Authors Version: Dr Justin Rogers   The University of Bath

'Different' and 'Devalued': managing the stigma of foster care with the benefit of peer support

Abstract

This paper presents findings from a study that explored the experiences of young people living in foster care in the United Kingdom (UK). Previous research highlights that children and young people in foster care experience stigma. Qualitative methods were chosen to explore how the young people in this study experience and manage stigma in their day to day lives.

Findings provide valuable insights into how the participants cope with the challenges of stigma. There were two key ways they did this; 1) by carefully managing the disclosure of their 'in care' status; 2) by drawing support from their social relationships. Furthermore, the participants particularly valued support from their peers who were also living in foster care, as it enabled them to form an in-group, which presented them with a valuable sense of belonging.

These findings have implications for practice and this paper proposes two ways to better support young people in foster care to cope with stigma. Firstly, by valuing the importance of friendship groups and enabling young people to maintain their existing friendships. Secondly, by developing more opportunities that bring fostered young people together, which enables them to interact with their peers without the pressure of managing stigma.

Dr Justin Rogers, The University of Bath

Introduction

Since World War 2, there has been a marked shift in the placement of children in public care in the United Kingdom. Family placements, such as foster care and adoption, have replaced institutional settings, such as orphanages and residential homes (Kelly and Gilligan 2000). Foster care has now become the predominant placement option for children and young people living in public care in the UK. In 2014 there were over 93,000 children and young people living in public care across the UK, with 79% of them growing up in a foster care setting (BAAF 2015). The reasons that children and young people enter in to public care often centre on concerns relating to abuse and neglect (Schofield 2003; Stein 2012). These concerns may also be combined with parents who are experiencing mental health or substance misuse difficulties (Schofield 2003; Stein 2012).

This paper is drawn from a study that explored young people's experiences of foster care. The following section of the paper provides a brief overview of the concepts that were used to form the theoretical framework. The concept of social capital was adopted as it is concerned with the resources inherent within a person's social networks (Halpern 2005). Social capital has previously been utilised in research with children and young people and described as a useful heuristic to examine practices and processes in young people's social networks (Holland et al 2007; Morrow 1999). The concept of social capital is particularly helpful for understanding the experiences of children and young people in foster care, as their social networks have been disrupted through their removal from their parents care and their entry into the care of the state. This initial disruption to their social networks is also often compounded further, due to placement instability, with estimates that a child or young person in foster care has on average four different placements (Morgan 2011).

The concept of stigma emerged in the data analysis as a key theme and this is the main focus of this paper. This paper begins with a brief overview of the concept of stigma and considers the existing foster care literature that has utilised

Dr Justin Rogers, The University of Bath

the concept. The methodology of the project and the ethical considerations are then outlined. Findings are then presented that illustrate how the young people in this study worked hard to minimise the impact of stigma on their lives. This paper concludes by discussing ways forward to best support young people who are experiencing the stigma of being 'in care'.

Stigma and foster care

Stigma is a term that originated with the ancient Greeks, a stigma was a cut or burn, inflicted upon a person, and it was intended to act as a sign on the body to signify that there was something different or bad about them (Goffman 1963). The people that were inflicted with these signs were generally, slaves, criminals or traitors. This represents the often common sense understanding of the term stigma, that it is a mark that identifies a person who is in some way discredited.

Goffman's (1963, p.13) seminal text on stigma, *Stigma: notes on the management of a spoiled identity*, moved beyond this understanding of a bodily mark, to where stigma is now used to describe the "disgrace itself rather than the bodily evidence". For example, the source of a stigma could be a medical condition such as HIV, which does not involve a visible mark but can still be used to discredit a person. Bos et al (2013) argue that across the diverse range of literature that utilises the term there are two key aspects to stigma that are consistent throughout. These two aspects are that stigma holds an element of *difference* and a sense of *devaluation* (Bos et al 2013). Goffman (1963) described how difference can often be enacted in social interactions where people are framed or categorised as being either normal or abnormal. This difference can then lead to being devalued and socially excluded. For example, the normal non-stigmatized can belong within the 'in-group' whilst the abnormal stigmatized are excluded to the 'out-group'.

Since the early 90's research interest in foster care has grown considerably and there is now a significant body of foster care literature. In recent years there have been calls for more social work research that embraces sociological understandings of childhood, which recognises that children and young people have agency and as such need to be included at the centre of research about issues

that concern their lives (Berridge 2007; Williams & Rogers 2014). There are a growing number of studies that have explored children and young people's experiences of public care, which have included the voices of the young people themselves. For example, Ridge and Millar (2000) undertook research that examined the friendships of children in care and they found that the participants in their study were acutely aware of having a stigma. The children and young people in their study worked hard to manage stigma and the positions of being *different* and *devalued* appeared to be keenly felt by the young people. Ridge and Millar (2000, p.168) explain, "in their responses children showed a keen sense of the social stigma and social difference associated with life in care. Children reported being singled out and stigmatized. Fears of being identified and labelled as 'care children' permeated their accounts".

Schofield et al's (2003) study of long term foster care also drew on Goffman's theory of stigma. They found that "most children had been well aware of that sense of being different and the risk of stigma. The child's position as a foster child remains to some extent anomalous and negatively constructed. It is what Goffman called 'a spoiled identity', which can reduce a person from a whole and usual person to a tainted, discounted one" (Schofield et al 2000, p78) .

Goffman (1963) explains that stigma can ultimately result in stereotyping and lead to discrimination. Morgan (2011), the children's rights director for England 2001 to 2014, regularly reported on the views of young people in care and he highlighted the discrimination faced by care leavers. Morgan (2009, p.24) stated that "Forty-five per cent of the children… worried about other people knowing they come from care, mainly because they would be judged, treated differently or bullied… They were most worried about possible employers, other children and young people, and possible future landlords knowing."

A study from the United States reported that young people's social workers also recognised there was a severe stigma associated with being in-care (Peters 2005). Social workers who were surveyed felt that school teachers stigmatised children in foster care by viewing them as 'throw-away kids' or as a 'disposable

child'. This stigma was seen by social workers as being 'crushing to the child's spirit' and a 'burden…that the child must fight off.' (Peters 2005, p.601)

The existing literature highlights how young people in public care experience stigma and the challenges it can present for them. This paper contributes to this literature by focusing on children and young people's agency and by highlighting how they adapt to actively manage their identities to minimise the impact of stigma.

Methodology

The young people were recruited from one local authority and purposive sampling was employed. This approach enables a researcher to hand pick the characteristics of the sample. For this sample young people between the ages of twelve to fourteen years old were chosen. The participants had also been living in foster care for at least six months and their care plans were for them to remain in foster care long term. These sampling characteristics provided a group of young people who shared experiences with a degree of homogeneity, for example, they had all recently undergone the transition to senior school. This experience of school transition was of particular interest and relevance for this study as it is a time when young people move from one network of relationships to another. Each of the participants were interviewed on two separate occasions and task based visual methods were utilised, alongside a semi-structured interview schedule, which focused the interviews on the young people's relationships and social networks.

During the first interview an eco-mapping exercise was undertaken (Hartmann 1978). As the young people drew their social networks on the maps discussion took place about the people, places and activities that were important to them. Eco-maps have previously used in research with young people in foster care and have been described as a useful way to gather data relating to young people's social networks (Hunt et al. 2008; Farmer & Moyers 2008).

Photo elicitation methods were also utilised, at the end of the first interview the participants were left with digital camera for a period of two weeks, with the

brief to take ten photographs of places and things that were important to them. These photographs were then discussed in detail during the second interviews. This approach has been adopted in previous social capital research with young people (Morrow 2001; Weller 2006). Harper (1988) highlights the strength of this participatory approach and asserts that photographs can be useful as they are a presentation of emotion; as well as being a useful tool to elicit information in interviews. Although both the eco-maps and the photographs were a form of visual data to analyse, it was the young people's accounts of the images that proved to provide rich descriptive data in keeping with a qualitative project.

These visual methods were chosen to help build a rapport with the young people and to encourage their participation in the research. The chosen methods also facilitated an anti-oppressive participatory approach to the research and helped to minimise power relations (Rogers 2012). The aim of this was to facilitate an approach that recognised the participants' competence, which led to a project that was undertaken **with** the young people and not **on** the young people.

All interviews were digitally recorded and then transcribed. At the point of transcription pseudonyms were used for peoples' names and any other identifying information was fully anonymised. Ethical approval was granted by the University of Bath. Subsequent approval was also granted by the research governance panel in the local authority where the ten looked after children lived. However, beyond these institutional procedures, ethics was viewed as an ongoing process throughout the study, with the aim of causing no harm to the participants (Butler 2002).

Young people gave their verbal consent to take part in the study prior to the first interview and written consent was sought before each interview. Consent to participate was also gathered from the young people's social workers and their parents. Confidentiality was explained to the young people at the start of the first interview. This involved ensuring that they understood the limitations of confidentiality by making them aware that if a safeguarding concern was raised the information would need to be passed on. Interviews were conducted in their foster placements usually at the kitchen table, which was a safe environment for the

Dr Justin Rogers, The University of Bath

young people to discuss personal matters. During each interview the foster carers were in another area of the house.

The data was analysed using thematic analysis (Braun & Clarke 2006). The initial stage of this is a familiarisation with the data, which occurs during the transcription of the interviews. The transcripts were loaded into Nvivo and the analysis develops further with a process of reading the documents line by line and listing codes. The second stage of the process is then to begin to identify themes from the list of codes. These initial themes are then reviewed, and then they are defined and named. Thematic analysis facilitates an iterative approach whereby themes emerge and develop from the data from the point of transcription through to the writing up of the findings.

During the thematic analysis it emerged that stigma was a significant factor that impacted on the young people's relationships and subsequently their ability to access social capital. Therefore, the concept of stigma was included as a key element of the analytical framework. The analysis that follows focuses on stigma and outlines not only how the participants experienced it, but also illustrates how they adapted to it and managed it.

Findings

Findings that follow are drawn from data that was collected during the two qualitative interviews with ten participants, which resulted in a total of twenty interviews. These twenty interviews gathered rich, descriptive and contextualised data and produced over twenty three hours of recorded conversations and over four hundred pages of transcription. Ten eco maps and over eighty photographs were also generated. Five of the participants were female and five were male. Eight of the participants were white British and two described themselves as being dual heritage, white British and Caribbean.

Being different

> *It's like when teachers know you are in care they treat you differently… they make a fuss and its awkward (Jade aged 13).*

Dr Justin Rogers, The University of Bath

From the accounts of the young people in this study it was clear that they experienced stigma in their everyday social interactions. The quotation above from Jade encapsulates how these participants had the feeling of being different, which is a key element of stigmatization (Bos et al 2013). In these young people's accounts this was often expressed through their use of the term 'normal'. Dean was 13 years old at the time of the interview and was in a long term placement with his older brother. Dean used the word normal on a number of occasions across the two interviews and he did this in such a way that suggested that he perceived normal to be something to aspire to. For example, when I asked him what he wanted to do once he left school he replied 'I just want a normal job like a lorry driver or something like that'. In the excerpt below, Dean uses the term normal again to describe his girlfriend.

> *Int: Are you still seeing your girlfriend, who you told me about last time?*
>
> *Dean: No.*
>
> *Int: Oh dear, what happened there?*
>
> *Dean: We kind of had an argument. We weren't speaking to each other. So now we are just friends.*
>
> *Int: I remember you saying that you used to spend time, a lot of time together at school.*
>
> *Dean: Yeah, in the library. She does her homework on the computer and I mostly just sit there on the computer next to her and play games.*
>
> *Int: Remember I asked you what you liked about her? What was it you said?*
>
> *Dean: Yeah. She is just a normal girl, not in care or nothing, but now I sometimes think she's a bit mad. But then that's normal at my school!*

In Dean's description of his 'normal' ex-girlfriend, he explains that her normality was in part because she was not living in care. This suggests that Dean perceives his own 'in care' status as being in some way abnormal and he recognises

Dr Justin Rogers, The University of Bath

himself as different. Goffman (1963) explains the often complex interactions that people living with a stigma have with those without a stigma, who Goffman refers to as 'normals'. For example, Goffman points out that there are rules that the stigmatized must follow when interacting with 'normals' and they must attempt to pass as normal, in order to put 'normals' at ease. For Dean, he seemed to perceive that having a 'normal' girlfriend and aspiring to have a 'normal' job would help him to minimise the difference of being in care and enable him to pass and fit in.

Nicola was twelve years old and she was another participant who described how being in care led to her being treated differently by her peers.

Nicola: Yeah, some people are like scared to mention my family at school because some of them know about it. But it's kind of weird because like when they are all talking about their family but when I walk over, they won't talk about their family. It's like they're really scared to talk about family in front of me. So it's kind of a bit strange…Even if I know they're talking about their family when I come around they stop. Even my best friends do it…Like they think I'm going to get upset or offended by something. They kind of don't talk about it…I have told them I don't really mind if they talk about family around me. It's not going to upset me but they still kind of don't do it. Sometimes you have occasions like Jackie says "Oh I fell out with my Mum." and I just talk normally to her like it's a normal everyday thing because it is, but she gets quite touchy about it.

At the beginning of this excerpt Nicola is clear that she wants her friends to talk about their families. This is where the word normal reappears in the data *"I just talk normally to her like it's a normal everyday thing because it is".* For Nicola she felt her friends treated her differently because of her family situation and her placement in foster care. It is important to acknowledge that Nicola's friends may have been treating her differently because they wanted to avoid upsetting her. However, findings show that it still impacts on everyday social interactions, which can lead to fostered young people feeling different to their non-fostered peers.

Dr Justin Rogers, The University of Bath

A number of other participants experienced similar interactions with their peers, for example, Anna explained her friends were reluctant to discuss foster care:

Int: No. Do all your mates know about being in foster care?

Anna: I think they know but they just don't talk about it.

Int: Right. Why's that, why don't they talk about it?

Anna: I think they think it upsets me.

Anna also reiterated this point when she told me about her boyfriend Tom:

Int: Tell me about Tom, what do you like about him?

Anna: He's got a really nice personality. He's like, I don't know, he'll stick up for you if you need it or something.

Int: Right, right. And does he know about foster care and stuff?

Anna: Yeah.

Int: Do you talk to him about it?

Anna: Yeah. But he doesn't like talking to me because he thinks it upsets me.

This excerpt highlights further that being treated differently does not always come from wanting to be hurtful or to devalue; it can also come from the spirit of friendship and a desire to be caring and supportive. However, it still seems to reinforce these fostered young peoples' feelings of difference. Returning to Nicola, in the following excerpt she describes how discussing foster care with her friends can be a sensitive issue, the excerpt also highlights her insight and understanding of her stigma.

Nicola: It's like that mental health thing, the advert on the television. When that man is sort of scared of what the other persons reaction is going to be if

Dr Justin Rogers, The University of Bath

he asks him how he is feeling. It's sort of what they're like. They don't want

to ask and they take quite a while to say something about it.

The advertisement that Nicola is referring to is set in an office, a man passes one of his colleagues, who he knows has been off from work because of a mental health difficulty. The man has an internal dialogue debating whether to ask his colleague how he is feeling; he imagines the responses he will get if he asks the question. The stigma of mental health, results in the man nervously imagining a whole range of outlandish responses, to a straightforward question of how are you feeling. The man was deliberating whether to even talk to his stigmatized colleague and what he should say and what the response would be. At twelve years old Nicola, intuitively recognised the similarities with the scenario in this advert to the way her friends awkwardly respond to her when the mention of family or being 'in care' arises in conversation. The 'Time to Change' campaign argues that talking about the stigmatized status of mental health, can strengthen friendships, the participants in this study provided examples of the ways that disclosing their care status to their peers had similar benefits and really strengthened their relationships. Nicola's insight and ability to discuss her experience of stigma highlight the importance of hearing young people's experiences. There are opportunities for practitioners through relationship based practice to discuss with young people their day to day social interactions and this could be a valuable way to support them with the challenges of stigma.

Feeling devalued

> *Some people at school act like there is something wrong with me,*
> *just because I am in care and don't live with my Mum (Dean aged 12)*

Across the interviews, a number of the young people described incidents where their care status had been used against them by their peers. The following examples demonstrate how their 'in care' status was used by their peers, in order to insult and exclude. Which in turn the sense of being devalued that Bos et al (2013) highlight as an aspect of stigmatization. The following excerpt from Nicola's

Dr Justin Rogers, The University of Bath

interview describes one such incident where her 'in care' status was used against her at school.

> *Nicola: Once I was in an argument with a boy called Steve- we get along fine now – it was just because he thought it was me that said something horrible and it was my friend sat next to me. She joked but she didn't really mean it- she's got a different sense of humour to other people, and she said "At least my mum don't work in the 99p shop", or something like that, because his mum does, and he thought it was me, and because he knows I'm in care, he turned around and said "At least I live with my mum." That got me really angry. I sort of screamed and shouted across the class and got myself a detention."*

This illustrates how the potential exists for young people to be stigmatized and made to feel different and because of a range of attributes. For Steve, these are attributes that relate to the status of his parents and specifically his mother not having the right job. Steve's mother has a job in a shop that is seen as undesirable, which places it low down in the cultural capital stakes for these young people. The specific reference to the '99p shop' suggests that perhaps the job would have been more highly regarded and accepted if it had been in a different shop. The quotation highlights that amongst these young people, on the undesirability scale, one thing that trumps having a mother that works in the '99p shop' is being 'in care' and having a mother that you cannot live with. For Nicola, her status as being 'in care', presented amongst some of her peers as being a stigmatizing factor and was a barrier to her becoming a part of the in-group.

The following excerpt from Jack's interview further illustrates how stigmatization can lead to incidents that can threaten a young person's ability to pass and fit in with the in-group (Goffman 1963). After a conversation about the reasons why Jack entered care he went on to describe the following incident where a boy from his school brought up his 'in care' status. This was used as an insult and he responded with anger and an outburst of aggression and violence:

Dr Justin Rogers, The University of Bath

Int: What's that like, living with that Jack, you know, all of that in your past?

Jack: I just … I haven't let it out because if I let it out I'm just going to literally, I admit it, I did hurt someone really badly , like physically because they were saying stuff about my past and I don't like that, and so I let it all out.

Int: What happened there then? Do you mind if I ask what they said?

Jack: Yeah, they were saying, "You're in care, your parents didn't love you, they just shipped you into care, they didn't care about you." And I don't like people mentioning my family like that. So I just lashed out, I threw him to the ground went to punch him in the head he moved and then I hit him again and hurt him bad.

The insults that Jack received from his peers assume that his parents do not love or care for him, and that is why he is in care. On this occasion the consequences were significant, for both Jack and the boy who insulted him. Jack expressed remorse for his actions; however, it resulted in him receiving a reprimand from the police and an exclusion from school. This exclusion meant that for a period of three weeks Jack had to attend a pupil referral unit (PRU). Jack's exclusion meant that he was removed from his network of relationships at the mainstream school and placed in the smaller setting of the PRU.

The insults that the participants in this study received from their peers often centred on a perceived rejection by their parents. For example, Jack was told by a peer he was 'shipped into care' and Nicola's classmate stated 'at least I live with my mum'. This separation from a parent appears to be at the root of where the young peoples' stigma originates. This is what sets them apart from their peers, it makes them feel different and it can be used to make them feel devalued

Goffman (1963) charted the various ways that stigmatized people attempt to pass and fit in with the 'normals' within the in-group. The incidents that these young people shared highlight just what is at stake and just how much of a

Dr Justin Rogers, The University of Bath

challenge it can be to try and pass, in order to belong in the in group. Despite, or maybe because of the challenges, that young people in care can face, the participants demonstrated how they were active in practices to manage and lessen their stigma. The young people did not present as being passive actors resigned to a fate of exclusion that was determined by having the label of being 'in care'. The young people were working hard to negotiate ways to pass and to fit in with the in-group' in their everyday interactions. For example, by choosing who they disclosed their 'in-care' status to and the way they wanted to do this.

Managing spoiled identities: disclosure and the support of peers

I don't care as much now, but at first I hated people knowing I was in foster care, I kept it to myself for a long time… my brother is the only one I would talk to about it (Becky aged 14)

The stigmatized out-group of foster care can result in incidents of bullying that can potentially leads to forms of social exclusion. Therefore, the stigma of being 'in-care' presented as a very real obstacle for these young people. However, despite these obstacles, findings also demonstrated that the young people are active social agents who are problem solvers. The young people provided numerous examples of how they find ways to manage their identity and the challenge of stigma. They actively managed their spoiled identity, in similar ways as the adults in Goffman's (1963) thesis. They achieved this in two key ways; firstly, they attempt to carefully manage the disclosure of their *different* 'in care' status with their non-fostered peers; secondly they lessen the impact of being *devalued* and excluded by the in-group, by forming their own in-groups with their fostered peers.

The young people in this study were adept in the ways they managed and disclosed their care status; they chose the appropriate information to share and carefully selected times to do this. The following excerpt, from an interview with Chrissy, encapsulates this carefully managed disclosure.

Int: When you first came into foster care, can I ask you did you tell your friends about it?

Dr Justin Rogers, The University of Bath

Chrissy: Not, first of all. I told my closest friends after I've been there for about a week.

Int: Right. So who was that?

Chrissy: Emily.

Int: So you chose to tell to Emily first...

Chrissy: Because me and Tara wasn't that kind of friends then. Then I told Anna, I never freaked out about it at school. I kept it to myself and let people know bit by bit, I didn't want them knowing my business.

Int: Right. So when you first told Emily how did that go? Can you remember it?

Chrissy: First she said, "It's fine, it's fine" and then she goes, "Don't worry and I go, "I'm not worrying," and then she goes, "Ohh, don't cry," and like, "I'm not gonna cry. And then she cries and I goes, "Don't cry" she then said " don't worry, come and stay in my house," and I was like, "No, I want to go to my foster home, its fine!"

At times, for these young people, the disclosure of their care status served to strengthen friendships and when they did this successfully it enhanced close supportive friendships and this was often with peers who were also in care. For example, Nicola spoke of the first time she disclosed her care status and how this was to another young person in care.

Int: What about when you first sort of came into care? Can you remember telling people for the first time?

Nicola: I was a bit scared to start with, but Jade was sort of the first person I met in care. I just came out and said it to her, because my carer I wouldn't really talk to her.

Int: Was you placed near Jade at the time?

Dr Justin Rogers, The University of Bath

Nicola: No, I met her as my old carer was best friends with her old carer. They used to do a lot of stuff together so we used to see each other a lot.

Int: So was it good to see another person in foster care to tell them about your situation first?

Nicola: Yeah, and now she's is with my old carer.

Nicola went on to describe how her relationship with her friend Jade is so close now they are 'like sisters' and 'they tell each other everything' from 'what colour socks they are wearing to whether they are going to get married'. For another participant, Jack, his closest friends were also in foster care, they were very much at the centre of his social network. Jack provided the following example of how being friends with other young people 'in care' provides a sense of belonging that he and his friends equate to the belonging a family provides.

Jack: There was a girl at school called Jess, she was older than me. And she was in care and me and her, we treat each other like family, so I was her cousin, she's my cousin.

Int: Right. Even though you weren't cousins, you called each other cousins?

Jack: Yeah, yeah. And then she's related to a girl called Sharon she is in care as well and they're just down the road, and again we just say, "Yeah, we're family." We're not blood, we just say we are sort of like cousins. We call each other Cuz….

Jack's friends offered him a sense of belonging at a time he was experiencing significant exclusion from his peers at school, which was due in part to his 'in-care' status. These two examples from the findings, again demonstrate young people's capacity to minimise the impact of stigma on their interactions with their peers in their social networks. The following excerpt where Samuel discusses his friendship with Lee highlights how important peers are to manage stigma and how supportive a peer with the shared experience of being in-care can be, in this instance for Samuel it seems more supportive than his carer or a social worker.

Dr Justin Rogers, The University of Bath

Samuel: I would say Lee is like my best mate

Int: Tell me about Lee

Samuel: He goes to Newtown school but I see him at the weekends and some evenings. We're going on the PGL trip together.

Int: Have you known him long? Where did you meet him?

Samuel: I known him ages, like since I moved in here, nearly a year. He is in care like me, and his foster carer knows mine so at first when they used to meet up, we meet up. Now I meet him town, or we just go each other's houses.

Int: Sounds like you get on?

Samuel: Yeah we have bare laughs and we both know what care is like

Int: What is good about that, sharing the experience of care?

Samuel: Like he knows what it's like to miss your Mum and that,

Int: So do you chat about that stuff then

Samuel: Other than my sister he is the only one I talk to about that sort of stuff

Int: Do you talk to your carer or your social worker about it?

Samuel: My carer sometimes, not by social worker I never see them and when I want to talk to them I can never get them.

In the young people's accounts there was evidence of how foster carers were helping to support young people with the challenge of stigma, often by bringing young people in foster care together. It is difficult to judge if these processes were designed in some way to help negate stigma and give the young people a sense of belonging, or if this was a happy by-product of social practices and interventions that actually had different intentions. These opportunities generated by the carers for fostered youth to come together, were at times

Dr Justin Rogers, The University of Bath

arranged on an informal level. For example, fellow carers were often friends who met up socially and this provided opportunities for the young people across the placements to meet. Samuel spoke of how he met his best friend Lee through the friendship between their carers. This enabled Samuel to talk with another fostered young person about their experiences of care. The value in this opportunity is evident, if one considers how carefully a person has to manage their stigmatized identity, being amongst others who understand, and in fact share the stigma, appears to lessen the pressures of managing a spoiled identity.

Another more formal example of fostered youth coming together was the local authority consultation group organised by the youth service. This group primarily aimed to promote the voice of children in care and to demonstrate that children and young people were involved in the design of service provision. However, the young people who attended this group spoke positively about the opportunity to share experiences with their peers, as such there appeared to be great value for the members of this group, in just being with others in care. The excerpt below from the second interview with Nicola highlights this.

Int: So what's that like when you meet other young people in foster care?

Nicola: It's quite fun. It's quite good knowing like they're in care so you're not the only person. I don't want to sound like nosey but its good knowing sort of what happened to them too. If they don't want to tell me, they don't have to tell me. But it's quite good knowing that like maybe they had the same situation as me.

Int: have you heard other people's stories?

Nicola: Jade told me her situation. I haven't really asked anyone else. It's only because me and Jade are good friends.

Int: Is her situation similar to yours would you say?

Nicola: No, it's completely different but now we are both in care

Int: Have you told her about the reasons you come into care?

Nicola: I tell her everything, we are like sisters.

This formal intervention that was intended primarily as a forum for consultation was for the young people more important for providing a source of peer support, which gave them membership to an in group and lessened the challenges of stigma providing a valuable source of social capital.

Conclusion

In light of these findings social workers and foster carers need to be mindful of the potential benefits of peer relationships, and to wherever possible support and encourage the friendships that young people in foster care are making with their peers. It is evident in the findings that for these young people, social relationships with their fostered peers are an adaptive response to the challenge of stigma. They offer a protection from the exclusory potential of stigma and serve as a way to preserve and maintain access to relationships and networks, which can subsequently provide them access to social capital.

These findings highlight the importance of peer support for young people in foster care and its role in negating stigma. Therefore, it is argued that interventions need to be developed that increase the opportunities for peer support for young people in foster care. This could be delivered through existing formal interventions and groups where young people in foster care come together, such as the consultation group within this local authority. However, as data in this study illustrates there is value in informal opportunities were fostered young people get to spend time together. These opportunities allow them to meet others with a shared experience and form friendships without having the pressure to manage their stigmatised identities.

Findings suggest that for these young people relationships are a key protective factor in coping with stigma. It is therefore important to acknowledge that a foster care system is needed that has improved placement stability as this would promote consistency in relationships, which would enable young people to better cope with stigma. Well supported and consistent social workers and carers

Dr Justin Rogers, The University of Bath

who are able to engage in relationship based practice are also key, as they can provide a blueprint on which the young people can model their own relationships on, in order to cope with the complexities of social interactions and the challenges of stigma.

References

British Association of Adoption and Fostering (2015) *Children looked after statistics in the United Kingdom,* Available at: http://www.baaf.org.uk/res/statuk [Accessed, 9th July 2015].

Berridge, D., (2007) Theory and explanation in child welfare: education and looked after children, *Child & Family Social Work*, 12(1), pp.1–10.

Bos, A. , Pryor, J. , Reeder , G. and Stutterheim, J., (2013) Stigma: Advances in Theory and Research, *Basic and Applied Social Psychology* 35(1), pp.1-9.

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3 (2). pp. 77-101

Butler, I., (2002) A Code of Ethics for Social Work and Social Care Research*, British Journal of Social Work*, 32(2), pp.239–248.

Farmer, E. & Moyers, S., (2008) *Kinship care: fostering effective family and friends placements,* London: Jessica Kingsley Publishers.

Goffman, E., (1963) *Stigma: Notes on the Management of Spoiled Identity*, New York, Simon and Schuster.

Halpern, D., (2005) *Social Capital*, Cambridge, Polity.

Harper, D., (1998) Talking about pictures: A case for photo elicitation, *Visual Studies*, 17(1), pp.13–26.

Hartman, E., (1978) Using eco-maps and genograms in family therapy, *Social Casework*, 464, p.76.

Dr Justin Rogers, The University of Bath

Holland, J., Reynolds, T. & Weller, S., (2007) Transitions, Networks and Communities: The Significance of Social Capital in the Lives of Children and Young People, *Journal of Youth Studies,* 10, pp.97–116.

Hunt, J., et al. (2008) *Keeping them in the family* London, British Association for Adoption & Fostering.

Kelly, G. & Gilligan, R., (2000) *Issues in foster care: policy, practice and research*, London, Jessica Kingsley Publishers.

Morgan, R. (2011) Children's care monitor 2011, Available at: https://www.education.gov.uk/publications/eOrderingDownload/Children%27s%20care%20monitor%202011.pdf [Accessed July 2nd, 2015].

Morrow, V., (1999) Conceptualising social capital in relation to the well-being of children and young people: a critical review, *The Sociological Review*, 47(4), pp.744–765.

Peters, J. (2005) True ambivalence: Child welfare workers' thoughts, feelings, and beliefs about kinship foster care *Children and Youth Services Review,* 27 (6), pp.595-614.

Ridge, T. & Millar, J., (2000) Excluding Children: Autonomy, Friendship and the Experience of the Care System. *Social Policy & Administration*, 34(2), pp.160–175.

Rogers, J., (2012), Anti-Oppressive Social Work Research: Reflections on Power in the Creation of Knowledge, *Social Work Education* 31, 866–879.

Schofield, G., (2003) *Growing Up in Foster Care*, London, British Association for Adoption and Fostering (BAAF).

Stein, M., (2012) *Young People Leaving Care: Supporting Pathways to Adulthood*, London, Jessica Kingsley Publishers.

Weller, S., (2006) Skateboarding Alone? Making Social Capital Discourse Relevant to Teenagers' Lives. *Journal of Youth Studies,* 9(5), pp.557–574.

Dr Justin Rogers, The University of Bath

Williams, T. & Rogers, J., (2014), Rejecting "the child", embracing "childhood": Conceptual and methodological issues for researching with children, (In Press), *International Social Work*.

Dr Justin Rogers, The University of Bath