This theme arose from 8/17 of the studies included in their analysis. As already referred to with regards to a lack of support, those who received ongoing support from various resources were more content with their parenting role (Connolly et al. 2012). Financial, emotional and practical support was considered important and many had received support or managed to form new relationships through community resources, friends, and professionals and through reconnecting with their biological families (Callahan et al., 2003; Dominelli et al., 2005; Haight et al., 2009; Knight et al., 2008). CLs also valued access to childcare and respite, especially as informal childcare support provided by family members was less available to them (Dominelli et al., 2005). Having someone to listen to them, who was consistently available and on their side was thought to be particularly valuable to CLs and was a role which professionals were sometimes required to perform; especially as CLs are likely to have reduced support networks (Callahan et al., 2003; Dominelli et al., 2005; Knight et al., 2008; Max & Paluzzi, 2005). CLs also wanted advice and practical help from professionals and to be presented with options and alternatives (Haight et al., 2003; Dominelli et al., 2005). In their research, Dominelli and colleagues (2005) also reference the importance of cultural sensitivity and addressing cultural needs, human dignity and listening as valued experiences which are key to 'surviving the state.'

Friends were important sources of support for young mothers, and in particular those who were pregnant or had children themselves (Chase et al., 2009; Dominelli et al., 2005). Other

young mothers were also seen as important but were often an untapped source of support, with some recommending the use of other young mothers to be mentors, as they felt they would be able to provide them with support and advice that they are more likely to accept (Haight et al., 2009). Haight and colleagues' (2009) research of African American CL mothers included 'other mothers' as important resources. Within African American communities 'other mothers' were older mothers who act as mentors or surrogate mothers, guiding younger members of the community.

Individual traits and resiliencies which are thought to be supportive and protective include experiencing motherhood as positive and stabilising as previously mentioned, and wanting and being determined 'to do better' for their children than what they themselves had (Chase et al., 2009; Connolly et al., 2012, Haight et al., 2009; Love et al., 2005). For African American mothers in Haight's research, personal strength and resilience also came from their spirituality and religious beliefs, as well as their personal resistance to the negativity and pessimism of authority figures which was described as a well-developed 'oppositional gaze' (Haight et al., 2009; Hooks, 1992; Ward, 2007). Being able to maintain the motivation and determination to succeed as well as a positive sense of self were also important factors (Haight et al., 2009). Williams and Vines (1999) saw the journey of personal growth as being facilitated by the benefits of motherhood outweighing the costs and by gaining connection and emotional support from others. They advocate that practitioners build on the resources, strengths and positives of parenting and position themselves as hopeful and understanding whilst also advocating for parents.

As less is known about the protective factors that potentially mitigate risks or difficulties associated with parenthood in the CL population, it would be helpful to further explore this. Pryce & Samuels (2010) call for more research which explores the identity formation of CLs as mothers and addresses possible images, resources and references they draw on in their construction of a parenting identity.

2.7 Psychological theories used to understand parenting processes

'As a result of not having a role model.... I found [rearing my own children]... more difficult than most parents. If I had reared my children like I was brought up, I would have ended up in jail and having my children removed from my care.'

(Murray & Rock, 2005)

Very few studies regarding young people ageing out of care and/or also of becoming parents are theoretically-informed (Stein, 2006). There is a vast array of psychological theories and models regarding parenting processes, although only those deemed the most relevant to the experiences of CLs will be discussed here. Although overlap is recognised between the different psychological theories there are presented here separately for ease of reading.

2.7.1 Ghosts in the nursery

Ghosts in the nursery is a psychoanalytic concept used to describe the repetition of relationship patterns across generations and assumes that parents may relate to their own children based on representations of the parenting that they received during their own childhood (Fraiberg et al., 1975, Lieberman, 2007; Renk et al., 2004; Shapiro & Gisynski, 1989). The repeating of history or activation of 'ghosts' is hypothesised in the psychoanalytic tradition as being due to one being closed off from feelings of pain, rejection and terror related to one's own childhood which makes one unable to respond positively to dependent and needy infants (Fraiberg et al., 1980; Renk et al., 2004).

Fraiberg et al. (1975) also outlined how if parents made use of their memories to ensure that they provided something different or better than what their own parents did then their children could be protected from intergenerational transmission of abusive parenting. Psychoanalytic treatment therefore has focused on the remembering and re-experiencing of childhood difficulties that have been affectively repressed so that they can identify with the injured child, allowing the ghosts to depart from the nursery (Fraiberg et al., 1980). Although a psychoanalytic concept, authors have re-framed the concept for use in other theoretical models, such as for use in CBT (Renk et al., 2004).

2.7.2 Attachment Theory

Attachment theory posits that the child's relationship with their primary caregiver (the mother) affects the child's social adaptation, affect regulation and cognitive resourcefulness which can have lifelong effects (Fonagy et al., 1991). The parent-child relationship shapes a child's internal working model (IWM) for making sense of the world, themselves and others and is also thought to be highly influential in the development of one's parenting style (van IJzendoorn, 1995), as well as romantic and peer relationships, as these are thought to be long lasting schemas which guide cognitive, affective and behavioural responses (Bowlby, 1988; Collins & Read, 1990; Karen, 1998). One's attachment style is thought to be consistent both across the lifespan and across generations, with one study showing high levels of predictive association (75%) between expectant mothers' mental representations of relationships with subsequent ratings of the infant-mother attachment relationship (Fonagy et al., 1991; Roisman et al., 2001). However, previous research has failed to show strong evidence of a mother's developmental history (how positive or negative her childhood experiences were) and subsequent infants' security attachment (Belsky & Isabella, 1988; Pearson, Cohn, Cowan & Cowan, 1994). Where early abuse was experienced in one's own childhood, Fonagy and colleagues (1994) argue that the process of reflecting on one's own experiences (and making sense of them) may be the 'key factor in interrupting the cycle of poor parenting and abuse.'

Despite the evidence showing the enduring nature of attachment styles, around a quarter of cases do not show lifelong consistency of attachment status over time, or styles as being passed onto their children (Waters et al., 2000). Some of this could be explained by life events, long-term changes in the environment (such as new care givers) and therapeutic interventions. Fonagy et al. (1991) speculate that difficulty adjusting to motherhood or inversely for some, positive alterations in the mental structure of parents, could underlie the differences in mother's and child's attachment patterns measured. The breaking of the cycle of intergenerational attachment patterns is typically referred to as 'earned security', which is applied when negative childhood experiences were present but individuals were able to discuss them in a contained and coherent manner (Pearson et al., 1994; Phelps, Belsky & Crnic, 1997). Neal and Frick-Horbury (2001) found that parenting style and attachment were separate constructs despite being closely related. The vast majority (92%) of securely

attached children (who were adults) reported having authoritative parents, although a smaller proportion (70%) of authoritative parents had securely attached children.

Research on CLs has shown greater levels of insecure attachments than would be expected in the general population, with Murphy (2011) estimating this as being double. Research has also highlighted common relational difficulties in CIC such as becoming highly dependent upon others or highly independent and self-reliant in response to past difficulties (Downes, 1992). High levels of attachment difficulties in CIC and CLs related to experiences of abuse and neglect and disruptions in attachment relationships could well play a role in the 'care cycle' and the poor outcomes for CLs in relation to their parenting in comparison to the general population.

2.7.3 Family scripts

Attachment theory also sits comfortably within the systemic field as a developmental theory as it encompasses reciprocal roles between parents and children, and can be placed within family systems framework. The compatibility and similarities between systemic theories and attachment theory has been discussed by several authors (e.g. Marvin & Stewart, 1990; Stevenson-Hinde, 1990). Byng-Hall (1995) has also proposed the concept of a 'family script', which encompasses shared expectations about family roles, including those of care giving and care seeking, related to IWMs. Trans-generational family scripts can influence and direct future parenting and ways of relating, that can either be replicative or corrective. Replicative family scripts are when similar family roles are expected in the new generation, such as parentification (Byng-Hall, 2002; 2008). Corrective family scripts represent an intention to do the opposite to what was experienced as wrong or unpleasant, trying to take on a counter-identity (Byng-Hall, 1995) which although can be useful are often thought to be dysfunctional as they are scripted from the past rather than being adapted to the present. Conflict can ensue between the wish not to repeat the past with one's own children and the powerful draw towards repeating the past which can sometimes lead unwittingly to hidden replications of the family script (Byng-Hall, 2008).

2.7.4 Summary and conclusions of psychological theories

Despite the wealth of theories underpinning our understanding of the process and experience of parenting, its application to CLs as parents has been thoroughly lacking. Several theoretical frameworks and concepts have been outlined which may usefully aid our understanding of CLs as parents; and most notably attachment theory, which appears to be a central concept underpinning many of the theories regarding parenting.

2.8 Rationale for research

Although a number of research studies regarding the experiences of CLs as parents have recently been undertaken, there are evident gaps in the research literature and our knowledge base which this research hopes to fill.

The majority of research has either sought the views of children or in the case of CLs, young people who have recently left care and who are still in touch with leaving care teams. This has likely been due to practical reasons, as it is easier to access younger CLs, as well as a general bias in the research and policy arena focusing on teenage parents and younger CLs. This research will therefore explore the issues facing more mature CLs in their roles as parents, as little is known about their experiences, particularly once support from leaving care teams has ended. Exploring the views of CLs with older children would also be unique in offering opportunities to explore how they manage new challenges that they are likely faced with at each new developmental stage that the child enters. Qualitative research in this area will also likely lead to richer descriptions of their experiences as they have spent a longer time in their parenting role and potentially have more opportunities to reflect upon their experiences.

Little is known about the resources that CLs employ in their parenting role or what enables or supports them in their role and development as parents. This research will qualitatively explore these factors; which could have clinical implications for supporting CLs as parents through policy and practice. Helping CLs manage relationships and parenting is currently a much neglected area in through-care and aftercare provision (Stein & Dixon, 2006). It is also generally considered good practice to involve service users and in this case CLs in the

development of services and when reviewing practice. Seeking their views and involving them in research which could potentially impact upon service provision and clinical practice.

3.0 Research Question

This main aim of this research was to explore CLs' experiences of parenting. Given this the research question was framed as:

- What are the experiences of care leavers who become parents?

Two further subsidiary questions were used to explore this further:

- What sense do care leavers make of the impact of their experiences of being parented and cared for, upon their own parenting?
- What resources do care leavers draw upon in their parenting role?

4.0 Methodology

Interpretative Phenomenological Analysis (IPA) will be employed to meet the research aims and a rationale for this will be described. This section will also describe the recruitment of participants, data collection, data analysis and the measures taken to ensure ethical and quality standards are met. Issues of self-reflexivity will also be explored.

4.1 Qualitative Approach

This study aims to explore the care leavers' experiences of parenthood. The research is concerned with exploring a deep account of the participants' lived experiences which qualitative methodologies are able to capture (Barker, Pistrang & Elliott, 2002). The views of mature CLs have rarely been captured in the research and a qualitative methodology is considered apt at being able to explore more novel topics, as well as giving voice to a population under study (Barker et al., 2002; Smith & Osborn, 2008). Therefore a qualitative approach employing the use of semi-structured interviews was chosen as the most fitting way to explore the research question and such a relatively complex and sensitive phenomena (Sofaer, 1999).

4.1.2 Interpretative Phenomenological Analysis (IPA)

IPA was chosen as the most suitable analytic method for this study. Grounded Theory (Charmaz, 2006), Narrative Analysis (Crossley, 2000; Emerson & Frosh, 2009; Reissman, 2005) and Discursive analyses (Edwards & Potter, 1992; Kendall & Wickman, 1999) were all considered and subsequently rejected in favour of IPA (Smith, 1996).

Grounded Theory (GT) has an underlying positivist philosophy and emphasises theory construction with the aim of generating explanatory accounts of how basic social processes occur within specific contexts. GT was therefore considered incompatible with the researcher's social constructionist position and the research aims to explore the lived experiences of participants (the 'what') rather than the processes (the 'how'). GT also requires a large sample in order to generalise and generate theories, which was considered beyond the time and resource limitations imposed by professional doctoral research (Smith et al., 2009). Discursive analytic approaches (DA) focus on the structure and use of language

in the production of knowledge, meaning and identities. Narrative analysis (NA) encompasses a wide variety of approaches, many of which focus on language but differ from DA as an emphasis is placed upon the way stories are co-constructed and used to represent and interpret individuals and the social world around them. Narrative approaches can be useful for questions concerning identity re-negotiation and temporal shifts and can be seen to be more biographical; which although potentially useful areas of exploration was not the focus of this research.

IPA is concerned with how people make sense of major life experiences (Smith et al., 2009). Within IPA individuals are seen as embedded and immersed in relational worlds of objects, language and culture and that people create meaning based on their relationships with these different aspects. As individuals' experiences (the phenomenological aspect of IPA) cannot be directly accessed, sense making is accessed through individuals' interpretations with individuals' accounts reflecting these attempts (Smith et al., 2009). The researcher's sense making is described as 'second order' as the researcher attempts to try and make sense of the participant trying to make sense of their experiences (Smith et al., 2009). As researchers are influenced by their own value systems, beliefs and experiences, reflexivity is of paramount importance. This can be aided through transparency and authenticity in explicitly exploring one's own biases and preconceptions, attempting to 'bracket' them as far as possible and making them explicitly known to the reader (Elliott, Fischer & Rennie, 1999; Smith et al., 2009). As I would consider myself a partial member researcher, IPA not only encourages reflexivity within the research process but considers the importance of the researcher's interpretations in the analytic process.

The third strand of IPA concerns idiography which is the focus on the individual and particular which is thought to be able to move us closer to the universal through gaining insight about the 'essence' of human experience (Smith et al., 2009). Small samples in IPA research are able to capture and reveal experiences at the individual level, as well as through the group level where similarities and differences are explored. An idiographic approach would be able to represent voices of individual CLs, voices which have been rather marginalised within the research to date; which is one of the strengths of IPA (Malik, Fateh & Haque, 2009).

A possible limitation of the use of IPA is that it depends upon individuals abilities to be able to express themselves in language. However it has been argued that a key role of the researcher is to ask questions about not only what is explicitly said but also what is unspoken, so that this can be managed (Smith & Osborn, 2008). Another desirable feature of IPA as an approach is that it provides in-built structure and guidance which ensures rigour and validity checks as well as proving useful for research novices, which I would consider myself to be.

4.2 Recruitment

As the research question was not about focusing specifically on CLs' difficulties with the parenting role or other aspects of their life, recruitment from NHS or social services was not deemed appropriate. Participants were recruited through several avenues. The main source of recruitment was through the Care Leavers' Association (CLA), a user led charity run by CLs for CLs; and the only service which provides any coverage for CLs over the age of 25. A participant information sheet (Appendix 2) was posted on the CLA website. The research was also advertised in the CLA's e-newsletter, through local network meetings, via social media and within local and national organisations targeting parenting and/or CLs.

Individuals were advised to contact me directly wherein further information was provided (Appendix 3). If they met the inclusion criteria and were happy to participate a suitable time and venue to undertake the interview was arranged. Thirty individuals contacted me to participate in the research in total, with the first six eligible participants interviewed.

4.2.1 Inclusion/ Exclusion criteria

Purposive sampling was used; selecting individuals to interview that were mothers and care leavers. A more inclusive definition of a CL was used as having spent any time in care, in line with the CLA policy which participants were primarily recruited from. Mothers of any age and with children of any age were eligible to participate, although mature CLs and those with children over the age of 5 were particularly encouraged to participate in the study (as indicated in recruitment material). This was due to the lack of research in the literature around mature CLs' experiences, and of mothers' experiences of parenting children who were over the age of 5. Fathers were not included in this study as research has shown that

they have quite unique experiences of parenthood (Tyrer et al., 2005) which may be missed in a mixed sample including few males. IPA also requires a more homogenous sample (Smith et al., 2009).

Mothers currently involved in child care proceedings regarding their children were not included, due to ethical and risk issues. Individuals who had gone through care proceedings in the past could be included if they had parental responsibility for their children and had had custody of their children for the majority of their children's childhoods. These decisions were made with reference to the research question focusing on their lived experience of the parenting role and participants would therefore need to have spent a significant amount of time in this role to substantially reflect on their experiences and their resources in relation to this.

4.3 Sample Demographics

The sample consisted of 6 mothers who were care experienced and 5 of which met the government's definition of a CL. The number of participants met the required standards for a doctoral-level IPA research study (Smith et al., 2009). The participants included in this study were recruited primarily from social media sources (3 participants), with two finding out about the research via friends and another from the CLA.

The majority of participants were 38-40 years of age; with one participant being significantly younger at 23 years of age. The mature CLs would have left care around the time of the implementation of the Children Act 1989; and one participant (Lucy) left care post implementation of the Leaving Care Act 2000. Of the six participants, four were young parents when they had their children (16-20 years). Participants differed in terms of their care and parenting history as can be seen in Table 1 below. The sample is comparable in some ways with the heterogeneous nature of CLs as a group; as there is no typical CL or care experience.

Two participants described themselves as having disabilities, which were cystic fibrosis and PTSD and deafness. All participants had at least GCSE or equivalent qualifications, with two having A-Levels or equivalent qualifications and three currently studying at undergraduate

degree level. With regards to educational achievements the sample is not representative of CLs as a whole where only 7% are thought to be in higher education; although studies on mature CLs have found 23% of CLs held degrees (Duncalf, 2010).

Table 1: Participant Characteristics

Name (Alias)	Age	Marital status	Care history	Age when had first child	Ages of children
Lucy	23	Dating	2 years in care (ages 14-16) in 6 placements including foster, residential and kinship care.	16	6
Beverley	40	Separated/ Divorced	4 years in care (ages 14-18) in 4 placements including foster, residential and supported living post 16	20	20
Julie	38	Married/ cohabitating	9 years in care, in 8 placements including foster, residential and secure unit	18	16 19
Nicola	40	Married/ cohabitating	Moved between foster placement and birth family over 16 year period. One foster care placement	28 (first child that survived)	2 4 7 8
Barbara	39	Married/ cohabitating	5 years in care, in 1 foster care and 1 residential placement	17	10 18 22
Louise	40	Married/ cohabitating	5 years in care (ages 8 to 13) spent in 1 residential placement	36	5

Half of the participants were not currently receiving support from professionals, although all had accessed therapy/ counselling services at some time in their lives. One participant was still in touch with social services (Leaving Care Team), one participant accessed support from professionals related to her physical health and another was currently accessing support from mental health services.

4.4 Ethical Considerations

Research ethics approval was granted by the University of Hertfordshire Psychology Ethics Committee in December 2012 (Appendix 4). Prior to the CLA endorsing and disseminating recruitment material a research pro-forma was completed and approved in February 2013.

4.4.1 Informed Consent

Participants were given the opportunity to read the participant information pack when first enquiring about the research and prior to the interview being conducted (Appendix 3). This provided details regarding the research aims, benefits and risks of taking part and what participation would involve. Participants were asked to sign a written consent form (Appendix 5). Participants were informed of their right to withdraw from the study at any time and without consequence; and were reminded of this at debriefing.

4.4.2 Confidentiality

Information regarding confidentiality and its limits were provided to participants both verbally and in writing (Appendix 3). Participants were informed that if any concerns were raised regarding any risks to themselves or others, including their children in particular during the research process that a referral would be made to their GP. Participants were asked to consent to these measures prior to participating and contact details of their GP were collected.

All interviews were audio-recorded and transcribed with any identifying information such as names and places within transcripts changed for anonymity purposes. A transcription service was used to transcribe five of the interviews, which participants provided consent for. A non-disclosure/ confidentiality agreement was signed by the service providing transcription at the outset (Appendix 6).

Data was stored in line with the University of Hertfordshire's 'Guide to Good Practice in Research' (2004). Participants' identifying information was kept separately from the audio recordings and transcripts. Participants were made aware that transcripts would be kept for up to five years after research is submitted for examination after which time they would be destroyed. Participants agreed to anonymised interview transcripts being made available to my research supervisory team and members of a research (IPA) peer support group, as well as by academic and professional assessment bodies.

4.4.3 Potential Distress

It was recognised that the interview explores sensitive topic areas and has the potential to bring up difficult feelings when reflecting on their care experiences, their childhoods or in relation to their own parenting role. In order to minimise potential distress a number of safeguards were put in place. Participants were made aware that the interview could be terminated or stopped at any time if needed. My role as a Trainee Clinical Psychologist means that I have experience of managing distress in a supportive and empathic manner. All participants were debriefed at the end of the interview. Contact details for my supervisor and I were also provided in the event that participants required further emotional support. An information sheet on national support services providing contact details of organisations who provide support for a range of difficulties were given to all participants at the debrief (Appendix 7).

4.5 Interview design

The interview schedule was developed in consultation with supervisors and with reference to relevant literature and specialist IPA guidance (Smith et al., 2009). Consulting CLs regarding research is an important way to create inclusivity, empowerment and partnership (Barn & Mantovani, 2007). A CL who was a mother provided a consultation role in the development of this research and participated in a pilot interview. The interview schedule covered the areas of their care history and experiences of being parented; their self as a parent and their resources in managing the parenting role. The final question focused upon the experience of being interviewed by a researcher who is care experienced, in order to explore the potential impact of the shared context between the researcher and participants.

4.5.1 Pilot Interview

The interview was 'piloted' with the consultant CL in order to test the interview schedule and obtain feedback regarding the whole interview process and the materials used. The participant felt that the interview questions were open and exploratory and enabled greater reflection and flexibility on the part of the participant. As a result of the pilot interview a number of alterations were made:

- Slight alterations were made to questions and their prompts to reflect how questions were actually asked in the interview.
- An awkwardly phrased question relating to images and representations of motherhood was omitted from the schedule as it felt redundant.
- The last question of the interview schedule was changed to ask participants to specifically reflect on their experience of being interviewed by a researcher who was care experienced rather than their experience of the taking part in the research in general.

The pilot interview was not included in the main study.

4.6 Procedure

Participants were asked to choose an interview location in which they felt comfortable. Five chose to be interviewed in their homes and one at their University. Interviews lasted between 95 and 159 minutes. Interviews were audio-recorded and then transcribed, five of which were transcribed by a professional transcription service.

Following written consent, participants completed a short demographic questionnaire (Appendix 8). Interviews were then conducted using the interview schedule as a mental prompt (Appendix 9). Following the interview participants were debriefed and were again reminded of their right to withdraw and the limits of confidentiality. Immediately following the interview process notes were made regarding the interview context and my thoughts, feelings and reactions during and following the interview. This was to facilitate reflexivity and consideration of the interview process.

4.7 Data Analysis

The analysis was conducted in accordance with established IPA procedures as outlined by Smith et al. (2009), alongside ongoing consultation with my research supervisor who has extensive IPA experience. This section will briefly outline the procedure I followed; however, for a more detailed discussion see Smith et al. (2009).

The analysis was conducted in an iterative manner (Smith, 2007). Following transcribing, audio recordings were listened to again and the transcripts were re-read several times in order to fully immerse myself in the material. During this first impressions and a brief overall summary of the interview were noted down. Using the middle column (see Appendix 10 for sample analysis and audit trail) I recorded my initial notes and reactions to a close line-by-line reading of the transcript (Larkin, Watts & Clifton, 2006). During this anything that seemed interesting or significant was recorded with reference to the content of the interview, the use of language and any initial associations that came to my mind. Similarities, contradictions and repetitions within the text were also noted. Conceptual comments were also made at an interpretative level, which were refined through each re-reading and analysis (Smith et al., 2009). Emerging themes were recorded in the right-hand column, a process which required a higher level of abstraction and conceptualisation to capture and reflect an understanding of the individuals' experiences whilst also remaining grounded in the text (Smith & Osborn, 2008). This required a shift in the analytic process, with the researcher taking a more central role in organising and interpreting the data. Throughout the analytic process the researcher's interpretations and emerging themes were regularly cross checked against the transcript to ensure that they were grounded within the text.

Emergent themes were clustered together in order to map the connections across themes and facilitate understanding. Themes were clustered through processes of abstraction, subsumption, polarisation, contextualisation, numeration and function; with names given to super-ordinate themes which captured the essential quality of the cluster meanings. It is important to note that not all themes were incorporated and that this was done in consideration of the research aims. A list of the super-ordinate themes and their sub-themes were produced.

In keeping with an idiographic approach this process was repeated for all six interviews; looking at each case in depth before moving onto the next. Finally, patterns across the full data set were established through bringing together all of the super-ordinate and emergent themes from all of the interviews, mapping out the reoccurrence of themes across interviews. Themes were re-configured and re-labelled to produce a final list of super-ordinate clusters and their sub-ordinate themes (see Appendices 11 and 12). The labels of themes changed to become more functional at the group level and less specific to particular

cases. The master list of themes provided a coherent framework to understand the experiences of CLs' as parents. The results have been written up in narrative form, incorporating the final list of themes and supporting extracts from participants' transcripts.

4.8 Quality and Validity in qualitative research

Criteria for evaluating the quality and validity of qualitative research including IPA has been developed by several authors (Elliott et al., 1999; Spencer et al., 2003; Stiles, 1993; Yardley 2000, and have been applied to the development and conduct of this study. Good quality, rigorous research requires a coherent and transparent description of the procedure, design and analysis (Spencer et al., 2003; Yardley, 2000) and should be systematic and transparent with regards to data collection, analysis and interpretation of data (Spencer et al., 2003). Credibility checks are also recommended to accomplish this (Elliott et al., 1999; Spencer et al., 2003; Willing, 2001). Looking at convergences across different perspectives (Yardley, 2008) is a form of triangulation which was used to ensure the credibility and trustworthiness of the analysis. Throughout the analytic process, transcripts, together with my analysis and emerging themes were discussed and explored with supervisors, as well as peer researchers who were also conducting IPA research. The coherence and comprehensibility of the analysis was discussed as well as the credibility of the emerging themes as recommended (Elliott et al., 1999; Spencer et al., 2003). My research supervisor has conducted an independent audit trail to see if the interpretations I have made from the data are justifiable. An example of the analytic process for one interview transcript has been included in Appendix 10 which would allow an 'independent audit' of the researcher's process to take place (Smith et al., 2009; Yin, 1989).

To aid further credibility of the analysis, interpretations and themes were grounded in examples and this is demonstrated throughout the results section where verbatim extracts from transcripts are presented together with themes (Elliott et al., 1999; Spencer et al., 2003). Spencer and colleagues (2003) also use quality criteria of 'research as contributory' and 'defensible in design' which have also been taken into account. The relevance of this research project and contribution to the field, including implications for clinical practice have been discussed in the introduction and discussion sections (**2.8** and **6.3**). A rationale for the choice of research design has also been presented in section **4.1**.

4.8.1 Reflexivity

Being reflexive and 'owning one's perspective' (Elliott et al., 1999; Willig, 2001) is important for qualitative research as unacknowledged or unexplored values or experiences that the researcher holds could potentially impact upon and bias the study; especially as the IPA process uses a double hermeneutic. In section 2.1 the position of the researcher in the development of the research was considered, and further personal reflections on the research process will be explored in section 4.9 below. Strategies on how the impact of the researcher's position, values and experiences upon the study were managed will now be discussed.

Field notes were made immediately after data collection and reflective process notes in the form of a journal were kept throughout the research process to ensure that the process and context were fully appreciated and taken into account in the analysis of the transcripts and write up (Ahern, 1999). The journal was also kept throughout the duration of the study, from development and through to the writing up in order to aid the reflective process and identify and 'bracket off' my own values, assumptions, perspectives and experiences to limit their impact on the analytic process (Ahern, 1999; Elliott et al., 1999; Smith et al., 2009). This is in keeping with a cyclical approach to bracketing, which enables the researcher to move between an insider perspective from the participant's viewpoint and a position of standing alongside and offering a different perspective (Smith et al., 2009).

As a partial member researcher, I find myself within the in-between space between an insider and an outsider of my research sample, sharing some but not all of the experiences under study (Dwyer & Buckle, 2009). When conducting qualitative research and personal research in particular, it is important to reflect on and situate the personhood of the researcher and reflect on how beliefs, experiences, values and views have shaped the research (Dwyer & Buckle, 2009; Rose, 1985; Willig, 2001). Bracketing interviews have been suggested in order to access unconscious assumptions and values and explore the interface between the researcher as a person and research data (Rolls & Relf, 2006). Bracketing interviews took place with a colleague who has experience of using IPA and with whom I feel comfortable sharing personal information with. Meetings took place throughout research development, during data collection and during the write up of the study. They were audio-recorded and were listened to at a later date to generate further reflection. During one

meeting I was interviewed with my own interview schedule which greatly enabled me to explore previously unseen assumptions and enabled a reflection on my relationship with the research process.

4.8.2 Insider research and self-disclosure

There is a rich tradition of 'insider' research within qualitative research and feminist researchers often regard self-disclosure as good research practice (Dickson-Swift et al., 2007; Hertz, 1997). The benefits of self-disclosure that have been cited include being able to develop rapport and acceptance more rapidly, developing a level playing field and ensuring non-hierarchical relationships. Insider researchers are often perceived as having greater credibility by participants and of being more understanding and sympathetic (Dickson-Swift et al., 2007; Dwyer & Buckle, 2009). It is also considered ethical practice for interviewers in research to reveal their identity in order to obtain true informed consent (Bowling, 2002). However, self-disclosure can also lead to difficulties in the blurring of the boundaries of the role of the researcher, such as the line between friendship and research, and could possibly detract from the participant's experiences which the research aims to explore (Dickson-Swift et al., 2006; Johnson & Clarke, 2003). Self-disclosure of awareness of the researcher's insider position could also potentially lead to a 'social desirability bias' (Oppenheim, 1992) wherein participants could for example present an idealised impression of themselves as parents and minimise any difficulties.

Taking these factors into consideration participants were made aware of my partial member researcher position in recruitment material. As has been recommended for qualitative research, I was prepared in advance regarding the level of self-disclosure I felt comfortable with (Dickson-Swift et al., 2007) and decided that further information would not be shared with participants unless participants asked any further details and when this occurred (which rarely happened) participants were made aware that I would be willing to share further details once the interview had been completed.

4.9 Reflexive Considerations Continued

My own struggle throughout the research process was of trying to balance the different positions inherent within my partial member researcher role, wherein I shared similar

experiences to those of the participants yet needed to maintain some distance in order to allow the meaning to emerge from their accounts. This left me feeling as if I had two separate identities; being both an 'insider' and an 'outsider' to the participants and their experiences. In particular, I found it initially difficult to balance these two identities within the interpretative stage of the analysis. I felt anxious about moving further away from the participants' words and of representing them through the emerging themes, with the fear that I would perhaps become too interpretative and lose the complexity and richness of participants' experiences, fragmenting their lives up into neat accounts. I was also worried about making assumptions based on my own experiences and perspectives, and so used both bracketing interviews to identify and process biases and assumptions that arose in relation to the research and my interpretation of the data. I also sought out the views of and reflective spaces with my supervisors and other peer researchers to help me bracket my experiences and gain wider perspectives.

Through this struggle in the initial part of the research process, I found that paradoxically I needed to connect with myself and my own experiences in order to connect more fully with participants' accounts. I could not be the 'blank slate' I had assumed was required of me, as I had to acknowledge my past and 'insider' views in order to bracket such experiences and views. This is in line with an IPA methodology, whereby the researcher makes sense of others' experiences from one's own viewpoint (Smith et al., 2009). I therefore recognised and acknowledged my secret hopes for the research as being able to confront the negative perceptions of CLs as parents and highlight their strengths whilst also identifying and connecting with the struggles and vulnerabilities of this group. Further to this, I was able to adopt a more curious approach within the analysis to allow themes, ideas and meanings to emerge from participants' accounts.

5.0 Results

This section presents the findings of an Interpretative Phenomenological Analysis (IPA) of CLs' experiences of being parents.

Four super-ordinate themes emerged from the analysis of the interviews:

1. Trying to do better
2. Fear of the past and its impact on the future
3. Parenting is hard but rewarding
4. Connecting and disconnecting: the push and pull

The following account presented herein is considered as one possible construction of CLs' experiences as parents². As discussed in the methodology section, the influence of the researcher's perspective in the analytic process is acknowledged, although I have endeavoured to present a coherent and plausible account of participants' experiences based on a rigorous and systematic analysis and interpretation of the data. However it is possible that another researcher may have generated alternative themes to those presented here (Elliott et al., 2009).

Due to space limitations, it is not possible to fully represent all aspects of the rich and multi-layered accounts of every participant. In writing the results section I have attempted to balance individual experiences and perspectives with more generalised conceptual understandings, in line with Smith et al. (2009). I have attempted to represent the degrees of convergence and divergence within and across themes and participants' accounts. Verbatim

² All participants were women, so the terms parent and mother will be used interchangeably throughout.

quotes³ from participants will be used to illustrate the themes and relationships between them. Appendix 12 provides an outline of the super-ordinate themes from each of the six participants' accounts and Appendix 13 provides an overview of the representation of the group level themes for each participant. It is recognised that that a degree of overlap exists between the themes presented, as the themes are quite interconnected. A summary of the super-ordinate and corresponding sub-ordinate themes are detailed in Table 2 below:

Table 2 Table to show superordinate and subordinate themes of IPA account

Superordinate Themes	Subordinate Themes
Fear of the past and its impact on the future	Fear of the cycle repeating
	Feeling guilty as a parent
	A need to understand and 'deal with own demons'
Trying to do better	Motivated to be a better parent
	Learning to do better
	Overcompensating for the past
Parenting is hard but rewarding	Joys and rewards of parenting
	It's not easy having children
	Parenthood heightens insecurities
	Anticipation and impact of judgement and stigma
Connecting and disconnecting: the push and pull	Seeking connection through support
	Learning to trust and let others in

³ All participants have been given pseudonyms and identifying information removed or changed. To facilitate readability repeated words and fillers (e.g. 'erm') have been removed unless relevant to the interpretation of the data. Commas and full stops are used to denote pauses in speech. Square brackets are used to indicate where material has been added by the researcher. Finally, has been used to indicate the continuation or deletion of text.

5.1 Fear of the past and its impact on the future

This superordinate theme incorporates the fear which participants held about their own past and its being repeated with their own children. An inevitability of the past repeating is an inherent part of participants' accounts, together with a desire to escape from or 'stop' the cycle from repeating; which is thought to be achieved through understanding and confronting the past. Feelings of guilt experienced by participants are also considered here, as they relate to sensitivities to and difficulties with identifying similarities or patterns indicative of the past within their own parenting. Louise's description is a good account of the expressed need to break free of the past, a cycle which she feels destined to repeat unless met with a considerable level of reflection, self-awareness and effort to overcome it.

"...your future's not laid out for you so just because you had...whatever childhood you wanna call it whether it's dysfunctional, chaotic, abusive whatever label you wanna put on it, it doesn't mean that you can't change your future,...it's harder sometimes, it's gonna come less naturally, and it might take longer to work at it, and you're always gonna be aware that, there's a ghost it stays with you it doesn't go away, but you can change it so you don't have to repeat that cycle all the time, you can change that and, have a different life for yourself and your family..." (Louise)

5.1.1 Fear of the cycle repeating

Worry and fear were present within all of the participants' accounts regarding their parenting. For some the worry was specific regarding certain aspects of the past that they did not want to repeat, such as being like their parents, and for others fear was more widespread and became a large part of the parenting experience. Julie describes how she was fearful through the majority of parenthood which stemmed directly from her past:

"...all of my parenting was fear driven, until I went into recovery and now I'm not fearful..."
(Julie)

The intensity of fear experienced by participants differed but was usually characterised as being of a large magnitude, with accounts littered with references of feeling 'terrified' 'scared,' experiencing 'panic' and sometimes 'paranoia'. This fear at times impinged upon their ability to relax and enjoy their children and their role as mothers. Fears regarding their

parenting differed in content and focus between participants, but revolved around the fear of the past repeating itself in some shape or form. Common fears included becoming 'bad' parents like their own, their children experiencing a similar childhood to their own, repeating difficulties in the parent-child relationship; their children being abused or hurt by themselves or others, or their children going into the care system.

Due to the fears that Louise had felt about being like her mother, she had been nervous about becoming a mother and had decided for a long time that she would not have any children. After entering what she experienced as a stable and loving relationship, she decided to have a child, although not without some worry about her ability to be a good parent to her child:

"...Massive fear more than anything...that I would just be like my mum I guess, I just didn't wanna be like her..." (Louise)

Louise's fear around being like her own mother was also shared by other participants. Lucy was 'terrified' of being like her parents, and also about repeating the parent-child dynamics. The thoughts and fears of her child experiencing a childhood like her own, and relating and feeling about her the way that she did with her own parents, is palpable within her words. The low regard within which she holds herself is also evident, as she fears her son turning out like her.

"...Absolutely terrified of my son turning out how I did and feeling how I did about my parents..." (Lucy)

Nicola worried about damaging her children; a fear due in part to the negative messages that she was surrounded with whilst growing up about her future potential as a parent:

"...That's always what I worried, initially, you know that, that what they're saying to you is true, that, you know you're damaged and therefore you will go on to damage..." (Nicola)

For Beverley, her biggest fear was about her son being abused like she had been and as a result she had developed strategies to try and ensure that the feared scenario would not

come true. She attempted to do this through protecting her son, developing an open relationship and equipping him with the 'right' skills and knowledge she felt could have helped her. There is a determination in Beverley's speech, that there will '*be no repeat*', with the strategies perhaps offering a sense of control over something so feared and uncertain. Protecting her child also extends to ensuring that she herself does not lose her temper and hurt her son, something she fears would be '*inherited*' or '*learnt*' from her parents.

"...there'd be no repeat, I suppose that was the biggest thing and also because obviously there's been a lot of, talk about you know, that abuse is kind of, a learnt experience, so making sure that I didn't go down that route at all..." (Beverley)

The fear of the '*cycle*' repeating also applied to the '*care cycle*' and fears regarding their own children experiencing a life in care like themselves. Often the fear of the '*care cycle*' seemed to involve a portrayal of social services and social workers as its agents as an all-powerful organisation that could remove their children from their care on any whim. This view appeared to be held even where participants also held views of social workers as kind and compassionate, and despite identifying the fears themselves as '*irrational*.'

"...I'm always on edge, erm particularly sort of with social services you see so many care leavers lose their children...the cycle just repeats itself. I'm very paranoid about that. I have had, erm I had a pre-natal risk assessment and I've had two erm sort of initial assessments done erm since Ben was born, both due to domestic violence. Erm, (clears throat) so, erm, you know that's very scary, erm constantly terrified that you're going to lose your child into care as well." (Lucy)

Lucy's fear and hesitancy in speaking of the '*care cycle*' is evident in her account, and in particular in relation to discussing the risk assessments that took place to identify whether her son was safe enough to be at home. The fear surrounding the participants' histories and the potential impact on their future as parents and for their children was carried with many of them throughout their lives and into motherhood. The fear of the cycle repeating had also led to overcompensation in their parenting as a way of combating and managing their anxieties, as detailed in section **5.2.3**.

5.1.2 Feeling guilty as a parent

Feeling guilty as a parent, was explicitly present within half of the participants' accounts within the study. For those participants, guilt was experienced intensely and had a pervasive, all-encompassing quality. When interviewing Lucy about her experiences as a parent, the first association she had to the words 'mother' and 'parent' was guilt.

Identification with her parents in her capacity as a parent generates a considerable amount of guilt for Lucy and intensifies fears that she has about being a bad mother and negatively impacting upon her child. In contrast to her feelings about her child as a baby, Lucy feels guilty as her son ages, doubting her own capabilities as a parent and feeling that she has failed her son in some way:

"I think that's where guilt comes in, once they get older you just feel guilty all the time. You feel like you're not doing it right; you're missing something." (Lucy)

Louise's feelings of guilt are less pervasive than Lucy's and revolve principally around discipline, which she feels she has a 'big issue with' because of her own childhood. Louise feels extremely guilty at times when she has smacked her child, something she appears to be particularly sensitive to as she does not agree with the use of 'corporal punishment' and had resolved to not be like her parents:

"...I hate myself, I, I feel just absolutely guilt ridden...for ages afterwards, stays, where I think oh my god, you know I'm, I shouldn't do that I mustn't do that..." (Louise)

Louise's self-condemnation is present in her use of language, together with hesitancy in her speech which suggests difficulty in discussing her past and her own perceived flaws as a parent. Julie also describes a great deal of guilt in relation to the use of physical punishment with her children, as well as not being there 'emotionally' for her children whilst she was grappling with depression and suffering from an alcohol addiction:

"...my instinct would be to smack 'em if they was naughty, but then the guilt would be terrible, so, there is still a, probably there is a lot of guilt there, behind my parenting, and

obviously there is guilt around, what you know I have to accept that emotionally, I was not there really for my children, as much as I would've, would've been if it had been now.” (Julie)

Although feeling guilty as a parent, Julie also reflects on how she is as a parent currently. She implies that she does not have to feel guilty about herself as a parent in the present, but that the vestiges of her earlier parenting still evoke feelings of guilt in her. Despite feelings of guilt participants also reflected on their parenting in a positive light too.

It is also important to note that although only half of the participants expressed feeling guilty as parents, from the interviews it felt as though some participants veered more towards self-sacrifice and overcompensation (see **5.1.3**) as strategies, which may have potentially resulted in less feelings of guilt arising.

5.1.3 A need to understand and ‘deal with own demons’

This theme refers to the participants needs to make sense of the past and understand how it could potentially manifest itself in relation to their own parenting, in order to take measures to ensure that the past was not repeated. The theme describes the reflective process that five of the six participants described in relation their own parenting, wherein they found themselves often advising other CLs to make sense of their past in order to be able to move forward also.

“...Just take what’s happened to us, try to understand why that’s happened, understand, how that might manifest itself in us, deal with it, and then, resolve to be, a better parent...”
(Louise)

Making sense of the past, and in particular experiences of their parents and how they were brought up, were considered not only important for how you identify with and make sense of your role as a parent, but one’s own general well-being and sense of self. Lucy talks of the need to deal with her ‘demons’ of the past and put them to rest:

“If you’re thinking about becoming a parent sort of try and deal with your own demons about how you were brought up and how you’d want to be a parent first...I thought I dealt with them and I thought I knew I was going to do it and they just keep popping up...you really need

to put your own demons to rest first, you really need to be in your right sort of head space to bring up a child and sort of separate your problems from theirs..." (Lucy)

Lucy appears to caution others from rushing into parenthood too soon before they have had time to process their difficulties and traumas around their own upbringing. She also speaks of the difficulties that she had had in being able to separate her own difficulties from her child and to not put her problems and insecurities onto her child, something which she regrets not paying taking heed to as a teenager. The self-assurance and determination that Lucy originally showed when entering parenthood is juxtaposed alongside the doubt, guilt and fear she experiences now when reflecting on her parenting.

For Julie the thought of 'sitting with' herself was terrifying. Julie describes accessing therapeutic help and support to overcome her addiction, but in the process she feels she was given the space and guidance to work through her past and figure out who she was, as she had felt very confused about her identity. By working through the past, Julie felt enabled to let go of the 'badness' that she carried inside of her from her parents and was able to more fully live her life, free from alcohol and depression.

"...immediately everybody I came into contact with all of the kind of professionals, totally identified that, I've got to deal with my past, I've got to work out who I am that I just did not know who I was, that you know I'd never dealt with life without a drink..." (Julie)

"...probably 99% of my shame and guilt, was all centred around stuff that was my parent's stuff, that wasn't mine..." (Julie)

With support, Julie was able to move from a position of not knowing or liking who she was towards a position of accepting herself and her past, rather than seeking to avoid or escape it. This in turn has contributed to what she feels is a big change in how she views herself and how she is as a mother to her children.

"...coming out as a care leaver, has made the biggest difference to who I believe, who my identity is...I don't need to hide anything now...I can say that's who I am, you know I define myself as a care leaver..." (Julie)

A sense of the past lingering in a menacing way is evoked in Barbara's and others' descriptions of 'demons' (Lucy) and 'ghosts' (Louise) of their pasts 'haunting' them. For Barbara, this linked with her sense of responsibility and self-blame for the abuse that she had suffered as a child as well as being able to learn to live with her past and gain a new perspective on it through a counselling relationship. Barbara describes needing to accept and live with, rather than trying to change or avoid the past in order to move forward and the benefits this held for her.

"I went [to] counselling for myself, 'cause I thought I really need to deal with my past, because it was still coming back and haunting me..." (Barbara)

"... [counselling] put a lot of things in perspective...you have to learn to live with your past and I wasn't 'cause I hadn't dealt with my past..." (Barbara)

As has been discussed in other themes, the participants' past evoked fears about the past repeating, but also other painful and difficult memories and emotions related to the abuse and neglect they experienced as children. Most of the participants recounted that reflecting on and moving closer to their past enabled them to better move forward with their lives so that that did not repeat patterns of the past.

5.2 Trying to do better

This superordinate theme attempts to represent the desire and commitment described by the participants in their efforts to become 'good' mothers for their children. In particular, a drive and determination to be better parents than their own is strongly present within participants' accounts; together with a variety of ways in which participants have attempted to compensate as parents and learn and draw from others in becoming a 'better' mother.

5.2.1 Motivated to be a better parent

'Motivated to be a better parent' represents the participants' drive and determination to be good mothers. Participants often compared themselves to their own parents and parental figures, most frequently their mothers. Participants spoke of hoping to be better mothers than their own, particularly where they had felt failed or let down by them.

Lucy judges her parents as being at fault with regards to their parenting of her, and as such she endeavours to not repeat the *'same mistakes'*. Her motivations for not following in her parents' footsteps are elucidated in the following passage:

"Just that it wasn't going to be like it was for me. That was, that was my big thing that he wasn't going to have the same sort of childhood that I did... I wanted him to have stability, I wanted him to be happy...I wanted him to have a normal family life..." (Lucy)

The focus becomes her child's experience and wanting to give him a different childhood to her own, which was experienced as lacking in stability, warmth and love, as well as not living up to what she perceived a normal family life should consist of. The *'just'* implies the significance and weight upon the child's experience through his eyes, and there appears to be a restorative intention for Lucy's drive. The strength of the language used by Lucy highlights her determination to provide something different and the responsibility and onus placed upon herself as the mother to provide it.

Another participant, Barbara, is also driven to be a better parent than her own; with her disregard for her parents as parental figures being evident within her account. Barbara appears to be seeking to protect her children from experiencing a childhood that is anything like her own. This short passage hints at the painful and turbulent childhood that she herself experienced:

"Definitely a drive that I, there's no way I'm being like them and I don't want my kids to go through what I went through..." (Barbara)

Similarly, Beverley also hoped for a better life for her son. Her comparison was not just with her parents but her childhood as a whole, which she experienced as unsettling both prior to and during her time in care. Beverley's attempts to 'repair' this for her son are present, with Beverley also creating a sense of stability and security within her own life in the process:

"My hopes were that he would have a happy and fulfilling life unlike my own... I just didn't want him to have an unsettled childhood and in the same way mine was so, I try to make it as stable for him as I can..." (Beverley)

Within participants' accounts there is a sense of intended reparation through giving their children better childhoods than their own. Like other participants, Nicola's drive to be a better parent appears to have developed long before becoming a parent:

"[I] don't think I feared I would be a bad parent because I just didn't have it in my mind to fail, 'cause I'd been thinking about it for so long it was the only thing that ever got me through all them tough times was thinking I will be everything you're not, that was my coping mechanism really..." (Nicola)

"...That was my aim, really, was to just be everything they said I couldn't be and everything they weren't..." (Nicola)

Nicola is bold in her speech and her determination to be a good parent, and is unwavering in her belief in her abilities to do so. Her determination appears as an act of defiance to prove her foster carers wrong with regards to the low aspirations that she felt they held for her, and as a way of triumphing over them, in becoming everything that they weren't.

Julie was also driven to 'succeed' as a parent, but she appears to call into question the helpfulness of this to her own well-being and her role as a parent:

"...Because I was so obsessed about "I will succeed" "I, my kids will never go into care", I never allowed myself to kind of think about myself really, who I was...where I came from ..." (Julie)

Julie's 'obsession' to do better and stop the 'care cycle' from repeating for the third generation (her parents were CLs themselves) is clearly important to her, but also appears to come at a cost. Julie is unable to focus on herself or her past which has been left unresolved in her push to continue to move forward for her children. Julie seems to struggle with holding both the past and the future together, finding it difficult to relax her desire to succeed and appear strong in order to get in touch with the more vulnerable parts of herself. One might wonder what further costs maintaining this appearance may bring.

5.2.2 Learning to do better

'Learning to do better' encapsulates the participants' efforts and ways in which they have tried to become better parents. Participants were resourceful, drawing on their own internal strengths and capacities, as well as a range of prior experiences that they had lived themselves or had learnt vicariously through watching others. Some also looked to others in the forms of relationships and support, alongside referring to an expert view in the form of practical resources such as books and advice from professionals.

The participants described needing to '*work hard at it*', not taking for granted that they would be naturally good mothers. Beverley encapsulates the difficulty that she anticipated in becoming a mother:

"...If you don't have that right template, if you don't know what that's supposed to look like, then, I think it's much scarier...I suppose because I knew it was much, much harder, intellectually, I've tried to compensate for that...so that's why I've looked to other people..."
(Beverley)

"...I've tried to recreate what I think a happy family home should look like..." (Beverley)

The uncertainty felt by Beverley around a lack of guidance or model upon which to draw on as a parent creates a lot of fear, which in turn drives her to look outwards towards others from which she can draw guidance. The happy family home that Barbara has sought to create is built from scratch, as her parents are not considered good role models to emulate or aspire to. For those who had positive experiences of parental figures within their lives, some sought to draw upon them in their role as parents.

"They gave me the ground works to build on, foundations of what [a] family should be like..."
(Barbara)

Unlike Beverley, Barbara has not had to start from scratch in learning to be a parent, as she has been able to build on positive experiences and memories of being part of a family whilst being with her grandparents. Her grandparents appear to act both as role models which she can emulate, whilst also providing her with an alternative and positive image of family life in

contrast to that of her parents. The effort and resources required to create a happy family life is present within the building metaphor, but a sense of stability and security has already been afforded to her through the experience of her grandparents, who have given her the gift of the foundations, the essential beginnings.

Julie draws on professionals that have been in her life, not just in her role as a parent, but in terms of her whole identity and well-being. She sees her resiliency as coming directly from particular figures in her life that have been consistent, caring and reliable. The ways in which she was cared for by others have translated for her in terms of her own emerging self-compassion and self-acceptance, as she has learnt to internalise messages about her own self-worth:

"...I don't think I know that resilience has come from those social workers... that consistently said to me "you are worth it" "you will succeed" "we know you are going to be alright" and also, kind of the ways that I was shown around kind of care and compassion..." (Julie)

Positive role models are also important to Louise who tries to 'emulate' the qualities of positive role models in her life, including care staff from her childhood and peers who she admires. Lucy draws on role models in a practical sense of copying parental figures and how they are with their children, but she also draws directly from her own experiences of being 'parented' by a foster carer with whom she had a good relationship:

"...A lot of sort of the parenting stuff I've got and what I try and draw upon now is, is her and how she was with me and how she made me feel." (Lucy)

The affection and respect for her foster care is clearly present in Lucy's account. She appears to want to replicate this relationship with her child, passing down the values that were important in the foster relationship as well as the feelings that she was left with about herself and her carer.

As well as drawing upon role models, Louise also seeks advice from her peers. She seems to gain a sense of reassurance about her parenting and her child's development, as well as a different perspective of the situation, which she values:

“...I always check out with them...to see if there’s another way you can do it, and so I just like to touch base with them sometimes and say ‘you know, this is happening is this normal?’...‘how would you deal with this?’...” (Louise)

In her account Louise appears resourceful in drawing upon others, as well as utilising practical resources such as books which she read ‘*avidly*’ during the first year as a parent. She also looks to her experiences within a professional capacity, as does Nicola. Nicola gains a sense of assurance and confidence in her role as a parent, and her ability to calmly manage the difficulties and dramas that arise through drawing on past professional experiences:

“...when I was a nanny, obviously I was, providing care, I suppose I draw on my own experiences from that, my not being phased and not getting concerned about everything is my nursing experience” (Nicola)

Although participants’ accounts are full of references to their learning to become parents and the resources and experiences they have drawn on in order to develop, there is also arguably a counter-balance presented of being a mother as something which just ‘*develops*’ and comes along through the process of living. Participants often refer to parenting as a process which you ‘*wing*’ or which you ‘*learn as you go along*’; however, this also masks the real efforts and lengths the participants have gone to, to compensate for anticipated difficulties with their own parenting (see 5.2.3).

5.2.3 Overcompensating for the past

The theme above began to touch upon how some participants felt that they had to compensate as parents for the lack of experience they had of ‘good’ parents or families, of which they could emulate or aspire to. ‘Overcompensating for the past’ reflects the putting into action the motivation to *be* a better parent and how it manifests itself in the form of overcompensation. Overcompensation within the participants’ accounts takes many forms, including ‘*over protectiveness*’, overindulgence, becoming ‘*too strict*’ or contrastingly too lenient (or ‘*soft*’) and self-sacrifice by always placing children’s needs before their own. However, participants differed in the extent to which they ‘*overcompensated*’ as parents and their awareness of the potential consequences of overcompensating.

All participants referred to forms of overcompensating as a parent. When seen in light of nearly all participants wishing to be either the *'opposite of'* their parents or having focused almost exclusively on what *'not to be'* like, this is not overly surprising. Being the opposite of their parents was characterised as an aim for many participants and something which they mostly felt that they had by and large achieved.

"...My tactic is just to do everything the opposite that my parents always did..." (Nicola)

Nicola uses quite extreme and concrete language to describe this, such as *'everything'*, *'opposite'* and *'always'* leaving no room for a possible middle ground. The over compensatory strategies employed by participants could come from a number of different areas, such as a place of fear of being like their parents, or of the past repeating itself (see 5.1.1). However, over compensatory strategies may well come out of a desire to be a better parent, to give to their children what they missed out on or perhaps wanted from their parents when they were children (see 5.2.1). Barbara describes her parenting as being *'overprotective'* and being *'like a lioness around her cubs'*. Like other participants she appears to be deeply and *'fiercely'* protective of her children:

"...I don't know whether I overcompensated with my children, and I'm perhaps a little bit overprotective maybe, of 'em, so I've gone the other way (laughs) gone from one extreme to the other..." (Barbara)

In being overprotective, Barbara is attempting to distinguish herself from her own mother who she feels failed to protect her, something which she believed very strongly that a parent *'should'* do. Nicola is also *'very protective'* of her children and feels that she *'clings'* to them and hates it when they are out of her sight, which she feels is a direct result of her upbringing. She also describes overcompensating when it comes to prioritising her children and showing them affection, as wants to give her children *'the kisses [that she] always wanted.'* Nicola describes in more detail the reasons behind and the forms of her overcompensation:

“...I always make sure that they know that they are, what comes first... so they know how much they mean to me, because I never had that feeling so I always, I always overcompensate a little bit...they don't understand how important it is to me that I want them to know that, I think that's definitely come out of, sort of my upbringing...” (Nicola)

The form in which the participants overcompensate as parents appears to directly relate to the ways in which they feel that their parents failed them. For example, Beverley's account explicitly refers to how the past experiences have informed her parenting style, and the ways in which she has compensated and differentiated herself from her parents:

“If my mum and dad did something a particular way I probably did completely the opposite...I would never want to hurt Steven and that's what made me completely different from my dad and from my mum, if she thought it was a good idea to kind of go “I'm not listening” I'm the complete opposite and I'm all ears....” (Beverley)

Beverley describes aiming towards being completely different to her parents, which she feels is useful as a strategy for being a better parent. However, she also recognises how her overcompensation, in the form of self-sacrifice has at times been to her detriment, as seen in the following:

“My health went downhill because I wasn't taking care of myself, because I put his needs above my own...” (Barbara)

Lucy is very wary of going to the 'other extreme' and overcompensating as a parent. She recognises how she swings between overcompensating in the form of being 'too soft' with her son, and upon realising this, going to the other end of the spectrum of being like her parents which she regards as 'too strict.' Lucy describes being caught within a struggle to find a balance, a middle ground between being like her parents and being the opposite of them:

“...not wanting to punish them and upset them, not wanting to put boundaries in place because my parent's boundaries were too strict. So scared of going completely the other way and not putting any boundaries in place, at all.” (Lucy)

A struggle to find a middle ground is present throughout participants' accounts, within this theme and others (see 5.4.2). One wonders what feelings may be evoked if Lucy or other participants were to establish a middle ground, given that their own childhoods were largely characterised by feelings of uncertainty and unpredictability. It appears that, though not ideal, being the opposites of their own parents offers a feeling of containment and safety, as they are opposed to their feared selves and therefore actively disown any similarities to them.

5.3 Parenting is hard but rewarding

This super-ordinate theme represents both the ups and downs of parenting experienced by participants as parents. The joys and rewards of motherhood are incorporated and described herein, together with the difficulties and struggles of parenthood and the insecurities that are heightened within the intense parent-child relationship. The anticipation and impact of judgement and stigma will also be considered here as a destabilising factor described in many of the participants' accounts. Although the number of themes representing the 'hard' end of parenting outweighs the positives, the overall experience felt by many of the participants was that the benefits and rewards of parenting outweighed the difficulties and hardships.

5.3.1 Joys and rewards of parenting

All participants expressed highlights of being a mother and how '*rewarding*' they felt it to be. Becoming a mother was something many of the participants recalled as an '*exciting*' time and something that they had been looking forward to. Motherhood was experienced by many of the participants as a valued and positive social identity, giving them a sense of purpose and bringing much pride with it. Being a mother also formed a central part of some of the women's identities.

"I'd say a lot of my self-esteem is probably tied up with being a good parent..." (Beverley)

An '*overwhelming*' feeling of love for their children was expressed by both Julie and Barbara, feeling a deep sense of connection and bonding unlike anything that they had ever felt

before. Barbara feels that her children get ‘all’ of her unlike anyone else, which is something she values.

“...When the kids... [are] either in pain or they do something really wonderful...my heart actually aches...” (Julie)

*“...wow it just, you just feel this just so much love and, you know this little person you made this little person, and, you know, and you’re it’s protector and, you know nurturer and feeder, and it just you know, she was relying on me for everything and, that was really nice...”
(Barbara)*

Barbara describes the process of giving birth as particularly overwhelming for her on a scale that she never imagined possible. She speaks of how good it felt to feel needed and relied upon by a child that she had created, conveying a new found sense of purpose in her role as a mother.

Nicola describes how being the ‘most important person’ to her children is a rewarding and ‘lovely’ feeling. Beverley speaks of how her child being happy makes her happy. The reward is not just in him being happy, but her sense of self pride and achievement in knowing that she has given him a happy childhood and being able to attend to and fulfil his needs.

“...The most positive experience you can have, is if your child laughs at something, or has a smile on their face...” (Beverley)

Many participants talked about the sense of ‘pride’ that they felt for their children in relation to their achievements, the positive qualities that they had (such as being kind) and how they had developed as children and young adults with their own lives.

“...just being proud of them, they don’t have to do a lot for you to be proud of them either really.” (Nicola)

Participants described how having their emotional needs met within the parent role was rewarding. Being ‘loved unconditionally’ was frequently mentioned in accounts, both as a reason for their wanting to have children and as something which they often felt they had

received. Nicola describes the unconditional love as something she craved but had not received until having children, bringing a sense of fulfilment with it as the search could come to an end. For Louise, the unwavering and unconditional love she felt bestowed upon her by her daughter brought with it a greater sense of self-acceptance and increased self-esteem.

“...Being loved unconditionally, something that most children in care crave anyway and, you never get that until you have your own children and that’s what you search for ages you know that’s all you ever want...” (Nicola)

“...I don’t have to be perfect, you know for my daughter to love me...” (Louise)

The participants also thought that children gave them a sense of purpose and turned their lives around. Barbara describes how having her daughter saved her from a ‘bad’ life, as becoming a mother had a calming and grounding effect on her. Louise reflects on the ways in which her daughter has helped her grow as a person, finding greater levels of patience and feelings of compassion for her own mother.

“...having her probably, saved me as well from a life of being bad” (Barbara)

“I do enjoy being a mum in lots of ways...I think it’s helped me as a person...” (Louise)

Some participants such as Beverley described the rewards as of parenting like a pay-off for the investment that they had made in bringing up their children. However, Beverley also warns that you are ‘lucky’ if you received expressed love from your children and that it couldn’t be expected:

“...It’s just kind of getting back what you’ve put in... if you invest a lot of time and attention and care, then hopefully they’ll turn into people, that will show you the same...” (Beverley)

5.3.2 ‘It’s not easy having children’

The rewards of parenting were not without their challenges and, as has already been described in section 5.2.2, some participants felt they needed to work extra hard to achieve the rewards. Participants frequently talked about the difficulties of being a parent, describing it as a ‘struggle’ ‘hard work’ ‘stressful’ and ‘tough.’ Julie describes how stressful she found

being a parent prior to recovery and how difficult she found it to relax and enjoy her children:

"...it was just stress you know I had no idea how to enjoy 'em..." (Julie)

For some mothers, the difficulties of parenting were in contrast to the idealised visions that they held of parenthood and what it would entail. A sense of shock and feeling unprepared for the struggles and sacrifices involved with parenthood were present in many accounts; something which was sometimes reflected in the young ages at which they had had children. Nicola contrasts the 'hard' reality of parenthood with the expected perfect world that she had envisioned:

"It's a lot harder...than in my rosy head that I would dream and you know everything would be perfect..." (Nicola)

Similarly, Lucy compares her grand plans for being the world's best mother with her perceived reality of how things turned out. The disappointment and loss of the dream that she had for herself as a parent and the family she had created are present in her account:

"...all these great plans of being the world's best mother, reality turned out to be a lot more different..." (Lucy)

For Barbara, reality also 'hit' her hard, and contrasts with her earlier words about the overwhelming feelings of love and happiness on the birth of her children. The descriptions of what she'd anticipated may appear naive in comparison, as she had only really considered the 'nicey nicey' side of parenting such as being able to dress her child up and show her off. A sense of Barbara needing to grow up quickly and become a responsible adult for her child comes through her description.

"...all the nicey nicey things I'll be able to take her to the park and you know we'll go on picnics...and when she gets bigger we'll be going clubbing together and you know, at 17, but the reality hits home pretty soon when you're, you're up at 2 in the morning... feeding or just crying and, so the reality was a lot different to what I thought it was going to be..." (Barbara)

In contrast to the other participants' accounts, Louise anticipated parenthood as challenging and hard work. As a more mature mother on the birth of her child, she reflects on parenting being 'easier' than what she had actually expected, as for her it was something she had put off for fear of being a bad mother. Louise's description of the challenges of parenting are more balanced, where she normalises her experiences, considering them to be like her peers and other parents who are not care experienced.

"...not, massively difficult I would say, I think, nothing abnormal to what, I believe, other parents [experience]" (Louise)

Some participants reflected on how their high standards and expectations of motherhood created an internal pressure which in itself was stressful, but also led to feelings of disappointment for some.

"You constantly over think things, when you have quite high expectations and when you, you've had an image in your head for so long I think it does make you over think sometimes..." (Nicola)

The experience of parenting as a 'hard' and challenging process was also influenced by the feelings of insecurity and personal vulnerability that was evoked or heightened within the intense parent-child dynamic. This will be considered in-depth within the next theme below.

5.3.3 Parenting heightens insecurities

Following on from the theme of 'it's not easy having children', this theme represents the range of insecurities and feelings of emotional vulnerability that were heightened and came to the forefront within the parenting relationship. The emerging emotional difficulties were not always explicitly attributed to the parenting relationship, but were acknowledged as occurring within the same time period such as suffering from post-natal depression.

For Lucy in particular, the parenting relationship heightened her feelings of insecurity around her self-confidence which she felt 'hindered' her as a parent. Lucy's low self confidence in her own abilities as a parent can be seen in the following:

"I think I struggle to know whether I'm doing it right ... I'm sort of like argh, I don't know, I don't know whether to follow; and even now like when I've got problems with him and I ring up, I'll get completely different advice ... about how to deal with him. It's very conflicting...I think as a parent it's made me quite confused...and terrified of getting it wrong..." (Lucy)

Lucy feels 'confused' and 'terrified' about getting it 'wrong' as a parent; finding it difficult to manage uncertain situations or 'deal with' her son and the resulting feelings that it evokes in her. She describes a struggle to 'cope' and feeling frustrated at times in her parenting role. For Barbara, parenting also exacerbated the feelings of self-doubt, something which she attributes to negative messages about herself from figures in her past.

"I've been told in my past that, "oh you'll never amount to nothing" you know, "you're, you'll always be nothing", and that I always sort of doubt myself..." (Barbara)

The intensity of the parent-child relationship was experienced by Louise as isolating. At times she felt that she needed her own space away from her child to just 'be normal' without a baby 'attached' to her. In the interview she recalled how her worries, fears and difficult feelings re-emerged when she became a mother. The difficulty in discussing the difficult emotions that emerged are emphasised through Louise's speech which appears to become more hesitant, taking greater pauses and through the regulation of her breathing:

"I think what I wasn't prepared for was how isolated I felt the first year, erm...how much you really kind of worry, you know and it does bring back (inhales) lots of you know, worries that you might have had about the kind of parent you were you know, lots of feelings about...how you were parented before you know in, in, in the past you know erm, (inhales)..." (Louise)

For some of the participants, emotional insecurities within the parenting relationship went beyond feelings of low self-confidence, self-doubt or feeling unable to cope as a parent. Julie describes how she experienced depression throughout most of her life, but that it worsened with the birth of her children. She felt this was particularly the case with her second child, where she felt that she suffered from 'serious post-natal depression.'

"...although I loved my kids, I could never feel, that genuine, bond with them... I was frozen inside..." (Julie)

“...my distorted view of my kids, reinforced to me over and over and over again, erm, that life was just shit, it’s as simple as that.” (Julie)

Nicola also described experiencing post-natal depression with each of her four children. She reports finding it particularly difficult to bond with her first child and states that she didn’t really ‘accept’ that she had had a child. Nicola’s depression and difficulties coping culminated in a suicide attempt after the birth of her second child. Nicola talks of these events very briefly and uses humour to perhaps mask the underlying pain and distress behind these memories:

“...[I] had a bit of a mental breakdown when my second daughter was about...7 months, where I tried to take my own life and was almost sectioned...I have suffered, with each of them with some sort of postnatal depression, but I’m not having any more children so that’s not a prospect I’ve got to look forward to again (laughs) hopefully...” (Nicola)

To complete the exploration of this theme, we return to Louise who reflects on the insecurities and fears that were raised through becoming a parent. She considers becoming a mother and the role of parenting to be twice as hard for those who have suffered from trauma within their childhoods due to insecurities being highlighted and heightened.

“...being a parent full stop is not easy, and I think if you have been traumatised in your childhood, I think it’s doubly harder actually...having a child can really, bring up a lot of fear and a lot of insecurity, that you might have thought you were untouched by...” (Louise)

5.3.4 Anticipation and impact of judgement and stigma

This theme represents the anticipation of and/or the experience of feeling judged by others due to their care background. For the majority of participants this arose, mainly in the form of feeling judged by others, within society at large and in particular by professionals that they came into contact with. This theme also represents the sensitivities and feelings of self-consciousness; perceiving that others may judge or make assumptions about them as parents based on knowledge of their history as CIC.

Some participants reported feeling ‘*stigmatised*’ and discriminated against based upon the label of ‘care leaver’ or ‘looked after child’. Louise talked about her dislike of labels and found the care leaver label to be stigmatising, as she felt that others could make false assumptions about her based upon this.

“I don’t want to be stigmatized as a care leaver all my life, do you know what I mean, there’s more to me than that...” (Louise)

Louise also felt that fear of judgement could inhibit some CLs from accessing support from professionals; which fits in with Lucy’s early experiences. Lucy describes anticipating and fearing the judgement of professionals she wished to seek help from, a judgement which could be thought of as both internally and externally driven as seen below:

“...for years and years I wouldn’t, I wouldn’t go to the GP or anyone; one because I thought they’d be like “well it’s because you’re a young mum, you’re just obviously a bad parent...”

(Lucy)

“... [I] judge everything I do...” (Lucy)

Louise’s anticipation and fear of judgement by others on her as a mother is much more subtle in form. Louise appears much more wary and ‘*conscious*’ of others’ perceptions of her based on her background. Below Louise describes her worries about what the doctor would think after her child had suffered a burn as an accident.

“...I felt really worried that they would automatically assume the worst, you know that it’d been done on purpose and that we were abusing our daughter...” (Louise)

For Julie, she perceived the ‘*judgemental*’ attitudes of staff present at the birth of her daughter to have greatly impacted upon her. She experienced it to be psychologically traumatising and was something that she felt she hadn’t recovered from; to the extent that the feelings re-emerged whilst supporting her own daughter through the process of giving birth to her child.

“...I’d had the most horrendous birth I can’t tell you how judgemental the midwives were it was so traumatic, erm, I still to this day don’t know if I’ve healed from that...and it came back to haunt me in a big way when Ellie gave birth...” (Julie)

Being judged and criticised was something that Julie had not only experienced from professionals, but she also felt judged by partners that she had in her life. Her partners’ critical words may have reinforced her own pervasive feelings of self-judgement and shame, particularly in relation to herself as a parent and her perceptions of her children:

“...he kind of fed all of that, you know ‘your kids are shit’, ‘you’re a shit mum’...” (Julie)

Participants frequently made comments within their accounts about their awareness of the negative societal discourses surrounding CLs as parents. Nicola describes how the negative discourses perpetuated by media coverage left her feeling wary regarding other people’s judgement of her as a parent. She worried that others would make assumptions about her as a parent:

“...if you ever see a news report and they say, you know these kids are out of control and they live on an estate and the parents were fostered as a kid, and you know they were from a broken home, you’re always very wary, of being judged, that you come from a broken home therefore you are going to have a broken home...” (Nicola)

Although fear of judgement by the researcher was not explicitly expressed, participants discussed feeling safer with a care experienced researcher, feeling that they could be more open and honest. For some this was linked to fear of being judged by others who were not care experienced:

“...I’d worry more about judgement, because...lots of people just don’t understand, and I would mistake not understanding for judgement, or I worry that because they don’t understand that’s why they would judge...” (Julie)

5.4 Connecting and disconnecting: the push and pull

This theme describes the desire for connection through supportive relationships and the difficulty in opening oneself up to another and trusting in them. The participants described the importance of support and connection both from the position of having experienced it but also through its absence within their lives. Individuals' desire to trust in others is viewed alongside the opposing position of mistrust in others and wishing to remain self-reliant and in control.

5.4.1 Seeking connection through support

"...being able to lean and use a support network, and I wish I'd had that I wish I'd, you know I do wish I'd had a support network, I do wish I'd you know let more people in..." (Nicola)

The support network is characterised as something which is potentially useful by Nicola, with her feeling its absence from her life and insinuates this was of her own doing. Perhaps the notion of leaning in and using a support network was something that felt vulnerable and exposing to Nicola at the time; as leaning implies shifting to a position that that is more reliant and potentially dependent upon others.

In contrast to Nicola's self-perceived control over not having the support she partially longed for, other participants expressed feeling alone, unsupported and unconnected but not through their own doing. Beverley compares her time after leaving care as being like a 'no-man's land' and how difficult it was without support of a practical, emotional or social nature.

"...there was just no support, nothing, I mean literally it was like pretty much on your 18th birthday or even on your 16th birthday...they found you some accommodation and you were pretty much left to get on with it..." (Beverley)

The feeling of being 'left to get on with it' is also echoed by Julie, who felt as though she had been 'dropped.' The importance of support is expressed through its absence in both of the women's accounts, along with the struggle of coping alone with 'nothing.' The absence of a

family to belong to or support of peers to feel connected to, potentially further contributes to the feelings of isolation and loneliness that the individuals experienced.

"...How on earth was I bloody supposed to survive you know I was, I was kicked out of care, at 18, with nothing and no-one, you know no support, erm, just nothing..." (Julie)

The support that participants felt that they were missing did not just relate to themselves as individuals, but also for them as mothers. This was particularly the case for participants who had had their children during their teenage years, like Barbara:

"...I think there wasn't any support for me when I had Emily, erm, there was no you know, nothing really out there support wise..." (Barbara)

This contrasts with Lucy's experience (as a younger CL) that has sought and received much support from professionals, particularly in the form of advice and support.

"I think that, that's come out of being in care, definitely, that need for professionals in my life to help me..." (Lucy)

"...if you haven't had much of a role model in, in how to bring up a child you're gonna need that support, you're gonna need the advice and the reassurance..." (Lucy)

The absence of a good family support network and her feeling of being '*institutionalised*' by the care system contributes to Lucy's belief in the need for professionals to help her, whom she subsequently seeks out. The need is described like a pull towards connection. This is in a similar vein to how she describes the continuing relationships with many of her foster carers and social workers, who she reports as '*still being there*' for her. The connection appears to be important and may bring a sense of safety and security, such as how Jenny has described her social workers as being her '*safety net*.'

Just as Lucy found the support she was afforded as important and stabilising for her, Jenny describes the support she received later on as a CL as really helpful. She felt that she was '*guided*' and supported by professionals, practically, emotionally and socially; helping her in her parenting role but also attended to her individual needs including her mental health.

“...someone would kind of take me under their wing...” (Jenny)

“...still to this day I could ring them up, you know and I’d be in there next week and they’d give me free therapy...” (Jenny)

Jenny describes being sheltered and protected under the ‘wings’ of professionals and organisations as a whole and feels secure in the knowledge that she could return to them for support if needed. Jenny felt that her ability to seek out support was useful in being able to access it, and many of the participants urged CLs to ‘reach out’ and access support. This support was construed as not just professional support but also as drawing on peers and providing oneself with some ‘socialisation’ (as Barbara described it). Louise too offers advice to CLs about support and importantly seeking out the right sources of support:

*“...align yourselves with people who make you feel safe, and try to mimic that in yourself...”
(Louise)*

Here Louise represents the importance of support as also providing an external sense of safety and stability that can also be drawn inwards and mirrored in oneself. Developing a support network was considered important for all individuals, but a barrier existed for some of the participants in being able to trust and open up and let others in. This will be considered further within the next theme.

5.4.2 Learning to trust and let others in

This theme represents the dialectic of trusting others and letting them get close, versus being self-sufficient and self-reliant because of difficulties in trusting others. For some participants, trusting others was a difficult process and was not something that was readily or fully achieved. Louise referred to the struggle in being able to trust others, particularly with her child, as a direct result of her early experiences:

“...I was thinking about you know in terms of some of the negative impacts I think of my experiences is that I struggled to really trust people, particularly when it comes to my daughter...” (Louise)

Feeling let down by their parents and other significant adult figures within their life appeared to lead to individuals needing to hold something back in an attempt to retain their control and sense of safety, as they feared being let down or hurt again. For Barbara, this appeared to result in a lingering doubt about the ability to fully trust and rely on others, including her husband.

"...I keep some of it back 'cause you never know, although we're married and we're together and we're happy, there's always that doubt in my mind that, you know, me own parent's couldn't love me, how could somebody else..." (Barbara)

Similarly, Beverley described struggling to trust and feel secure within romantic relationships as a result of her early experiences of sexual and physical abuse. She felt that growing up with abuse was likely to affect an individuals' ability to form close relationships in the future:

"...if you come from having a bad childhood, especially if you've been abused then you may well suffer I think, from problems with kind of close relationships..." (Beverley)

The reported difficulties in being able to trust others was something that many of the participants thought that other CLs' would share in common with them, although they often urged them to try and fight the instinct of being completely self-reliant. Nicola advises other CLs to draw on others for support and let them in, but recognises the inherent difficulty in being able to do this.

"...I would probably say don't do it all yourself, I would probably say, you know, let people in, and it is hard it's the hardest thing really to trust people..." (Nicola)

Barbara identifies a desire to do everything by herself, and despite having a good support network is reluctant to use it unless she feels she has to. Barbara appears to mock the self-reliance that she displays, noting the extremity of her thinking and how it may serve against her at times.

"I've always been self-reliant so I don't have to rely on anybody to do anything for me...that might be a bad thing actually, I do everything for myself, I don't need anybody, I can, I'm self-sufficient I can do things (said with a laugh) myself..." (Barbara)

Louise highlights the difficulty in trusting others, but ultimately feels that it is a risk worth taking:

“...there are some people who just don’t trust anyone, you know so damaged by their experience, they believe the only person they can rely on is them self...sometimes you have to take a risk don’t you and try and trust somebody...” (Louise)

The importance of trust and relationships is not just something that participants felt in relation to themselves, but is something that they described dearly wishing for their own children. Many talked about trying to create trusting, open and honest relationships with their children; noting the perceived importance of trust in relationships as a way of creating a feeling of safety and security.

“...ultimately I want her growing up knowing that she can trust me, that she can feel that this is always going to be a safe place for her...” (Louise)

5.5 Final thoughts

During the analysis of the interviews I felt drawn towards a particular quote which I felt embodied the aims of the study, to represent the marginalised voices of mature CLs as parents. I will close the chapter with Julie's words:

"...this research was for older mums...I thought that's bloody magical...I mean finally someone who's realising that we've lived that life, and that we've got something to give..."

(Julie)

6.0 Discussion

The present study's findings will now be considered in the context of the research questions and existing theory and literature. This will then be followed by a consideration and critique of the methodology; implications for clinical practice and suggestions for further research. The chapter will then close with a presentation of the conclusions and final reflections on the study. It is usual within IPA for new and unexpected themes to emerge during the research process and as a result some of the literature presented below has been introduced to reflect this (Smith et al., 2009).

6.1 Revisiting the research questions

As noted in section 3.0, the primary research question behind this study was to explore the experiences of CLs who become parents. In order to help 'answer' this primary question, two subsidiary questions were also examined. Firstly, how CLs made sense of the impact of their experiences of being parented and cared for upon their own parenting was explored. This was considered in light of theoretical base around parenting which finds one's own experiences of being parented as being highly influential upon one's future parenting style. Secondly, resources CLs drew upon in their parenting role were discussed. This was to understand how participants learned to be a mother and what internal and external resources they drew on. It may also help us to better understand factors that enabled CLs to 'break' the 'care cycle'. The findings will now be considered in relation to these questions as well as the wider research literature.

6.1.1 Care leavers' experiences as parents

6.1.1.1 Difficulty occupying a middle ground

The mothers in this study frequently presented the accounts of their experiences as of contrasting experiences: of parenting as hard and rewarding (see 5.3); of being alike or the opposite of their own parents (see 5.2.1, 5.2.3) and of the external world as wanted and needed but also feared (see 5.4 in relation to support and connection, and 5.3.4 in relation to judgement and stigma). These opposing positions could be thought of as dialectical

positions, whereby seemingly contradictory points of view or experiences can both be true at the same time (Goldberg, 1980). Dialectical positions were found within Maxwell and colleague's (2011) study, and other researchers have tended to represent the experiences of motherhood for this group within this way, such as presenting motherhood as about hardship and rewards, or framing the experiences in terms of risks and resiliency or protective and destabilising factors (Connolly et al., 2012; Rolfe, 2008).

Participants also used quite absolutist language when talking of their experiences, such as '*nothing like*', '*opposite*,' '*always*' and '*never*.' This polarised thinking is sometimes referred to as 'black and white thinking' (Burns, 1989) and can represent one of the most primitive responses- the fight or flight response; a way of adapting and responding to perceived threat (Beck, 1976). Participants talked about not being able to trust others, doing everything by themselves and being in control. This could be viewed in light of the difficult experiences and sometimes traumatic early experiences that participants described and the need for some to adopt a 'survivalist' stance as CLs (see 5.4.2) to cope with the harsh realities that they faced (Samuels & Pryce, 2008), often alone (see 5.3.2). However some CIC and CL are also likely to go to the other extreme of becoming highly dependent on others (Downes, 1992). These differing positions could be interpreted in line with attachment theory and the different attachment styles. The former might represent a more insecure-avoidant adult attachment style, with individuals being more self-sufficient and avoiding closeness and intimacy. The latter may be a more insecure-preoccupied attachment style characterised by greater attachment seeking and can become overly dependent or 'clingy' as a consequence (Bowlby, 1988; Bretherton, 1992; Hazan & Shafer, 1987).

In participants' drives to be better mothers than their own, some had developed quite idealistic hopes and wishes, such as Lucy hoping to be '*the world's best mother*' which she found conflicted with the imperfect reality. The incongruence between the hoped for ideal and the reality also emerged within the research literature (Maxwell et al., 2011; Pryce & Samuels, 2010). The difficulty of participants being able to occupy a more realistic position in relation to their hopes, expectations and own capabilities and resources could be described as a form of 'splitting' (Fuller, 1985; Klein, 1998). Splitting is a healthy part of development in order for the child to identify with the good but that through later development the good and bad can be integrated and ambivalence and conflict can be tolerated (Klein, 1998). A

more ambivalent position would open one up to feelings of guilt and grief which may be too difficult to bear (Klein, 1998), particularly given the multitude of losses that they have experienced. This will be further discussed in section **6.1.2.1**.

Another aspect which was presented as dialectical was participants' experiences of the outside world; whereby others were often seen as sources of support and connection but were also feared and regarded with suspicion. Participants in this study felt that the external world, and in particular professionals such as social workers, were prejudiced towards them and doubted their abilities as parents (see **5.3.4**). This has previously been found in other research on CLs (Chase et al., 2006; Connolly et al., 2012; Haight et al., 2009; Maxwell et al., 2011; Redwood et al., 2012 and Rutman et al., 2001). The negative messages received affected some of the participants' self-esteem and belief in their own abilities to parent, which served to confirm the insecurities that some of the participants' had already felt about themselves as parents.

However, some of the negativity regarding perceptions of CLs in this study was more of anticipatory nature, which could be viewed as a development of over-generalised response to facilitate and manage threat detection in relation to others judgement, which could lead to social misperception and misjudgement (Kramer, 1998). The combination of 'prejudice' from others and professionals in particular and CLs mistrust and concern about others perceptions of them has the potential to lead to a vicious circle of fear and mistrust. This could affect CLs seeking help and support when needed, such as has been found between black communities and mental health services (Keating & Robertson, 204).

6.1.1.2 Importance of stability and security: building foundations on shaky grounds

As has already been referred to above, participants were sometimes wary of others and for some this led to becoming self-reliant and self-sufficient as a way of coping and of avoiding needing to rely on others. Feelings of powerlessness also came across in participants' accounts in relation to their time in care (Knight et al., 2006), which resulted in some wishing to break away from the system as CLs and become more in control of their own lives. There was often a process of pushing and pulling in terms of establishing and breaking connections and trust within participants' accounts, with the importance of stability and security present in all accounts. In particular a narrative emerged around an absence of stability and security

within their earlier lives which they were seeking to try and establish for themselves and their children. The lack of stability and security reported in the participants' early lives is an area which has received much focus in government policies and initiatives such as the need for CIC to develop secure attachments to care givers and to experience stability and permanence; although in reality this remains a considerable challenge (DH, 1999; Schofield et al., 2007; Sinclair et al., 2004). The positive trajectory of CLs has typically been found to relate to greater levels of stability, continuity and attachment relationships pre and post leaving care (Stein, 2006).

Having children may have been one of the ways in which participants sought to create stability as participants recalled the grounding and stabilising effect that their babies had brought them. Having their children also brought a renewed sense of purpose and drive to give them the stability and security they had desired for themselves; which has also been found in previous research (Pryce & Samuels, 2010; Williams & Vines, 1999). The participants' desire for security and stability could be thought of as fundamental human needs which are provided through relationships and perhaps drive the need to connect with others (Golding, 2008). As the need to belong, feel nurtured and contained is so important, in the absence of receiving this in their own childhoods or through romantic relationships as adults, CL may seek this from their children. As the participants' frequently noted, their children gave them unconditional love and for some, this was a primary factor in them choosing to become parents.

6.1.1.3 Particular experiences of mature care leavers as parents

Participants' accounts reflected a journey of progression and development both personally and in relation to their parenting role. Participants described their journeys towards self-acceptance and self-development through for example re-entering the education system later in life, and forming more stable relationships later in life. One might describe the process of self-development as a form of maturation, of growing up; which has been found more generally on research on young CL in response to the responsibility of parenthood (Allen, 2003; Rolfe, 2008).

There was a perception of difficulties in parenthood continuing across the lifespan, with particular ages and stages bringing particular anxieties. For some, this was particularly

evident when their thinking and preparation didn't '*stretch beyond baby*' into thinking about what it would be like to have a fully grown child. Children were sometimes described in terms of stark contrasts, which was particularly more evident when describing children in their teenage years. Barbara for example, described children going from being '*lovely*' to '*monsters*' as teenagers. Both Barbara and Julie who had children who were teenagers particularly found this age to be difficult. Parenting adolescents is a task many parents find difficult regardless of background as it frequently brings with it numerous concerns, worries and uncertainties (Coleman, 1997). The powerful feelings of anger and boundary challenging typical of adolescents, may be one which CLs may particularly struggle with, such has been found in parents who had histories of abuse (Walker, 2009). Several factors may contribute to this, such as an over-identification with their child, fears about them having similar difficulties to themselves at that age and/ or particular worries about how to parent a teenager in different circumstances to what they had faced themselves. Within some accounts there is a presence of self-devaluation, whereby participants describe being fearful of their child being like them, perhaps still carrying the legacies of low self-esteem and self-worth with them (Kools, 1997).

Another aspect of parenting that may be more particular to the mature CLs in this study was the lack of support that they received post leaving care. Although feelings of loneliness, isolation and a lack of support have been commonly reported for CLs and CLs who are parents (Chase et al., 2006; Dominelli et al., 2005; Maxwell et al., 2011; Pryce & Samuels, 2010; Rutman et al., 2001), this may have been even more so for CL prior to the implementation of the Leaving Care Act (2000). The participants often reflected in the interview the contrast between the lack of services and support that they received after leaving care and the opportunities and services currently afforded to young CLs. Given that all of the participants had accessed therapeutic or counselling after leaving care, the needs of this group of CLs in particular need to be more fully assessed, with provisions and services put in place to meet their needs. As has already been discussed, research, policy and practice continues to focus almost exclusively on younger CLs, perhaps to the detriment of mature CLs (Duncalf, 2010).

6.1.2 Making sense of the past in relation to own parenting

6.1.2.1 Fear of the past repeating

As discussed in section 5.1.1 participants described the various ways in which they feared the past repeating, despite the finding that only around a third of individuals who were maltreated go on to maltreat their own children (Kaufman & Zigler, 1993). Previous research has also identified a fear of repeating the past, of becoming like their own parents and /or through fear of social services involvement (Maxwell et al., 2011; Pryce & Samuels, 2010). Participants were also hopeful in being able to break the cycle and generally viewed having children positively, turning some of their lives around (see 5.3.1). Anxieties about repeating the past have also been found in the literature on survivors of physical abuse, with Walker (2009) arguing that the overstated ‘myth’ of the cycle of abuse may prevent less obvious and more subtle difficulties with parenting being recognised.

When participants talked about their pasts, they sometimes referred to being ‘haunted’ by the past and of ‘demons’ and ‘ghosts.’ The language used is reminiscent of the psychoanalytic concept of ‘ghosts in the nursery’ (Fraiberg et al., 1975; Renk et al., 2004). The theory postulates that in order for the past not to be repeated, repressed memories of the past need to be revisited and remembered in order to identify with the injured child (Fraiberg et al., 1975). Lucy described this process when she discussed needing to ‘put your demons to rest’ so that they are not put onto the child. This could be taken as a worry about projective processes or over-identifying with the child such as worrying that the child feels like they did or trying to relive a positive childhood through their child. Taken to its extreme form there is a danger of children being viewed as an extension of the self, such as in the case of narcissistic parenting or patterns of repeating the past if the parent is unable to identify and work through how they were treated as children (Freud, 1957). Given these worries, fears and difficulties regarding the potential impact of the past on the participants’ parenting, recommendations regarding therapeutic support for CLs who are parents will be outlined in section 6.3.

Participants frequently referred to wanting to be the opposite of their own parents, as they regarded their own parents as negative role models and were cited as a source of motivation

for what not to do (see **5.2.1** and **5.2.3**). This has been found in previous research, for both mothers and fathers (Maxwell et al., 2011; Pryce & Samuels, 2010; Tyrer et al., 2005). The ability to identify one's own parenting as negative has been shown to be helpful in taking steps to parent differently (Putallaz et al., 1998). It appears, as Pryce & Samuels (2010) concluded within their research, that by becoming mothers CLs are confronted by their 'feared selves' in the form of their own parents who they reference in relation to their own parenting identity (Osofsky, 1995; Oyserman et al., 2005). Although potentially experienced as comforting and containing for participants to distinguish themselves wholly from their parents, it appears to represent an act of splitting that was referred to earlier (Klein, 1998). It leaves one wondering about what happens to the more vulnerable parts of their selves, parts that may represent a likeness to their parents. It could be that those parts of themselves are similarly disowned or split off from the rest of them in order to preserve their sense of being good, but this defence could come at a cost as one's own vulnerabilities cannot be examined if not acknowledged (Klein, 1998). It is through the coming together of good and bad and a toleration of ambivalence and ambiguities that an integration of self (ego) can be more readily achieved (Klein, 1998). This integration may have been what led to some participants in the study to feel a lot of guilt in relation to their own parenting (see **5.1.2**). The experience of guilt could be thought of as helpful, as an awareness of one's own limitations and fallibilities are increased which can motivate a desire to repair (Klein, 1998).

6.1.2.2 Trying to repair and heal the past

Participants shared a strong desire to become better mothers than their own and give their children a better upbringing than what they had. Having hope for the future and a determination to succeed was present in other accounts of CLs as parents (Dominelli et al., 2005; Haight et al., 2009; Rolfe, 2008; Williams & Vines, 1999) and was thought of as a supportive and protective factor (Chase et al., 2009; Connolly et al., 2012; Love et al., 2005). Participants felt it to be rewarding to provide children with what they had hoped to, with their children's happiness making them feel happy and fulfilled (see **5.3.1**). The determination and resolve shown by participants to break the 'cycle' perhaps derived in part from a desire to repair the past and make amends for their own childhood. The participants' successes in 'breaking the cycle' and in becoming what the participants perceived as better mothers than their own had quite a restorative effect (Love et al., 2005; Maxwell et al., 2011; Pryce & Samuels, 2010). From participants' accounts the sense of healing and reparation

may be due to a new sense of purpose, relational security and feeling loved and important, for some for the first time in their lives (Pryce & Samuels, 2010; Samuels & Pryce, 2008).

The majority of participants discussed the need to examine and understand one's past in order to move on from it. This was talked about as helpful and needed for their own well-being as well as being able to parent more effectively (see 5.1.3). This was both an individual journey of self-reflection for participants but was also aided by the use of a therapeutic space for some participants. The views expressed by participants is also consistent with the theoretical and empirical literature which suggests that the ability to reflect on and make coherent sense of one's own abusive experiences (to be able to mentalise) is a key factor in interrupting the cycle of 'poor parenting' and abuse (Fonagy et al., 1994). A study looking at the development of preferred parenting practices of CLs without children found that emotional safety was important in being able to facilitate reflection upon their experiences, leading to development of broader parenting views (Athanasopoulou, 2012).

6.1.2.3 Overcompensating for the past

Although the participants in this study reflected on the how they had succeeding in becoming better parents than their own, they also identified some difficulties in the form of overcompensating (see 5.2.3). All participants identified some form of overcompensation in their parenting style, which may be in part linked to the determination to repair the past as a parent, and the ways in which they have formed counter-identities to their parents as discussed earlier. Overcompensating was sometimes described by participants as going to the *'other extreme'*, once again reflecting a difficulty in being able to occupy a middle ground. This was largely absent from the research literature, although it may be due to the vast majority of research focusing on parents with babies and younger children where such practices may be less evident. In one paper which included the views of the children of CLs, one person said: *'My mother was more than overprotective to the point it became suffocating'* (Murray & Rock, 2005).

Overcompensation could be viewed as a manifestation of the ways in which the participants have tried to develop corrective family scripts but may have inadvertently replicated them (Byng-Hall, 2008). By for example sacrificing all of one's own needs to the point of becoming ill, participants may have replicated the pattern of having children meet their needs (as

perhaps was the case for Beverley) or repeating a 'care cycle' where their children needed to go into temporary foster care whilst they recovered (as was the case for Julie). By sacrificing all needs for a child, it may also unhelpfully give a message to the child that the child is the parents' only purpose or source of fulfilment, which can be a lot of pressure for a child to fulfil.

Over-parenting and particularly in the form of over protectiveness regarding children has been regarded as a common but unhelpful parenting style. Over protectiveness can inadvertently impact on a child's health and psycho-social development, such as impacting on their self-esteem, independence and sense of personal autonomy (Barber, 1996; Ungar, 2009). Research on mothers with a history of child sexual abuse have been found to have a more 'permissive' parenting style such as being more 'indulgent' with their children and placing fewer 'maturity demands' on their children (Cole et al., 1992; Cole & Woolger, 1989; DiLillo & Damashek, 2003). Over-identification with children, their own negative experiences as victims of adult power and a lack of confidence in setting boundaries and limits have been hypothesised to contribute towards this parenting style (DiLillo & Damashek, 2003). Overcompensation has also been found in parents who have survived trauma and abuse, where the desire to be the best parent can lead to children gaining unhelpful views of everything needing to always be alright, and corresponding high expectations of their children (Walker, 2009).

The form in which the participants overcompensate as parents appears to directly relate to the ways in which they feel that their parents failed them. If participants are overly focused on repairing specific aspects of their experiences as children with their own children, then other aspects of parenting may become neglected. Jernberg and Booth (1999) argue that children need to receive adequate levels of structure, engagement, nurture and challenge from parents in order to develop secure attachment relationships essential to healthy development. Therefore focusing on just one area such as being nurturing without providing developmentally appropriate boundaries or taking enough charge as a parent could lead to problems for the child and in the parent-child relationship (Jernberg & Booth, 1999). However, as this study focused on the experiences of parent CLs one is left wondering about children's experiences of parents who are CLs and of any observed differences in parenting

or parent-child interactions such as has been theorised here. This will be discussed further in the recommendations for future research.

6.1.3 Resources of care leavers as parents

The resources of CLs as parents have been explored within this research and have been touched upon already within the discussion section. Participants drew upon internal resources, inner strength and past experiences, as well as external sources of support both for themselves generally and in their role as parents (see **5.2.2** and **5.4**).

The adaption of participants to the mother role, their ability to experience the joys and rewards of parenting and to feel that they largely achieved well as a parent demonstrate their resiliency. The strong presence of motivation and determination to succeed in participants' accounts is also an indication of their resiliency, which is considered to be a protective factor (Connolly et al., 2012). Participants described the importance of their own self belief in their capabilities as important to the parenting role; with some also citing their own self sufficiency and resourcefulness as giving them a sense of confidence and felt security as a parent (as has been discussed already in section **6.1.1.2**).

The importance of a support network was referred to by many of the participants both from experience of having a good support network, as well as from a place of absence. The presence of an emotionally supportive network, and stable non-abusive relationships have both been considered important protective factors which may help lessen the risk of intergenerational patterns of abusive parenting (Moncher, 1995; Zuravin et al., 1996). The absence of both practical and emotional support from services therefore can particularly compound difficulties for CLs with already reduced support networks (Callahan et al., 2003; Dominelli et al., 2005; Knight et al., 2008; Max & Paluzzi, 2005).

Participants also drew on others as parental role models within their life, either through direct personal experiences from their past or through observation and vicarious learning. Participants appeared to benefit from compensatory secure attachments through with professionals, carers and other extended family members that offered them a sense of stability and security in the context of a disrupted childhood (Stein, 2006). Direct personal experiences of positive parental figures also offered participants an alternative model of

parenting upon which they could draw and frequently did. Some participants also watched and looked to other parents in learning to be a mother, particularly if they did not have other alternative experiences to draw on. Athanasopoulou's (2012) study also found that positive parenting practices were important in helping participants to incorporate positive parenting elements into the ideal parenting models of CLs without children. Athanasopoulou also argued that experience was better than observation of positive parenting practices as it provided more direct access to the emotions involved in nurturing parenting. This was not directly researched within this study, but it does provide a potential area of further study.

6.2 Methodological considerations

This study has employed IPA methodology to explore CLs experiences of parenting. The experiences of mature CLs which this study focused upon have been under-researched. The methodological approach was considered the most appropriate to explore this novel area of research and in being able to answer the research questions. Participants' accounts have been explored and represented in a rigorous and systematic way. IPA as an approach in itself does not make claims about definitive answers or truths. The findings presented here are based upon both the participants' experiences and my own interpretations and understandings of these experiences and therefore represent one possible construction of participants' experiences. Given this, claims cannot be made about the generalisability of the findings for the wider population of CLs who are mothers. However, the findings can further contribute to the growing knowledge base around CLs' experiences of parenting, particularly with regards to mature CLs' experiences.

In order to ensure greater validity of the study's findings, quality checks based upon guidance for qualitative research have been employed throughout the research process (Elliott et al., 1999; Smith et al., 2009; Spencer et al., 2003; Yardley, 2000). Further details regarding how the guidelines were implemented during the course of the research are contained within the methodology section (see **4.8**). An audit trail is also included within the Appendices for readers to follow the analytic process (see Appendices 10-13).

Within qualitative research self-reflexivity is important to consider throughout the duration of the study. Within the introduction and methods sections my own personal experiences

that lead me to undertake this research and my experiences of the research process have been explored. I have made a conscious effort to own my own perspectives (Elliott et al., 1999; Willig, 2001) and the measures taken to ensure this have been considered within the methodology section (4.8.1). In particular, I used bracketing interviews throughout the research process (Ahern, 1999; Rolls & Relf, 2006) and research supervision to consider the potential impact of my personal views and experiences on the study.

My position as a partial member researcher was disclosed to potential participants within recruitment material for the study after a consideration of the potential pros and cons of this (see 4.8.2). The participants' experiences of being interviewed by a 'peer' were explored within the research interview (see Appendix 9 for the interview schedule). My 'peer' status helped to create rapport and build trust during interviews (Dickson-Swift et al., 2007; Dwyer & Buckle, 2009) and was a contributing factor in many participants' decisions to take part in the study. Although an issue of assumed knowledge sometimes occurs within peer research, due to participants' awareness of me not having any children this may have lessened with respect to the main focus of the research question on their experiences as parents.

All of the participants within this study had wished to be different to their parents and had by and large achieved this, through for example not repeating the "care cycle." Whilst particular views were not purposely selected the inclusion criteria set around mothers who have 'broken the 'care cycle'" would have contributed towards this. Participants may have been drawn to take part who felt that they had succeeded as parents and wished to share their experiences in a bid to offer hope to other CLs or to combat the negative stereotypes of CLs as parents. Although some participants acknowledged these motivations when asked about why they decided to take part in the research, I feel that the interviews represent an open and honest account of the participants' successes as well as their struggles and insecurities.

Participants in the study differed considerably in terms of their experiences of the care system, the ages of their children and the ages at which they became parents. Although this could be considered a limitation with respect to the lack of homogeneity for the sample in the context of parenting, I think that the sample reflected the range of circumstances for CLs as parents. The representativeness of the sample to CL mothers as a whole is difficult to

assess given the lack of statistics regarding CL parents once involvement with social care ends. The diversity of the participants could be thought to reflect the experiences of CLs as parents, which is that there is no typical or expected pathway for CLs or CLs who go on to become parents.

6.3 Clinical Implications

Important clinical implications emerged from this study which will now be discussed. This study highlighted the simultaneous experience of the parent role for CLs as being a struggle but also rewarding. The need for professionals to be aware of and hold in mind a balanced view of both the risks and resiliencies of this group was raised by the research. It is important for professionals to be mindful of the differences in CLs experiences of the parenting role and their need for professional support, as highlighted in the study. This may be aided by delivery of teaching and training to social care and mental health professionals, to enable them to be aware of and hold the complexity of CLs experiences in mind.

The research highlighted the importance of developing support networks for CLs who are parents, which can be quite reduced for this group. Further thought needs to be given to the role of professionals as corporate parents, in being able to provide practical and emotional support for CLs into adulthood and helping them to establish wider support networks. The importance of continuing bonds, stability and fostering secure attachments applied to the in-care experience could also be applied to the post-care experience, which would likely benefit CLs. The research also highlighted the role of professionals and carers as being able to potentially provide an alternative experience of being cared for that not only could affect CLs own well-being, security and resiliency but could offer them an alternative parenting experience to draw upon when they themselves become parents.

Therapeutic support was thought to be helpful and needed for the participants in this study, with all of them accessing therapeutic support at some point in their lives; particularly for trying to work through past issues. Given this, therapeutic support for CLs could be made more widely available and accessible. This could apply not only for new CLs but also for mature CLs who may have received little therapeutic support in coming to terms with their

past. The study therefore highlights the need to consider more fully the needs of CLs further into adulthood than is perhaps currently provided or planned for by services.

The determination to provide their children with better childhoods than their own was a motivating factor for many of the participants, but was also set alongside their fears of the past repeating. Practitioners would probably do best to simultaneously address both factors for CLs; building upon their resources, strengths and the positives of parenthood as is also recommended by Williams and Vines (1999), whilst also addressing their insecurities and fears regarding the past. Given the language that participants used in the study to describe their pasts, psychodynamic and systemic approaches may be useful approaches to enable participants to explore and examine their pasts and their own roles as parents (Fraiberg et al., 1975). The focus in participants' accounts on attachments, relationships and the importance of safety and security suggest that attachment based therapeutic approaches may also be useful. The presence of dichotomous thinking in relation to participants experiences of the parenting role and in general emerged from the findings. An implication arising from this might be in the use of therapeutic approaches that encourage more flexible thinking, such as mentalisation-based treatment (MBT; Bateman & Fonagy, 2004) or Dialectical Behaviour Therapy (DBT; Linehan & Dimeff, 2001). However it would be useful if further research was carried out with CLs to see if the tendency for black and white thinking emerges within a different sample.

Participants expressed the need for more emotional support and advice from social workers and professionals, particularly around their parenting role, as this was something that was harder to achieve alone. Many of the participants felt that they would benefit greatly from peer support, as a way to access role models (who are within their frame of reference), helpful advice and hopeful views of CLs as parents. Participants felt that they could be more open and honest with fellow CLs and that their shared experience would give them greater credibility (Haight et al., 2009). This might be implemented through peer mentoring or buddy schemes, support groups or parenting groups which are co-facilitated by peers. In line with this NICE/SCIE implementation guidance regarding parenting programmes recommends the use of volunteer parents to support or co-facilitate parenting programmes (Barrett, 2009). Parenting groups that might potentially be adapted for CLs might be Mellow Bumps (antenatal)/Babies which uses an attachment framework and also considers the mothers'

past on their parenting style. It has an evidence base for use with teenage parents and vulnerable populations (Puckering et al., 1994).

6.4 Suggestions for future research

A number of potential areas for future research arose from this study. Given the finding in this study that participants reported overcompensating as parents (5.2.3), it would be interesting to research this further. It has not previously featured in the research literature on CLs as parents, so it would be interesting to see if this emerges within any future research. This could be explored further through comparative research with non-CL groups to see if there are any qualitative differences between experiences of overcompensation in parenting practices. It would also be interesting to further explore the potential impact of overcompensation on CLs' children, as this was not explored within this study.

The finding of 'black and white thinking' (Burns, 1989) for these participants (6.1.1.1) would also benefit from similar further research on its potential impact on the children of CLs. Relating to this finding, given that the majority of research on CLs experiences of parenting is carried out using semi-structured interviews, one may wish to consider alternative research methodologies. For instance, it would be interesting to explore CLs identity using Repertory Grids (Kelly, 1955) in relation to how they view themselves, their children, their parents and the external world. It would also be useful to see how they constructed their identity before and after becoming parents, and between themselves, their ideal selves and their parents.

The attachment relationship seemed an important aspect of participants' accounts, with references to security and safety being described throughout, in relation to themselves and their parents and care givers and in relation to their own children (5.4.2). Given the lack of empirical research regarding CLs attachment styles, it would be interesting to research this further, but also specifically the attachment styles of CL parents and their children. This could be carried out through a prospective design, interviewing pregnant mothers using the Adult Attachment Interview and then later assessing children's attachment styles using the Strange Situation (Fonagy et al., 1991). This would potentially prove useful for the design and implementation of parenting interventions targeted to this group.

Participants identified the need for support in helping them to examine their past and to be better parents (5.1.3). There is a need for further research on the outcomes, process of and satisfaction of therapeutic support for CLs, so that we can better understand 'what works.' It would also be beneficial to conduct needs analyses (nationally and locally) to identify CLs needs and what they would like from services, the current level of supply and the discrepancy between the two in order to better plan service provision.

Only women were included in this study due to the need for a homogeneous sample for IPA research. Given the exclusion criteria, research focusing on groups that were not included in this research would further benefit our understanding of this area. Firstly, CLs who are fathers are invisible within this area, with research, theory and practice neglecting the role and experience of fathers. As there is only one published research study that focuses specifically on male CLs' experiences of parenthood (Tyrer et al., 2005), research in this area would provide a valuable and unique voice to the research literature and I would consider this a key priority for future research. There is also a lack of research on CLs whose children have been removed from their care. It would be interesting to better understand their experiences and their perceptions of the 'care cycle' and the factors contributing towards its maintenance. These themes could then be considered alongside the factors described by participants in this study and other previous research. It would also be interesting to look at the experiences of the children of CLs to look at the intergenerational perspectives on the issue, and perhaps this could be researched using a case study approach interviewing families with CLs as parental figures.

Finally, this is the first study to look at mature (older) CLs experiences of parenthood. I would therefore like to encourage further research on the experiences of mature CLs, recognising the value of their experiences and views as being able to further aid our understanding of this area. It would enable a more longitudinal perspective of the experience of CLs as parents to be gained, including their struggles and strengths over the course of parenthood.

7.0 Conclusions and Final Reflections

This study aimed to understand the experiences of CLs as parents, focusing on mature CL mothers whose voices have been relatively unheard within the research literature. An in-depth qualitative analysis of six participants' experiences of motherhood using IPA methodology (Smith et al., 2009) has been undertaken and in doing so has provided an original contribution to the research literature. In particular, the exploration of the struggles, strengths and resources of this group has been noted.

To summarise, four super-ordinate themes were found. The first was a 'fear of the past and its impact on the future'. Participants described a fear of their past repeating with their own children; a 'cycle' they hoped to escape from or 'stop'. Gaining an understanding of the past was considered important in 'breaking' the cycle, although feelings of guilt emerged when similarities with their own parents were acknowledged. 'Trying to do better' captured participants' determination and efforts to be better parents than their own. Participants described how they tried to compensate for and learn to be good mothers, which at times was over compensatory such as being overprotective or self-sacrificing.

The ups and downs of participants' experiences of parenthood were captured under the theme of 'parenting is hard but rewarding'. Participants described the joys and rewards of motherhood and the difficulties and struggles of parenthood, as insecurities were highlighted and heightened within the intense parent-child relationship. The anticipation and impact of judgement and stigma was also felt to be a destabilising factor which contributed to the difficulties of motherhood for participants in this study. Lastly, participants' relationships with others was captured as 'connecting and disconnecting: the push and pull' which represented the dynamic of the perception of others (including professionals) as supportive and wanted but simultaneously feared and mistrusted. The importance of support and trust was discussed by participants both in terms of its presence and absence in their lives. The findings were then considered in relation to the original research questions, taking into account the theoretical and research literature as well as over-arching themes.

Overall it appeared that participants found it hard to occupy a middle ground in relation to their experiences of parenthood and their perceptions of themselves and others. This was seen through participants' dichotomous thoughts and imagery conveyed through their

words and language, such as aiming to be the opposite of their parents. These dichotomous views were also captured within some of the super-ordinate theme titles such as the push and the pull and parenting described as being hard but rewarding.

Implications for future research and clinical practice have been identified. Suggestions have been put forward for services to consider how they can best meet the needs of CLs who are parents, as well as how interventions could be further tailored to this group. Further exploratory and empirical studies have the potential to shed further light on this under-researched area.

Given the difficulties in participants' accounts of occupying the 'grey areas' and this being paralleled within the research literature, it may be useful for professionals to be mindful of this process being replicated in their research and clinical practice. Whilst writing this conclusion, I was struck by how the struggle to occupy a middle ground also applied to my own position as a partial member researcher. I came to the conclusion that I also needed to hold both of my 'insider' and 'outsider' positions and learn to occupy the in-between space. Although occupying this space at times felt frightening due to the uncertainty inherent in an in-between position, I also found it liberating and felt that it offered greater opportunities to immerse myself in the complexity and richness of participants' accounts. I hope that the reader too can occupy this grey space and reflect this in their own research and clinical practice; recognising the complexity of CLs experiences as parents and acknowledging both their strengths and struggles.

I will end with a quote from one of the participants, Louise. I feel that the quote captures different ways in which one can perceive the world, and how experiences can be *both* a source of struggle *and* a source of strength:

"...I think I'm a good parent actually, I think surprisingly, perhaps because of or despite of everything that I've been through..." (Louise)

8.0 References

- Ahern, K. J. (1999). Pearls, Pith and Provocation: Ten Tips for Reflexive Bracketing. *Qualitative Health Research, 9* (3), 457-411.
- Allen, M. (2003). *Into the mainstream. Care leavers entering work, education and training*. York, UK: Joseph Rowntree Foundation.
- Athanasopoulou, E. (2012). Understanding previous experiences and developing parenting views: The perspectives of adults who have been in care. Thesis for Doctorate in Clinical Psychology: Lancaster University.
- Audit Commission (1996). *Misspent Youth: Young People and Crime*. London: Audit Commission.
- Barber, B. K. (1996). Parental psychological control: Revisiting a neglected construct. *Child Development, 67*, 3296–3319.
- Barker, C., Pistrang, N., & Elliott, R. (2002). *Research methods in Clinical Psychology*. Chichester: John Wiley.
- Barn, R. & Mantovani, N. (2007). Young Mothers and the Care System: Contextualizing Risk and Vulnerability. *British Journal of Social Work, 37*, 225-243.
- Barnardo's (2011) *Puppet on a string: The urgent need to cut children free from sexual exploitation*. Barkingside: Barnardo's.
- Barrett, H. (2009) *Follow-up work to support the implementation of NICE/SCIE guidance on parenting programmes*. London: SCIE.
- Bateman, A.W. & Fonagy, P. (2004). Mentalization-based treatment of BPD. *Journal of personality disorders, 18*, 36-51.

- Beck, A. T. (1976). *Cognitive therapies and emotional disorders*. New York: New American Library.
- Belsky, J., & Isabella, R. (1988). Maternal, infant, and social-contextual determinants of attachment security. In J. Belsky & T. Nezworski (Eds.), *Clinical implications of attachment* (pp. 41-94). Hillsdale, NJ: Erlbaum.
- Berridge, D., Biehal, N. & Henry, L. (2012). *Living in children's residential homes*. Department for Education.
- Berridge, D. & Brody, I. (1998). *Children's Homes Revisited*. London: Jessica Kingsley.
- Biehal, N., Clayden, J., Stein, M. & Wade, J. (1994). Leaving care in England: a research perspective. *Children and Youth Services Review*, 16, 231–254.
- Biehal, N., Clayden, J., Stein, M. & Wade, J. (1995). *Moving On: Young People and Leaving Care Schemes*. London: HMSO.
- Biehal, N. & Wade, J. (1996) Looking back, looking forward: Care leavers, families and change. *Children and Youth Services Review*, 18 (4/5), 425-445.
- Biehal, N. & Wade, J. (1999). "I thought it would be easier": the early housing careers of young people leaving care. In J. Rugg (Ed.), *Young People, Housing and Social Policy* (pp.79-92). London: Routledge.
- Bonnice, J. (2002) *Young People Leaving Care and Housing Project*. St Luke's Youth Services: Bendigo.
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge.
- Bowling, A. (2002). *Research Methods in Health*. Maidenhead: Open University Press.

- Bretherton, I. (1992). The Origins of Attachment Theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28 (5), 759.
- Broad, B. (1998). *Young People Leaving Care: Life After the Children Act 1989*. London: Jessica Kinglsey.
- Broad, B. (2005). *Improving the Health and Wellbeing of Young People Leaving Care*. Dorset: Russell House.
- Buchanan, A. (1999). Are care leavers significantly dissatisfied and depressed in adult life? *Adoption and Fostering*, 23 (4), 35-40.
- Burns, D. (1989). *The Feeling Good Handbook: Using the New Mood Therapy in Everyday Life*. New York: W. Morrow.
- Burr, V. (2003). *Social Constructionism*. (2nd ed.) London: Routledge.
- Byng-Hall, J. (1995). *Rewriting Family Scripts: Improvisation and Systems Change*. New York and London: Guilford Press.
- Byng-Hall, J. (2002). Relieving parentified children's burdens in families with insecure attachment patterns. *Family Process*, 41 (3), 375-388.
- Byng-Hall, J. (2008) The significance of children fulfilling parental roles: implications for family therapy. *Journal of Family Therapy*, 30, 147-162.
- Callahan, M., Dominelli, L., Rutman, D., & Strega, S. (2003). Undeserving mothers: Lived experiences of young mothers in or from government care. In K. Kufeldt & B. McKenzie (Eds.), *Child Welfare: Connecting Research, Policy, and Practice*. Waterloo, Ontario: Wilfrid Laurier University Press.

- Care Leavers' Association (2009) What is a care leaver? Retrieved from Care Leavers' Association website: <http://www.careleavers.com/careleaver>
- Cashmore, J. & Paxman, M. (1996). *Wards Leaving Care: a Longitudinal Study*. New South Wales: NSW Department of Community Services.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage.
- Chase, E., Maxwell, C., Knight, A. & Aggleton, P. (2006). Pregnancy and parenthood among young people in and leaving care: what are the influencing factors, and what makes a difference in providing support? *Journal of Adolescence*, 29, 437-451.
- Child Exploitation and Online Protection Centre (2011) *Out of mind, out of sight: Breaking down the barriers to understanding child exploitation*. London: CEOP.
- Child Welfare Information Gateway (CWIG) (2011). *How the child welfare system works*. Washington: U.S. Department of Health and Human Services.
- Child Wise. (2004). *Speaking for Themselves: Voices of Young People Involved in Commercial Sexual Activity*. Melbourne: Child Wise.
- Cole, P. M., & Woolger, C. (1989). Incest survivors: The relation of their perceptions of their parents and their own parenting attitudes. *Child Abuse & Neglect*, 13, 409-416.
- Cole, P. M., Woolger, C., Power, T. G., & Smith, K. D. (1992). Parenting difficulties among incest survivors of father-daughter incest. *Child Abuse & Neglect*, 16, 239-249.
- Coleman, J. (1997) The parenting of adolescents in Britain today. *Child and Society*, 11, 44-52.
- Collins, M.E., Clay, C. M., & Ward, R. (2007). *Leaving care in Massachusetts: Policy and supports to facilitate transition to adulthood*. Boston, MA: Boston University School of Social Work.

- Connelly, C.D. & Straus, M.A. (1992). Mother's age and risk for physical abuse. *Child Abuse and Neglect*, 16, 709–18.
- Connolly, J., Heifetz, M. & Bohr, Y. (2012). Pregnancy and Motherhood among Adolescent Girls in Child Protective Services: A Meta-Synthesis of Qualitative Research. *Journal of Public Child Welfare*, 6 (5), 614-635.
- Constantine, W. L., Jerman, P., & Constantine, N. A. (2009). *Sex education and reproductive health needs of foster and transitioning youth in three California counties*. Center for Research on Adolescent Health and Development: Public Health Institute.
- Corylon, J. & McGuire, C. (1999). *Pregnancy and Parenthood. The views and experiences of young people in public care*. London: National Children's Bureau.
- Crossley, M. L. (2000). *Introducing narrative psychology: self, trauma, and the construction of meaning*. Philadelphia: Open University Press.
- De Paul, J. & Domenech, L. (2000). Childhood history of abuse and child abuse potential in adolescent mothers: a longitudinal study. *Child Abuse and Neglect*, 24, 701–13.
- Department for Education (2010) *Outcomes for Children Looked After in England 31 March 2010*. London: Department for Education.
- Department for Education (2011) *Statistical first release. Children looked after in England (including adoption and care leavers) year ending 31st March 2011*. London: Department for Education.
- Department for Education (2012) *Statistical first release. Children looked after in England (including adoption and care leavers) year ending 31st March 2012*. London: Department for Education.

- Department of Health (1999). *The Government's Objectives for Children's Services*. London: Stationery Office.
- Department of Health (2000). *Framework for the Assessment of Children in Need & their Families*. Norwich: Stationery Office.
- Dickson-Swift, V., James, E., Kippen, S. & Liamputtong, P. (2006). Blurring boundaries in qualitative health research on sensitive topics. *Qualitative Health Research*, 16 (6), 853-871.
- Dickson-Swift, V., James, E., Kippen, S. & Liamputtong, P. (2007) Doing sensitive research: What challenges to qualitative researchers face? *Qualitative Research*, 7, 327-353.
- DiLillo, D. & Damashek, A. (2003) Parenting characteristics of women reporting a history of childhood sexual abuse. *Child Maltreatment*, 8 (4), 319-333.
- Dimegen, G. (1999). Psychiatric disorder among children at time of entering local authority care: questionnaire survey. *British Medical Journal*, 319, 675.
- Dixon, J. & Stein, M. (2002). *Still a Bairn? Through Care and After Care Services in Scotland, the final report to the Scottish Executive*. University of York: Social Work Research and Development Unit.
- Dominelli, L., Strega, S., Callahan, M., & Rutman, D. (2005). Endangered children: Experiencing and surviving the state as failed parent and grandparent. *British Journal of Social Work*, 35, 1123–1144.
- Downes, C. (1992). *Separation Revisited*. Aldershot: Ashgate.
- Duncalf, Z. (2010) *Listen up! Adult care leavers speak out. The views of 310 care leavers aged 17-78*. University of Strathclyde Glasgow.

- Dwyer, S.C. & Buckle, J.L. (2009). The space between: on being an insider-outsider in qualitative research. *International Journal of Qualitative Methods*, 8 (1), 54-63.
- Edwards, D. & Potter, J. (1992). *Discursive Psychology*. London: Sage Publications.
- Elliott, R., Fischer, C.T. & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.
- Emerson, P., & Frosh, S. (2009). *Critical Narrative Analysis in Psychology: A Guide to Practice*. Basingstoke: Palgrave Macmillan.
- Farris-Manning, C., & Zandstra, M. (2003). *Children in care in Canada: A summary of current issues and trends with recommendations for future*. Ottawa, Canada: Child Welfare League of Canada.
- First Key (1992). *A Survey of Local Authority Provision for Young People Leaving Care*. Leeds: First Key.
- Fonagy, P. & Steele, H. & Steele, M. (1991). Maternal Representations of Attachment during Pregnancy Predict the Organization of Infant-Mother Attachment at One Year of Age. *Child Development*, 62, (5), 891-905.
- Fonagy, P., Steele, M., Steele, H., Higgitt, A., & Target, M. (1994). The Emmanuel Miller Memorial Lecture 1992. The theory and practice of resilience. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 35, 231-257.
- Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry*, 14, 387-421.
- Freud, S. (1957). On narcissism: An introduction. In J. Strachey (Ed. & Trans.), *The standard*

edition of the complete psychological works of Sigmund Freud (22, 69 –102). London: Hogarth Press. (Original work published 1914)

Fuller, P. (1985). *Introduction to Psychoanalysis and after*. Chatto.

Gilgun, J. (2005). "Grab" and good science: Writing up results of qualitative research. *Qualitative Health Research*, 15 (2), 256-262.

Goldberg, C. (1980). The utilization and limitations of paradoxical intervention in group psychotherapy. *International Journal of Group Psychotherapy*, 30, 287–97.

Golding, K. (2008). *Nurturing Attachments: Supporting Children who are Fostered or Adopted*. London: Jessica Kingsley Publishers.

Haight, W., Finet, D., Bamba, S., & Helton, J. (2009). The beliefs of resilient African American adolescent mothers transitioning foster care to independent living: A case-based analysis. *Children and Youth Services Review*, 31, 53–62.

Haydon, D. (2003). *Teenage pregnancy and looked after children/ care leavers. Resource for teenage pregnancy co-ordinators*. Iford: Barnardo's.

Hazan, C. & Shaver, P.R. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52 (3), 511–24.

Hertz, R. (1997). *Reflexivity and voice*. Thousand Oaks, CA: Sage.

Hooks, B. (1992). *Black looks: Race and representation*. Boston: South End Press.

Jernberg, A. & Booth, P. (1999) *Theraplay* (2nd edition). San Francisco: Jossey-Bass Publishers.

Johnson, B. & Clarke, J. (2003). Collecting sensitive data: The impact on researchers. *Qualitative Health Research*, 13 (3), 421-434.

- Kaufman, J. & Zigler, E. (1993). The intergenerational transmission of abuse is overstated. In R.J. Gelles & D. Loseke (Eds.), *Current controversies on family violence* (pp. 209-221). Newbury Park, CA: Sage.
- Keating, F. & Robertson, D. (2004). Fear, black people and mental illness: A vicious circle? *Health and Social Care in the Community*, 12 (5), 439-447.
- Kelly, George A. (1955). *The Psychology of Personal Constructs: Vol 1 and 2*. New York: WW Norton. (2nd printing: 1991, Routledge, London).
- Kendall, G. & Wickham, G. (1999). *Using Foucault's Methods*. London: Sage.
- Klein, M. (1998). *Love, guilt and reparation and other works*. London: Vintage
- Knight, A., Chase, E. & Aggleton, P. (2006). 'Someone of your own to love': experiences of being looked after as influences on teenage pregnancy. *Children & Society*, 20, 391-403.
- Kools, S. M. (1997). Adolescent identity development in foster care. *Family Relations*, 46, 263-271.
- Kramer, R.M. (1998). Paranoid cognition in social systems: thinking and acting in the shadow of doubt. *Personality and Social Psychology Review*, 2 (4), 251-275.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3 (2), 102-120.
- Lieberman, A. (2007). Ghosts and angels: Intergenerational patterns in the transmission and treatment of the traumatic sequelae of domestic violence. *Infant Mental Health Journal*, 28 (4), 422-439.
- Linehan, M. M. & Dimeff, L. (2001). Dialectical Behavior Therapy in a nutshell. *The California Psychologist*, 34, 10-13.

- Love, L. T., McIntosh, J., Rosst, M., & Tertzakian, K. (2005). *Fostering hope: Preventing teen pregnancy among youth in foster care*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Malik, R., Fateh, R., & Haque, R. (2009). The Marlborough Cultural Therapy Centre. In S. Fernando & F. Keating (Eds.), *Mental Health in a Multi-Ethnic Society*. Hove: Routledge.
- Marvin, R. S., & Stewart, R. B. (1990). A family systems framework for the study of attachment. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 51-86). Chicago: University of Chicago Press.
- Maunder, D., Liddell, M., Liddell, M. & Green, S. (1999). *Young People Leaving Care and Protection*. National Youth Affairs Research Scheme: Hobart.
- Max, J. & Paluzzi, P. (2005). *Promoting successful transition from foster/group home settings to independent living among pregnant and parenting teens*. Washington, DC: Healthy Teen Network.
- Maxwell, A., Proctor, J. & Hammond, L. (2011) 'Me and my child' Parenting experiences of young mothers leaving care. *Adoption & Fostering*, 35 (4), 29-40.
- McCann, J.B., James, A., Wilson, S. & Dunn, G. (1996). Prevalence of psychiatric disorders of young people in the care system. *British Medical Journal*, 313, 1529-1530.
- Meltzer, H., Gohuard, R., Corbin, T., Goodman, R. & Ford, T. (2003). *The Mental Health of Young People Looked After by Local Authorities in England*. London: Social Survey Division of Office of National Statistics of the Department of Health.

- Mendes, P. & Moslehuddin, B. (2006). From dependence to interdependence: Towards better outcomes for young people leaving state care. *Child Abuse Review*, 15, 110-126.
- Miller, T. (2007). "Is this what motherhood is all about?" Weaving experiences and discourse through transition to first-time motherhood. *Gender and Society*, 21, 337–58.
- Moncher, F.J. (1995). Social isolation and child abuse risk. *Family and Society*, 76 (7), 421-433.
- Murphy, R.E. (2011) *Psychological needs of young adults leaving the care system*. Thesis for Doctorate in Clinical Psychology: Cardiff University and South Wales.
- Murray, A. & Rock, M. (2005) The enduring legacy of growing up in care in 20th century Australia. *Paper presented to the Annual Conference of the Australasian Society for the Traumatic Stress Studies: The impact of childhood trauma across the lifespan: Historical denial- current challenges. 15-18 September 2005: Hyatt Regency, Perth.*
Retrieved from: http://nma.gov.au/blogs/inside/files/2011/11/Enduring-Legacy-of-Child-Abuse-Article_2.pdf
- Neal, J. & Frick-Horbury, D. (2001). The effects of parenting style on childhood attachment patterns on intimate relationships. *Journal of Instructional Psychology*, 28 (3), 285-312.
- Neale, J. (2002). *Drug Users in Society*. Palgrave: Houndmills.
- Ogden, J. (1992). Set up to fail. *Social Work Today*, 23, 11.
- Olson, D. H. (1977). Insiders' and outsiders' views of relationships: research studies. In G. Levinger & H. L. Rausch (Eds.), *Close relationships: perspectives on the meaning of intimacy* (pp. 115-136). Amhurst: University of Massachusetts Press.

- Oppenheim, A.N. (1992) *Questionnaire Design, Interviewing and Attitude Measurement*. London: Continuum.
- Osofsky, J. D. (1995). Perspective on attachment and psychoanalysis. *Psychoanalytic Psychology, 12*, 347-362.
- Owen, L. (2000). *Pathways to Interdependence and Independence: The Leaving Care Initiative*. LA Trobe University: Melbourne.
- Oyserman, D., Bybee, D., Mowbray, C., & Hart-Johnson, T. (2005). When mothers have serious mental health problems: Parenting as a proximal mediator. *Journal of Adolescence, 28*, 443-463.
- Pears, K.C. & Capaldi, D.M. (2001). Intergenerational transmission of abuse: A two-generational prospective study of an at-risk sample. *Child Abuse and Neglect, 25*, 1439–61.
- Pearson, J.L., Cohn, D.A., Cowan, P.A., & Cowan, C.P. (1994). Earned- and continuous-security in adult attachment: Relation to depressive symptomatology and parenting style. *Development & Psychopathology, 6*, 359-373.
- Phelps, J.L., Belsky, J., & Crnic, K. (1997). Earned security, daily stress, and parenting: A comparison of five alternative models. *Development & Psychopathology, 10*, 21-38.
- Pritchard, C. & Williams, R. (2009). Does social work make a difference?: a controlled study of former “looked-after-children” and “excluded-from-school” adolescents now men aged 16–24 subsequent offences, being victims of crime and suicide. *Journal of Social Work, 9*, 285.
- Pryce, J.M. & Samuels, G.M. (2010) Renewal and risk: the dual experience of young motherhood and ageing out of the child welfare system. *Journal of Adolescent Research, 25* (2), 205-230.

- Puckering, C., Rodgers, J., Mills, M., Cox, A.D. & Mattson-Graff, M. (1994) Process and evaluation of a group intervention for mothers with parenting difficulties. *Child Abuse Review*, 3, 299-310.
- Putallaz, M., Costanzo, P. R., Grimes, C. L., & Sherman, D. M. (1998). Intergenerational continuities and their influences on children's social development. *Social Development*, 7, 389-427.
- Redwood, T., Pyer, M. & Armstrong-Hallam, S. (2012) Exploring attitudes and behaviours towards teenage pregnancy. *Community Practitioner*, 85 (3), 20-23.
- Reed in Partnership (2011) *From care to independence: Improving employment outcomes for care leavers*. London: Reed in Partnership.
- Riessman, C. K. (2005). *Narrative, Memory & Everyday Life*. Huddersfield: University of Huddersfield.
- Renk, K., Roddenberry, A. & Oliveros, A. (2004) A cognitive reframing of Ghosts in the Nursery. *Journal of Child and Family Studies*, 13 (4), 377-384.
- Richardson, J. & Joughin, C. (2000). *The mental health needs of looked after children*. London: Gaskell.
- Rodgers, H. & Carson, P. (2013). *Northern Ireland Care Leavers Aged 19 Statistical Bulletin 2011/12*. Department of Health, Social Services and Public Safety.
- Roisman, G.I., Madsen, S.D., Hennighausen, K.H., Sroufe, L.A., & Collins, W.A. (2001). The coherence of dyadic behavior across parent-child and romantic relationships as mediated by the internalized representation of experience. *Attachment & Human Development*, 3, 156-172.

- Rolfe, A. (2008). 'You've got to grow up when you've got a kid': Marginalized young women's accounts of motherhood. *Journal of Community & Applied Social Psychology, 18*, 299–314.
- Rolls, L. & Relf, M. (2006) Bracketing interviews: addressing methodological challenges in qualitative interviewing in bereavement and palliative care. *Mortality, 11* (3), 286-305.
- Rose, P. (1985). *Writing on women: Essays in a renaissance*. Middletown, CT: Wesleyan University Press.
- Rutman, D., Strega, S., Callahan, M., & Dominelli, L. (2001). Young mothers in/from care project. Victoria, Canada: Child, Family and Community Research Program.
- Rutman, D., Strega, S., Callahan, M. & Dominelli, L. (2002) 'Undeserving' mothers? Practitioners' experiences of working with young mothers in/from care. *Child and Family Social Work, 7*, 149-159.
- Sale, U.A. (2007) *Care leavers parenting skills doubted by social workers*. Retrieved from Community Care website:
<http://www.communitycare.co.uk/articles/28/11/2007/106611/>
- Samuels, G., & Pryce, J. (2008). "What doesn't kill you makes you stronger": Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review, 30*, 1198-1210.
- Saunders, L. & Broad, B. (1997). *The Health Needs of Young People Leaving Care*. Leicester: De Montfort University.
- Schofield, G., Thoburn, J., Howell, D. & Dickens, J. (2007). The search for stability and permanence: modelling the path-ways of long-term looked after children. *British Journal of Social Work, 37* (4), 619–42.

- SEU (Social Exclusion Unit) (1999) *Teenage Pregnancy*. London: HMSO.
- Shapiro, V. & Gisynski, M. (1989). Ghosts in the Nursery Revisited. *Child and Adolescent Social Work, 6* (1), 18-37.
- Sinclair, I., Wilson, K. & Gibbs, I. (2004). *Foster Placements: Why Some Succeed and Some Fail*. London: Jessica Kingsley.
- Slade, A. (2005). Parental reflective functioning: an introduction. *Attachment and Human Development, 7*, 269–82.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychology and Health, 11*, 261-71.
- Smith, J. A. (2007). Hermeneutics, human sciences and health: Linking theory and practice. *International Journal of Qualitative Studies on Health and Well-Being, 2*, 3-11.
- Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage Publications.
- Smith, J. A. & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J.A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Methods*. London: Sage.
- Sofaer, S. (1999). Qualitative methods: what are they and why use them? *Health Service Research, 34* (5), 1101-1118.
- Spencer, L., Ritchie, J., Lewis, J., & Dillon, L. (2003). *Quality in Qualitative Evaluation: A framework for assessing research evidence*. London: Government Chief Social Researcher's Office.
- Stein, M. (1999). Leaving care: reflections and challenges. In O. Stevenson (Ed.) *Child Welfare in the UK*. Oxford: Blackwell.

- Stein, M. (2002). Young people leaving care: a research perspective. In A. Wheal (Ed.) *The RHP Companion to Leaving Care* (pp.28–33). Dorset: Russell House Publishing.
- Stein, M. (2004). *What Works for Young People Leaving Care?* Barkingside: Barnardo's
- Stein, M. (2006) Young people ageing out of care: the poverty of theory. *Children and Youth Services Review*, 28, 422-434.
- Stein, M. & Dixon, J. (2006) Young people leaving care in Scotland. *European Journal of Social Work*, 9 (4), 407-423.
- Stein, M. & Wade, J. (2000) *Helping care leavers: Problems and strategic responses*. Department of Health: London.
- Stevenson-Hinde, J. (1990). Attachment within family systems: An overview. *Infant Mental Health Journal*, 11(3), 218-227.
- Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review*, 13, 593–618.
- Summerfield, A. (2011). *Children and Young People in Custody 2010-2011: An analysis of the experiences of 15-18 year olds in prison* London: HM Inspectorate of Prisons.
- Svoboda, D.V., Shaw, T.V., Barth, R.P. & Bright, C.L. (2012) Pregnancy and parenting among youth in foster care: A review. *Children and Youth Services Review*, 34 (5), 867-875.
- Swann, S. (1999) *Whose Daughter Next? Children Abused Through Prostitution*. Ilford: Barnardos.
- Tyrer, P., Chase, E., Warwick, I. & Aggleton, P. (2005) 'Dealing with it': Experiences of young fathers in and leaving care. *British Journal of Social Work*, 35, 1107-1121.

- Ungar, M. (2009) Overprotective parenting: Helping parents provide children the right amount of risk and responsibility. *The American Journal of Family Therapy*, 37 (3), 258-271.
- University of Hertfordshire (2004). *Guide to Good Practice in Research*. Hatfield: University of Hertfordshire.
- Utting, W. (1991). *Children in the Public Care: A Review of Residential Care*. London: The Stationery Office.
- Utting, W. (1997). *People like us: The report of the review of the safeguards for children living away from home*. London: Department of Health/The Welsh Office.
- van IJzendoorn, M.H. (1995). Adult attachment representations, parental responsiveness and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin*, 117, 387-403.
- Voice (2009) *Care leavers who are expectant parents feel they are discriminated against*. Press Release: 26th of October 2009. Retrieved from: http://centrallobby.politicshome.com/fileadmin/epolitix/stakeholders/Positive_about_young_parents.pdf
- Voice of Young People in Care (2011) *'Because I'm a kid... and I'm in care'*. VOYPIC. Retrieved from: <http://www.dojni.gov.uk/index/publications/publication-categories/publications/criminal-justice/youth-justice-review/voypic---report-on-consultation-with-care-experience-young-people.pdf>
- Wade, J., Biehal, N., Clayden, J. & Stein, M. (1998). *Going Missing: Young People Absent from Care*. Chichester: Wiley.
- Wade, J. (2008). The ties that bind: Support from birth families and substitute families for young people leaving care. *British Journal of Social Work*, 38, 39-54.

- Walker, M. (2009). The inter-generational transmission of trauma: The effects of abuse on the survivor's relationship with their children and on the children themselves. *European Journal of Psychotherapy & Counselling*, 2 (3), 281-296.
- Ward, J. (2007). Uncovering truths, recovering lives: Lessons of resistance in the socialization of Black girls. In B. Leadbeater & N. Way (Eds.), *Urban girls revisited: Building strengths*. New York: New York University Press.
- Waters, E., Merrick, S., Treboux, D., Crowell, J., & Albersheim, L. (2000). Attachment security in infancy and early adulthood: A twenty-year longitudinal study. *Child Development*, 71, 684-689.
- Williams, C. & Vines, S.W. (1999). Broken past, fragile future: Personal stories of high-risk adolescent mothers. *JSPN*, 4 (1), 15-23.
- Willig, C. (2001). *Introducing qualitative research in psychology: adventures in theory and method*. Milton Keynes: Open University.
- Wordsworth, S. & Hall, K. (2007) *16 plus care leavers needs analysis*. Children's Commissioning Team: Birmingham.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15, 215–228.
- Yardley, L. (2008). Demonstrating validity in qualitative psychology. In Smith, J.A. (Ed). *Qualitative Psychology: A practical guide to methods* (2nd edn). London: Sage.
- Zuravin, S.J., McMillen, C., DePanfillis, D. & Risley-Curtiss, C. (1996). The intergenerational cycle of maltreatment: Continuity versus discontinuity. *Journal of Interpersonal Violence*, 11 (3), 315-334.

9.0 Appendices

9.1 Literature review search strategy

A comprehensive search of the literature was conducted over the course of the study. Following a preliminary search of the literature a list of commonly used key words were drawn up and were used in combination to systematically review the key literature in the area. These words reflected the various terminologies used in different countries.

The following terms (and their alternative forms) were used in the searches:

- Looked after, foster care, child welfare, care leaver, leaving care and youth in care.
- Parent, mother, motherhood, teenage parent, pregnancy
- Care leaving mothers
- Intergenerational transmission

Research and studies were drawn from journal articles, books and agency reports that were nationally and internationally published in English across all years. Unpublished dissertations were also included in this search. The citation tool was also used to identify related relevant studies and were included if they met the inclusion criteria. The majority of studies came from the UK, USA and Canada which have similar care systems, although with some differences amongst them. Articles were selected through a review of abstracts on key online databases in the areas of psychology, social sciences and medicine as well as the use of the search engine Google Scholar. More generic searches of the World Wide Web were also undertaken to inform certain aspects of the study, such as relevant policies.

Research was included where the study focused on the experiences of pregnancy or motherhood for those who were currently in care or had been in the past. The views of young people in care or post care have been rather marginalised within this area so studies that encapsulated their words and views were particularly sought. Studies were not included that focused exclusively on the views of professionals and not those in care/ care leavers themselves. Studies that did not exclusively research the experiences of mothering or pregnant care leavers/ youth in care were included when their views were significantly represented in the study.

9.2 Participant recruitment leaflet



Participants needed for a research study



Care leavers' experiences of becoming and being parents

We would like to interview care leavers who are mothers, to explore their experiences of being a parent. We are interested to find out about their experiences of breaking the 'care cycle.' There is currently a lack of research on this area, particularly from care leavers themselves.

Who can take part?

- Mothers of any age that have experience of being in care, who have parental responsibility for their children and whose children have lived with them for the majority of their childhood.
- More mature care leavers and/or those with children over the age of five would be particularly encouraged to participate in this study.

What it would involve?

- A semi-structured, face-to-face interview which is audio-recorded. Questions will be asked around your views and experiences of being a parent who is a care leaver.
- A short demographic questionnaire.
- The process (including debrief) will last approximately an hour and a half.

What you'd get out of it

- Participants may benefit from reflecting on their experiences with the researcher and knowing that they could potentially help future care leavers. Participants will be given a £10 voucher for their participation.

Like to know more?

Contact the researcher Jade Weston who can provide you with further details about the study

Email: jadelouiseweston@gmail.com

About the researcher

I have experience as a 'looked after child', being placed within foster care during my childhood. I am in my final year of training to be a qualified Clinical Psychologist. This research will contribute towards my Doctorate in Clinical Psychology.



9.3 Participant information sheet

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Care leavers' experiences of becoming and being parents

PARTICIPANT INFORMATION SHEET

Principle Investigator:	Jade Weston, Trainee Clinical Psychologist
Supervisors:	Dr Clare Norris, Clinical Psychologist Dr Pieter Nel, Clinical Psychologist
Contact details:	Jade Weston, Department of Clinical Psychology, School of Psychology, Health Research Building, University of Hertfordshire, Hatfield, Hertfordshire AL10 9AB
Email:	jadelouiseweston@gmail.com
Phone Number:	

You are invited to take part in a research study looking at the experiences of care leavers as parents. Everyone who takes part will be given a £10 voucher for their time. It should take approximately an hour and a half to complete an interview and a short questionnaire. When completed this study will be submitted as part of a portfolio of evidence towards gaining a doctorate in Clinical Psychology.

Before you decide whether or not to take part, it is important for you to understand why this research is being done and what it will involve. Please take the time to read this information sheet carefully. If you have any questions, or would like more information please feel free to contact us anytime on the details above.

Thank you for reading this and your interest in the research.

AIMS OF THE STUDY

The aim of this study is to explore care leavers' experiences of becoming and being parents and the factors that have impacted on their identity as parents. There is currently a lack of research on this area, particularly from care leavers themselves.

WHAT ARE THE BENEFITS OF TAKING PART?

By taking part you will help us to enhance our understanding of the factors that help and hinder care leavers in their roles as parents. This will potentially benefit care leavers who become parents in the future, through dissemination of the research to care leavers and other professionals. Participants may benefit from reflecting on their own experiences during the interview process. However, no guarantees can be made about any personal benefits to participants through taking part in this study. Participants will each be given a voucher to the value of £10 to value their time and effort.

WHAT ARE THE RISKS OF TAKING PART?

The questions asked may potentially bring up difficult feelings about your experiences of being in care, your childhoods or your own parenting. If you become distressed during the interview, the interview can be stopped or terminated and advice on sources of support made available to participants.

WHAT IS INVOLVED?

If you consent to take part in this study you will be asked to take part in an audio recorded interview which will last approximately an hour and a half. Questions will be asked around your views and experiences of being a parent who is a care leaver. Every person is asked similar questions; however, the aim is to hear about your individual thoughts, feelings and experiences. We are interested to hear about your experiences of being cared for, your experiences of being a parent, and factors relating to the development of your identity as a parent. You will also be asked to complete a short questionnaire to obtain some demographic information. You would also need to provide contact details of your GP. Your GP would only be contacted if there were any concerns regarding risks to yourself or others and this would be discussed with participants first.

Following the interview, participants will be debriefed regarding the interview experience. All participants will be provided with contact details of services for further advice and support.

VOLUNTARY PARTICIPATION

The participation in this study is entirely voluntary. If you decide to take part you may also withdraw from the study at any time without the need to justify your decision.

CONFIDENTIALITY

If you choose to be interviewed for this study all information you provide will be kept confidential in compliance with the Data Protection Act 1998. There are limits to confidentiality such as if the researcher has any concerns regarding the well being of or risk of harm to the participant or others. If this were to arise within the interview the researcher has a duty of care to share concerns with other agencies, which would be the participant's GP. Any concerns would be discussed with the participant first.

An audio recording of your interview will be transcribed. Transcripts will be anonymised and stored on a password protected and secure computer. In the event that a transcription service is used to transcribe interviews a signed non-disclosure / confidentiality agreement will be gained from the service. Further to this, all names and identifiable information will be removed from the transcripts by the researcher and kept securely and separately from the transcripts.

WHAT WILL HAPPEN TO THE RESULTS OF THIS STUDY?

The data collected during this study will be reported in a thesis for the purpose of gaining a qualification in Clinical Psychology. The thesis will be held at the University of Hertfordshire Learning Resource Centre and will be accessible to interested parties. A summary of the main research findings may be published in written work or articles that the researcher and / or her project supervisors write, as well as for the purpose of teaching / conference presentations. Participants identity will be protected in any written work with pseudonyms given to participants.

HOW LONG WILL MY PERSONAL INFORMATION BE KEPT?

Your personal information and audio recordings will be kept for up to five years after the research is submitted for examination (until approximately July 2018). The information will be stored securely according to the University of Hertfordshire's 'Good Practice in Research' guidelines.

WHO HAS REVIEWED THIS STUDY?

This study has been approved by the University of Hertfordshire's School of Psychology Ethics Committee (protocol number: PSY/12/12JW). The research design has also been formally peer-reviewed by the study's supervisors - Dr Clare Norris and Dr Pieter W Nel, as well as research staff from the University of Hertfordshire's Doctoral Clinical Psychology training programme.

WHO CAN TAKE PART?

We would like to interview mothers who have experience of being in care. Mothers of any age and with children of any age are welcome to participate in this study. Due to the majority of previous research being carried out with teenage care leavers and those with younger children, older care leavers and/or those with children over the age of five would be particularly encouraged to participate in this study.

We are unable to include participants who are currently going through care proceedings regarding their children. Participants would also be required to have parental responsibility for their children. Their children would also need to live at home with the parent for the majority of the time and parents would also need to have had custody of their children for the majority of their children's childhoods to be eligible to participate in this study.

Due to restrictions, participation is only open to those who live in England. Those who live in the regions of Hertfordshire, London, Bedfordshire and Essex would be particularly encouraged to participate, although the researcher is able and willing to travel to other regions.

HOW CAN I TAKE PART?

If you are interested in taking part in this research or would like more information about the project first, please contact Jade Weston at jadelouiseweston@gmail.com. If you are eligible to take part and you are selected then a suitable time, date and location will be arranged with you via your preferred method of communication (email or phone) for the interview to take place. The researcher is able to travel to your home or a location which is local to you.

9.4 Ethical approval documentation

Revised (September 2006)

SCHOOL OF PSYCHOLOGY ETHICS COMMITTEE APPROVAL

Student Investigator: Jade Weston

Title of project: Care leavers' experiences of becoming and being parents

Supervisor: Clare Norris, Pieter Nel

Registration Protocol Number: PSY/12/12/JW

The approval for the above research project was granted on 21 December 2012 by the Psychology Ethics Committee under delegated authority from the Ethics Committee of the University of Hertfordshire.

The end date of your study is 30 September 2013.



Signed:

Date: 21 December 2012

Dr. Nick Troop
Acting Chair
Psychology Ethics Committee

STATEMENT OF THE SUPERVISOR:

From my discussions with the above student, as far as I can ascertain, s/he has followed the ethics protocol approved for this project.

Signed (supervisor):

Date:

9.5 Participant consent form

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Care leavers' experiences of becoming and being parents

INFORMED CONSENT FORM

Name of principal researcher: **JADE WESTON, TRAINEE CLINICAL PSYCHOLOGIST**
 Contact details of principal researcher: **e-mail: jadelouiseweston@gmail.com tel: 07828 534814**
post: c/o Doctorate in Clinical Psychology, F262 Wright Building,
College Lane Campus, Hatfield, AL10 9AB

Psychology Ethics Committee protocol no:

Participant identification code: _____ (to be completed by the researcher)

To be completed by participant (please initial each box):

	Participant
I confirm that I have read and understand the participant information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I withdraw from the study, the data that I have submitted will also be withdrawn at my request.	
I agree to complete a brief questionnaire.	
I agree to my interview with the researcher being audio recorded.	
I understand that a professional transcription service may be used to listen to a recording of my interview and transcribe the words that the researcher and I say. My recording will be given a code (e.g. Interview A) to make sure that it remains confidential. The service will also sign a document agreeing to keep my interview private.	
I understand that information will be kept confidential, and agree to the limitations of confidentiality. I agree to provide details of my GP or service providers who may need to be contacted if any concerns are raised regarding risks to self or others.	
I understand that parts of my interview may be looked at by members of staff (i.e. the supervision team) and members of a research peer support group from the University of Hertfordshire. Anonymised sections of the interview may also be looked at by the two examiners of my dissertation. All of these people are required to keep my interview information private and confidential.	
I agree that quotes from my interview may be used in any written work or articles that the researcher and / or her project supervisors write as well as for the purpose of teaching / conference presentations, as long as my name is not used. I understand that the researcher will do her utmost to make sure that no one will be able to tell who I am from the quotes, but in rare instances someone close to me might be able to identify me.	
I understand that the transcriptions of the interview and my personal details will be kept in a secure place. They will stay there for 5 years after the researcher submits the study for examination. After 5 years, the researcher will destroy the information.	
I agree that the researcher can contact me to talk about my interview and the study. I am aware that I can ask the researcher not to contact me anymore.	
I agree to take part in the above study.	

...../...../.....
 Name of Participant Date Signature

.....
 E-mail address Telephone number

JADE WESTON/...../.....
 Name of Researcher Date Signature

9.6 Transcription confidentiality agreement

University of
Hertfordshire



Doctorate in Clinical Psychology
University of Hertfordshire

Transcription confidentiality/ non-disclosure agreement

This non-disclosure agreement is in reference to the following parties:

JADE WESTON ('the discloser')

And

Becky Adlington Transcription Service ('the recipient')

The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.

The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.

The recipient agrees to return and or destroy any copies of the recordings they were able to access provided by the discloser.

Signed:

Name: Becky Adlington

Date: 22nd February 2013



9.7 Participant debrief sheet

[Type text]

University of
Hertfordshire



Care leavers' experiences of becoming and being parents

DEBRIEF FORM

Thank you for taking part in this study. We really appreciate you taking the time to help us.

The aim of the study is to further understand care leavers' experiences of being a parent, and what has helped and hindered them in their developing identity as a parent. Your interview will be compared with others to see if there are any similar themes or patterns. We hope that this information will help care leavers in the future who become parents themselves.

Please be assured that the information that we have gathered will be kept anonymous and confidential within the limits already explained to you. You have the right to withdraw from the study at any time. You are entitled to have a research findings summary. This will be made available upon your request when the study is complete.

If you would like any further information about the study, or you would like to know about the results of the study, please contact us on:

Jade Weston
Trainee Clinical Psychologist
jadelouiseweston@gmail.com

Dr Clare Norris
Clinical Psychologist
c.norris@herts.ac.uk

Thank you for participating in this study.

INFORMATION SHEET ON NATIONAL SUPPORT SERVICES

Below are the contact details of some organisations you can contact if you feel distressed or need help or advice. Please be aware that the researchers do not accept responsibility for the content of advice obtained via the contacts below.

- **Samaritans**
The Samaritans provides support for people who are experiencing feelings of distress or despair, including those which could lead to suicide.

National 24 hour helpline: 0845 790 90 90

www.samaritans.org.uk
- **MIND**
Leading mental health charity in England and Wales. The MindInfoLine offers thousands of callers confidential help on a range of mental health issues.

0845 766 016

www.mind.org.uk
- **Mental Health Foundation**
Independent organisation that helps people to survive, recover from and prevent mental health problems.

020 78031100

www.mentalhealth.org.uk
- **Papyrus**
Papyrus is a UK charity for those dealing with suicide, depression or emotional distress. There is a free helpline offering practical advice on suicide prevention.

0800 068 41 41

www.papyrus-uk.org
- **Relate**
UK's largest and most experienced relationship counselling organisation.

0845 456 1310

www.relate.org.uk
- **Alcoholics Anonymous**
24 hour support for people with alcohol problems.

0845 769 75 55

www.alcoholics-anonymous.org.uk

- **Citizen's Advice Bureau**

The Citizen's Advice service helps people resolve their legal, money and other problems by providing free information and advice. They have local centres, an information line and a website including self help information.

08444 77 20 20

www.citizensadvice.org.uk

- **National Debt Line**

Helpline offering information and advice on debt. They also provide self help information packs and a range of fact sheets.

0808 808 40 00

www.nationaldebtline.co.uk

- **Family Lives (Formerly Parentline Plus)**

UK wide helpline for anyone caring for children and young people. They provide a 24 hour helpline, a website, message boards, email service, live chat and parenting/ relationship support groups.

Parentline: 0808 800 22 22

www.familylives.org.uk

- **Gingerbread**

Provide advice, support and campaign for single parents.

0808 802 0925

www.gingerbread.org.uk

- **Home Start**

Offers friendly, practical help and emotional support to families who may be experiencing stress (must have at least one child under five years old).

0800 068 6368

www.home-start.org.uk

- **NSPCC**

Giving children the help, support and environment they need to stay safe from cruelty.

0808 800 5000

www.nspcc.org.uk

- **NHS Direct**

NHS Direct delivers telephone and internet information and advice about health, illness and health services, day and night, direct to the public.
0845 46 47

www.nhsdirect.nhs.uk

- **Care Leavers Association**

A user led charity run by care leavers for care leavers. User led support is accessible via network meetings and through their social networking site. They also provide advice, information and signposting for care leavers and are involved in research, policy development and campaigning on issues affecting care leavers.

Enquiries: 0161 236 1980

www.careleavers.com

www.careleaversreunited.org

9.8 Participant questionnaire

Care leavers' experiences of becoming and being parents

PARTICIPANT QUESTIONNAIRE

Participant identification code: _____ (to be completed by the researcher)

This questionnaire will provide us with further contextual information

Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Age:	_____	
Ethnicity:	<input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/> White British <input type="checkbox"/> White Other <input type="checkbox"/> Bangladeshi	
	<input type="checkbox"/> Pakistani <input type="checkbox"/> Indian <input type="checkbox"/> Asian Other <input type="checkbox"/> Chinese <input type="checkbox"/> Middle Eastern/ North African <input type="checkbox"/> Mixed- Black Caribbean and White	
	<input type="checkbox"/> Mixed- Black African and White <input type="checkbox"/> Mixed- Asian and White <input type="checkbox"/> Mixed Other <input type="checkbox"/> Other, please specify _____	
Religious beliefs: Please specify	_____	
Marital status:	<input type="checkbox"/> Married/Cohabiting <input type="checkbox"/> Dating <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Other, please specify _____	
Disability status:	<input type="checkbox"/> No disability <input type="checkbox"/> Disabled (please specify) _____	
Employment status:	<input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Working part-time <input type="checkbox"/> Working full-time <input type="checkbox"/> Other, please specify _____	
Highest level of Educational achievement obtained:	<input type="checkbox"/> No qualifications <input type="checkbox"/> GCSE's or equivalent <input type="checkbox"/> A Levels or equivalent <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Other, please specify _____	
How much time did you spend in care approximately Length of time in care in total (in years)	_____	

Total number of care placements _____
Types of care placements (tick all that apply): <input type="checkbox"/> Foster care placement <input type="checkbox"/> Residential care (children's home) <input type="checkbox"/> Mother and baby placement <input type="checkbox"/> Other placement, please specify _____
Number of children: _____ Ages of children: _____ Gender of children: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both genders
Your age when you had your first child _____
What support do you currently receive from services (tick all that apply) <input type="checkbox"/> None <input type="checkbox"/> Social services <input type="checkbox"/> Psychiatry/community mental health service <input type="checkbox"/> Counsellor/psychologist/therapist <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Other service/provider _____
Please provide details for your GP GP Name _____ Practice _____ Address _____ Telephone Number _____ _____
Your contact details Telephone/ Mobile Number _____ Email _____ Preferred method of contact _____
How do you hear about the study? _____

Thank you for completing this questionnaire!

.....

9.9 Interview schedule

Care leaver's experiences of becoming and being parents

INTERVIEW SCHEDULE

A: Care history and parenting

1. What do the words 'parent' 'mother' and 'parenting' mean to you? How would you define them? (Prompt: Words and images that come to mind, criteria)
2. What were your experiences of being parented whilst growing up? (Prompt: mother, father, carers and other significant adults. Positive and negative words, images and experiences)
3. How have these experiences shaped you, as an adult now? (Prompt: how they see themselves/identity generally as an adult and as a parent)

B: Self as a parent

4. How would you describe yourself as a parent? (Prompt: parenting style, parenting identity, type of mother)
5. What were your expectations of becoming a parent? (Prompt: Hopes and Fears)
6. Were your expectations, hopes and fears realised when you became a parent?
7. Have there been any particularly difficult experiences that you've had as a parent? Can you describe them?
8. How did you manage these difficult experiences? (Prompt: what helped/hindered/ what contributed to decisions or courses of action)
9. Have there been any particularly positive experiences that you've had as a parent? Can you describe them?
10. In what ways have these experiences impacted on your sense of self? (Prompt: Benefits and negatives, general identity and identity as a parent)

C: Resources

11. How have you learnt to become the mother that you are now?
12. What experiences have you drawn on in your role as a mother? (Prompt: relationships, sources of support, education, any therapeutic input, role models, positive and negative experiences, representations and images of motherhood)
13. What advice would you give to care leavers or professionals working with care leavers who are or who are about to become mothers?

D: Interview experience

14. What was it like being interviewed about your experiences as a care leaver and mother, by someone who is also care experienced?

9.10 Interview transcript analysis example

Full transcript removed for publication to retain participant confidentiality

9.11 Clustered themes for analysis example

Fear of the past and its impact on the future

1. Feeling guilty as mother
2. I've done what my parents did
3. Terrified of repeating the cycle
4. Judgement of self and others

I just don't know

5. Importance of professional support
6. Seeking advice and reassurance
7. Lack of confidence in own parenting
8. Flitting to extremes yet wanting a balance
9. I only know what 'not to be'
10. I can't cope but I'm learning to

Wanting to do better

11. Determination to do better
12. Drawing on how she was with me, how she made me feel
13. Learnt to lie but want to trust
14. Trying to do it by myself, for myself
15. Learning from good and bad
16. But I'm not like my parents
17. Seeking security and stability
18. Other parents are worse than me
19. Gaining understanding helpful to self and child
20. It's paying off
21. A need to understand and deal with own demons
22. Responsibility for child

Idealised motherhood vs. imperfect reality

23. Idealised motherhood
24. Reality is harder than expected
25. Is it me or is it my child?

26. Own vs. child's needs
27. Seeking closeness, experiencing rejection
28. Ideal of traditional family is hoped for but unrealistic

9.12 Superordinate themes for all interviews

Interview 1: Lucy

- Fear of the past and its impact on the future
- I just don't know
- Wanting to do better
- Idealised motherhood vs imperfect reality

Interview 2: Beverley

- Repairing the past by giving all to the child
- Internal and contextual difficulties of parenting
- Learning to be a better mother
- Meeting own needs through relationships

Interview 3: Julie

- Joys and rewards of parenting
- Feeling connected to children vs feeling trapped by children
- Fear of the past and its impact on the future
- Unhappy life, unhappy self
- Surviving alone but thriving with help
- Journey to heal self

Interview 4: Nicola

- Difficulties of parenting exacerbated by judgement
- Vulnerabilities heightened as a parent
- (Over)compensate for own childhood experiences
- Motivations and aspirations as a parent
- Internal and external resources drawn on in parenting role

Interview 5: Barbara

- Motivated to be a better parent
- Resilient self gets me through
- Learning from and building on support of others
- Fear and judgement is destabilising
- The pain of being a parent
- Rewards and highlights of parenting

Interview 6: Louise

- Seeking to create security within self and relationships
- Responsible parenting of child
- Conscious parenting in light of the past
- Journey of healing and hope for the future
- Learning and drawing on self and others in parenting role

9.13 Table to show reoccurrence of themes across participants

Superordinate Themes	Subordinate Themes	Lucy	Beverley	Julie	Nicola	Barbara	Louise
Trying to do better	Motivated to be a better parent	✓	✓	✓	✓	✓	✓
	Learning to do better	✓	✓	✓	✓	✓	✓
	Overcompensating for the past	✓	✓	✓	✓	✓	✓
Fear of the past and its impact on the future	Fear of the cycle repeating	✓	✓	✓	✓	✓	✓
	Feeling guilty as a parent	✓		✓			✓
	A need to understand and 'deal with own demons'	✓	✓	✓		✓	✓
Parenting is hard but rewarding	Joys and rewards of parenting	✓	✓	✓	✓	✓	✓
	It's not easy having children	✓	✓	✓	✓	✓	✓
	Parenthood heightens insecurities	✓		✓	✓	✓	✓
	Anticipation and impact of judgement and stigma	✓		✓	✓	✓	✓
Connecting and disconnecting: the push and pull	Seeking connection through support	✓	✓	✓	✓	✓	✓
	Learning to trust and let others in	✓	✓		✓	✓	✓