

Experiences of disenfranchised grief arising from the unplanned termination of a foster placement: An exploratory South Australian study

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Abstract

When a child who has been in your primary care – a child whom you have loved, helped in times of need, comforted when upset, and celebrated with in times of happiness – is taken from your care unexpectedly, and when this care arrangement was thought to be long term, the loss and grief is likely to be significant. Furthermore, the significance of such loss and grief may be compounded if it is not adequately recognised. The findings reported in this paper affirm this supposition, by exploring four case studies of South Australian foster carers who had experienced an unplanned placement termination. Specifically, the findings suggest that the participants experienced their grief as disenfranchised (i.e., it was not adequately recognised nor were they adequately supported in coming to terms with it). The case studies highlight the need for recognition of the fact that foster carers are not simply ‘paid babysitters’, but rather form enduring and meaningful attachments with the children in their care, and that the ending of a placement, especially one intended to be long-term, will likely bring with it significant loss and grief issues.

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Introduction

Little research exists addressing the grief foster parents may feel when a child, to whom they have become attached, is removed from their care, for purposes of adoption, a return to biological parents, or treatment in an alternative setting (Schormans, 2004, p. 350).

As Schormans' statement affirms, there is little research addressing the loss and grief that foster carers may experience when a placement ends. Importantly, however, Schormans' research was conducted in the US, where foster carers typically care for children for relatively short periods of time prior to the child being placed for adoption (or one of the other outcomes indicated by Schormans). In Australia, by contrast, and unlike other countries such as the US and UK (where adoption is the preferred option for children unable to live with their birth parents), almost half of all children unable to live with their birth parents will be raised in a foster placement. The latest Australia statistics on children in care indicate that of the 25, 000 children in the country who are on guardianship orders (i.e., they are under guardianship of the Minister), 47% are living in long-term foster care (AIHW, 2010). As such, Schormans' point is thus heightened in the Australian context, where the removal of a child from an intended long-term placement may result in significant loss and grief for the foster carers and indeed the children.

In response to both the lack of existing research on the topic of loss and grief amongst foster carers arising from placement termination, and the specific implications of this in the Australian context, the research reported here sought to explore the loss and grief

experiences of a small sample of South Australian foster carers who had experienced an unplanned placement termination. Whilst foster placements may at times end for reasons that are in the best interests of the child (i.e., reunification with birth parents), the focus of this research was upon instances when foster carers had little or no control over the placement ending. The foster carers in our sample had been informed that the placement would be long term, and as a result the unplanned termination of the placement resulted in significant loss and grief issues, primarily due to the fact that non-kinship carers (who were the focus of our study) are usually unlikely to have contact with a child who is in their care if the placement ends. The possibility of placement termination, and the likelihood of having no ongoing contact with the child, thus highlights the fact that whilst foster carers are asked to assume the role of the parent 'surrogate' and take on the roles and expectations attached to this, they are at the same time constantly reminded that the child is legally not their own (Riggs, Delfabbro & Augoustinos, 2008; Schormans, 2004). Furthermore, and as our findings suggest, the loss and grief arising from unplanned placement terminations was for many of the carers disenfranchised: it was not adequately recognised (specifically by case workers), and thus compounded.

Previous Research

Foster placement breakdown or termination is defined by Berridge and Cleaver (1987) as a 'placement ending that was not included in the social work plan either in the ending itself or the timing of the termination' (p 12). Early research on the topic conducted by Aldgate and Hawley (1986) indicated that the impact of placement termination is

typically quite distressing to the carer as a single event, however it can also be distressing when there are a series of stressful events that lead to a placement termination. For example, a foster carer who has experienced months of problems with their foster child's behaviours, and who has asked for help but not received it, will likely experience considerable distress associated with placement breakdown. More recently, and writing of her own experiences as a foster mother, Mullings (2010) suggests that there is an inherent conflict that exists within foster care systems, between on the one hand the injunction upon carers to form a caring relationship with children in their care, and on the other the lack of recognition of the grief that may be experienced if a child is removed from their care (a point also made by Roberts, 2011).

Steinhauer (2001) suggests that there are a number of factors that potentially influence the intensity and duration of the loss and grief experienced by foster carers following a placement termination. These include; raising the child since infancy, living through shared difficult challenges and/or sharing a 'special' relationship with a child they were 'well matched' with, the removal being unplanned or sudden, and the degree of involvement the foster carers is given in the decision.

Schormans (2004) explains that foster carers can express their grief over a child being removed from their care in many ways. One of these ways includes anger at the child welfare agency and the case workers who may be unaware of the grief experienced by the foster carer. Alternatively, if the case workers and agency are aware of the grief the foster carers are experiencing, yet do nothing to address it, this grief can be

disenfranchised. Doka (2002) suggests that there are five reasons why grief is disenfranchised;

The relationship itself is not recognized (marital or biological kinship relationships are preferably validated); the loss is not recognised or defined as significant, the griever is not recognised or defined capable of, or entitled to, grieve, the death itself is disenfranchised (as a result of stigma and /or devaluation of the deceased and/or manner of dying); or the way the individual grieves falls outside of culturally determined and sanctioned norms.

Further, disenfranchisement of grief amongst foster carers may occur as a result of the assumption that placement termination is all ‘part of the job’, a point also noted by Mullings (2010). Swartz (2004) suggests that payments to carers are often presumed to attract people who are thought to have mercenary motivations, which means not only that there is an assumption that such carers will remain unattached to children in their care, but that as a result of this lack of attachment, the termination of a placement will not bring with it an emotional cost (see also Roberts, 2011, for more on this in regards to respite services). As a counter to these assumptions, Swartz suggests that paying for care does not diminish the quality of care nor attachment to children. Swartz explains that the foster mothers in his study were understandably grief-stricken when a foster child left their home, not because they would no longer get payments from the agency, but because they had come to love the child who was in their care (see also Riggs & Delfabbro, 2008).

In developing the study reported here, we were particularly interested to identify whether disenfranchised grief was an issue for the participants, and how this impacted upon their experience of an unplanned placement termination. As the following case studies suggest, disenfranchisement of their grief was an unfortunate hallmark of our participants' experience.

Method

Procedure

Ethics approval for the project was obtained from Flinders University's Social and Behavioural Research Ethics Committee. Recruitment of foster carers and data collection took place over 3 months. Participants in the study were contacted through their caseworkers. The reasoning for this approach was to ensure that there was no coercion on the part of the researchers in terms of the decision process of participants. Foster carers were given a flyer, which explained the research and outlined what would be required of them in their involvement. Four foster carers responded to take part in an interview. Reports from caseworkers suggest this is a significant underrepresentation of the number of carers who would have been eligible to participate on the basis of the inclusion criteria outlined below. Reasons for the low response rate are unclear, but the findings may suggest some reasons, as discussed later.

Interviews lasted between 30 and 60 minutes. Interviews followed a semi-structured format, and included questions such as 'Could you tell me about your role as a foster

carer’, ‘What is your experience of placement termination’, and ‘How did the placement termination impact upon your commitment to care provision’. Interviews were transcribed verbatim by the second author.

Sample

The focus of the present research was upon South Australian non-indigenous non-kinship carers. Kinship carers were excluded as it was considered likely that their experiences of loss and grief due to a placement termination would present differently to those of non-kinship foster carers. This assumption was made on the basis of the fact that kinship carers will often have the opportunity to have contact with, and perhaps visit, the child that was removed from their care as they remain in their extended family. Indigenous carers were also excluded from this research as carers in Indigenous communities often assume the caring role of a child in their family or community and thus, as kinship carers, may continue to see the child who was placed in their care.

Inclusion criteria for the study were having experienced an unplanned placement termination, and that this was not in the past six months (in order to avoid interviewing carers who had just experienced the placement termination). An unplanned placement termination, for the purposes of the research, was defined as the ending of a placement (either by a case worker or by a carer) that was not in the case plan, and that the foster carer did not expressly desire for the placement to end (all mitigating factors aside). As will be shown in the case studies, whilst the reasons and experiences of placement termination were diverse, all of the participants met these criteria in a broad sense, in

that they wished the placement had not ended (even if in some instances it ended by their volition, albeit due to significant stressors associated with the placement). Potential participants were provided with information about counselling services for loss and grief that were external to their agency, should the interviews cause distress.

All four participants were women aged between 30 and 50 years of age. Two of the women had only been caring for a short time (3-5 years), whereas the other two women had been caring for more than 10 years. The foster carers who had been caring for more than 10 years had a total of over 120 children placed in their care between them, either long term, short term or emergency placements. The two foster carers who had been caring for only 3-5 years had fewer than five children placed in their care in that time, with one in particular having only one child placed in her care.

Analytic Approach

A case study design was adopted for this project, primarily due to the difficulty in sourcing a larger sample, but also because of the exploratory nature of the study. As previous research suggests, case study analyses allow for the identification of issues facing a community when there is little previous research to go on (Baxter & Jack, 2008). As such, case studies are telling, rather than typical, in that they involve the in-depth exploration of a relatively small number of cases, rather than using the responses from a large number of participants to paint a general picture of the broader population. Nonetheless, case studies, when several are presented together, can provide some indication of potentially similar issues across cases, as well as their unique facets. As

such, they provide insight for future researchers as to the key issues at stake in any given topic, and can provide directions for areas requiring attention by policy makers and practitioners.

Case Studies

Sarah

At the time of the interview, Sarah, a single woman with one biological child of her own, had been a carer for three years, and in that time had cared for one foster child. The placement had lasted for 10 months, during which time the foster child and Sarah's biological child had displayed increasing animosity towards one another, which was compounded by a reported lack of support from agency workers in managing the foster child's challenging behaviours, and which had resulted in the placement being terminated. Whilst ultimately the placement ended as a result of Sarah deciding that the placement was no longer tenable, we would still consider this an unplanned placement termination that was to a large degree beyond Sarah's control, as she stated:

When I took on [the child], I was making a long-term commitment. [The child] had bounced around a number of placements and I wanted to give them a place where they could experience stability and a sense of belonging. It was the hardest decision I have ever made, ending the placement, and I know I wouldn't have done it if I had received the support I needed earlier on. It has left a hole in my heart that is going to take a long time to heal.

When asked further about what it means for the placement to have ended, Sarah stated:

I feel like I have failed. I mean I know that, from talking to other carers, that sometimes it is almost like the system sets us all up to fail, but that doesn't stop me feeling guilty about not being able to make it work. I feel like that poor child just needed someone to see them through, and I couldn't do that. I worry for what will happen to them next in life.

As Sarah notes, system issues impact upon all who work in the child protection system in Australia, despite the best intentions of all involved. Yet for Sarah, her sense of guilt was still significant in terms of the placement ending. This sense of guilt, it appeared, was compounded by an ongoing focus upon other ways the placement could have gone:

I feel like I spend my time wondering 'what if'. What if I had been supported better. What if I had spoken up earlier about the behaviours. What if regular respite had been available to me. Most days I can tell myself I did my best, but other days I feel like there was more I could have done.

Here Sarah voices a concern expressed across all of the participants, namely that support services are not adequate enough. Also echoing the concerns of other participants was Sarah's suggestion that she could have done more. Whilst this a perhaps understandable response to the loss of a child who was very much cared about, our concern is that this type of response on the part of carers locates them as the source of blame, rather than locating their decisions in a broader institutional context where support for carers should be forthcoming in order to prevent unplanned placement terminations. For Sarah, the upshot of the placement ending was that she had decided to 'take a break' from caring, and that she would reassess her feelings and commitment to care in 12 months.

Rebecca

At the time of the interview, Rebecca and her partner had been carers for 7 years, and had two children placed with her. She also had previously provided emergency and short-term care for babies. Rebecca's experience of placement termination, whilst occurring two years before the interview, was still a significant point of distress for Rebecca:

I'm really glad to be able to talk about this, as I think most people are sick of hearing about it. I am still going to a counsellor about it, but the sadness just doesn't seem to go away. I gave my heart to that baby, and I feel they took part of it with them when they took him away.

The story of Rebecca's experience of placement termination was complex. She had a new born placed with her in an emergency placement, but within a matter of weeks the case plan shifted so that it was decided that the child would stay with her long-term. No birth family were involved and Rebecca was told that none had expressed any interest in parenting the child. After Rebecca had been caring for the infant for nine months, she was told that the birth father had presented to the agency requesting access. Within a three week period, this access not only began on a regular basis, but it was then decided, contrary to the case plan, that the child would be reunified. At no point was Rebecca consulted about this, as she states:

I was the only parent he had ever known. I was his mum. But all of a sudden the case worker decided that he would be better off with his birth father, and in a small amount of time this was done. It went from him seeing the child to me being told that in one more week he would go to live with him. No matter what I said, they didn't listen.

This, we would suggest, was the beginning of the disenfranchisement of Rebecca's grief, where there was no acknowledgement that her bond with the child was significant enough to warrant the placement continuing. As she stated:

It was like I was just a paid babysitter. I had been told that he had significant delays when placed with me, and that I needed to help him bond so that he could catch up. Well I did all of that, and then they took him, as though it was just 'job done'.

The relatively sudden removal of the child and the lack of attention to Rebecca's thoughts and feelings was compounded when, after two months, the reunification broke down, yet the child was not returned to Rebecca, but rather placed in a new foster home. For Rebecca this just contributed to her sense of being not valued:

I just couldn't understand why they wouldn't place him with me again. How can it be the best thing for the baby to just be shunted around from person to person? It was like they made the wrong decision and couldn't admit that to me.

Again, Rebecca expresses how her own knowledge about, and commitment to, the child was ignored, thus further compounding her sense of being invisible, or just a 'paid babysitter'. Whilst Rebecca was continuing to care for the two children placed with her long term, she had, at the point of the interview, removed herself from the list of carers

willing to take on emergency and short-term placement because she ‘couldn’t afford the heartbreak again’. Rebecca stated that ‘if I didn’t love my two children, I would leave the system altogether’.

Kate

At the time of her interview, Kate and her husband had been foster carers for three years, and in that time had cared for six children. Kate was registered as an emergency carer, however one child placed with her for a weekend ended up staying with her for over a year, and the case plan had been developed to support the placement long-term. This placement ended, however, when the family moved house an hour away from the house they were living in when the placement began. Despite attempts by Kate to negotiate ways for the placement to continue, it was terminated abruptly, as she explains:

We went from a happy family with my husband and I, our three children, and our foster child, to a family experiencing a lot of sadness because the child was removed. We made the move to give all the kids more space, and also so my husband could be closer to his new work which pays better and allows us to be more financially secure. Yet this reason wasn’t good enough, and the worker just decided to stop listening and end the placement.

Similar to the story told by Rebecca, Kate emphasised the lack of consultation and the lack of what she would have seen as due consideration of what might be in the best interests of the child in terms of their bond to the family. Compounding the problems

caused by the lack of consultation, was the impact the placement termination had upon Kate's sense of self:

It makes me wonder what people think. Maybe they think it ended because I'm not a good mother. I think we made the best choice [to move], but the worker made it out like it was the wrong choice. All it would have taken was a little extra work. It wasn't as though the accesses were that often anyway. It just makes me feel like there was an agenda that wasn't stated, or a judgement that was made.

Kate's comments echo those in previous Australian research on foster care (e.g., Riggs, 2011), which suggests that foster carers perceive that they are treated with suspicion, and that their actions are hyper-scrutinised, over and above any other stakeholder in the child protection system. Similar to Rebecca, Kate also reported that her grief over the placement termination was disenfranchised:

It was like no one wanted to listen. Once the decision was made it all happened so quickly, and no one came to me and asked how I was. I felt I couldn't talk too much with my family about it as they were hurting too. So it was like one minute I was the mother of four children, and then next it was only three. It was like a death.

When this topic of the placement termination being like a death was explored further, Kate stated that:

I think it was more hard because I have always wanted a fourth child, but couldn't have one. This was like a blessing for me, and to lose the child was like losing that dream. I know we can foster again but I don't know if I can take the risk.

Kate's comments are notable for the investment they show in seeing foster care as a mode of family formation. Whilst our previous research (e.g., Riggs, Delfabbro & Augoustinos, 2008) has suggested that many Australian foster carers are indeed motivated to care by a desire to have children, this may be fraught for some carers, as Kate's narrative would suggest.

Barbara

At the time of the interview Barbara and her husband had three foster children in her care, and two adult biological children who were living out of home. Barbara had been caring for 22 years, in which time she had cared for over 100 children. Barbara shared two stories of placement breakdown. The first occurred 20 years ago, and involved a child who had been in her care at that point for two years, and who, due to what Barbara described as a 'mix up at the court', was reunified with their birth mother, rather than remaining with Barbara long-term, as had been the case plan. As Barbara noted:

One day I was raising this child like they were my own, and the next we were standing outside the court having to hand the child over. These days I don't think it would happen like that, but back then it was that sudden. And then nothing. No one contacted me, no one thought I might have any feelings about it at all.

Again, like for Rebecca and Kate, Barbara's grief was left unacknowledged, so much so that 22 years later, the story was upsetting for her to share. The second story that Barbara shared was of a current placement interruption, one that mirrored to a large

degree that experienced by Sarah. Of the three foster children in her care, one, who had been with Barbara for 16 years, had recently gone to live in a residential care facility on Barbara's instigation. As she stated:

I love that girl. She is my daughter. She is my family. But I just can't have her in the house anymore and keep myself and the other children safe. I tried for the past five years to get support, but there was none. I was just told to stop complaining and do the job. It pushes you to the point where you are forced to see the decision coldly, rather than as about a person you love.

As Barbara notes, there is an inherent dilemma between loving a child, and being able to do what is best for them. Barbara repeatedly emphasised that she would rather the young person was at home with her, and indeed was continuing to have regular visits with her in the residential care facility. But at the same time, system issues (i.e., lack of support, lack of recognition of the severity of the behaviours) meant that she had to make a decision she would not have otherwise made. For Barbara, and much like her previous experience of placement termination, her grief over the decision was disenfranchised:

Now the worker is outright hostile to me. They just make it out as though this is what I wanted – that I have quit. I will love that child all my life, and they can't see this as me trying to do the best for us all.

For Barbara, her decision to end the placement (or at least place it on hold) is treated as a failure or giving up, and thus she reports that there is no comprehension of the loss and grief she is experiencing. Whilst Barbara was committed to continuing to raise the

foster children in her care, Barbara experienced considerable frustration at being ‘stuck’ in a system that she felt forever fails to recognise her as a parent, and stated that she did not intend to take on any more foster children in the future.

Discussion

Whilst, as can be seen in the case studies above, there were considerable differences between the experiences of the women, there were also some clear similarities in their stories and situations, which are now discussed. We are of course mindful that this was an exploratory study with a very small number of cases, but we feel nonetheless that exploring some of the key issues identified across the four cases may help future researchers, case workers, and policy makers to be aware of at least some of the issues that exist for foster carers in relation to placement termination.

(Lack of) Support

One of the major similarities across the interviews was that of needing more support. When a foster carer takes on a foster child, there are ideally a range of support services offered. For our participants, however, this was unfortunately often not the case. Specifically, there was a lack of respite and other supports similar to this. As previous Australian research suggests, not being able to access respite services (which notionally should be available to all carers) can mean the difference between placement continuity and placement breakdown (Barber & Delfabbro, 2004).

Three out of the four interviewees believed at the time of their placement breakdown they were not adequately supported. Their support workers were either not available at the time of the breakdown or they were not in a position to fight for the foster carer's rights anymore than the foster carer themselves were. These carers also felt that there wasn't enough support through counselling offered following the placement termination. In Rebecca's case, she resorted to paying to see a counsellor to deal with her loss and grief, as her agency only offered her two sessions.

Disenfranchised Grief

Running in conjunction with the theme of a lack of support, was what we would term, following Doka (2002), the disenfranchisement of the participants' grief. As reported in the case studies, the carers spoke of their being no recognition of the fact that the unplanned placement terminations would impact negatively upon them. In this sense, they were not even recognised as having something to grieve about. This was compounded by their perception that they were positioned as 'just doing a job', which again discounts their grief and thus disenfranchises it. For all of the carers, we would suggest, this meant that their grief was unresolved: it was not recognised as grief, and hence it could not be truly dealt with. Whilst some of the participants had spoken to family or counsellors about their grief, the key stakeholders involved in the placement terminations had not recognised it, thus allowing for the reasonable interpretation of a message suggesting that they should not be grieving.

Also of note was the fact that Kate mentioned that placement termination was ‘like a death’. Similar to the literature on pregnancy loss (e.g., Renner, Verdekal, Brier and Fallucca, 2000), we would suggest that when a familial relationship is not recognised as important or significant (i.e., the relationship between a woman and an unborn fetus, or the relationship between a carer and a foster child), then their grief is not simply not recognised, but there is nothing to even recognise that there could be something to grieve about (i.e., if there is no recognised relationship then there is no grief). Again, then, disenfranchisement of the participants’ grief was complex.

Family Members’ Loss and Grief

Another significant theme to arise from the interviews was that of loss and grief being extended throughout family and friends of the foster carers. Each one of the foster carers interviewed mentioned that during the placement breakdown it was not just the foster carers themselves who were experiencing the grief of the child leaving, but that this grief was also experienced by their other children, their parents, sisters, brothers and friends. When each of the foster children were brought into the participants’ homes, their extended family’s accepted these children as if they were a part of the family, and treated them as no less than the biological members within the family. Because the placement terminations were typically sudden, some of the foster carers didn’t have the opportunity to say a proper goodbye, let alone the extended family to even see the child before they left. In Sarah’s case, the placement termination happened so suddenly that when Sarah visited her family and friends next they were all shocked that the child was gone for good. And as Kate stated, because her family was also going through loss and

grief over the placement termination, she couldn't speak to them about her own feelings or turn to them for support. Again, this indicates why agency support is so important for carers who experience placement termination.

Impact of Motivations to Care

The case studies presented here suggest that exploring individual foster carer's motivations to care provision may be an important way of identifying specific vulnerabilities to placement terminations or breakdowns, and engaging with carers about these vulnerabilities proactively. Research shows that the motivations of foster carers are an important factor in terms of foster care success (Riggs, Delfabbro & Augoustinos, 2008; Wells & Jones 2008). Motivations that have been identified include a 'general interest in children', 'knowing the child', 'liking children', 'a closeness to children' and 'a desire to parent a child'. It is perhaps the latter motivation, however, that may most significantly predispose carers to loss and grief as a result of placement termination. As highlighted in Kate's case study, for example, at least part of her loss and grief was about wanting a fourth child.

Limitations

It must of course be noted that the findings presented here draw upon a very limited sample, and one that was further limited by its constituency solely of female carers., and that the research only represents the views of one stakeholder group (i.e., carers). We discuss each of these limitations now in turn.

It is interesting to us that only female carers came forward to participate in the research. Our supposition is that grief arising from an unplanned placement is highly mediated by gender. This is not to say that men do not grieve the loss of a child, but that the expression of such grief publically is typically placed under sanction. The implications of this must be explored in future research as it is entirely possible that male carers experience similar reactions to those described by the female carers in our sample, but in being unable to even speak about it their grief may be further disenfranchised.

In terms of the size of the sample, and as we noted in the method section, we believe that the size of the sample is highly unrepresentative of how many South Australian carers may have experienced loss and grief as a result of an unplanned placement termination. This is not to over determine the nature of the issue, but rather to suggest that, at least in part due to the issue of support raised above, some carers may have been hesitant to speak on the public record for fear of further jeopardising the support they receive. Other carers, who again may have not felt supported in the past in dealing with their grief, may have been hesitant about revisiting their unresolved grief for fear of making matters worse for themselves. These issues are somewhat circuitous, in that lack of support may lead to lack of research participation, which leads to lack of data to support system change, which perpetuates lack of support. Future research, potentially by statutory bodies, should consider how to learn more about the topics contained in this paper with a larger sample.

In regards to the voices included in this research, we are very aware that we take on face value the narratives provided by the participants, and we have no way of ascertaining the veracity of the narratives in terms of the case decisions that were made. Given the sensitive nature of the topic, we felt it important to take their narratives as their individual truths. Yet at the same time, we would encourage future research that examines how a range of stakeholders account for their decisions about placement terminations, and how these may differ (or potentially align in places) with the viewpoints of carers. Further, it will be important that future research examines how a range of different Australian carers (e.g., kinship and non-kinship carers, Indigenous and non-indigenous, those with children on longer term orders and those with children on shorter term orders) experience both planned and unplanned placement terminations, and to consider some of the differences that might arise from these differing standpoints.

Yet despite these limitation, it is again important to note the goals of case study analyses, which aim to map and describe a typically under examined research topic, rather than to claim generalisability. In this sense, whilst the findings must be treated as a small exploratory snapshot of these four carer's experiences of placement termination, they nonetheless highlight similarities across carers that require ongoing attention within child protection systems.

Conclusion

To conclude, the research reported here endeavoured to explore whether disenfranchised grief as a phenomenon exists amongst South Australian foster carers who experience unplanned placement terminations. Whilst acknowledging that this is a framework imposed by us as researchers, we suggest that it provides a useful way in which to understand the loss and grief experiences of foster carers. As the findings suggest, and echoing previous research (e.g., Kirton, 2001; Smith, 1988), many foster carers form significant attachments with the children in their care, attachments that will be mourned for if they are broken. Recognising this fact is essential to developing services that support foster carers as people who provide love to children in a statutory context, a goal that is both a challenge and a pressing need facing Australian foster care systems.

References

- Aldgate J and Hawley D, *Foster care breakdown*, London: British Agencies for Adoption and Fostering, 1986.
- Australian Institute of Health and Welfare, *Child protection Australia 2008-09*, Canberra: AIHW, 2010.
- Barber JG and Delfabbro PH, *Children in foster care*, London: Routledge, 2004.
- Baxter P and Jack S, 'Qualitative case study methodology: Study design and implementation for novice researchers', *The Qualitative Report* 133, pp 544-559, 2008.

- Berridge, D., & Cleaver, H. (1987). *Foster home breakdown* Oxford: Blackwell.
- Department for Child Protection, Western Australia, *Permanency planning policy*. Retrieved November 7, 2010, from <http://www.community.wa.gov.au/NR/rdonlyres/3EEF0FF1-30CA-45E0-9B79-714E6C064BDB/0/PermanencyPlanningPolicy.pdf>
- Doka KJ, *Disenfranchised grief: New directions, strategies, and challenges for practice*, Illinois: Research Press, 2002.
- Dozier M, Stovall KC, Albus KE, and Bates B, 'Attachment for infants in foster care: The role of caregiver state of mind', *Child Development* 72, pp 1467-1477, 2001.
- Horwitz SM, Balestracci KMB, and Simms MD, 'Foster care placement improves children's functioning', *Archives of Pediatric and Adolescent Medicine* 155, pp 1255-1260, 2001.
- Kirton, D, 'Love and money: Payment, motivation and the fostering task', *Child and Family Social Work* 6, pp 199-208, 2001.
- Mullings, D, 'Temporary mothering: Grieving the loss of foster children when they leave', *Journal of the Motherhood Initiative* 1:2, pp 165-176, 2010.
- Nixon S, 'The limits of support in foster care', *British Journal of Social Work* 27, pp 913-930, 1997.
- Renner CH, Verdekal S, Brier S, and Fallucca G, 'The meaning of miscarriage to others: Is it an unrecognized loss?', *Journal of Personal and Interpersonal Loss* 5, pp 65-76, 2000.

- Riggs DW, 'Australian lesbian and gay foster carers negotiating the child protection system: Strengths and challenges', *Sexuality Research and Social Policy* 8, pp 215-226, 2011.
- Riggs DW and Delfabro PH, 'Economics of care: Recognition and remuneration of foster carers', *Journal of the Association for Research on Mothering* 10, pp 94-104, 2010.
- Riggs DW, Delfabro, PH, and Augoustinos, M, 'Negotiating foster families: Identification and desire', *British Journal of Social Work* 38, pp 1-47, 2008.
- Roberts L 'Ending care relationships: Carer perspectives on managing 'endings' within a part-time fostering service', *Adoption and Fostering* 35, pp 20-28, 2011.
- Schormans F, 'Experiences following the deaths of disabled foster children: We don't feel like 'foster' parents', *OMEGA* 49, pp 347-369, 2004.
- Sellick C, *Supporting short term foster carers*, Averbury: Aldershot, 1992.
- Smith, B, 'Something you do for love: The question of money and foster care', *Adoption and Fostering* 12, pp 34-38, 1988.
- Steinhauer PD, *The least detrimental alternative: A systematic guide to case planning and decision making for children in care*, Buffalo, NY: University of Toronto Press, 2001.
- Swartz T, 'Mothering for the state: Foster parenting and the challenges of government-contracted carework', *Gender and Society* 18, pp 567-587, 2004.
- Wells S and Jones A, *Preventing placement disruptions in foster care*, Minnesota: University of Minnesota Press, 2004.