Perceptions of Long-Term Female Foster-Carers: I'm Not a Carer, I'm a Mother

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Abstract

The need for foster-carers has significantly increased in recent decades as growing numbers of children are in need of out-of-home care. However, despite their importance to the foster-care system, the foster-carer role is imbued with ambiguity. The perceptions and expectations of the foster-carer role differ greatly between child protection workers, the children in foster-care, the wider community and foster-carers themselves. This paper seeks to provide insight and understanding of provision of long-term foster-care from the perspective of the female carer. The findings presented in this paper are drawn from a larger doctoral study that examined women's experiences of providing long-term foster-carers, but rather viewed themselves as mothers to the long-term foster children in their care. This understanding has the potential to: inform both policy and practice in relation to long-term foster-care; provide useful recruitment information;

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and possibly serve to augment relations between child protection workers and women who provide long-term foster-care.

Keywords: Long-term foster-care, foster-carer, mothering, families, fostering

Accepted: March 2013

Introduction

Foster-carers have a fundamental, but ambiguous, role within the community. Although not biologically related or legally empowered as parents, fostercarers provide a family environment within their own homes for children who are unable to remain with their birth families (Maluccio *et al.*, 2006). In recent decades, the need for foster-carers has significantly increased, on an international scale, as growing numbers of children are entering care (Colton *et al.*, 2008). This has resulted in a marked increase in research attention towards foster-carers (Sellick, 2006; Blythe *et al.*, 2011).

The ambiguity surrounding foster-carers has long been apparent in the literature (Rhodes *et al.*, 2003). Within the literature, the terms 'foster-carer' and 'foster parent' are often used interchangeably (Mietus and Fimmen, 1987). Indeed, some studies refer specifically to male and female providers of foster-care as 'foster fathers' or 'foster mothers' (Smith and Smith, 1990; Inch, 1999). The use of such terminology is not without controversy, as it is considered, by some, to be politically inappropriate and disparaging towards biological parents (Eitzen and McIntosh, 2004; Thomson, 2007). Other authors assert that recognition of the parental role foster-carers play in the lives of foster children does not negate or diminish the importance of the birth parents (Riggs *et al.*, 2009*b*).

The child protection system in Australia is complex; administrated by both government departments and private organisations; and governed by legislations, policies and protocols that vary between each state and territory (Australian Institute of Health and Welfare, 2011). This system is responsible for protecting and maintaining the health and welfare of children in Australia. The positioning of foster-carers within this system is ambiguous (Riggs et al., 2007). Within the literature, foster-carers have been variously described as both clients of, and colleagues to, child protection workers; employees and volunteers; substitute parents and specialised care providers (Mietus and Fimmen, 1987; Rhodes et al., 2003; Thomson, 2007). This lack of consistency in language within the literature is reflective of the ambiguity surrounding the foster-carer role in the wider community. Moreover, there is significant disagreement amongst foster-carers themselves regarding their role. Some foster-carers are calling for the development of a professional identity that recognises them as members of the child protection team (Butcher, 2005; Smyth and McHugh, 2006; Kirton et al., 2007b). Conversely, other foster-carers reportedly reject the idea of a professional identity (Butcher, 2004; Smyth and McHugh, 2006; Kirton *et al.*, 2007*a*). Those who reject the professional identity identify themselves in terms of their place in the lives of the foster children, referring to themselves as parents within a family rather than professionals within the child protection system (Smyth and McHugh, 2006; Riggs *et al.*, 2007; Broady *et al.*, 2009). The role ambiguity within society creates a difficult milieu for foster-carers.

Foster-care is generally provided on an immediate, short-term or longterm basis. Emergency foster-care is used for children needing immediate care and generally lasts for a few weeks (Colton and Williams, 2006). Shortterm foster-care may last up to a few years, during which time reunification with the biological family is the primary goal (Colton and Williams, 2006). When reunification with the biological family is deemed to be untenable or unachievable, children are placed into long-term foster-care until they reach the age of maturity (Schofield, 2002). Although terminology and duration vary between child protection systems, both within Australia and internationally (Australian Institute of Health and Welfare, 2011; Sellick, 2011), for the purpose of this paper, the terms 'emergency', 'short-term' and 'long-term' will be used to describe the different types of foster-care.

There is emergent evidence to suggest that foster-carers' understanding of their role may differ according to the type of foster-care they provide (Smyth and McHugh, 2006; Riggs *et al.*, 2007, 2009*b*). In their investigation of 450 foster-carers in Australia, Smyth and McHugh (2006) identified that those who provided long-term foster-care were less supportive of a professional identity compared to those who provided short-term foster-care. Additionally, providers of long-term foster-care have been found to identify themselves as parents (as opposed to paid carers) and prefer to communicate in terms that acknowledge this relationship (Riggs *et al.*, 2007, 2009*b*; Blythe, *et al.*, 2011).

Although the literature investigating the perceptions and experiences of foster-carers is increasing, little is known about women's experiences of providing long-term foster-care or how they characterise their role (Broady *et al.*, 2009; Daniel, 2011). Studies have demonstrated the provision of foster-care to be heavily gendered, with the majority of care being provided by women (McHugh *et al.*, 2004; Grimm and Darwall, 2005; Siminski *et al.*, 2005); thus, an understanding of the female perspective is imperative.

Method

Design

The findings presented in this paper are drawn from a larger doctoral study that examined women's experiences of providing long-term foster-care in Australia. A qualitative storytelling approach, informed by feminist principles, was used to inform the data collection. This methodology was selected as it values subjective knowledge, places importance on women's individual experiences (Jackson *et al.*, 2005) and recognises 'meaning' rather than 'truth' as a legitimate end product (Bailey and Tilley, 2002). Shaped within a personal, social, historical and cultural context, stories are more than a chronology of life events; they are imbued with personal meaning (Polkinghorne, 1995; Gaydos, 2005). It is through stories that we shape our identity and make sense of our world (Smith and Sparkes, 2006).

Participants

Women who provided long-term foster-care were the focus of this study. Multiple strategies were used to access this population, including a media release, recruitment posters, web-based advertisements and snowballing. Interested parties were invited to contact the first author via telephone or e-mail. Subsequently to initial contact, participants received an information package, through the postal service or electronic mail, which gave an overview of the study, eligibility criteria and interview process. It also delineated the voluntary nature of research and the ability to withdraw from the study at any time without penalty.

Data collection

Data were collected in 2010, using semi-structured interviews that posed broad questions and enabled participants to convey the story they wanted heard, in their own words. To enable the inclusion of participants with significant child-care responsibilities, multiple interview techniques were employed. Interviews occurred either face to face (n = 9), over the telephone (n = 9) or electronically using e-mail (n = 2).

Ethical considerations

The study was approved by the relevant Institutional Ethics Committee. Informed consent was gained prior to collecting data. Recruitment ceased when data saturation was achieved (Grbich, 2007). Pseudonyms have been used to ensure confidentiality of both participants and the children in their care.

Data management and analysis

All audio-recorded data were transcribed and entered with text data into computer-assisted data analysis software (NVivo9TM), which was used to

aid in the management and analysis of data. Data accuracy was achieved by auditing transcripts against recorded interviews (Halcomb and Davidson, 2006). Analysis was an iterative process, requiring familiarity with the data, which was achieved by reading and re-reading the data as well as listening to audio-recorded data several times. Once immersed in the data, analysis was influenced by techniques suggested by Anderson and Jack (1991), who emphasise the importance of women's statements that are selfevaluative, self-reflective and contradictory of self. Data were then coded and grouped into broad themes and examined for relevant sub-themes.

Findings

Analysis of the complete data-set revealed three major themes. These have been termed as: (i) Mothering revealed; (ii) Seeking recognition; and (iii) Mothering in the system. Each of these major themes had a number of sub-themes. Given the extent of the data, this paper reports only the content of the first major theme, Mothering revealed, and its three sub-themes: (a) A mother's commitment: *I'm in it for the long haul*; (b) A mother's love: *To be a mum you've got to have the heart*; and (c) A mother's struggle: *It's easy to take the blame*. The findings revealed in the other two major themes are reported elsewhere (Blythe *et al.*, 2011).

Participants

Twenty women volunteered to share their stories of providing long-term foster-care (see Table 1). The majority of participants were residing in New South Wales (n = 14) at the time of data collection. The remaining participants represented Victoria (n = 4), South Australia (n = 1) and the Australian Capital Territory (n = 1). The participants had between three and forty-four years' experience providing foster-care. In total, participants provided long-term foster-care to fifty-four children. In addition to long-term foster-care, seventeen women had also provided short-term foster-care.

Mothering revealed

Participants' stories revealed a clearly perceived distinction between the responsibilities of short-term and long-term foster-care. This distinction could be seen to influence the participant's maternal self-perception. Three participants revealed this distinction influenced their decision to only provide long-term foster-care. The remaining participants (n = 17) contrasted their experiences of providing both long-term and short-term foster-care to demonstrate the perceived differences. Though participants

Participant pseudonym	State of residence	Age	Experience providing short-term foster-care	Number of long-term foster children	Number of biological/ adopted children
Anna	NSW	73	Yes	3	7
Beth	NSW	55	Yes	1	2
Carol	NSW	55	Yes	3*	4
Darla	ACT	57	Yes	3	1
Felicia	NSW	43	Yes	6	3
Gloria	SA	48	Yes	2	None
Helen	NSW	46	Yes	1	None
Irene	NSW	55	Yes	4	None
Jodi	NSW	41	No	3	1
Karen	NSW	62	Yes	1	1
Laura	VIC	65	Yes	4	4
Mary	NSW	45	Yes	1	2
Natalie	NSW	53	No	1	3
Olivia	VIC	59	Yes	2	1
Paula	NSW	59	Yes	4	6
Rachel	NSW	63	Yes	4	4
Tracy	NSW	56	Yes	2*	7
Uma	NSW	42	No	2	2
Vicki	VIC	72	Yes	1	3
Yvonne	VIC	52	Yes	2	2

Table 1 Participant characteristics

* Indicates participant also adopted previous long-term foster children.

were not biologically or legally mothers to the children for whom they provided long-term foster-care, all identified themselves as mothers. Carol explained: '... to me I'm not a [foster-] carer, I'm a mother.'

Participants did not extend this perception of the maternal role to other foster children in their care. For those children in short-term, crisis and/or respite foster-care, participants described themselves as foster-carers. This relational difference was partially due to the responsibilities participants associated with providing short-term foster-care. Yvonne clarified:

 \dots the court makes these decision about when the children go home and where the children are going and I see that as part of your role as a [short-term] foster carer to be facilitating that as best as you can.

Participants identified the responsibility of a short-term foster-carer to include preparing the children for either reunification with their birth families or transition to a long-term placement. Given the notion of future reunification or transition, participants described that to assume a mothering role was inappropriate. Conversely, participants specified their responsibility as a long-term foster-carer to involve embracing the children into their own families. Felicia explained: 'In short-term you're preparing the child for their long term placement. Where long-term—you're it. So you're mum.... Your family becomes their family.' The nature of the foster-care system is such that a child's care requirements can change and, sometimes, foster-carers are asked to keep shortterm foster children on a long-term basis. When Yvonne reflected on her own experience of this, she stated: 'There was a shift.' She went on to explain how she transitioned emotionally and psychologically from fostercarer to mother:

You might say, well, I am too attached to her [foster child] but that's because the idea's been put in my head. [The department] have actually asked me would I do permanent care for her you see. I guess because I've said 'Yes, I would like to,' and I've made that decision that I'm responding to her... and so I think I feel extra, extra protective of her and maternal towards her (Yvonne).

Participants' stories did not describe what they do as long-term fostercarers; rather, their stories defined who they are as mothers. This maternal self-perception dominated participant's stories and it is from this perspective that they discussed their lives. Rachel stated: 'It is my life... it is who I am.' Based on this understanding, the following three sub-themes reveal how participants characterised and understood themselves as mothers.

A mother's commitment: I'm in it for the long haul

Generally, foster-care is time-limited in that, when care orders end or children in foster-care reach the age of maturity, the children become legally responsible for themselves. Although programmes and services are available during this time of transition (Hill *et al.*, 2010; Collinsa and Ward, 2011), effectively, the foster-carer's mandate to provide care for the children is rescinded. Despite this, participants articulated their commitment to long-term foster children as life-long and clearly anticipated their maternal caring role to evolve and continue as the children matured into adults:

People often say what happens when they turn 18 and I say: The same thing that happens when your biological children turn 18, they get to do what they want but they're still your child. It makes no difference to me when they turn 18 as to what they do or where they go, as far as I'm concerned this is still their family and they have the rights of every other child in the family (Tracy).

Within Western society, it is expected that children will grow up and eventually leave the family home, but it is not customary for children to grow up and leave the family. Rather, as adult children form committed relationships and become parents themselves, the family expands. Given this expectation, and participants' maternal self-perception, it was not surprising to find some participants not only anticipated continuing their maternal role in the lives of their adult foster children, but also spoke of fulfilling the role of grandmother to their foster children's children. Irene remarked: 'One day I might have a grandchild from one of these four, if I'm lucky.' Foremost in participants' stories was their commitment to the children. Most participants described a willingness to accept the good with the bad, celebrating and lamenting with and for the children. Although some participants revealed caring for the children was often arduous due to the children's complex behavioural, developmental and psychological needs, their commitment to the children was unwavering. When reflecting on her own commitment, Gloria commented:

...it's been bloody hard work but I guess we went into these two boys [thinking] okay, we're going to see them through and no matter what is required, we're going to do the best we can to make sure that happens.

A mother's love: to be a mum you've got to have the heart

Although the participants acknowledged that caring for children, even on a temporary basis, carried with it a natural emotive element, they described the foster-carer-child relationship as constrained. This level of constraint enabled participants to relinquish the children in short-term foster-care; Natalie explained: '... when he was in short-term care I felt like I had a little box around my feelings.' However, in assuming a mothering role, participants emotionally connected with the children in a way they could not in providing short-term foster-care:

... the likelihood that they're going to stay [long-term], it does change the way that you feel about them. Well for me it does; it definitely changes the way that... you allow yourself to be a lot more connected with them and love them more. I think in a more intimate way (Yvonne).

Many participants described making deliberate, consistent efforts to emotionally engage the children. Rebuff and rejection from the children were common experiences as participants endeavoured to establish maternal– child bonds. Despite their position of emotional vulnerability and frustration, participants were patient, prioritising the children's emotional wellbeing before their own, allowing the bond to form gradually at a pace set by the children:

But I used to think, am I ever going to break through with this child? You know, what can I do? But I knew that I could not force myself.... Eventually, after staying back and just doing it at a distance she finally let me through (Carol).

The reciprocal nature of the mother-child dyad carries with it desires and needs of both the child and the mother. Similarly to biological and adoptive mothers, most participants described their desire to bond with the children, in a way they could not when providing short-term foster-care, and found fulfilment and satisfaction when that bond occurred. However, the time and effort it took to form intimate maternal relationships with the children surprised a few participants:

It didn't happen as we kind of just thought it would, you really have to work at it. You seem to be forever looking for it and hoping it is reciprocated and it takes a long time for that to happen (Uma).

Once established, the mother-child dyad allowed participants to understand the children's individual needs, desires and struggles. Consequently, several participants' described their understanding of the children to be superior to others, including those agencies legally responsible for the children:

I feel, you know, as their mother, I can see where their heart's cry is, and that's what I would like to do—not to have a department who really doesn't know these kids, doesn't put time into these kids, doesn't know ... how they tick, how they feel, the stresses they're under....If they [the department] really knew what made them [the foster children] tick, it would be a totally different issue (Carol).

A mother's struggle: it's easy to take the blame

Generally, participants set high maternal expectations of themselves. Further, some participants expressed a desire to make up for any parental deficits the children may have experienced prior to entering their care. This meant more than just providing a safe, nurturing environment moving forward and incorporated creating an environment that could facilitate healing. However, despite participants' good intentions and best efforts, at times, the children continued to struggle. When this happened, many participants experienced anxiety, self-doubt and guilt:

It makes you feel perhaps inadequate, like I haven't put in enough effort sometimes maybe. I think to keep it in perspective, I know they [foster children] know they're loved and I know that they have a stable life [now]. That the consistency is there, although you do feel like they've missed something. It's easy to take the blame (Uma).

Children in foster-care often experience negative social, emotional, psychological, behavioural, educational and physical difficulties (Teicher *et al.*, 2003). Mothering children with such complex needs presented numerous challenges for many participants; however, this did not assuage participants' self-critique. Rather, participants questioned their maternal ability when their efforts appeared ineffective:

So you think you're going to get this child and it may not bond to you, but eventually it will and it's not hard work and as long as you stick it out basically it will happen... in the meantime the child tells you it hates you, wants to hurt you, is a screaming mess in the corner foaming at the mouth, just having a tantrum and you're standing there going well, I don't know what to do (Uma). High self-imposed maternal expectations and harsh self-critique negatively impacted on many participants' health, causing anxiety, loss of sleep and fatigue:

I get to a certain point then, like I was not sleeping well either and I'm waking up in the middle of the night, I'm awake for two hours just worrying about stuff. So then it has this cumulative effect that can be quite eroding (Gloria).

The experience of self-doubt, anxiety and guilt in relation to their mothering role was not described by participants as unusual or out of the ordinary. Rather, such experiences were explained to be a natural part of being a mother. Uma stated: 'I think mums always carry the guilt.'

Discussion

This doctoral project set out to explore women's experiences of providing long-term foster-care. The sample size and selection process were in line with qualitative methodological standards and appropriate for the aim of this study (Grbich, 2007). However, this sample does not reflect the experiences or perspectives of cultural minority groups, as the majority of participants (n = 19) had an Anglo-Australian heritage. Given these limitations, these findings are not generalisable; however, their similarity to extant literature confirms and supports their transferability (Grbich, 2007). The findings presented in this paper resonate with the work of Riggs *et al.* (2007, 2009b, 2010), which found that providers of long-term foster-carers identify themselves as having parental (rather than paid carer) relationships with the children and expressed a desire to have those relationships recognised and acknowledged.

The women in this study identified themselves as mothers to the longterm foster children in their care. Broadly stated, the goal of foster-care is to provide children with a stable family-like environment conducive to their healthy development (Ponciano, 2010). Optimally, foster-care has the potential to enable attachment (Laybourne *et al.*, 2008), facilitate healing (Riggs *et al.*, 2009*a*) and provide a secure base from which children can draw strength and develop resilience (Schofield, 2002; Schofield and Beek, 2005). Further, research has demonstrated that foster-carers who are sensitive and committed are a key determinant in achieving optimal outcomes for foster children (Sinclair and Wilson, 2003). By positioning themselves as mothers, participants were able to commit to and love the children in a way they deemed those who took on a paid caring role could not.

Deeply entwined with notions of femininity and gender, motherhood is presumed to be the primary identity for women (Letherby, 1994; Arendell, 2000; Kruger, 2003) and is generally regarded as a state of being (Garey, 1999). However, despite the extensive body of literature about motherhood and mothering, there is still no agreed definition of what constitutes a mother beyond the biological conception or legal adoption of a child. Irrespective of this, participants in this study identify themselves as mothers to children with whom they have no biological or legal link.

It is widely accepted that 'the family' is a social construct that evolves with time and, until recently, was generally formed through biological or legal means (Poole, 2005; Lynch, 2010). Traditionally, white, middle-class, married, heterosexual couples with biological children have been endorsed as the ideal Western family (Gilding, 1997; Padavic and Butterfield, 2011). However, numerous alternative forms of families that are not necessarily biologically or legally constructed, such as same-sex couples with children, are being acknowledged within Western culture (Jackson and Darbyshire, 2004/05; Weber, 2010). Conversely, although 'the family' itself is increasingly diverse, the traditional roles within the family (mother, father, children) have largely remained unchanged (Wilde, 2007; Padavic and Butterfield, 2011). The social salience of these roles make them the benchmark against which all new family identities are negotiated, measured and defined.

The influence of dominant mothering ideology, often referred to as 'the good mother' or 'intensive mothering', is apparent in participants' stories (Arendell, 2000; Goodwin and Huppatz, 2010). Located within the context of the ideal Western family, this paradigm purports that mothering is child-centred, emotionally involving and time-consuming (Hays, 1996), necessitating self-sacrifice and resulting in self-blame and guilt when not wholly achieved (Gross, 1998). Despite criticisms, this ideal remains the normative standard by which all mothers in Western society are evaluated and evaluate themselves (Arendell, 2000; Goodwin and Huppatz, 2010). Although participants constructed their stories in line with this ideology, they did not illustrate themselves as 'good mothers' per se, but as mothers who struggled to attain this ideal.

Feminist theorists are largely responsible for 'mother' being viewed as a socially constructed and separate from that of 'woman' (Arendell, 2000; Goodwin and Huppatz, 2010). The notion that 'mother' is socially, rather than biologically or legally, defined is increasingly prevalent in the literature (Bernstein, 2001; Ridgeway and Correll, 2004; Bemiller, 2010). Collett (2005) argues that a biographical event does not a mother make, but that a woman truly becomes a mother 'by playing a socially defined, publicly visible role' (Collett, 2005, p. 328). However, the idea of 'mother' as a social construct is not new. Rubin's (1967) Theory of Maternal Role Attainment (MRA) posits motherhood does not coincide with the expectation or arrival of a child, but evolves as the woman achieves a sense of being and comfort in her role. Over the past several decades, the theory of MRA has been further refined and expanded to reflect a woman's maternal self-perception as a dynamic, fundamental and inseparable part of the woman who chooses motherhood (Rubin, 1984; McBride and Shore, 2001; Nelson, 2003; Mercer, 2004). In essence, becoming a mother permanently changes a woman's self-perception. Four participants

did not have biological or legal children of their own; their decision to provide long-term foster-care enabled them to choose motherhood and develop a maternal self-perception. Based solely on the relationships they constructed with their long-term foster children, these four women identified themselves as mothers. Conversely, sixteen participants had biological children of their own. Thus, at best, providing long-term foster-care afforded these participants the opportunity to maintain their maternal selfperceptions. However, theorists contend transference does not occur, but rather a new dimension of the woman's maternal self-perception is created with each additional child (Rubin, 1967; Mercer, 2004).

Social policy and practice tend to favour biological and legal family links, disregarding socially constructed familial ties (Shdaimah, 2010; Padavic and Butterfield, 2011). Such a preference presumes emotional attachment coincides with biology or legality and is superior to any alternative. However, research demonstrating the importance of socially constructed family relationships to individuals' health and well-being challenges this assumption (Eitzen and McIntosh, 2004; Schofield and Beek, 2005; Riggs *et al.*, 2009b). Existing social policy and practice should be reviewed and amended to reflect the increasing diversity of society's families and constituents.

Understanding the provision of foster-care from the carer's perspective has important implications for the recruitment and retention of fostercarers. Feelings of exclusion and powerlessness have been articulated by foster-carers when describing their relationships with child protection workers and are identified as factors contributing to foster-carer attrition (Wilson *et al.*, 2000; Sheldon, 2002; Gilbertson and Barber, 2003; Rosenwald and Bronstein, 2008). Child protection workers who have an understanding of the maternal self-perceptions of women providing long-term foster-care may be more sensitive to the women's desire for inclusion in decision making for the children. Such inclusion has been cited in the literature as contributing to foster-carer satisfaction (Sanchirico *et al.*, 1998).

It is clear that the participants perceived themselves as mothers to the long-term foster children in their care. However, questions remain regarding how these women maintain their maternal self-perception within a governing system that retains legal authority over the children, thus limiting their maternal autonomy. Moreover, how the children's biological mother may impact upon these women's maternal self-perceptions is unclear. It is also difficult to determine, from this small sample, whether the age of child at placement or the number of previous placements influenced participants' maternal self-perceptions. Further investigations are needed to determine whether these maternal self-perceptions are widely held by women providing long-term foster-care within different countries and cultures. Studies should also seek to determine whether the children living in fostercare, other members of the foster family, professionals within the child protection system and persons in the wider community perceive women who provide long-term foster-care as mothers.

As society increasingly accepts diversity in families, the roles within the family should also evolve beyond their traditional constraints and definitions. Perhaps the definition of 'mother' could be expanded within Western society to acknowledge socially constructed maternal-child relationships. Such a change in societal perception is necessary, as the body of evidence that suggests denying women who provide long-term fostercare the position of mother has a negative effect on their health and wellbeing is increasing (Broady *et al.*, 2009; Blythe *et al.*, 2011). Moreover, given the concomitant effects maternal well-being has on child well-being (Streisand *et al.*, 2010), this societal change also has the potential to significantly impact the children in foster-care.

In conclusion, this paper has added to the literature on foster-carers and provided some insight into women's experiences and perspectives regarding the provision of long-term foster-care in Australia. Further research, in Australia and internationally, is needed to develop the body of knowledge relating to foster-caring and foster-carers from a range of perspectives. Such an understanding is essential to recruitment, retention and foster-carer satisfaction by facilitating the development of appropriate evidence-based strategies to support foster-carers.

Acknowledgements

The authors would like to thank the women who participated in this study. Stacy Blythe, the lead author, is a full-time Ph.D. Candidate and recipient of an Australian Postgraduate Award. This scholarship is funded by the University of Western Sydney.

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