Meeting the increasing demand for foster care homes is well recognised internationally and in Australia as a continual challenge. Understanding the needs of foster carers and supporting them to undertake this important work is a key element of meeting this demand. Lorraine Thomson and Morag McArthur report on the re-analysis of data from a small study of former foster carers who ceased fostering between 2004 and 2007 in the Australian Capital Territory. Interviews with former carers about their experiences as foster carers revealed themes of loss and uncertainty that alerted researchers to the possibility that the theory of family boundary ambiguity and ambiguous loss may be useful in understanding foster caring experiences. It is suggested that these concepts warrant further exploration and research in the area of foster care. With sensitive application, they may assist foster families, former foster carers, foster care workers and policy makers to understand more fully and respond to some of the challenging experiences of foster caring.

Lorraine Thomson is Research Fellow at the Institute of Child Protection Studies, Australian Catholic University, Canberra Campus, Australia

Morag McArthur is Associate Professor and Director of the Institute of Child Protection Studies, Australian Catholic University, Canberra Campus, Australia

Key words: foster carers, stress, family boundary ambiguity, ambiguous loss, loss

Introduction
The continual challenge of meeting the increasing demand for foster care homes is well recognised internationally (Ainsworth and Maluccio, 2003; McHugh et al., 2004; Sellick, 2006). Within this context, the Foster Care Association of the Australian Capital Territory Inc (FCA of the ACT) commissioned the Institute of Child Protection Studies, part of the Australian Catholic University, to carry out a small research project which aimed to clarify the reasons why ACT foster carers ceased foster caring.

This article reports the findings of a re-analysis of interviews with the former carers. It focuses on their experiences during their foster caring, rather than the reasons they ceased. Researchers were alerted to the theme of the emotional impacts of fostering, including loss and grief, emerging from the original analysis (Thomson and McArthur, 2007) not only in relation to the former carers’ cessation of foster caring, but also with respect to experiences which occurred during their fostering careers. This article overviews the theory of family boundary ambiguity and ambiguous loss (Boss, 1977, 1999, 2006; Carroll et al., 2007) and explores its applicability to the experiences of those interviewed.

Attachment and loss in foster care
Within the foster care literature considerable attention is paid to foster children’s attachment to birth and foster carers (Haight et al., 2003) and to the loss of those attachments. Decisions about the well-being of children take into account the nature and quality of these attachments and the loss experience that may flow from separation ( Howe et al., 2000; Gauthier et al., 2004). Contemporary fostering practices inform foster carers about attachment behaviour and support them so that they understand the ways in which children and young people react after suffering trauma and loss (Golding, 2004). Walker (2008) highlights the relevance of foster carers’ own attachment experiences to the ability to form nurturing relationships with the children.

A smaller body of literature recognises that foster families face loss and grief on a continual basis, with the movement of vulnerable children and young people in and out of their lives (Edelstein et al., 2001; Buehler et al., 2006; Twigg and Swan, 2007). The intensity of foster carers’ loss and grief may be increased by factors such as the young age of the child, a longer length of care time, situations where foster carer and foster child have overcome difficulties together and where transitions have been abrupt, such as where there have been abuse
allegations (Edelstein et al., 2001).

There is a range of reasons why children may be moved from the care of foster carers, including the return of children to their parents. However, allegations of abuse are recognised as especially stressful events in the life of a foster carer (Wilson et al., 2000). Allegations that lead to the termination of the role of foster carer may leave carers grieving not only the loss of the child but also a diminishment in their sense of themselves as competent carers/parents. Indeed, they may lose their role as a foster carer and the circle of support (eg other foster carers) which they enjoyed while fostering (Carbino, 1991; Hicks and Nixon, 1991). Sometimes, they may incur other losses such as marriage, occupation and income (Carbino, 1991; Hicks and Nixon, 1991).

Role ambiguity and loss

Role ambiguity is a recognised and difficult feature of foster caring (Rhodes et al., 2003; Sinclair et al., 2004; Colton et al., 2006). On the one hand, the carers are volunteers (for most of the foster care offered in Australia); on the other they have to complete specified training and to conform to the procedures of both the foster care and statutory agencies. On the one hand, they have a ‘parental’ role; on the other, they have limited capacities to make decisions about the children they look after (Sanchirico et al., 1998).

The ambiguous position experienced by foster children within foster caring families has been explored in the literature (Triseliotis, 2002). Children speak about their carers not being ‘parents’ and about not having a sense of permanence or belonging (Triseliotis, 2002).

Buehler and colleagues (2006) note being able to ‘manage ambiguity and deal with loss’ as important areas of competence for foster carers (p 542). One of the ambiguities that they highlight is that of ‘new family members coming and going’ (p 541). The foster family’s boundaries have many challenges not experienced by other families: the influence of workers in their lives and the arrival and departure of children (Twigg and Swan, 2007). These ideas from the foster care literature suggest that the concepts of family boundary ambiguity and ambiguous loss may be useful in further understanding situations commonly faced by foster families.

Family boundary ambiguity and ambiguous loss

The term ‘ambiguous loss’ developed out of the theory of family boundary ambiguity first outlined by Pauline Boss (1977) within the interdisciplinary research area of family stress (Carroll et al., 2007). Boundary ambiguity, discussed as both theory and concept, is based on symbolic interactionism, asserting that perceptions define family boundaries (Carroll et al., 2007). Boss and Greenberg (1984, p 536) describe it as:

a state in which family members are uncertain in their perception about who is in or out of the family and who is performing what roles and tasks within the family system.

Carroll et al. (2007, p 223) suggest that previous research has found that family boundary ambiguity is experienced through loss, inclusion and intrusion and identify four types: ‘psychological presence with physical absence’, which results from a loss experience (Type I), for example, where a family member is missing in action; ‘psychological absence with physical presence’, also related to loss, for example, where a family member has dementia (Type II); ‘family membership changes because of inclusion’, for example, step-families (Type III); and ‘stress to family boundaries because of intrusion’ from outside the family (Type IV), such as intrusion experienced by some clergy families when congregations intrude across family boundaries (Morris and Blanton, 1994).

Ambiguous loss is ‘a situation of unclear loss resulting from not knowing
whether a loved one is dead or alive, absent or present’ (Boss, 2004, p 554) and where there is a ‘lack of knowing whether the lost person is irrevocably lost or coming back again’ (Boss, 2006, p 144). How people perceive the loss is linked to family boundary ambiguity: the greater the difference between the psychological family (whom family members perceive as part of the family) and the family physically present, the higher the boundary ambiguity is likely to be (Boss, 2006). High boundary ambiguity is a risk factor for the well-being of family members (Boss, 2004).

While the concepts of family boundary ambiguity and ambiguous loss developed from work with families who suffered traumatic loss (for example, missing persons), it has also been applied to normative life cycle events, such as children leaving home (Boss, 1999). The theory has been related in research to a diverse range of family situations, including the effects of DNA testing on families (Sobel and Brookes Cowan, 2003), the experiences of being adopted and fostered (Boss, 2006) and the effects on birth families of placing disabled children in out-of-home-care (Roper and Jackson, 2007).

Boss (1999) argues that ambiguous loss can be the most stressful of all losses because community processes of grieving generally support only clearcut death situations, making ambiguous loss hard to resolve. The major theoretical premise underlying Boss’s therapy with families suffering such loss is that:

*the greater the ambiguity surrounding one’s loss, the more difficult it is to master it and the greater one’s depression, anxiety and family conflict.*

(Boss, 1999, p 7)

Boss (2006) suggests that symptoms of unresolved grief from ambiguous loss are similar to those of post-traumatic stress disorder (PTSD). In situations of ambiguous loss there may be differing ideas within families about who is in and who is out of the family, with family members feeling unsettled about their closest relationships (Boss, 1999).

An important conceptual distinction is that high boundary ambiguity may occur even though the loss may be clear cut (Carroll et al., 2007). The family members may know exactly what has happened to the lost member, but that member may be, for some or all family members, psychologically present while physically absent. Although this may not strictly speaking constitute ambiguous loss, high boundary ambiguity may cause the family to suffer stress. Conversely, families suffering an ambiguous loss may or may not experience the stress of boundary ambiguity, depending on other individual and family characteristics (Boss, 2006). Research instruments, particularly variations of the Boundary Ambiguity Scale, can be used to assess boundary ambiguity associated stress in different family and population groups (Carroll et al., 2007).

It was this ‘ambiguous loss’ perspective that informed the re-analysis of research data on former carers, but before describing the methodology, it is necessary to outline the context of foster care in the ACT.

**Organisation of foster care in the ACT, Australia**

The Office of Children Youth and Family Support (OCYFS), part of the ACT Government Department of Disability, Housing and Community Services, undertakes the statutory child protection role in the Territory. In addition to licensing/registering foster carers, the OCYFS purchases the services of non-government agencies to provide foster families for children and young people whom it considers to be in need of care. These agencies, together with the OCYFS’s Aboriginal and Torres Strait Islander Foster Care Unit, recruit, train and support foster carers, and support the care placements. At the time of the research, changes to foster care arrangements in ACT were under way.

**Methodology**

The focus of the original study was on the lived experience of carers who had
ceased fostering in the ACT. It sought to build on previous research about why carers leave fostering (e.g., Triseliotis et al., 2000; Rhodes et al., 2001; Department of Human Services, 2003; Sinclair et al., 2004). The Australian Catholic University’s Human Research Ethics Committee approved the research.

The research design involved a survey sent to 90 former foster carers through the OCYFS, and semi-structured interviews with 12 former foster carers who volunteered after receiving the survey. As well as eliciting the reasons why they considered that they had ceased fostering, the interviews explored the former carers’ experiences of fostering. An analysis of the recorded and partially transcribed interviews and the text of answers to open-ended questions in the survey entailed the identification of important examples, themes and patterns in the data (Strauss and Corbin, 1998).

Interviews were predominantly with one person, usually a woman, including where couple carers were involved. There was an even spread of single and couple carers. Caring careers ranged from under one year to 21 and the number of children fostered in that time ranged from three to 48. Former carers had a variety of caring experiences with most undertaking a combination of care: short-term, long-term and short-break/respite care. The former carers in the sample had all been foster carers in the ACT, but some had also fostered in other Australian states.

Following completion of the original research (Thomson and McArthur, 2007), it was decided to explore further one of the themes identified during that research, namely that former foster carers described emotional impacts of fostering, often including stress, loss, grief and uncertainty. While the original research had sought to explore the reasons why foster carers leave (Thomson and McArthur, 2007), the purpose of this fourth study was to explore whether or not the theory of family boundary ambiguity was a relevant theoretical framework for understanding some of the experiences described.

The exploration took the form of a content analysis of the 12 interview transcripts, the analysis being sensitised by the theory of family boundary ambiguity and ambiguous loss (Strauss and Corbin, 1998). The transcripts were examined for descriptions of stressful or difficult experiences and these were coded, if applicable, as possible instances of ambiguous loss or of Type I, Type II, Type III or Type IV family boundary ambiguity described earlier (Carroll et al., 2007).

It is important to note that the small and self-selected nature of the sample and the exploratory qualitative research methodology mean that this study is not intended to be generalised to the experiences of a wider population of foster carers. However, it is possible to make connections between this analysis and the findings of previous relevant research in this area.

Results and discussion
The results of this theory-sensitised analysis and the discussion are presented together. Firstly, the ambiguity of some of the loss experiences is explored, then three of the four types of family boundary ambiguity are identified in the experiences of the former foster carers. The analysis concentrates on the former carers’ perception of stressful or difficult situations; due to the focus of the article we have to ignore the many positive experiences which the former carers identified in the interviews.

In presenting the results, the 12 former carers are described with a letter of the alphabet. Their identities are protected through removal or alteration of identifying details.

The experience of loss
The experiences of most of the former carers included some loss or grief. There was an element of ambiguity about many losses; there was never a death to mourn and for many, there was a period of uncertainty about whether or
not the children would return to the care of the foster home. Former Carer I, who experienced the sudden removal of a child associated with allegations of abuse said:

**We didn’t know [what was happening] for more than a week and we knew nothing and it was gut wrenching. We were phoning – what’s happening, what’s happening? We don’t know. We wanted to know what was happening as soon as possible.**

This experience of uncertainty around the events and what they meant continued for some months to the time of the research:

*I don’t know if we would be able to foster again. It feels unfinished. We would like to know what is in the files about us. We would like to know how [the child] is doing . . . They employed us, why aren’t they helping us? . . . We are in limbo.*

Foster carers may have formed a view of their future lives and that of their family which is based on the participation of the child or children, but this future life is suddenly lost. This appeared to be felt most acutely where the children moved unexpectedly and foster carers were not in agreement with the decision, but also when the carer(s) themselves decided to move on. This is illustrated by Former Carer A:

**In the end it got too much, we gave [the child] back to the department . . . I was in tears when they said it wasn’t our fault. We had dedicated our lives to looking after and loving these kids we had. For all of a sudden for it to be stopped because we couldn’t handle these kids that we had was awful. It was a terrible day for us.**

For this foster carer, and for others, there was a sense in which there was a loss of the fostering role and associated contacts with teachers and other people involved in the task:

**. . . they said we were the bees’ knees, greatest carers they ever had. Yet when we gave [the child] back to the department, we didn’t hear a thing. That hurt. It was like we’d fallen off the planet.**

Some former carers spoke of their hearts being ‘broken’ by the experiences surrounding the separation from children they cared for. Two interviewees said they were required to encourage the attachment to them of very young children and both suffered when the children moved on, even though the circumstances were very different. Former Carer J suffered the loss of a child, which she experienced as sudden and traumatic. She was uncertain about whether the child would be returned:

*I felt she [the child] was blaming me for the separation. I was hysterical. I said I have bonded with her and I love her. I pleaded for her to be able to come home.*

She was worried about the well-being of the child and was relieved when, some time later and informally, she discovered that the child was safe and doing well:

*I have found out that she is safe and with [a parent] and doing OK and I am happy about that.*

Some other former carers expressed sadness that they did not know how the children were faring after they left. Some were told they were not allowed to know and found it hard to make sense of this ‘confidentiality’ procedure. In the words of Foster Carer G:

*I would like to see follow-up with kids – they are part of your life, but they won’t tell you anything after they leave . . . I’m hoping they [the foster children] will remember that someone cared about them, really cared.*

Foster Carer H considered that it was important that foster carers are:

*able to get feedback down the track.*
They erase you off the board and you never know if you really made a difference.

The foster care literature acknowledges the losses involved for carers as well as children in many situations (Edelstein et al., 2001; Buehler et al., 2006; Twigg and Swan, 2007). The losses experienced by some former foster carers in this study may be regarded as examples of ambiguous losses. Frequently, former carers indicated that there was a lack of clarity about either the circumstances around the loss or about the well-being and safety of the children after leaving the family. Sometimes there was confusion for the foster carer about both issues. Key unanswered questions for carers in these situations may be: Will the child return to our care or not? What has happened to the child? Is he/she safe? Will we ever see the child again? Are we still foster carers or have we lost that identity and the social network which that entails?

Even where there are clear answers to questions about where the child is or whether or not they will be returning, there may still be some stress relevant to boundary ambiguity and loss. The family boundary ambiguity theory suggests that the greater the dissonance between the ‘psychological family’ and the ‘physical family’, the greater the level of family boundary ambiguity, which is a risk factor for ‘individual and relational well-being’ (Boss, 2006, p 12). The level of distress indicated in some of these data may demonstrate the psychological presence within the foster family of the foster child after leaving, at least for the interviewed carer. This is suggestive of the Type I category of family boundary ambiguity outlined by Carroll et al (2007): psychological presence with physical absence. Boss (2006) argues that levels of stress are related to both objective and subjective elements and that these elements include individual characteristics, external events, cultural and community expectations.

In foster care, cultural and community expectations are mediated not only by family characteristics and cultural and community affiliations but also by the foster care system itself. The foster care literature indicates that the level of stress in foster carers is affected by the amount and type of support received (Wilson et al., 2000; Sinclair et al., 2004). An important feature of ambiguous loss is a common lack of public understanding, recognition or rituals that give meaning, direction and support to the grieving person or family in other more easily recognised situations of loss (Boss, 2006). In this study, some former foster carers indicated that once their caregiving role had ceased, for whatever reason, there was little or no recognition from involved professionals about what they had experienced or lost.

Inclusion of children into families

Several foster carers spoke of the challenges of including a new child into the family system and the effect on the family structure and dynamics, in particular the effects on other children. Former Carer F explained:

If [foster child] had been the younger one, it would have been much easier, but she was the older one. So I suddenly had the situation that my own daughter was no longer the eldest child, she was out of position . . . She [own daughter] was terribly traumatised [by this]—they did not like each other.

Former carer E:

Our younger child became withdrawn and while he couldn’t express it I observed it . . . we were worried about our son.

Carer L was concerned about the effect of the fostering experience on her daughter:

I decided to leave, because my daughter, a teenager, was getting upset. She felt she couldn’t bring friends around and a few of her things went missing.
Interviews with former carers also highlighted the enormous emotional challenge presented by changed care plans which affected how long the child was to stay. A range of situations led to the need for former carers and their families to make practical and emotional adjustments to unanticipated changes. A planned short stay with a crisis carer could turn into a year-long or two-year-long placement, as was the experience for Foster Carer F:

I offered to have [the child] for one term. I was assuming they were looking for another placement, but [the child] was still here after a year.

Conversely, there were situations where the carer understood that the placement would be long term but, from the perspective of the foster carer, the placement was terminated unexpectedly, a situation of loss discussed earlier.

There is a developing literature on the children of foster carers that acknowledges the challenges of foster caring for them (Clare et al, 2006; Hojer, 2007; Twigg and Swan, 2007). The theory of family boundary ambiguity raises the likelihood that different family members (in this case foster carers and their own children) may have different experiences or perceptions of the family boundary and who belongs to the psychological family, and that this itself can be stressful (Boss, 2006).

The stresses on family structure and relationships arising from the entry and inclusion of new members are particularly identified in literature on step-families (Coleman et al, 2001). In step-families boundary ambiguity has been negatively associated with the quality of couple relationships (Stewart, 2005). One of the well-recognised challenges for fostering families, especially those undertaking short-term or short-break/respite care, is the continual entry (in addition to the exit discussed in the earlier section) of new children into their lives (Buehler et al, 2006; Twigg and Swan, 2007). The interviews with this group of former carers indicated that this constituted a challenging component of fostering and provides an example of family boundary ambiguity Type III (Carroll et al, 2007).

External influences on families
In this sample, a commonly identified experience was that of people outside the family exercising strong influence on the foster carer’s and foster child’s lives. These others may include the statutory body, the foster care agency or the biological family. This perceived influence often involved situations where the family’s or foster carer’s way of handling things was experienced as limited or controlled by the external body.

Former carers identified tensions in trying to treat children as part of the family, but not having parental rights to make decisions about him or her.

Carer B:

There is a difference between what you can legally do and [the] social norm. You are trying to bring up children with your hands tied behind your back – you are not a parent, you are a carer. You don’t have legal standing, ie in an emergency you can’t sign a consent form for anaesthetic. You can’t give a child normalcy if you can’t do that . . . As a foster carer, I had all the care and responsibility but no power.

Sometimes former carers considered that foster care professionals undermined their management of the child or young person. For example, Carer I reported that the fostering agency worker collected children from school if they had misbehaved there and took them for a treat to a fast-food outlet. The foster carer felt that this undermined what they were trying to teach the children about taking responsibility for their behaviour. Another carer, Carer G, felt strongly that ‘the children have to be treated as part of the family’ and described the following experience:

I was told in front of the child, ‘That’s
the rule, you can't make the child do anything he doesn't want to do . . . here is my phone number [for] anytime you want to phone me.' Anytime he [the child] had to do anything he would phone [the worker] who would come and take him away to respite.

In contrast, Carer C, although experiencing the foster carer assessment process itself as ‘invasive’, found a way to resolve the ambiguity around the parental relationship with foster children:

_We had to get our heads very quickly around the fact that it's not our child and the parents have a lot of say even though the child is raised in your [foster carer's] home. Really the child is never going to belong to us, it's never going to be our child._

In some situations this perceived excessive influence of ‘outsiders’ extended to the carers’ views on appropriate care and residency plans for the children. This could intersect with the experiences of loss of the child from the family, where decisions were made by people outside the family about the position of the child in placement. This was the experience of Foster Carer K:

*I tried to make sense of it, I tried to think maybe it was in the child’s best interests and I still don’t know how to make sense of the decisions . . .

It’s really hard to have the words to describe the powerlessness and lack of rights you have as a human being as a foster carer and the reason that I try to tell the story about the challenges and what we went through, is to give a glimpse of what it is like so that you can try to understand, when all of a sudden you are cut off, how confusing it is.

Foster care families often are required to accept others into domains of life usually restricted to family members. Examples include the involvement of professionals in the development of child management strategies and plans for family holidays which are dependent on foster children’s contact arrangements with their birth families.

In this research sample, there was diversity in how former foster carers experienced the involvement of professionals in child management practices. For some, it was experienced as intrusive, while for others continual responsive support was welcomed. Some wanted both more support and less outside control. The importance of subjective experience is recognised in the literature on boundary ambiguity, with some families having more fluid and flexible boundaries than others (Boss, 2006). Twigg and Swan (2007) suggest that foster families are 'unique' in having far more permeable boundaries than are found in most westernised families (p 58).

In addition to the influence of professionals, foster carers are often expected to support or at least have contact with birth parents, for instance, in concurrent planning arrangements (Frame _et al._, 2006). These relationships may be experienced as intrusions across the family boundary, fitting Type IV of Carroll _et al._'s typology (2007) and are similar to the researched experience of clergy families (Morris and Blanton, 1994; Lee, 1995). For others, it may be experienced as an acceptable extension of the family boundary. These differing expectations and experiences are likely to influence family stress levels, and to affect individual members of the family differently.

**Note on Type II**

The study did not find any clear instances of Type II family boundary ambiguity in the foster care families. Carroll _et al._ (2007) describe this type as arising from a loss experience, ‘psychological absence with physical presence’ (p 223), as typified by a family with a member who suffers dementia. It may be relevant to consider the evidence from previous research that children in foster care may experience stress associated with family boundary ambiguity and ambiguous loss related to their
families of origin (Gardner, 1996; Craven and Lee, 2006). Whether or not this means that some children are experienced by foster carers or foster care families as psychologically absent while physically present is not clear. However, Foster Carer D offered a relevant observation:

*It doesn’t matter how bad their life has been, the majority of the children want to go back to their parents. [One foster child] had never lived with her mother; her mother had never contacted her, yet she was convinced she would go and live with her.*

The literature on attachment and foster care suggests that forming bonds with foster families is an important process that is not necessarily straightforward (Walker, 2008). Stress associated with Type II family boundary ambiguity may be an area for further study.

**Implications for research, policy and practice**

This application of the theory of family boundary ambiguity to these sample data has implications for further research, practice and policy. The most direct is that there is sufficient indication of the relevance of the theory to warrant more extensive investigation in larger samples. This could involve systematically investigating the stresses associated with family boundary ambiguity in foster care families or exploring the applicability of Boss’s (2006) therapeutic approach to situations where ambiguous loss seems evident. Comparisons of levels of stress associated with family boundary ambiguity could be made between foster carer and other families, or between families or family-like groups that utilise different out-of-home-care models.

In terms of fostering practice, the theory of family boundary ambiguity and ambiguous loss may be an additional aid to understanding the experiences of all parties involved in fostering: the fostered children, the birth parents and the foster caring family, including the children. It may also be applicable to professional workers in the field who develop attachments to families and children involved in foster care, and who have their own life experiences of ambiguous losses (Boss, 2006).

The capacity to ‘manage ambiguity and deal with loss’ has been identified in other literature as an important area of competence for foster carers (Buehler et al, 2006, p 542). These are qualities that may be sought through selection procedures and techniques (Kennedy and Thorpe, 2006) or developed through the training and support provided by agencies (Butcher, 2004).

However, loss and ambiguity remain given conditions in foster care regardless of selection procedures and the mix of volunteer and professional situations. Irrespective of the specific models of out-of-home-care, workers, whether professional or volunteer, whether involved in long-term or short-term care, are likely to form attachments to children that involve family or family-like relationships.

An important implication of applying the theory of family boundary ambiguity to foster care families is the need for a family-focused approach by foster care workers. The family boundary ambiguity theory highlights the possibility of differing perceptions among family members about who is part of the family and the increased levels of stress that this might entail. Both this research and that of others demonstrate the impact of foster care not only on the designated carers but also on the carers’ own children (Clare et al, 2006; Hojer, 2007).

Other implications for professionals working with foster families include developing an understanding of the ambiguous nature of losses in foster care, communicating this to the families involved and naming the experience of ambiguous loss when it appears. Regardless of whether a child moves in a planned or sudden way, there may be stress associated with ambiguous boundaries; the key factor is how the family perceives it. Where the loss is
sudden or involves uncertainty, the notion of ambiguous loss may be useful to both the family and the workers, in understanding what they are experiencing and the potentially traumatic nature of the loss.

Boss (1999) suggests that giving the loss this special label and acknowledging its difference from clearcut loss may enable the person or family involved to see the situation as unrelated to some personal failing. This, in turn, may provide some relief from one part of the pain involved. Boss’s work also indicates that providing as much information as possible about the ‘lost’ person and the circumstances around him or her is very important. The results of not doing so may lead to unresolved grief and post-traumatic stress (Boss, 2006). Clearly, where children’s safety and well-being are involved, working in a child-centred way needs to take priority and there may be some situations where there are necessary limits on the information that can be conveyed to former foster carers (Winkworth and McArthur, 2006).

An important policy issue is identifying who takes responsibility to assist former carers experiencing traumatic losses. Who takes on the after care when there may have been conflict between key foster care personnel at the time of the separation or loss? The implications of ambiguous loss theory is that support may be needed by former carers to understand their losses, to make meaning out of them and to ‘reconstruct identity’ (Boss, 2006, pp 115–42). It is reasonable that the community, on whose behalf the foster carers look after vulnerable children, also provides through government policy the clear processes, structures and resources for current and former foster carers to receive supportive attention in situations of traumatic and ambiguous loss, including when allegations of abuse are involved. This is in addition to the need for proactive conflict resolution and appeal processes discussed elsewhere (see Thomson and McArthur, 2007).

Conclusion

Family boundary ambiguity and ambiguous loss are theoretical concepts that have received recognition for their relevance to many groups, including adopted children, adoptive and birth parents and foster children (Boss, 2006). This article explores these concepts through the findings of a re-analysis of interview data from a qualitative study of the experiences of former foster carers in Australia. It is suggested that the theory of family boundary ambiguity and the concept of ambiguous loss warrant further investigation and that their application to foster care may assist carers, foster care social workers and policy makers to understand more fully and respond to some potentially stressful experiences in foster care.

Acknowledgements

The authors would like to thank the Foster Care Association of the Australian Capital Territory Inc for commissioning the research on which this article is based, the former foster carers who shared their experiences and our colleagues, Megan Layton-Thompson and Lyndall Evans, who contributed to the original research project.

References


Boss P, Loss, Trauma and Resilience: Therapeutic work with ambiguous loss, New York: WW Norton & Co, 2006


Clare M, Clare B and Peaty A, Children who Foster: The impact on the children of foster carers when foster children reside in foster families, Perth: Foster Care Association of Western Australia Inc and Centre for Vulnerable Children and Families, University of Western Australia, 2006


© Lorraine Thomson and Morag McArthur, 2009