Biological children of foster parents: ‘a life less ordinary’

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‘Family is not defined by our genes; it is built and maintained through love’
Declaration

I declare that this project: Biological children of foster parents: ‘a life less ordinary’, is presented is in partial fulfilment of the requirements for the Degree of Bachelor of Arts (Hons) in Social Care Practice. It is entirely the work of the author and has not been submitted to any other university or higher education institution, or for any other academic award in this institute. Where use has been made of the work of other people it has been fully acknowledged and fully referenced.

Signed: ________________________  Date: _____________

Cathy Walshe                          28/11/2014
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This research project aims to explore the views of Applied Social Studies Students, whose parents foster children, on the fostering experience within their families.
The objectives are: to explore the impact of fostering on the biological children of foster families and to examine the training and supports provided to foster families.

A significant amount of literature was reviewed relevant to the researchers chosen subject and it was identified that there is a clear need for this present research.
In ascertaining this information, a qualitative research was adopted in the form of semi-structured interviews. The findings were presented using illustrated narratives, reflecting recurrent themes that emerged from the data collection.

Compelling results emphasised that further consideration of biological children is needed to enhance the fostering experience. Recommendations were also made suggesting how prevailing issues can be addressed.
Introduction

The nature and provision of child welfare services has evolved significantly in recent years. There has been a fundamental shift away from removing children from their families, placing greater emphasises on providing supports to safeguard families (Ferguson, 2011). Despite this, foster care still plays a dominant role in child welfare today (Colton & Williams, 1997). A growing awareness of children at risk and the need for out of home care has been highlighted in reports such as The Kilkenny Incest Case (1993) and the Roscommon Case (2010) (Harvey, 2011).

Overwhelming evidence draws attention to the deficit of foster carers and consequently the failure to meet increasing demands. Additionally, the literature reports difficulties in retaining existing foster careers (Horgan, 2002).

The dependence on foster care is emphasised in the report issued by the Department of Health in 2013. In 2012 there were a total of 6,322 children placed in the care of the State, out of which 5,762 were placed in foster care. With over 90% of children being placed in foster care, it is indisputably the foundation of the Irish care system (Health, 2013).
Chapter 1: Literature Review
1.1 Introduction

This chapter reviews the literature in relation to the fostering experience within foster families. Firstly, the author will review recent studies examining the impact of fostering on the biological children of the foster families. Secondly, it will look at the training and supports provided to foster families.

The review aims to give a representation of literature on the topic, however, is not an exhaustive review of all literature.

1.2 What is fostering?

Fostering is defined as “caring for someone else’s child in one’s own home” (Association, 2013). It is public care provided in a private setting, specifically, the home of the foster family. A child is placed in foster care when prevailing circumstances mean the child can no longer remain at home (Hoijer, 2006). This is primarily due to a crisis or breakdown in the child’s family. Horgan (2002) reported that parents unable to cope, followed by neglect, were the principal motives for children coming into care in Ireland. It was also submitted that approximately half these admissions were on a voluntary basis.

A child is universally considered as being a person under 18 years. Responsibility lies with the Child and Family Agency to provide alternative care for children deemed at risk, under the provisions of the Child Care Act, 1991, the Children Act, 2001 and the Child Care (Amendment) Act, 2007 (Tulsa, 2012). As mentioned above, children enter the care system either voluntarily, or under a court order.

Foster care can be long or short term, depending on a specific plan. This can include, reunification with the biological family, employing the foster home as a legally permanent placement through guardianship or adoption or placement of the child into another legally permanent placement (Dorsey, et al., 2008).
2.3 The impact of fostering on the biological children of the foster family

Examining how the fostering experience impacts biological children is an important consideration which is largely overlooked. Fostering has implications for the family as a whole, resulting in significant changes in both the structure of the family and day to day life (Younes & Harrp, 2007). Poland & Groze (1993) found that approximately 77% of foster parents had concerns about how the fostering experience may affect their children. Accelerating this were reports that biological children often reacted to the arrival of a foster child by displaying undesirable changes in their attitude and behaviour. Additionally, evidence suggests that there is a more substantial risk of a placement breaking down when foster parents’ own children are residing in the home (Oosterman, et al., 2007).

In 2013, an international study was carried out, evaluating the impact of fostering on foster carers’ children. It was conducted by compounding the findings of international literature searched on various electronic databases. The methodology of the studies examined varied between qualitative, quantitative and mixed methods. The focus was to examine how well foster carers’ children are prepared for life in a family that fosters and to examine the impact of fostering on foster carers’ children. The study samples used, however, were small and research was limited to English speaking countries only (Hojer, et al., 2013).

One key aspect identified was involving biological children in the decision to foster. This has been recognised as integral to their subsequent adjustment to the fostering process. Although some children acknowledged being a part of discussions, the decision was fundamentally determined by their parents and imposed upon them (Hojer, et al., 2013).

Another consequence of the fostering experience was a newfound sense of responsibility. While some children embraced this, others found it a continual source of stress and worry. Typically higher expectations were set for biological children (Hojer, et al., 2013). They were viewed as role models who would set good examples. Many children disclosed feelings of anxiety due to the constant pressure of needing to be perfect (Oosterman, et al., 2007).

An earlier study highlighted that biological children revealed being faced with many challenges as part of the fostering process. Predominantly, learning how to understand and cope with difficult behaviours. Aggressive behaviours were viewed as a constant source of stress, which created an atmosphere in the home (Younes & Harrp, 2007).
It was further recorded that many described feeling invisible as the foster children consumed so much of their parent’s time. Sharing parent’s time was considered the worst aspect associated with fostering. This prompted feelings of resentment and jealousy which were further exasperated by having to share personal belongings and space (Younes & Harrp, 2007). A study was carried out in 2007, examining the risk and protective factors contributing to placement breakdown. Evidence suggested that conflict and animosity between children was more prevalent when the biological children were younger. In contrast, older biological children were found to be less threatened by the foster children and were more likely to contribute to the caring process (Oosterman, et al., 2007).

Poland & Groze (1993) submitted that the fostering experience resulted in a loss of innocence for the biological children. This was a consequence of over exposure to information such as abuse, violence and neglect. Similarly, it was highlighted that information was not always altered to suit their age and cognitive capacity. Furthermore, Hojer (2006) reported that even though foster mothers expressed the need to protect their children, inevitably they admitted to frequently using their children as confidents and accepted their comfort and support. Despite this, Hojer (2006) argued that this increased their awareness about the complexities of life. He proposed that biological children subsequently gained a significant insight and understanding of problematic life situations. This in turn gave them a new appreciation of home and family life. Additionally, many parents conceded that it shaped their personalities unveiling more outgoing, caring and responsible attributes (Hojer, 2006).

Fostering is often perceived as traumatic, due to associated challenges and stress. Biological children are directly involved in the process, therefore their role should be acknowledged. Incidentally, Younes & Harrp (2007) lays claim that their voices are typically absent from most literature regarding foster care. It was often presumed that biological children are more resilient and competent and capable of dealing with any strain associated with fostering. Despite this, many reported struggling to deal with feelings of loss and separation when placements ended. Younes & Harrp (2007) argues that it is imperative the child welfare system address the needs of the biological children as it can be critical to the success of placements.

Internationally, foster care is the preferred method of placement as it gives children a sense of ‘normality’ in a family context. However, it is evident in the literature that exposure to the fostering experience makes biological children’s own lives less ordinary (Hojer, 2006).
2.4 Training and supports provided to foster families

Children in foster care are regarded as a vulnerable population. This is predominantly due to a prior history of maltreatment such as abuse, neglect, domestic violence, parental mental health issues or substance abuse. Due to the severity of trauma experienced, foster children often present with an extensive range of behavioural, social, developmental, educational and mental health issues (Dorsey, et al., 2008).

Research indicates that foster children are more at risk of developing behaviour disorders which can lead to sexualised behaviour, oppositional defiance and attention difficulties. Many foster children also struggle to form relationships as a result of previous compromised attachments (Octoman & Mclean, 2014).

Considering the complex range of needs, foster parents are presented with challenges that extend way beyond the normal parenting experience. Confronted with an exceptional burden of care, foster parents encounter high levels of stress and a consequent need for training and support (Hodges, 2008). Evidence highlights this is a crucial element to providing effective treatment for foster children. Training is also directly linked with the success and failure of placements and the retention or relinquishment of foster carers (MacGregor, et al., 2006).

A study was conducted in 2011, examining the perceptions of support and training in the context of high burden care for foster parents in New Zealand. A qualitative analysis of structured interviews and questionnaires were carried out involving 17 foster carers. The methodology focused on two specific aims: to evaluate the burden of care and stress attributable to fostering children in care and to evaluate the perceived need for support and training (Murray, et al., 2011). The study however was limited to a single region in New Zealand and only focused on carers who fostered children under the age of 11 years.

The area of greatest need indentified was in relation to managing and responding to children’s behaviour and mental health difficulties on a day to day basis. Furthermore, access to relevant training was raised as an impediment. This included providing training to address specific needs, such as the aetiology of children’s behaviour. Frequency and timing of training often created difficulties with childcare arrangements. It was also noted there was an expectation that foster parents would fund these training courses themselves (Murray, et al., 2011).

Octoman & Mclean (2014) stated that foster carers reported substantial unmet needs in relation to support and training. Some did however suggest they received adequate support
from their liaison social worker. Other foster carers were highlighted as being the primary form of support.

More importantly, Younes & Harrp (2007) documented the necessity to provide training to address the needs of biological children, which was verbalised by both foster parents and their children. Likewise, this submission was reinforced by Poland & Groze (1993) who projected that pre-training for biological children would provide opportunity to ask ‘risky’ questions. Information could be altered accordingly to suit their level of understanding, hence promoting inclusion. It was also considered that the input of biological children would result in more accurate assessment of the foster families’ ability to cope and tolerate stress. For this reason, there is a requirement for social workers to spend more time with biological children on home visits (Poland & Groze, 1993).

Previous research also emphasised that dissatisfaction was collectively expressed by foster parents with the level of support received from children’s agencies. A prevailing factor was a lack of communication and a lack of availability of social workers. More specifically, a lack of out of hours services. While many reported social workers not responding to phone calls, it was also acknowledged that some of the inadequacies in support were attributed to a high social work turnover (Devine, 2012). Foster parents felt they were not kept informed of decisions regarding children in their care and rarely had their opinions sought. This left them feeling undervalued and not recognised as part of the childcare team. More specifically, insufficient access to information on the foster child made it difficult to meet their duty of care (Dorsey, et al., 2008).

Johnson & Grant (2005) proposed that supervision is essential to providing emotional support. While protecting the foster child’s privacy, dealing with issues such as allegations or problems with birth families could be addressed. It was also hypothesised that this should be overseen by a body separate from the children’s agency as foster parents had concerns they may be regarded as not being able to cope.

Furthermore, Hodges (2008) argues that many barriers were faced when trying to access specialist services for children in their care, such as mental health and special education. A contributing factor was a lack of appropriate services and insufficient funding. Several foster parents reported extensive waiting lists, while others revealed social workers failing to follow through with referrals.

Carer well-being is of paramount importance considering the complexity of the foster parent’s role. Protecting their own physical and mental health is essential to sustaining the
placement of the foster child. Learning to cope with grief and loss when a child leaves care and being informed of safe practices to avoid allegations are fundamental to practice. Self preservation is a crucial element and carers need to be able to identify when they need a break. Despite this it is widely acknowledged there is a huge deficit in respite for foster parents (Dorsey, et al., 2008).

2.5 Conclusion:

After reviewing the literature for this thesis, it became evident that there is a clear need for this present research. Currently there are insufficient studies examining how the fostering experience affects biological children. Furthermore, Younes & Harrp (2007) reported their voices are typically absent from the literature, despite being directly involved in the process. The data gathered indicates there are many short falls in relation to training and support provided to foster families. In particular, specific training to address the needs of biological children. Moreover, biological children need to be more involved in the fostering process and decision making.

The aim of this research is to explore the views of Applied Social Studies Students, whose parents foster children, on the fostering experience within their families. The objectives are as follows;

- To explore the impact of fostering on the biological children of the foster families
- To examine the training and supports provided to foster families.
Chapter 2: Methodology
2.1 Introduction

This chapter will outline how the author has carried out this research. It will explain the importance of research in social care practice and define both qualitative and quantitative methods. The chapter will then justify the chosen method of research and how it applies to this research.

2.2 Method

“Research is understood as original investigation undertaken in order to gain knowledge and understanding” (Shaw, et al., 2010, p. 3). Its purpose can have a descriptive, explanatory, exploratory or policy orientated focus. Nonetheless, it is an essential component of social care practice, whereby measurement and evaluation can be used to promote positive change. Gibbs (2005) proposes that empowerment is fundamental to social work research. The involvement of the service user in the process should be valued as equal importance to that of the practitioner.

A variety of methods can be used to collect data, which are generally divided into two groups: quantitative and qualitative. Quantitative research is “associated with the production of numerical data that are ‘objective’ in the sense that they exist independently of the researcher and are not the result of undue influence on the part of the researcher” (Denscombe, 2010, p. 237). The research is large scale and tends to focus on specific variables which have precise and conclusive outcomes. Information gathered is factual, typically in the format of questionnaires using closed-end or forced-choice questions (Mackay, 2007).

In contrast qualitative research “tends to place emphasis on the role of the researcher in the construction of data” (Denscombe, 2010, p. 237). Qualitative research is used as preference for small scale studies as a way of gaining an in-depth understanding of an issue. By nature it is subjective and descriptive, translating human experiences into words. It examines the ‘how’ and ‘why’ by using open-ended, free response questions through interviews or focus groups (Duffy & Chenail, 2008).

A qualitative research method fits the purpose of this study as the data that emerges from this study is largely descriptive. The author wishes to obtain information by focusing on the
personal experiences, perspective and history of participants without any limitations. Interviews will allow the author gain a deeper insight to justify the complexity of the subject.

2.3 Procedure

The author initially sent an email to the student’s union body outlining the topic of research and criteria required for interview participants. The authors email was also provided for suitable applicants to contact if they wished to partake in the research project. This was to ensure the confidentiality of participants. An email was then sent to students requesting a meeting so the research project could be fully explained and any questions or concerns could be addressed.

A draft of questions was then prepared for the interview process. These were then examined by a pilot group and appropriate adjustments were made. All questions were also reviewed by a supervisor.

Following interviews that data was examined in detail defining common themes to represent the findings. The author used quotes from the interview process to ensure participants were accurately represented.

2.4 Participants

The participants were composed of three students of Applied Social Studies in Social Care at Athlone Institute of Technology. One student was in third year and two students were in their fourth year. All three participants were female.

2.5 Ethical Considerations

Ethical consideration is essential for all social care research, regardless of the type of methodology. The ethics of qualitative research design however pose particular ethical questions. This is primarily due to the complex nature of qualitative research. The design employs more personal methods, which can be intrusive into the life of the participant (Gibbs, 2005).
When using a qualitative approach, it is imperative to apply the principles of “informed consent, confidentiality and privacy, social justice and practitioner research” (Shaw, et al., 2010, p. 24). The researcher aspired to uphold these principles throughout the process. Recruitment presented some challenges due to the requirement of such a specific group within the student population. By virtue of the nature of the study, sensitivity was of paramount consideration throughout. The research project and purpose of the study was explained to students who were identified as matching the interview criteria. Students were informed that the author would endeavour to protect the confidentiality of participant’s anonymity if they consented to interview. Those who agreed to take part signed a consent form. This ensured the participants were fully informed and gave information of their own free will. The consent form explained the process, the students rights to confidentiality and their right to withdraw at any point of the research if they so wished. The author strove to uphold the dignity, rights, safety and well-being of participants as a primary consideration. This was reflected in the interview questions, which were open, allowing the participants to decide the parameters of discussion they were comfortable with. The author was mindful not to create any bias, insult or ask any intrusive questions. Students were also assured that all data would be destroyed following the collection of data. It was explained the author would not misrepresent any data given by respondents. Participants were thanked for their time and cooperation.

2.6 Limitations

One of the limitations to be acknowledged about this research is the small scale nature of the study. The research project guidelines stated that the considered number for a qualitative research project should be between 3-5 participants. The number of people who responded to the email that matched the criteria was just three. This could have been a result of the very specific target group the author was looking for and the personal nature of the research.

2.7 Method of data analysis

Once the interviews were completed, the author typed a transcript of each interview. The author then read the interviews repeatedly to form a general impression and to
identify emerging themes. Narrative analysis was used to analyze the experiences and answers that participants gave. Answers were then divided into meaningful phrases and sentences by thematic analysis.
Chapter 3: Results
3.1 Introduction

This chapter describes the results of the qualitative study, which explored the views of biological children of foster parents. It presents the findings based on the research questions, objectives and recurrent themes that emerged from the data collection. The findings are presented under main headings, using illustrated narratives.

3.2 The interview process

The interviews were conducted individually with participants and took approximately half an hour. The author did not hold a focus group due to protection of identities and upholding confidentiality. Similarities emerged between the life stories of the participants.

3.3 Common themes

Many themes emerged from the interviews. The author focused on the recurring themes that directly related to the research. The themes identified are presented under the following headings:

1. Reasons for fostering children
2. Involvement in the decision to foster
3. The biological children’s view of their role
4. The biological children’s view of the fostering experience within their family
5. Supports and training provided
6. Suggestions for improvement
7. Information received about the foster children’s background
8. Recommendations for biological children
Objective 1: To explore the impact of fostering on the biological children of the foster families

3.4 Reasons for fostering children

The participants were asked their opinion on why their parents chose to foster children. A common theme emerged that the decision to foster was based on altruistic reasons. All participants identified that it was something their parents has always wanted to do.

“Fostering children is something my parents always wanted to do. They envisaged a future of saving vulnerable children and turning their lives around for the better. And that’s what they did – they felt it was their vocation”
(Participant one)

“They had always said that they would foster or adopt when the youngest was 18, however the baby was only 6 or 7 they became foster parents. It was more by accident as my brothers friend had ran away and when he returned home he stayed with our family till the dust settled, that was about 6/8 weeks then he was placed into care. He ended up running away from the homes he was placed in and refused to stay anywhere but my family home. At that stage mam and dad where legally fostering him while training to be foster parents”.
(Participant two)

“My parents always wanted to foster. They wanted to give a child an opportunity to have a better life and felt they were in a position to do so”.
(Participant three)

3.5 Involvement in the decision to foster

The participants were asked if they were involved in the decision to foster. Two of the participants stated they had some involvement in the decision; however one stated they were quite young and did not fully understand. The third participant stated they were not involved in the decision at all.
“My parents involved us in making the decision prior to contacting the HSE. They asked how we felt about it and insured that we were in full agreement with their plan. The social workers also involved my brother and I in the evaluation process. They carried out a home visit and a one to one interview with us to ensure we understood and that we were happy with the fostering process”.

(Participant one)

“Nope, before anybody had anytime to say anything the boy in question was living with us, social workers did do a focus group thing to see what we thought but the decision was made”.

(Participant two)

“My parents explained to me that they were going to foster, that I might have a new brother or sister. I was not involved in making that decision, but I was too young to understand”.

(Participant three)

3.6 The biological children’s view of their role

“As I grew older my role and responsibility grew. As a child I did not see it as having a "role". I simply welcomed children into our family and learned to understand that some children did not have a very good life at home which is why they lived with us and perhaps why they act as they did. Now that I do not live at home I have little interaction with what children live with my family but now act as a support in a sense to my mother who would have the greatest role in our house”.

(Participant one)

“I have the same role for the foster siblings as my biological siblings, I’m the big sister. I do find that my awareness through this course tends to guide my thinking towards the foster kids. It results in me being soft as I’m aware they have different needs to my sisters”.

(Participant two)

“When I was younger I did not see myself as having a role, they were just another sibling. My awareness of them grew as I got older, but my relationship did not change. My parents rely on me a bit more now for support, but mainly for someone to talk to”.

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3.7 The biological children’s view of the fostering experience within their family

“It has had its ups and downs. Some children were a pleasure to work with, some were not. We have had to deal with some very tough goodbyes which took its toll. I do not feel that my family received enough support leading to us not being as close as we were. When dealing with some children, my family most definitely required some intervention. Had we received more family support (Respite relief in particular) I feel I would have a better opinion on fostering children. My youngest brother who was 3 years old when we began to foster now shows the effects of being deprived some attention. But overall it has been a wonderful sense of achievement seeing the impact you can make on some one’s life. The greatest sense of achievement for my family is when someone who once lived with us returns or simply makes contact for some support or even to say hello - that is when you realise you have formed a strong bond and made a difference in some one’s life”.

(Participant one)

“It’s been both positive and negative. Currently there are 2 kids both under full care orders living with us since they were 11/12. They are part of our family and fully integrated in our lives, but it’s also disruptive in our home house, as the social workers are always on the phone or in the house, which impacts on our relationship with our parents, if we need to talk to them about our own issues. I would not foster due to the experience of other teenagers living with us, there has been clashes of personalities, tense atmospheres, inappropriate behaviour between foster children, house is constantly going, its draining, siblings have been upset, run-a-ways, Garda involvement, court cases, challenging behaviour”.

(Participant two)

“The fostering experience has been up and down. Some children have settled in well to the family and formed close bonds. Others can have very challenging behaviour and in some cases be aggressive. I found this very intimidating when I was younger. It can be very disruptive to the family environment and as a result my parents seem to have very little time for me and my siblings. I definitely think it changed our relationships within the family. If I
had a problem, I would usually try to deal with it myself as I felt my parents did not have the time. I suppose when I was younger I was a little resentful of this”.

( Participant three)

Objective 2: To examine the training and supports provided to foster families

3.8 Supports and training provided

“My parents were required to carry out Garda vetting, home inspection, references from neighbours, local priest, Guards etc. They were also required to carry out an eight week training program (one night per week) to equip them with the skills to be a successful foster parent. Upon receiving a child their needs are assessed and supports and training are put in place as required for example, common sense parenting programmes, youth workers, play therapy, Marty Mayo etc.”.

( Participant one)

“My parents done training and to be fair they still have to engage in ongoing training. There is a family social worker who is in a lot of contact with mammy but there is nobody in particular who meets with my siblings. On occasion they have linked in with my sisters if an incident has occurred”.

( Participant two)

“My parents had to do a training programme before they began fostering, and continue to do additional courses. Even when my siblings and I got older, training was never provided to us. We do have some support with a family social worker, but very little. Some of the children can be very challenging”.

( Participant three)

3.9 Suggestions for improvement

“There needs to be an emphasis on sufficiently matching child to placement. Families must be assessed with the particular child's needs in mind. The child needs to be placed with the
family that can best meet those needs. I feel this would minimise the supports needed in foster families as well as decrease the amount of placement breakdowns”.

(Participant one)

“I think biological children should be more informed and considered before their parents start fostering and that they should have regular contact with social workers”.

(Participant two)

“I think it would be beneficial to have a child friendly book to explain fostering to younger children. I also feel biological children should have more of an input in decisions as they get older”.

(Participant three)

3.10 Information received about the foster children’s background

“My parents could only receive the information that the social workers had gained through inspecting the child’s home - before, during or prior to removing the child, information they may have received from the child parents - or perhaps the local authorities. Whatever information I received was what my parents had chosen to tell me”.

(Participant one)

My parents didn’t share any information with my younger siblings, as I was 17/18 I was given some information, I think they were trying to protect my siblings but in hindsight many of the children we’ve fostered are in the same age group as my sisters and have eventually share their background which has been very upsetting for the girls. As for my parents, I’m sure they received the majority of information, but I reckon it was sugar coated”.

(Participant two)

“In most cases my parents get very little information on the background of the child. Any information I got was only what the child told me”.

(Participant three)
3.11 Recommendations for biological children.

“I feel that, for the sake of the biological children, respite care should be made more available. Respite care would allow for the family to spend time together - away from foster children, social worker visits, and therapist appointments. This time would allow for the biological children to speak freely, ask questions, receive their parents divided attention and rid any resentment that may have been growing towards their new sibling. This time would also prove strengthening for the family, leaving them better equipped to sufficiently care for new family member”.
(Participant one)

“I think that if foster children are close in age to the biological children, that there should be a lot of bonding exercises done before that child comes to live with a family as I’m my experience we may have met a child once or twice (if at all) before they moved in, and that’s a very difficult transition for everybody, especially if you have to share a room with a stranger. I also think that social workers need to be available for contact 24 hours a day, 7 days a week.

Focus groups/ family sessions should be facilitated regularly by a social worker, so that they are aware of the dynamics of the family environment and so everybody can talk openly and to get rid of tensions so looking at the whole environment rather than focus on the foster child and foster parents”.
(Participant two)

“I think it would be beneficial to have a child friendly book to explain fostering to younger children. I also feel biological children should have more of an input in decisions as they get older”
( Participant three)
Chapter 4: Discussion
4.1 Introduction

This chapter highlights the key findings of this study, and discusses the emergent themes to the pertinent literature in the field. It also considers and discusses the adequacy of training and supports provided to foster families and the impact the fostering experience has on the biological children. Finally, it will outline some recommendations for further research into the area of biological children of foster parents.

Objective 1: To explore the impact of fostering on the biological children of the foster families

4.2 Involvement in the decision to foster

Poland & Groze (1993) maintained there are numerous benefits to involving the input of biological children in decisions within the home. He also proposed that their opinions, reactions and behaviours regarding fostering should be considered in the recruitment process. This was equally expressed by Hojer, et al., (2013) who maintained it is the “whole family who fosters” (Hojer, et al., 2013, p. 4) therefore, involvement of biological children should be sought. It was reported that while some children confirmed being a part of discussions, ultimately their parents made the decision. This correlates with the view of the majority of participants who maintained they were not directly involved. Participant two stated “before anybody had anytime to say anything the boy in question was living with us”. Similarly, participant three claimed “I was not involved in making that decision”. In contrast, participant one declared their views were sought. “They asked how we felt about it and insured that we were in full agreement with their plan”.

This supports the literature that proclaims the extent of biological children’s involvement varied greatly among studies (Poland & Groze, 1993; Hojer, et al., 2013). One influencing factor was the age of the biological children. Participant three surmised “I was too young to understand”. Research highlighted that younger children were less involved in decisions (Poland & Groze, 1993).
4.3 Sharing parent’s time and attention

All participants mutually expressed that a negative impact of fostering was sharing their parents’ time and attention. This was similar to findings in the literature review, where it was recorded that sharing parents’ time “was the worst thing connected to fostering” (Hojer, 2006, p. 78). Participant one stated “we had to learn to share our parents love and attention”. Moreover, she declared her youngest brother “now shows the effects of being deprived some attention”. Participant three claimed “my parents seem to have very little time for me and my siblings” she then professed “I suppose when I was younger I was a little resentful of this”.

Research carried out by Younes & Harrp (2007) identified feelings of resentment and jealousy towards foster children as a result of them consuming so much of their parents time. These feelings were further aggravated by having to share belongings and personal space. This reflected the views of participant two who believed it was “a very difficult transition for everybody, especially if you have to share a room with a stranger”. Sharing of bedrooms has been identified as being especially controversial in research. Subsequently, it is not permitted among some fostering providers in the UK (Hojer, et al., 2013).

Literature found a consequence of having decreased time and attention was they were less likely to confide in their parents if they had problems. A consensus view was that their parents did not listen to them (Hojer, 2006). Participant two confirmed this view stating the presence of foster children “impacts on our relationship with our parents, if we need to talk to them about our own issues”.

Hojer, et al., (2013) highlighted the importance of establishing ‘protected time’ for biological children. It was further hypothesised that this could be accomplished by providing adequate supports through respite care. Participant one reciprocated this view indicating “respite care would allow for the family to spend time together, away from foster children, social worker visits and therapist appointments”.

4.4 Responsibility and perceived role.

The consensus view held in the literature is that the fostering experience leads to an acquired sense of responsibility among biological children. While some embraced this, a common perception was that it fostered feelings of stress and anxiety (Oosterman, et al., 2007; Younes
expressed the opinion that higher expectations were set for biological children creating an assumption that they had to aspire to perfection. This appears contradictory to the outlook of participants, who did not place great emphasis on their role with foster children. Participant three informed “When I was younger I did not see myself as having a role, they were just another sibling”. Similarly, participant two maintained “I have the same role for the foster siblings as my biological siblings, I’m the big sister”. Participant two however felt “As I grew older my role and responsibility grew”. Nonetheless, she articulated that her sense of responsibility grew into a role of providing support to her mother as opposed to being involved with the care of her foster siblings. She expressed that she “now acts as a support to my mother, who would have the greatest role in our house”. She further acknowledged “it is certainly important for her to have someone to speak with at the end of her day as she is now caring for six children under the age of eighteen, four of which are foster children”. This concept was observed in Hojer (2006) study which also mentioned that biological children were often used as confidents, providing support and comfort.

4.5 The fostering experience

Findings in the literature revealed that the fostering experience was both positive and negative (Poland & Groze, 1993; Hojer, et al., 2013). This is consistent with the response of participants interviewed. Participant one acknowledged “it’s had its ups and downs”, participant two claimed “it’s been both positive and negative” and participant three maintained “the fostering experience has been up and down”.

Younes & Harrp (2007) found that dealing with behaviour issues of foster children can be particularly challenging and stressful for biological children. Nonetheless participant three claimed “some children have settled in well to the family and formed close bonds”. Studies also indicate that there is an assumption biological children are not only resilient, but fully capable of dealing with these challenges (Younes & Harrp, 2007). However, the concept of loss and separation when placement ends is recognised as an experience biological children struggle to overcome. Participant one described “we have had to deal with some very tough goodbyes which took its toll”. Despite this, overall she describes the experience as being positive “overall it has been a wonderful sense of achievement seeing the impact you can make on someone’s life”. She also acknowledged how the experience has impacted on her family “I do not feel that my family received enough support leading to us not being as
close as we were”. The issue regarding support and training will be explored in the next section.

Objective 2: To examine the training and supports provided to foster families

4.6 Need for training and supports
One key aspect discussed in the literature is that foster children typically present with a complex range of needs. Dorsey, et al., (2008) exemplifies this point suggesting they frequently present with an extensive range of social, behavioural, developmental, educational and mental health issues. Participant two confirmed this stating “it’s also disruptive in our home”. She then explained “there have been clashes of personalities, tense atmospheres, inappropriate behaviour between foster children, the house is constantly going, it’s draining, siblings have been upset, run a ways, Garda involvement, court cases, challenging behaviour”. Similarly, participant three reported there can be “very challenging behaviour and in some cases be very aggressive”. Consequently there is a need for training and support, so foster families can adequately meet these challenges (Hodges, 2008). Participant one proclaimed “when dealing with some children, my family most definitely required intervention”. She then spoke about the need for “more family support”. There is overwhelming evidence in the literature corroborating the notion that there are substantial unmet needs in relation to support and training (Dorsey, et al. 2008; Murray, et al. 2011; Octoman & Mclean 2014).

4.7 Preparation of biological children
As mentioned above it is widely reported that needs are not adequately addressed in relation to training. However, all participants indicated their parents were required to complete some type of formal training before they began fostering. Participant one explained “they were also required to carry out an eight week training programme (one night per week) to equip them with the skills to be a successful foster parent”. Participant two and three also specified their parents had to engage in “ongoing training”. Despite this, a prevailing issue that emerges from the literature is the inadequacy of training and preparation provided to biological children. Earlier research placed great emphasis on the need to provide age appropriate information to suit their level of cognition and enhance their understanding (Poland & Groze,
1993; Younes & Harp, 2007). Participant two emulated this proposing “I think biological children should be more informed and considered before their parents start fostering and that they should have regular contact with social workers”. Poland & Groze (1993) further submitted that pre-training would provide an opportunity for biological children to ask ‘risky’ questions. Furthermore he inferred that there is a prerequisite for social workers to spend more time with biological children on home visits. Participant two reinforced this stating “there is a family social worker who has a lot of contact with mammy, but there is nobody in particular who meets with my siblings. On occasion they have linked in with my sisters if an incident has occurred”.

4.8 Enhancing supports

Devine (2012) reported that foster parents mutually expressed dissatisfaction with the amount of support provided to foster families. Additionally, he placed great prominence on the lack of out of hour’s services. Participant two agreed with this maintaining “I also think that social workers need to be available for contact 24hours a day, seven days a week”. Research also projected that more was consideration was needed in providing supports to meet specific needs of children’s behaviour. This included responding and managing challenging behaviour on a day to day basis (Murray, et al., 2011). Participant one acknowledged that addressing this issue “would minimise the supports needed in foster families as well as decrease the amount of placement breakdowns”. An overriding factor addressed in the literature is the lack of information provided to foster families about the child’s background and needs (Poland & Groze, 1993). Participant two reflected “if the family are fully aware of the background they are more prepared, have more support and placements will hopefully last longer. In my opinion the most damaged children are the kids that have instability and multiple placements”. Participant one surmised “there needs to be an emphasis on sufficiently matching a child to a placement. Families must be assessed with the particular child’s needs in mind. The child needs to be placed with the family that can best meet those needs”. Moreover, Johnson & Grant (2005) expressed the opinion that regular supervision would be a means of providing emotional support.
4.9 Expressing opinions: what do they say?

As previously mentioned, the consensus view emerging from literature is that due consideration needs to be given to biological children of how the fostering experience impacts on them. It has also been noted that their voices are typically absent from most of the literature regarding foster care (Younes & Harrp, 2007). Those who have afforded them the time will realise they are very informed and have valid opinions. Various suggestions were made by participants that reflect recommendations explored in the literature. In relation to addressing specific needs of biological children, participant three suggested “I think it would be beneficial to have a child friendly book to explain fostering to younger children. I also feel biological children should have more of an input in decisions as they get older”. Another proposal submitted by participant two “I think that if foster children are close in age to the biological children, that there should be a lot of bonding exercises done before that child comes to live with a family”. She further recommended “focus groups/ family sessions should be facilitated regularly by a social worker, so that they are aware of the dynamics of the family environment and so everybody can talk openly and to get rid of tensions so looking at the whole environment rather than focusing on the foster child and foster parents”. This is in line with the views of Hojer, et al., (2013) who also submit that peer support groups would be an effective way of addressing the needs of biological children, providing information and considering their views.

4.10 Evaluation of method

The adoption of the qualitative method for this research proved successful as it allowed in-depth data to be collected on a personal topic. The individual interviews conducted also allowed participants to speak freely in a confidential environment and provide an opportunity to ask questions. A quantitative methodology would not have achieved the same amount of detail on the topic.
4.11 Limitations of method

A limitation to be acknowledged about this research is the small scale nature of the study. To provide a comprehensive overview, a large scale study needs to be taken.

4.12 Recommendation for future research

Future research should examine how biological children can affect the outcome of foster placements and explore how they can influence placement breakdown. Future research should also examine the extent of concern for biological children as a deterrent, or termination of the fostering process.

4.13 Conclusion and summary

The overall aim of this research was to explore the views of Applied Social Studies Students, whose parents foster children, on the fostering experience within their families. A qualitative method of research was used to obtain information.

Some clear messages emerged from the findings. Overall, the findings indicated that biological children recognised both positive and negative aspects of the fostering experience. A common perception among the participants was they predominantly viewed the foster children as another sibling. In some cases they formed close bonds with the foster children and stated they integrated well into the family. In contrast to this, they reflected some foster children presented with complex needs and challenging behaviour.

The most difficult aspect of the fostering experience was reported as having to share their parents’ time. This is an issue that needs to be addressed by providing more respite care to foster families. It was also found that there should be more consideration of biological children in the fostering process. Involvement in the decision to foster and being adequately prepared was recognised as imperative to subsequent adaptation. Biological children should be provided with appropriate training and support, as they are directly involved in the fostering experience.
It is imperative the child welfare system addresses the needs of biological children as it is critical to the success of placements.

4.14 Recommendations

Throughout the research the author has identified that further consideration of biological children is needed. More engagement of biological children in the fostering process is fundamental to its success. Their opinions should be considered in all aspects and they should be more involved in discussions.
Ensuring biological children are well informed is another prerequisite. They should be adequately prepared for the fostering experience and have their concerns addressed. Information given should be age appropriate such as the use of books explaining the fostering process. Focus groups and information sessions would enhance the experience. More specifically, biological children should be provided with formal training which is regularly evaluated.
Foster carers’ children additionally require on-going support to help them cope with challenges they encounter through the fostering experience. Social workers need to spend more time engaging with biological children during home visits and discuss any perceived difficulties.
Finally, protected parenting time needs to be established. This will allow them to spend time exclusively with their parents. Ideally this should be addressed by providing respite care for foster children.
References:


Devine, D., 2012. A foster parents perspective: An evaluation of support services provided to foster parents while caring for a foster child, Dublin: Dublin Business School of Arts.

Donovan, B., 2008. What are the views of Irish birth parents and foster carers on post adoption contact, Dublin: Trinity College Dublin.


Appendix
Appendix A

Cover Letter

To whom it may concern,

I am a fourth year Applied Social Studies student doing a research project as part of my degree. I am exploring the views of Applied Social Studies Students, whose parents foster children, on the fostering experience within their families.

The research entails interviewing a number of social care students who are biological children of foster parents. I would like to invite you to take part in the study. The objective of the research is to explore the impact of fostering on the biological children of the foster families and to examine the training and supports provided to foster families.

The interviews will be conducted at a time and place that is convenient for you. Interviews will be taped and then transcribed and the participants will not be identified in the research as anonymity will be guaranteed. Any information received from you will be used solely for the purpose of this research. Participation is on a voluntary basis. Each student is required to sign a consent form before taking part in the interview. You can withdraw your consent at any point in the process. All transcripts will be destroyed in an ethical manner when the research project has been completed. If you have any questions in relation to the research please contact me at A00188609@student.ait.ie.

Thank you in advance for your time and consideration.

Yours sincerely,

Cathy Walshe
Appendix B

Informed Consent

Your signature on this consent form indicates that you fully understand the above research study, what is being asked of you in this study, and that you are signing this voluntarily. If you have any questions about this study, please feel free to ask them now or at any time throughout the study.

Signature ________________________________

Date ___________________
Appendix C

Interview questions

Q1. Why did your parents choose to foster?

Q2. Were you involved in that decision?

Q3. How do you view your role with foster children?

Q4. What kind of experience has fostering been for your family?

Q5. What supports and training were provided to your family?

Q6. Have you any suggestions for improvement?

Q7. How much information did you receive about foster children’s background?

Q8. In your opinion, what recommendations should be in place for biological children?