

A Survey about Foster Family

Subjects: Sociology

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Definition

Being a foster family consists of a continuous process influenced by several aspects. It involves challenges and demands. But also daily rewards. It is critical that more families be encouraged to become foster carers and also that experienced carers stay in the system to create a sustainable foster care programme. We found three types of foster families, classified according to their will to leave or remain in foster care—unconditional, hesitant, or retired. The support team are determinant for success in every stage.

1. The Survey

In terms of the process of building the willingness to keep fostering children, the qualitative data analysis resulted in the identification of three different family groups that we designated as “unconditional foster families”, “hesitant foster families”, and “retired foster families”.

Among the participants, the most experienced foster families were in the first group (which includes three families), “the unconditional FFs”, who stated that fostering is “like an addiction” (FFONG3 carer, unemployed, 48 years old), to quote the words of one of this group’s carers. This sort of family does not imagine themselves without children around, and they are available to place two or three children at the same time. They wish to foster for as long as possible, until they are unable to do so. These types of “unconditional carers” have extensive foster experience, and it is likely that the female carers are not employed, so it seems that they have dedicated themselves exclusively to the foster task, as being equivalent to a job. Fostering reveals itself to be a positive and rewarding occupation, and the negative aspects involved do not matter. These families show a lot of energy and motivation, and they are encouraged and supported by their friends and relatives. They treat the foster children as though they are really members of the family. These stories reveal that friends and relatives can represent an important resource for the carers’ emotional well-being, especially at the end of a placement. These different aspects that drive the carers to renew this desire to continue fostering are expressed in different foster care experience narratives:

“He [foster child] was like a fresh air. My friends said, ‘You are not the same person as a week ago’. [...] fostering a child enriches us; it is a remarkable experience. While I can be a foster carer, I will. I do not like to be alone. [...] I feel capable, I have energy to receive more children”. (FFONG1 carer, hairdresser, 51 years old)

“[our relatives] love him [foster child] very much. The ‘grandma’ is my mother. When the phone rings, [the foster children say] -It is grandma! (...) She has breakfast daily with us. [The foster children say] ‘Grandma, come. Grandma, come in!’”. (FFONG4 carer, domestic servant, 44 years old)

“they [relatives] help us to take care of him [foster child]. At Christmas there is an exchange of gifts; a child there is considered a family member, it is normal. It is a great party with friends and family”. (FFONG3 carer, unemployed, 48 years old)

The second group of families among the participants (which includes five families), called “hesitant foster families”, was experiencing their first foster placement (in this group, we can also find the carers who stopped fostering, the ex-FFs). They were facing several challenges that caused some reluctance

about staying in or quitting the foster care system. However, carers were conscious of the fact that they were playing an important role for the foster child placed with them. Encouragement and support from the people close to them are fragile. It is likely that the biological children and husband express no intention to keep fostering children. However, when asked to reflect on a hypothetical new foster placement, the hesitant families expressed interest. Nevertheless, participants expressed some preferences about possible future placements. Preferences included fostering younger children, justified by the perspective of building a relationship with the foster child more easily, as well as easier child behaviour management, and the intention to place siblings together as support for each other in ludic and emotional contexts.

“-Everybody was against us. Her brother, her sister-in-law, her niece stopped talking with her; Everybody said that it was an absurdity, -You are not fine!”. (exFFONG carer)

“[Imagine fostering another child] It depends; when we say goodbye to her [foster child], how we are going to react [Imagine that you receive a call right now asking you to place a child] It would be possible!” (FFONG2 carer, school worker, 41 years old)

The third group in this study, the retired foster families (which includes two families), did not want to keep foster children because of their own later stage of life. These types of carers included grandparents, those losing physical and psychological capacities, and those who wanted to dedicate themselves to their own family, their children, and their grandchildren. They were not encouraged to receive more foster children. Feeling that they have already made their own social contribution to children’s development, they did not intend to continue fostering.

“No, it is the age, I am 62 years old; She is getting tired; And I have also my grandchildren.” (FFSS2 carers, female, domestic servant, 62 years old and male, retired, 66 years old)

Attempting to construct an integrated interpretation of the dimensions of intervening in the carers’ process of maintaining the will to remain in foster care, the findings of the present study offer evidence for several factors. One of these elements is related with the detachment stage. According to the narratives of foster families, the detachment process seems key for carers to either stay in or quit foster care system. Despite being previously prepared, leaving the foster child represents a sad and distressing moment. Consequently, it can lead to sadness, suffering, insomnia, and crying:

“a squeeze in the heart!” (FFONG1 carer, hairdresser, 51 years old)

“living in a hell...” (FFONG3 carer, unemployed, 48 years old)

It is not, however, only the separation from the foster child that plays into the foster family’s decision, but also his/her destiny that causes concern and anxiety. In some situations, carers in this research disagreed with the social worker’s assessment and held the view that the foster child should not return to his/her family. Several circumstances supported their opinions, such as housing conditions, among others. They felt that the child would not continue to benefit from the adequate care and the development progress experience during the foster family placement. The anxiety is based on the total disruption of the foster family-foster child relationship:

“my biggest fear is to lose touch [with the foster child] definitely” (FFONG4 carer, domestic servant, 44 years old)

Therefore, there is a sense of satisfaction and relief when the foster family keeps in touch with the foster child after the end of the placement:

“I am not concerned because he [foster child] left but he calls me on Skype, WhatsApp, Facebook, and

his mother too. He arrived in France yesterday because I know he went to France, and he goes to my home.” (FFONG1 carer, hairdresser, 51 years old)

The global impact of the fostering experience influences the decision to keep fostering children. It goes from addressing the initial expectations through to the daily dynamics, the impact of fostering on biological children, and child behaviour management. Unfulfilled expectations and significant changes to daily routines lead to a diminishing motivation to foster. The foster child’s behaviour is often the most challenging aspect, warranted by his/her previous life path. When the impact of fostering causes damage to biological children, carers tend to delay or refuse new placements.

“when he arrived home, we had to do a lot..., he doesn’t sleep alone. (...) at the moment the reward is a chocolate from the Christmas calendar. He has more closed days than opened days; however, very good behaviour leads to opening a door.” (FFONG5 carer, family support worker, 42 years old)

“-He [son] is beginning to reject school, to not want to do things that he usually did. I think that it was due to their [foster children] presence; (...) By now, no [keep fostering]. While our son is still young. Maybe, someday. When he changes. It depends on the foster child, she/he is older than him, if she/he does not need so much help, I am sure he [biological son] will accept it.” (exFFONG carer)

Although fostering presents challenges, the experience also has rewarding outcomes in everyday life. The return comes from the stakeholders involved, e.g., the foster child, her/his biological family, the support team, relatives, and friends. It is a reward system fed by different perspectives. Being recognised and loved by the foster child, as well as the child’s developmental achievements, seem relevant for carers. The opposite, however, when it occurs, makes the foster carers feel hurt. The compliments from society at large, from across the social network, and from the support team allow carers to feel satisfaction and reinforce the disposition to continue to foster.

“when he [foster child] told me ‘I ‘d rather you be my mother... because it makes us feel good’, it evidences that he is really good here, he feels good. (...) his smile is enough!” (FFONG5 carer, family support worker, 42 years old)

“I was sad [with the foster child], I am still. I don’t regret anything, but I am hurt. I never thought that she could tell me ‘I am tired of being here’... there is no reason. We just wanted her to be grown up.” (exFFCPCJ carer, teacher, 38 years old)

“Congratulations, I have known that you are fostering a child. It must be courage.” (FFONG2 carer, school worker, 41 years old)

“They [the social workers] trust me a lot, and they must!” (FFSS2 carer, domestic servant, 62 years old)

Another relevant driver of the renewal process that seems to be relevant is the carers’ role legitimacy, especially with respect to being involved in making decisions about the child’s life course, such as decisions on future integration at the end of the foster placement. Words and actions of value must necessarily be complemented by professional support in order for the foster family to feel competent, and to ensure economic and material benefits. The carers should not pay for the foster child’s expenses. They already work hard by taking care of them without a salary.

“-the money given by the Government... a foster family is poorly paid! They [the foster children] are like our children, we need to take them to the doctor. He [foster child] has a lot of health problems. I take him to the psychiatrist, and I pay the consult. At the first placement [it was different], when I needed to take the children to the doctor, then I sent the receipt to the Social Security and they

reimbursed me. Nowadays, I pay all the expenses. Just for the medicines, I spend 85€ every month.”
(FFSS2 carers, female, domestic servant, 62 years old and male, retired, 66 years old)

2. Analysis

Overall, the [Figure 1](#) integrates the dimensions that represent the carers' process of maintaining the will to remain in foster care. It is understood that the impacts of previous foster placements, the reward system, and the management of the detachment process influence the will for a foster family to keep fostering children. The impacts of fostering seem to be centred on the management of the initial expectations, the daily changes, the impact on their own children, and finally the management of the foster child's behaviour. With respect to the reward system related to fostering, we understand that it is filled by (a) the recognition and being valued (from all the stakeholders, including the foster child, his/her biological family, friends, and the support team), (b) the quality of support from public services (emotional and instrumental support level and legitimisation of the carers' role), and (c) the legal framework (legal autonomy, financial and material rewards, and also social status). Finally, the management of the detachment is related to the quality of the previous preparation and support during the child transition process at the end of the placement. It can be painful for both the foster family and the foster child. A good relationship with the biological family may mean keeping in touch with the foster child after his/her return home.

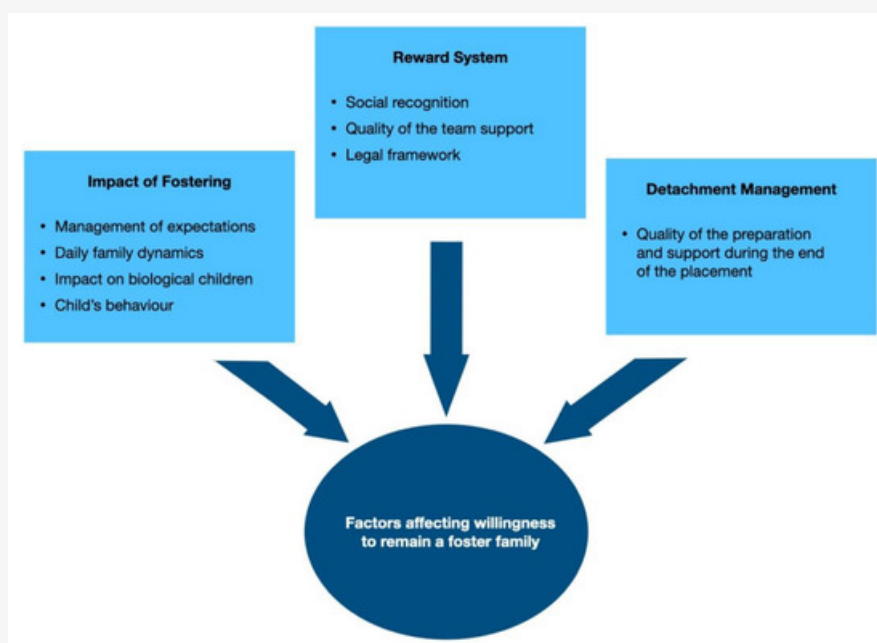


Figure 1. Factors affecting willingness to remain a foster family (own elaboration).

[Figure 2](#) frames the participating carers into three different family groups: “unconditional foster families”, “hesitant foster families”, and “retired foster families”. Foster families with more experience feel that fostering is an addictive task; they cannot imagine themselves without children around, so they are available to place more than one child at the same time and want to be a foster family until something prevents them from doing so. Their friends and relatives encourage and support them to continue fostering. Hesitant foster families (and those who have stopped fostering) are in their first placement, experiencing challenges that make their opinion very volatile. The term “retired” can be applied to the families who have chosen not to continue fostering due to their age.

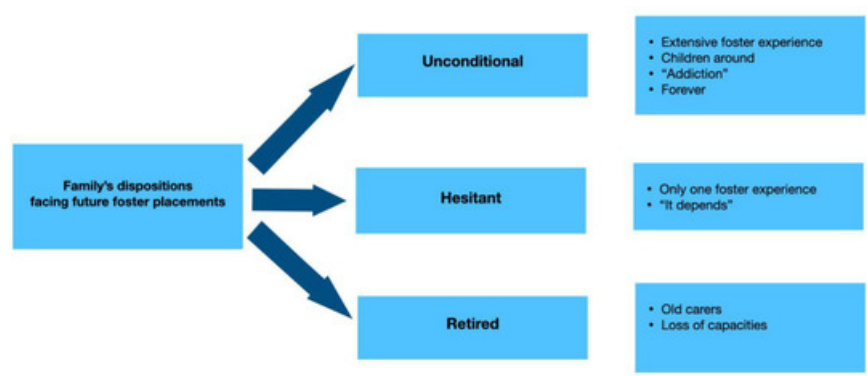


Figure 2. Family's dispositions facing future foster placements (own elaboration).

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Keywords

foster care; foster family; foster family remain; sustainability; childwelfare system

