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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Experiences of the Foster Care Process in the Republic of Ireland: Retrospective Accounts from Biological Children of Foster Carers

David Williams

**A Thesis submitted in partial fulfilment
of the Doctor of Social Science Programme
National University of Ireland, Cork.**

Name of Faculty: School of Applied Social Studies
College of Arts, Celtic Studies and Social Sciences

Date of Submission: 16th December 2014

Head of School: Professor Alastair Christie

Thesis Supervisors: Dr Máire Leane
Dr Simone McCaughren

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Declaration

I, David Williams, hereby declare that this thesis, which I am submitting in partial fulfilment of the Doctor of Social Science Programme at University College Cork, is my own work and has not been submitted for another degree at either University College Cork or elsewhere.

Signed:
David Williams

Date:

Acknowledgments

I would firstly like to thank all the research participants who partook in this research. I am extremely grateful for how generous they were in sharing their time, experiences and perspectives.

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Abstract

This thesis examines the experiences of the biological children of foster carers. In particular it explores their experiences in relation to inclusion, consultation and decision-making within the foster care system. The study also examines the support and training needs of birth children in foster families. The thesis adopts a qualitative research methodology with the data being gathered through in-depth, semi-structured retrospective interviews with fifteen birth children of foster carers aged between 18 and 30 years.

The research findings show that for the majority of birth children, fostering was overall a positive experience which helped them develop into individuals who were open minded, caring and non-judgemental. Participants also appreciated that their families were able to help children coming from difficult circumstances. However, from the data collected in this study, it is clear that fostering also brings a range of challenges for birth children in foster families, such as managing feelings of loss, grief, jealousy and guilt when foster children leave their homes. This is compounded by the fact that birth children are reluctant to discuss these issues with their parents for fear of placing additional pressure on them. In addition the majority of birth children in this study did not approach fostering social workers as they did not have a meaningful relationship in order to discuss their issues and/or concerns.

The findings also demonstrate that birth children in foster families undertake a lot of emotional work in supporting, protecting and advocating for their parents, birth siblings and foster siblings. Despite the important role played by birth children in the fostering process, this contribution often goes unrecognised and unacknowledged by fostering professionals and agencies with birth children not included or consulted about foster care decisions that affect them. It is argued here that birth children are viewed by foster care professionals and agencies from a deficit based perspective. However, this study contends that it is not just foster parents who are involved in the foster care process, but the entire foster family. The findings of this study show that birth children are competent social actors capable of making valuable contributions to foster care decisions that affect their lives and that of their family.

Furthermore they act as knowledge agents who often gather crucial welfare information and insights when foster children disclose issues and experiences to them. This study proposes that adopting a more child centred partnership approach in working with birth children of

foster carers would allow for the development of a more holistic and effective foster care system which is beneficial to all key stakeholders, namely foster children, foster carers, biological children of foster carers and fostering agencies.

Chapter 1

Introduction

1.0 Introduction to the Study

While a great deal of research exists on the topic of fostering (Spears and Cross, 2003; Sutton and Stack, 2013), limited research has been published on the experiences of the biological children of foster carers (Part, 1993; Spears and Cross, 2003; Sutton and Stack, 2013). Younes and Harp (2007: 25) argue that “*the voices of biological children seem to be muffled, if not absent from the literature addressing foster care and more generally child welfare*”. With so much attention being focused on the needs of the foster child, Irwin (2005) contends that it becomes increasingly difficult for birth children in foster families to voice their feelings or concerns. Quinton, Rushton, Dance and Mayes (1998) and Kalland and Sinkkonn (2001) contend that greater recognition of the contribution of birth children’s role in fostering is more likely to lead to greater contentment within foster families and probably greater retention rates of foster carers. Irwin (2005), in examining the impact of separation and loss on foster carers’ own children, conducted a comparative study of twenty Irish young people (aged between 12 and 16 years) involved in fostering and twenty young people from non-fostering backgrounds. From her findings, Irwin (2005) recommends the need for a study of older birth children of foster carers, which focuses on obtaining a retrospective perceptive of their experiences. She suggests that:

Such research could perhaps offer a valuable insight into the long term impacts of involvement in fostering, from the perspective of the birth child. It could also generate useful ideas in terms of recommendations from a more mature group as to what support structures or interventions might have benefitted them.

(Irwin, 2005: 91)

This recommendation summarizes the terms of reference for this study, which explores the retrospective experiences of biological children of foster carers aged between 18 and 30 years. The aim is to examine how birth children experience the foster care process and how involved they are in the fostering task. This research also explores participants’ involvement in decision making and consultation in relation to their foster care experience. Examining the experiences and perspectives of respondents in relation to the support and training needs of birth children in foster families is another key objective of this study.

1.1 Rationale for the Study

My interest in this topic arose from my professional experience as both a residential social care worker and a lecturer teaching on the undergraduate social care training programmes at the Dublin Institute of Technology. As a social care worker I have experience of working with children and families in the alternative care system. From my interactions with foster families I became interested in the extent to which the voices of the birth children in foster families were heard within the foster care system. This interest was further influenced by experiences in my current role as a lecturer in social care practice. A number of social care students whom I have tutored have come from families who foster and have expressed a range of feelings in relation to their experiences as biological children, with regard to being consulted, heard and supported by families and professionals. Hearing the views of these students added to my curiosity about the extent to which the voices of the biological children were heard in the foster care system, leading to my decision to research this topic. Furthermore, as stated above, there appears to be a dearth of research examining the experiences of birth children in foster families, particularly from an Irish context, therefore this study fills this void. In developing my research questions I became particularly interested in gathering a more retrospective overview of the experiences of birth children in foster families, as with the distance of time participants would be able to articulate their experiences of the foster care system. This in turn influenced the research methodology adopted in undertaking this study, which is discussed further later in this chapter.

1.2 Research Questions

Four research questions were identified to guide the research:

- (1) How do the biological children of foster carers experience the foster care process?
- (2) How involved are biological children in the foster care task?
- (3) How involved do biological children believe they are in decision making in matters related to fostering in their families?
- (4) What are the support and training needs of the biological children of foster families?

1.3 Adopting a Retrospective Approach

Before discussing the research approach adopted for this study, it is important to explain the reasons for researching the retrospective experiences of birth children of foster carers aged between 18 and 30 years. The age criterion for the study was based on several factors.

Primarily, I was concerned that interviewing children under the age of 18, still strongly involved in their family fostering might upset the family dynamic. This academic research study was conducted by myself with limited resources, therefore I was not in a position to provide clinical or counselling supports to children or young people if complex matters arose during or after their interviews.

I was also conscious that interviewing participants under 18 years of age would require the receipt of consent from their parents which may have influenced the interviewees' ability or willingness to speak openly about their experiences. This was relevant during the data collection process as several birth children in this study spoke candidly about the negative aspects of fostering and about difficult issues that arose for them with their parents and families. As pointed out by Hardt and Rutter (2004: 261), a limitation of contemporaneous research studies can be that *"...some "hidden" experiences are unlikely to be reported contemporaneously in childhood"*.

Part (1993) and Irwin (2005) in their studies examining the experiences of birth children of foster carers, suggested that accessing an older age group of birth children in foster families allowed participants to provide a more holistic insight into their experiences as the birth children of foster carers. Although a critique of retrospective studies is the concern that the data collected may be somewhat inaccurate as subjects *'view the past through the lens of the present'* (Silverman, 2010: 192), de Graffe and Rademakers (2011: 125) contend that,

The most important advantage of retrospective studies is that cognitive abilities of the respondents are sufficiently developed for them to answer (fairly) complicated questions. Furthermore, retrospective research gives the researcher the opportunity to investigate recalled cognitions or emotions.

Furthermore, due to the time constraints of the study, the criterion that the participants were over 18 years of age, eliminated the ethical complexities of attempting to research children (de Graffe and Rademakers, 2011), for example ensuring the child participants fully understood the meaning of their participation and exploring sensitive topics with children such as relationships with parents and siblings.

In her study Part (1993) found that the older birth children provided more mature and insightful comments of their experiences, particularly in relation to the role it played in their lives and how fostering helped them develop an altruistic nature. This was apparent in this study as participants spoke very articulately and coherently about their experiences. The participants' experiences revealed a range of complex issues such as, their feelings of guilt, loss, grief and jealousy in relation to foster children, dealing with disclosures of abuse from foster children, worries about allegations being made against their parents by foster children and concerns that their parents continued to foster despite becoming older. These topics are examined further in Chapter 6.

The upper age limit of 30 years was imposed to ensure that the participants' experiences were in the relatively recent past and as such their experiences would be reflective of contemporaneous practice.

1.4 Why the 'Biological or Birth Children of Foster Carers'?

Over the years the terms used to distinguish foster carers' own children have changed. Initial studies on the topic referred to this group as simply '*children of foster carers*' or '*foster carers' own children*' (Ellis, 1972; Wilkes, 1974). Some researchers such as Hojer (2004, 2007) refer to children of foster carers as the sons and daughters of foster carers. The term 'children who foster' is also recognised in practice circles with associations such as the Irish Foster Care Association (IFCA) and the British Agency for Adoption and Fostering (BAAF), who represent foster families, using this term in recognition of the contribution made by these individuals to the foster care system. A term more frequently used in the research and literature reviews on this topic has been the "*biological or birth children of foster carers*" (Cline, 2005; Nuske, 2004; Younes and Harp, 2007; Thompson and McPherson, 2011; Sutton and Stack, 2013). The rationale for this presumably resting with the desire of the researchers to focus on the experiences of the natural or birth children of foster families and for it not to be confused with other children in families who may have been adopted or may be living in long term foster families and being referred to as the children of foster carers. For the same reason I chose to utilise the term the '*biological or birth children of foster carers*' and these terms are used interchangeably throughout the study. During the course of my interviews I asked participants their thoughts on a preferred title as the birth children of foster families. All expressed satisfaction with the term biological or birth children of foster carers apart from one interviewee who stated that she preferred the title 'children who foster'.

1.5 A Brief Summary of Research Strategy and Findings

In order to gain an in-depth insight into the lived experiences of the birth children included in this study, a constructivist, interpretivist research approach was adopted. A qualitative research methodology was used in line with the research objectives of the study which were focused on exploring the social world and realities of the birth children participating in the research. Subsequently I completed semi-structured interviews with fifteen adult biological children of foster carers aged between 18 and 30 years, accessed via a combination of purposive, snowball and convenience sampling techniques.

The participants who volunteered for the study came from across a range of counties across the Republic of Ireland and the interview times and venues were chosen with regard to ease of convenience for the interviewees participating in the study. The interviewees were assured of their right to anonymity and also their right to withdraw from the study at any time. Participants were also made aware that extracts from their interviews may be used in the finalised draft of the thesis or in future academic publications or presentations but were assured that their participation in the study would remain anonymous and confidential. Interviews were transcribed verbatim and analysed using Braun and Clark's (2006) thematic analysis framework, explained in Chapter 5.

The majority of participants in this study viewed fostering as an overall positive experience which contributed to enhanced social understanding, empathy and caring skills. However, the findings from this study and from existing literature on this topic (Hojer, 2007; Sutton and Stack, 2013; Hojer, Sebba and Luke, 2013) demonstrate that these benefits came at a cost. My findings indicate that fostering creates challenges and difficult experiences for birth children in foster families. These include dealing with feelings of grief, loss and guilt, dealing with disclosures of abuse from foster children and observing the effects of allegations being made against their parents. Such issues impacted greatly upon the daily lives of biological children in foster families, who are exposed to a range of experiences, emotions, challenges and responsibilities which their non-fostering peers may not have to contend with. All of the participants identified challenges and negative issues which tarnished their overall experience of the foster care process.

Furthermore, it is clear that many of the of the negative issues arising from foster care were compounded by other factors, such as birth children not feeling able to openly discuss their feelings about fostering, not having their contribution to the fostering task recognised by

fostering professionals or agencies and not feeling included in formal decision making processes which influenced and shaped their daily lives and childhoods.

Findings from this study also clearly identify birth children as active participants in the fostering task. They are fundamental to not only undertaking the practical tasks involved in foster care but also in undertaking a lot of emotional work in supporting and advocating for foster children, their own parents and in some cases birth siblings whose voices are not heard within the family due to the demands of fostering. These issues are elaborated upon later in the thesis.

1.6 Outline of the Thesis

In Chapter 2, *Foster Care in the Republic of Ireland*, an overview of the Irish foster care system is outlined in order to provide the reader with the context for the study. The legislative and regulatory frameworks which guide Irish foster care service delivery are critically reviewed in relation to the historical development of foster care in the Republic of Ireland. Contemporary themes and issues which are shaping the evolution of the Irish foster care system are also examined.

Chapter 3, *The New Sociology of Childhood and Foster Care*, explains the theoretical lens of the research. An examination of the traditional theoretical frameworks which have guided child care service delivery is provided. The benefits and limitations of utilising the sociology of childhood theoretical framework in examining foster care service delivery are explored, with particular emphasis being placed upon analysing and interpreting the experiences of the birth children of foster carers.

In Chapter 4, *The Biological Children of Foster Carers: A Review of the Literature*, an overview of the existing national and international literature which has examined the experiences of the biological children of foster carers is presented. Key themes arising from existing research are outlined and are deployed to provide further context for the current research study.

A critical perspective on the research design and research findings in the study is presented in Chapter 5, *Methodology*. The methodological approach is explained with particular emphasis being placed on key issues such as accessing the research sample, the data collection method, ethical considerations and the limitations of the research. The chapter also clarifies the framework used in the analysis of findings.

Chapter 6, *Findings and Analysis*, contains a discussion of the main findings of the study in relation to existing literature on the topic. The key themes emerging from the study are also analysed in relation to the theoretical framework utilised for the study and also in relation to possible implications of the findings for foster care practice, policy and service delivery.

In Chapter 7, *Discussion and Conclusions*, the main findings of the study are analysed in relation to the research questions set out in Chapter 1. The findings are also scrutinised further in relation to their conceptual implications and their implications for foster care practice and policy, particularly in relation to meeting the needs of the birth children in foster families. The thesis concludes with recommendations in relation to practice, policy and methodology with regard to consulting with and supporting the biological children in foster families.

Chapter 2

Foster Care in Ireland

2.0 Introduction

This chapter presents an overview of the foster care system in the Republic of Ireland. It provides a contextual setting from which to examine foster care service provision and also to explore the experiences of the biological children of foster families. The chapter begins with an overview of key definitions and terminology related to the field of foster care and is followed by an examination of the socio-political environment which shaped the development of the foster care system in the Republic of Ireland. The second half of the chapter reviews the relevant legislative and policy frameworks which frame contemporary foster care in the Republic of Ireland and explores some issues current within Irish fostering.

2.1 Defining Foster Care

The Irish Foster Care Association (2013a: 2) defines fostering as “*caring for someone else’s child in your own home, providing family life for a child who for one reason or another cannot live with his own family, either on a short or long term basis*”.

The Child Care (Placement of children in Foster Care) Regulations 1995 define a foster carer as “*a person other than a relative of a child who is taking care of a child on behalf of the health board*” (Department Health, 1995a: 1). Colton and Williams (1997: 48) demonstrate the diverse nature of foster care arrangements when they state that:

Foster Care is care provided in the carers’ home, on a temporary basis, through the mediation of a recognised authority, by specific carers, who may be relatives or not, to a child who may or may not be officially resident with the foster carers.

As a social policy tool, fostering caters for children and families who, due to a child’s behaviour or a family crisis, require some respite or break. It is also utilised in instances where children are moved from neglectful or abusive environments for their own safety (Triseliotis, Sellick and Short, 1995). Horgan (2002) contends that foster care aims to provide an alternative family environment for children coming into the care system. The use of foster care in Ireland is confined to those children being cared for on welfare grounds, it is not used

for young people engaged with the juvenile justice system¹ (Gilligan, 1997). In the Republic of Ireland, foster care is part of the brief of the Department of Children and Youth Affairs, with services being, until recently, delivered by the Health Services Executive. Child and family services were transferred from the Health Services Executive (HSE) to a new Child and Family Agency (Tusla)² on the 1st January 2014. This development marks for the first time in the history of the State, the establishment of a single dedicated agency undertaking sole responsibility for services delivered for the welfare and protection of children and families (Tusla, 2014).

2.2 Types of Foster Care

The HSE (2012a) identify seven different types of fostering used within the Irish child care system as, short term fostering, long term fostering, emergency fostering, respite fostering, day fostering, parent and child placements and special fostering.

The Irish Foster Care Association (2013a: 4) summarise these types of foster care placements as:

Short Term Placements: care for a child separated from their birth family. The child may, after a period, move back to their family or move to a long term foster family.

Long Term Placements: care for children who are unlikely to be able to live with their birth family and who, for a variety of reasons, cannot be adopted. Many children in long term foster care become so much a part of their foster family that they continue to live with them until their independence. However, the child may still move back to their family from a long term placement. Sometimes children who live in long term foster care can be considered for adoption and this is an issue which received much attention in the Children's Rights Referendum (2012) and will be discussed in greater detail later in this chapter.

¹The juvenile justice system caters for children who come to state services through their involvement in criminal activity.

²On the 1st of January 2014 the Child and Family Agency officially became an independent legal entity, comprising of the HSE Children and Family Services, the Family Support Agency and the National Educational Welfare Board, as well as incorporating some psychological services and a range of services responding to domestic, sexual and gender based violence. The Child and Family Agency is now the dedicated State agency responsible for improving wellbeing and outcomes for children. It represents the most comprehensive reform of child protection, early intervention and family support services ever undertaken in Ireland. It brings together some 4,000 staff and an operational budget of approximately €600m. The Agency operates under the *Child and Family Agency Act, 2013* (Tusla, 2014).

Emergency Care Placements: are placements where a child comes into care very quickly and is placed with foster or ‘emergency carers’. It could also happen that an existing placement breaks down and a child needs to be moved quickly and placed with emergency carers.

Respite Care: is short term care provided to a child in order to support the child, his or her parent(s) or foster carers by providing a break for the child and his/her primary care givers. Respite can play an invaluable role in preventing placement breakdown, although it is not an automatic right or entitlement for a foster carer and it must form a part of the individual child’s care plan.³

Day Foster Care: is a form of support for a parent which aims to maintain a child at home with parents through the provision of alternative care during the day. The child is not separated from their family, as they go home each evening yet benefit from the additional care offered in the foster home.

Parent and Child Placements: in some situations where it is judged to be in the best interest of the mother or the baby, a young mother and her baby may be placed in foster care. It is important to acknowledge that in some cases in accordance to the *Child and Family Agency’s Policy, Procedures and Best Practice Guidance on the Status and Care of Babies of Young Parents* (2012), the baby/child may not be in foster care but will reside in the foster home with his/her mother who is in care.

Special Foster Care: is a provision for children and young people whose behaviour is such that it poses a real and substantial risk to their health, safety, development or welfare. Special foster care is provided by carers who are specifically trained and skilled to care for children with high level needs.

(Irish Foster Care Association, 2013a: 4)

³A care plan is an agreed written plan, drawn up by the child and family social worker, in accordance with the *Child Care (Placement of Children in Foster Care) Regulations 1995* (Part III, Article 11) or the *Child Care (Placement of Children with Relatives) Regulations 1995* (Part III, Article 11), in consultation with the child, his or her family and all those involved with his or her care, for the current and future care of the child, that is designed to meet his or her needs. It establishes short, medium and long term goals for the child and identifies the services required to attain these (National Standards for Foster care, 2003: 69).

The type of foster care placement required by a child is greatly influenced by the reasons for the child coming into care. For example, where a parent is suffering an illness, a child may only need short term support in the foster care system, whereas a child may require a long term placement if the reason for admission relates to the inability of a parent to cope due to mental health issues. The main types of care placements used in the Republic of Ireland are outlined in table 2.1 below, which demonstrates the preference for foster care as the main placement type for children in care.

Table 2.1: Placement Types for Children in Care, (2010-2012)

| Placement Type | 2010 (No.) | 2010 % Children in Care | 2011 (No.) | 2011 % Children in Care | 2012 (No.) | 2012 % Children in Care |
|---|-------------------|--------------------------------|-------------------|--------------------------------|-------------------|--------------------------------|
| Foster Care | 3,612 | 60.6 | 3,776 | 61.3 | 3,979 | 62.9 |
| Relative Foster Care | 1,742 | 29.2 | 1,788 | 29 | 1,837 | 29.2 |
| Residential Care (including High Support and Special Care | 440 | 7.4 | 443 | 7.2 | 379 | 6 |
| ‘Other’ Care Arrangement ⁴ | 170 | 2.9 | 153 | 2.5 | 136 | 2.1 |
| Total ⁵ | 5, 964 | 100 | 6, 160 | 100 | 6,331 | 100 |

(Health Services Executive, 2012b)

As can be seen from Table 2.2 below, the most recent available figures in relation to children admitted to care from December 2012, indicate that child welfare concerns (53.9 per cent) were the main reason why children entered the care system followed by neglect (28.9 per cent) and physical abuse (8.4 per cent).

⁴‘Other’ Care Arrangements include placements such as single care placements and placements for children abroad as suitable services may not be available within the Jurisdiction of the Republic of Ireland (HSE, 2012b).

⁵Figures may not add up to 100% due to rounding.

Table 2.2 Primary Reason for Children being admitted to care (December 2012)

| Primary Reason for Admission to care | 2012 (No.) | 2012 (%) |
|---|-------------------|-----------------|
| Physical Abuse | 173 | 8.4 |
| Emotional Abuse | 154 | 7.4 |
| Sexual Abuse | 35 | 1.7 |
| Neglect | 593 | 28.6 |
| Child Welfare Concern | 1,115 | 53.9 |
| Total | 2,070 | 100 |

(HSE, 2012b)

2.3 Foster Care in Ireland: Contemporary Patterns and Trends

Before presenting some of the key patterns and trends in the Republic of Ireland foster care system, it is important to stress some of the limitations of the data made available on children in care in Ireland. There are two particular issues of note in this regard. Firstly, much of the data which is available is often for different regions of the country rather than from a national database. This matter was commented upon by *The Report of the Commission to Inquire into Child Abuse Implementation Plan* (2009), which noted that data is often collected for local management purposes rather than for ascertaining a nationwide perspective of key matters in child care. More recent reports such as the *Review of the Adequacy for HSE Child and Family Services* (2012c) have begun to include valuable data in relation to children in care such as; age of children entering care and numbers of children with care plans and allocated social workers, which may be useful in the planning of future child care services. However there remains a dearth of information on areas of foster care service delivery such as profiles of foster carers providing placements to children or information on relative carers providing placements to children in relative foster care.

Secondly, much of the data available is general in nature referring to the overall figures for children in care, making it difficult to track specific patterns in relation to foster carers and children in foster care. For example, there is no specific breakdown of the type of foster care placements children are residing in (for example short term, emergency, or long term). Gilligan (1996: 144) has commented that in the Republic of Ireland official “*national statistics on children in care tend to be scant and slow to appear*”. More recently the authors of the *Listen to Our Voices Report: Hearing Children and Young People Living in the Care of the State (2011)*, which consulted with 211 young people living in state care, expressed frustration at the absence of a comprehensive national database of young people living in care which hampered the ability of social workers to consult with children in foster care for the study (Department of Children and Youth Affairs, 2011a: 1). As can be seen from Table 2.3, child care statistics and figures have tended to be gathered from a range of sources as consistent figures are not available from one agency. Furthermore, despite previous suggestions by O’Sullivan and Pinkerton (1994) to provide separate information on children in foster care within the current care figures, gaps continue to appear in relation to the details of the Irish foster care system. During the course of this study, I found there was also a dearth of literature capturing developments within the Irish foster care system, for example the growth of independent fostering agencies in the Republic of Ireland, a matter that has been commented on in other publications (Department of Health, 2001; Horgan, 2002, Department of Children and Youth Affairs, 2011).

Foster Care has become the dominant form of state care for children who cannot live at home over the past decade, so much so, that Kelly and Gilligan (2002: 9) have referred to foster care as the “*work horse*” of the child welfare system. In the Republic of Ireland the increased preference for foster care over residential care can be attributed to factors such as scandals surrounding residential care services⁶ and increased preference for the use of substitute family care options for children in state care.

⁶During the 1980s and 1990s there have been a number of high profile scandals related to residential care homes, such as Truddar House and Madonna House. Truddar House was set up in the 1970s by the Dublin Traveller Committee for Travelling People and run with Eastern Health Board funding. Rumours of beatings and sexual abuse in Truddar House surfaced by the late 1970s but there were no court cases or public enquiries. In January 1995 Gardaí launched a full investigation into the running of Truddar House (Kerrigan and Brennan, 1999). In 1996 the Madonna House Inquiry published a report based on allegations of physical and sexual abuse experienced by children living in Madonna House Children’s Home (Department of Health and Children, 1996).

Table 2.3: Number of Children in Care and Care Type (2000 – 2012)

| Year | Number of Children in Residential care | Number of Children in Foster Care | Number of Children in 'Other' Care Arrangements | Total number of children in care |
|-------------|---|--|--|---|
| 2000 | 636 | 3,431 | 457 | 4,424 (A) |
| 2001 | 569 | 3,691 | 1257 | 5,517 (A) |
| 2002 | 560 | 3,888 | 473 | 4,921 (A) |
| 2003 | 527 | 4,016 | 441 | 4,984 (A) |
| 2004 | 442 | 4,281 | 337 | 5,060 (A) |
| 2005 | 401 | 4,470 | 349 | 5,220 (B) |
| 2006 | 408 | 4,595 | 244 | 5,247 (C) |
| 2007 | 390 | 4,750 | 169 | 5,309 (D) |
| 2008 | 381 | 4,756 | 210 | 5,347 (E) |
| 2009 | 399 | 5,073 | 228 | 5,700 (F) |
| 2010 | 440 | 5,354 | 170 | 5,964 (G) |
| 2011 | 443 | 5,564 | 153 | 6,160 (G) |
| 2012 | 379 | 5,816 | 136 | 6,331 (H) |
| 2013 | 324 | 5,998 | 140 | 6,462 (I) |

Sources: A: OMCYA Interim Child Care Dataset (2000-2004); B: Interim Child Care Dataset (HSE, 2008); C: Review of Adequacy Report for 2006 (HSE, 2007); D: Review of Adequacy Report for 2007 (HSE, 2008); E: Review of Adequacy Report for 2008 (HSE, 2009); F: Performance Monitoring Report (HSE, 2010); G: HSE Annual Report and Financial Statements (HSE, 2011); H: HSE Annual Report and Financial Statements (HSE, 2012b); I: HSE Annual Report and Financial Statements, (HSE, 2013).

As summarised by Horgan (2002: 34):

Residential care has received very bad press in recent years and has, to some extent at least, become linked in the public mind with child abuse and “failure”. Foster care aims to provide an alternative “family environment” for children coming into the care system and is therefore preferred over residential care.

Ireland has seen a 35.8 per cent increase in the use of foster care placements over the last decade or so. In 2001 there were 5,517 children in care, with 66.3 per cent of those being cared for in foster care placements. In 2010 the number of children in foster care rose to 5,354 which accounted for 90 per cent of the total of the number of children in care, while in 2013 the number of children in foster care rose to 5,998 representing 92.8 per cent of children in state care (HSE, 2013). These figures show the increased importance placed upon foster care placements in the Irish child protection and welfare system and emphasise the importance of maintaining an effective and supportive foster care system. This in turn means supporting all the key parties involved in the foster care process, including the biological children of foster carers. However it is important to point out that the foster care system in Ireland was not always seen as the preferred option for children who could not live at home, as discussed in the next section of this chapter which provides a brief history of the Republic of Ireland foster care system.

2.4 The History of Fostering in the Republic of Ireland

When detailing historical accounts on any matter, Cromby, Harper and Reavy (2013: 21) caution readers of the concept of presentism. Presentist histories are those accounts written through the lens of the present, thus judging the past in accordance with current values and knowledge. Therefore, the overview of the history of the foster care system provided in this section is conscious of this matter, particularly in relation to comments made on reasons and conditions surrounding the development of the foster care system.

2.4.1 The Early Development of Fostering in the Republic of Ireland

Ireland has a long history of fostering throughout all classes in Irish society and the tradition of fostering dates back to life under ancient Brehon Laws. Up until the eighteenth century the practice of fostering was practiced across all classes and held links with the Gaelic tradition of having large families (Horgan, 2002). Gilligan (1991) notes that fostering was used as a method by which links were forged between powerful families, for example a young person might be placed with a family to complete their education. Families might also be entrusted

with the care of an adolescent from another family in order to prepare the young person for his/her adult rank in society (Gilligan, 1990). This helped bind clans together, thus reducing conflict and antagonism. In this sense, fostering served a political, rather than a welfare purpose, although in poorer households fostering also provided respite to families where babies were born almost annually (Horgan, 2002).

The introduction of the *Irish Poor Relief Act, 1838*, had a profound effect on the practice of fostering in Ireland. Under this act, a number of workhouses or poor houses were built around the country under the central authority of the Irish Poor Law Commissioners. In 1862 the introduction of the *Poor Law Amendment Act* laid the foundations of the modern foster care system in the Republic of Ireland by providing a statutory policy of boarding out children. Under this system, children under five years went to live with families who received a small fee for providing this service. This practice was designed to keep children out of the Poor House. Robins (1980) attributes this development to the recognition of the harmful effects of the harsh Poor House conditions on children's development. For example, in Trim Workhouse in 1847, the report of the Poor House Inspector revealed that the children were in worse condition than those in families who had decided to stay in their own homes and starve during the Irish famine⁷ (Robins, 1980, Commission to Inquire into Child Abuse, 2009). Meanwhile a report on the Cork Poor House, also in 1847, revealed that in the week prior to inspection sixty children under the age of thirteen years had died. It was due to these abysmal conditions, that the boarding out of children was instigated (Robins, 1980).

From the late 1850s onwards, a great change took place as industrial schools and reformatory schools replaced the housing of children in workhouses⁸. This transition was brought about by religious orders who committed themselves to educate and care for children of the poor.

⁷The Irish Famine was a period of great starvation, disease and emigration in Ireland between 1845 and 1852 during which the country's population fell by 20-25 %. The proximate cause of famine was a potato disease commonly known as potato blight. It is estimated that 1 million people died with a further 1 million people predicted to have emigrated as a result of the Irish Famine. (See www.irishpotatofamine.net).

⁸Under the religious led institutional model of care there were four different groups of children in the care system. Industrial schools were established in 1868 for children who were abandoned, deserted or orphaned, and accounted for the largest number of children in care. Reformatory schools were extended to Ireland in 1858 following the introduction of the *Reformatory Schools Act, 1854* in England to cater for children who were convicted of criminal offences (Craig, Donnellan, Graham and Warren, 1998). Ferguson (2007: 125) explains that "essentially, reformatory schools catered for known or repeat offenders, while industrial schools were set up to care for what today would be called youth "at risk" or "pre-delinquents". "The third grouping were those children in so called orphanages which were mainly fee paying institutions for the middle classes. Finally, there were children who were either destitute or born to unmarried mothers" (Raftery and O'Sullivan, 1999: 20).

From the 1850s three female religious orders, the Sisters of Mercy, the Irish Sisters of Charity and the Daughters of Charity were to the forefront of establishing new schools, as an institutional approach was the dominant model employed in the care of vulnerable children. The numbers of children in workhouses declined dramatically in the 1870s, as children were moved to an ever expanding number of industrial schools that were being established around the country to care for ‘*neglected, abandoned and orphaned children*’ (Arnold, 2009: 25). Raftery and O’ Sullivan (1999) suggest that the preference for the institutionalised model of care by religious orders was underpinned by the belief that this model of care was a cheaper and more efficient way in which to cater for the nation’s poor.

Ferguson (2007: 123) argues that:

Children were treated harshly in the industrial schools not only due to their poverty but because they were victims of parental cruelty, which was perceived to have “contaminated” their childhood “innocence”. They were treated as the moral dirt of a social order determined to prove its purity and subjected to ethnic cleansing.

By 1907 there were 70 industrial schools in the Irish Republic (Arnold, 2009), with 130,000 children being accommodated in industrial schools between 1869 and 1969 (Ferguson, 2007: 125). The expansion of the institutional care model impacted upon the foster care system (or ‘boarding out’ as it was commonly referred to at the time), as industrial schools became the immediate placement for children taken into care (Raftery and O’Sullivan, 1999:107).

Referring to the institutionalised system, Raftery and O’Sullivan (1999: 57) state that:

There is no doubt that children in need of care were significantly disadvantaged by this approach. All attempts to provide them with a normal family life effectively ended with the rise of these institutions.

The maintenance of the system of institutionalisation remained largely unchanged after the Republic of Ireland achieved independence from Britain in 1921 (Raftery and O’Sullivan, 1999). During this time tremendous power was exercised by the Catholic Church on State involvement in family life and religious based organisations continued to play a major role in the delivery of educational and social services in the Republic of Ireland (Craig, Donnellan, Graham and Warren, 1998).

This policy approach impacted greatly on the lack of expansion of the foster care system in the Irish Republic. The foster care system developed from the original practice of boarding

out children fell into almost disuse. By 1924, there were more children in industrial schools in the Republic of Ireland than in all the industrial schools in England, Scotland, Wales and Northern Ireland combined, with little effort being made by Irish officials to examine why such figures remained so high (Raftery and O’Sullivan, 1999). Under the tremendous power exercised by the church on state policies in the 1940s and 1950s, the increase in the number of children in “*coercive confinement*” (Powell, Geoghan, Scanlon and Swirak, 2012: 197) in the Irish Republic stood in stark contrast to policy and practice approaches in the United Kingdom, where the system of locking up children was being phased out. Despite negative inspection reports⁹ into the running of industrial schools, the practice of institutionalisation continued to be the dominant model of intervention for the care of children in need in the Republic of Ireland until the 1970s when a more community care approach was embraced, a matter discussed in greater detail later in this chapter.

Often women who were pregnant and unmarried had to conceal the fact and they or their families turned to the religious orders for direction. This issue was a taboo subject and between 1920 and the mid 1970s, it is estimated that there were more than 100,000 children born outside marriage with the majority being adopted (Lohan, 2014). There were no other supports for these women from the State, with legal adoption not being introduced in the Republic of Ireland until 1952. Religious orders acted as the moral guardian in these cases and arranged for some of the children born to unmarried mothers, in religious run mother and baby homes, to be adopted or boarded out to foster parents, which in most cases, became a form of de facto adoptions (this was very often carried out without the birth mother’s knowledge or permission).¹⁰

Raftery and O’Sullivan (1999) point out that a small number of these children born to unmarried mothers were boarded out or fostered, with most being sent to industrial schools. However, no formal files exist for these boarded out cases or illegal adoptions because they

⁹In 1936 the Cussen report was published following the establishment of the Cussen Committee, under the chairmanship of G.P Cussen to investigate the conditions of the Republic of Ireland’s industrial and reformatory schools. Despite the negative findings of the report in relation to large numbers and the poor treatment of the children, little change was brought about by the report. It was the then Minister for Education, Tomas Derrig, who set up the Cussen group but, despite its recommendations, the system essentially continued to operate as normal (Raftery and O’Sullivan, 1999).

¹⁰Women were often sent to Mother and Baby Homes during their pregnancy with babies being taken from them following their birth. These homes had fearsome reputations as places of punishment and confinement, where women were expected to engage in cleaning and hard labour to earn their keep. Some became so dependent on these homes, they remained in these institutions for much of their lives (Milotte, 2012).

took place outside of the legal parameters, thus making it difficult for those people involved to trace their biological relatives. Many of the de facto adoptions were to bachelor farmers or farming families, where children were used for labour where, again, their fate has never been formally recorded (Milotte, 2012). These adoptions and the treatment of women and children in mother and baby homes continue to attract controversy due to traceability issues.¹¹ The expansion of the foster care system in the Irish Republic was hindered by the growth of the institutionalised model of care in the early to mid 1900s, post 1950 however some crucial developments led to the emergence of foster care system as the dominant form of care for children with welfare needs (O'Higgins, 1996).

2.4.2 The Development of the Foster Care System in the Republic of Ireland from the 1950s to the Present

Two key developments introduced in the 1950s proved significant in the promotion of the foster care system in the Republic of Ireland; the introduction of the *Health Act, 1953* and the *Boarding Out Regulations, 1954*. The *Health Act, 1953* provided the basis for the modern foster care system and gave powers to the Boards of Health to care for children, who could not live with their birth families, by fostering or boarding them out, by sending them to an approved school or by placing them in employment if over fourteen years of age. This piece of legislation also provided for contractual obligations to be drawn up between foster carers and the relevant Boards of Health. These obligations included carers being responsible for

¹¹In the 1950s the issue of transatlantic adoptions drew media attention in American newspapers, as a number of wealthy US couples came to the Republic of Ireland to adopt children from mother and baby units. Although it was reported that the children involved in Ireland's transatlantic adoptions were often referred to as orphans, the vast majority of the children were the children of unmarried mothers. In his book '*Banished Babies: The Secret History of Ireland's Baby Export Business*' Mike Milotte details the system of secrecy that surrounded these adoptions used by religious orders to cater for children born outside marriage in the Republic of Ireland. The traceability issue of adoptions during this time has remained controversial to the present day, particularly with increased recent media and public attention due to the release of the academy award nominated film *Philomena*. Based on the 2009 investigative book by BBC correspondent Martin Sixsmith, *The Lost Child of Philomena Lee*, *Philomena* focuses on the efforts of Philomena Lee, mother to a boy conceived out of wedlock, to trace her son after he had been given away for adoption and taken to the United States. Furthermore in 2012 a local historian Catherine Corless published an article stating that 796 infants and children had died in the Bon Secours mother and baby home in Tuam Co. Galway. Through her research of State death records only the graves of a small number of the children could be found in local graveyards. In late May and early June 2014, the national media reported that the remains of a large number of these children were found buried in a septic tank on the grounds of the home. On June 4th the Minister for Children and Youth Affairs announced that the government were compiling a list of representatives from a range of government departments to investigate the operation of the mother and baby home in Tuam (Lohan, 2014).

providing nourishment and accommodation to children, ensuring religious observation, ensuring school attendance and notifying the Boards of Health of any major occurrence related to the child in their care.

Two other key conditions stipulated in the contract included, foster carers being required to return children to the care of the Boards of Health upon request and the directive that foster carers could not insure the life of a foster child in their care so as to benefit from the child's death. The *Boarding out Regulations, 1954* were developed in order to clarify the duties and obligations of the Boards of Health in relation to the fostering of children. The *Boarding out Regulations, 1954* were a significant development in establishing foster care practices that were more regulated and focused on the welfare of the foster child. Horgan (2002) reports that under the *Boarding out Regulations, 1954*, foster parents were required to be assessed with regards to their suitability to foster and with regard to their ability to meet the needs of the child. The regulations also required regular inspection of foster homes, maintenance of records, provision of funds to provide for the needs of foster children and matching of religious orientation of the child and the foster family (Horgan, 2002). Previously foster care practice mainly existed without regulation, with the fostering being undertaken by some individuals seeking to make a profit from vulnerable children, a matter that will be discussed in more detail later in this chapter. These regulations were also to act as a reference for legislation and policy development later on in the 1970s when the practice of foster care was more fully embraced (Gilligan, 1990).

Initially, there was some criticism of fostering as it was feared, by some, that particular parents might become more irresponsible upon seeing that their children could receive better care, in comparison to what they could provide. Ruegger and Rayfeild (1999), commenting on the United Kingdom system, noted that there were also fears of children being abused or neglected by foster families, but gradually foster care came to be seen as more beneficial than institutional care. This perspective was also evident in policy in the Irish Republic as the *Boarding Out Regulations, 1954* stipulated that authorities should place children, firstly in foster homes when available and, if a foster placement was not available, the children should only then be placed in an approved school.

The introduction of the *Boarding out Regulations, 1954* corresponded with a growing voice in the 1950s and 1960s by groups, such as, social workers and the Joint Committee of Women's Groups,¹² who questioned the practice of locking children up in institutionalised settings and segregating them from their families. This also coincided with further reports of the poor conditions which existed within the schools. Almost two decades later, the publication of the *Reformatory and Industrial Schools Systems Report*, in 1970, more commonly known as the *Kennedy Report*¹³, was seen as a watershed moment in the development of child care policy and practice in Ireland. The report was a damning indictment of the industrial school system and led to the closure of large scale institutions, with a community care approach replacing the ethos of institutionalised care. Children in the industrial schools were moved to smaller community based residential homes, and foster care became the preferred option for children in state care. According to Breen (1990) and Craig *et al.*, (1998) this decade saw a move away from the Catholic Church's grip of power, as models of community support replaced the model of institutionalised care.

As foster care became more established in the 1970s, boarding out committees were set up and took responsibility for the selection of foster carers, the payment of fostering allowances and the supervision of placements. Initially the supervision of placements was undertaken by volunteers. However, these volunteers were replaced by paid officials, who were the precursors to modern day fostering social workers (O'Higgins, 1996). The foster care assessment system became more formalised in conjunction with the development of the health boards under the *Health Act* (1970) and an increase in the numbers of social workers in the Irish Republic's child care system. However, fostering itself was identified very much as a charitable activity for which recipients were expected to demonstrate much gratitude, although by the 1980s the issue of foster care allowances came to the fore (O'Higgins, 1996).

¹² The Joint Committee of Women's Groups was an umbrella body which included 17 different organisations such as the Irish Countrywomen's Association and the Mother's Union (O'Higgins, 1996).

¹³ The Kennedy Report was published in 1970 following the establishment of a committee (chaired by Justice Eileen Kennedy) by the then Minister for Education, Donough O' Malley, to investigate the industrial and reformatory school systems. Although the Kennedy Report was initially lauded for its role in the closing of the industrial and reformatory schools and laying out the blueprint for a more modern child care system, it has following the publication of the Ryan Report (2009) received criticism for failing to document the abuses of power that existed within many of the schools (Arnold, 2009: 69).

Until the 1970s, foster care was only considered for children who were considered healthy and well behaved (Craig *et al.*, 1998; Ferguson, 2007). However, over time it was accepted that selected foster care homes could benefit disabled and pre-delinquent children, who came to the attention of social services through involvement in criminal activity, thus cementing foster care as the preferred option for children in alternative care. Gilligan (1990) attributes the revival of foster care to the *Foster Care Regulations, 1983* which were in turn informed by the Task Force Reports,¹⁴ which in effect, promoted foster care as the best form of care. There was also an increased public awareness of fostering with the establishment of the Irish Foster Care Association (IFCA) in 1981,¹⁵ which was also influential in the promotion of foster care during the 1980s and '90s (Horgan, 2002).

The 1980s and 1990s saw a continued preference for foster care over residential care in providing placements for children who could not be cared for in their own home (McWilliams, 1997). Between 1982 and 1988 the percentage of children in care in the Republic of Ireland who were fostered increased from 52% to 71% (McWilliams, 1997). As mentioned, this increased popularity of foster care also arose from increased public scandals occurring in residential institutions¹⁶ and the increased preference for substitute family care, as the best option for children, who could no longer live at home (Gilligan, 1991). This preferred policy of promoting foster care was not only influenced by welfare reasons, but also

¹⁴ The Interim Report of the Task Force on Children's Services Report (1975) and The Final Report of the Task Force on Children's Services Report (1980) following the change of direction to a more community care based model of social service delivery provided a blueprint for the planning and development of child care services in Ireland.

¹⁵ The Irish Foster Care Association (IFCA) was established in October 1981 by three foster carers (Pat Whelan, Brendan Leech and Sheila Marron) and a fostering social worker (Deirdre McTeigue) who felt that foster care needed a voice outside the health boards and Department of Health which were responsible for the delivery of foster care services. IFCA is now a representative body which promotes the use of foster care as the best form of care for children in state care. The Association assumes a number of duties including training, advocacy and support for foster families (www.ifca.ie).

¹⁶ For further information on the residential and institutional care scandals, refer to Mary Raftery and Eoin O'Sullivan (1999), *'Suffer Little Children'* and Report of the Commission to Inquire into Child Abuse (CICA) which investigated the extent and effects of abuse of children in children's institutions from 1936 onwards. It is commonly known in Ireland as the *Ryan Report* (previously "the Laffoy Commission"), after its chair, Justice Sean Ryan. Judge Laffoy resigned on 2 September 2003, following a departmental review on costs and resources. She felt that: "...the cumulative effect of those factors effectively negated the guarantee of independence conferred on the Commission and militated against it being able to perform its statutory functions." The Commission's work began in 1999 and it published its public report on 20 May 2009.

by the preference to provide the least costly form of substitute family care, as the state sought to care for children in the most economic manner possible (OMCYA, 2009).

Theoretical developments, particularly attachment theory¹⁷ also contributed to the promotion of foster care. The 1970s and 1980s saw emphasis placed upon the importance of meeting the emotional and psychological needs of children, particularly those in the care system. Attachment theory developed by John Bowlby (1951) and later Mary Ainsworth (1978), provided a framework from which to understand a child's early relationships and also provides a strategy for promoting the health and emotional development of children (Daniel, Gilligan and Wassell, 2011). The evidence produced by Bowlby (1951) about the effects of maternal deprivation both influenced and supported the political decision to move towards foster care as the main form of child care provision in the United Kingdom and later Ireland.

The work of child care experts, such as Bowlby, served to legitimise the political decisions of the day. Bowlby provided evidence to a receptive audience about the effects of maternal deprivation in childhood and claimed foster care as the best solution for those children deprived of their parent and home.

(Oldfield, 1997: 13)

The consequences of the paradigm shift away from the use of '*coercive confinement*' (Powell, Geoghan, Scanlon and Swirak, 2012: 197) between 1951 and 2002 was summarised by O'Sullivan and O'Donnell (2007: 33) as,

1. *The massive downsizing of the population in institutionalised care from over 31,000 (1,069 per 100,000) to under 5,000 (126 per 100,000);*
2. *The changing gender balance of those held in coercive confinement from a majority of women to a minority;*
3. *The number of sites and buildings used to hold women and children was reduced to zero;*
4. *The increasingly dominant role of the state, with voluntary religious orders and agencies almost disappearing in terms of their role in care provision for women and children.*

In place of institutionalisation, the State adopted a more community care based model which saw children supported in being able to stay with their families and, where this was not

¹⁷Attachment theory involves the study of human relationships, especially early formative relationships (Daniel, Wassell and Gilligan, (1999: 14) and is viewed as a helpful model for the analysis of relationship difficulties often witnessed in families referred to social workers (Howe, 1995).

possible, move to foster care. Between 1975 and 1990 a number of other key developments augured well for developments in the foster care system in the Republic of Ireland (Gilligan 1991). Some of these developments included, the fostering system being managed by professional social workers in accordance with internationally recognised best standards of practice, increased rigour in relation to the selection of foster parents, the broadening of the foster care system to cater for disabled and emotionally damaged children, as well as those who come to the attention of the justice system, increased use of media for purposes of recruitment for foster carers, and the establishment of the IFCA, as previously stated (Gilligan, 1991).

The growth of foster care services developed within health board services throughout the 1980s and 1990s. In 2002 the first independent private fostering agency was set up in Ireland. This fostering agency, *Five Rivers*, is an Irish branch of an already existing United Kingdom business. McWilliams (2011) claims there was initially a cautious reaction from stakeholders in the foster care system, however independent fostering agencies have become much more established in this country over the last decade and are discussed in greater detail later in this chapter.

In 2001 the *Report of the Working Group on Foster Care: A Child Centred Approach* was published following concern by key stakeholders (such as foster carers, social workers and service providers) in relation to the lack of consistency and regulation of the Irish Republic's foster care system.¹⁸

The report had two main purposes:

- (i) *To set out good practice guidelines for the delivery of the foster care system;*
- (ii) *To make recommendations to ensure that the structures and services necessary to meet the needs and demands of children in foster care, their families and foster carers would be put in place.*

(Department of Health and Children, 2001: 11)

Significantly while the needs of foster children, birth families and foster carers are clearly identified as priorities in this report, there is no mention of the needs of the birth children of foster carers.

¹⁸In October 1998, Minister for children, Mary Hanafin, established a working group which consisted of foster carers, social workers, IFCA and representatives from relevant government departments to examine the foster care system in Ireland. This arose from concerns expressed by key stakeholders in the foster care system about the lack of consistency and regulation of the foster care system. In 2001 the group were instructed to review and make recommendations on all aspects of the foster care service. The subsequent report of their findings entitled *The Report of the Working Group on Foster Care: Foster Care-A Child Centred Partnership* was published in 2001.

The *Report of the Working Group: A Child Centred Partnership, 2001* has acted as a blueprint for the development of the foster care system in the Republic of Ireland for the past decade or so and, subsequently led to the drafting of *National Standards for Foster Care, 2003* by the Social Services Inspectorate¹⁹ in conjunction with key stakeholders. The national standards have been welcomed by key stakeholders in the foster care system and have provided consistency and operationalisation guidelines for the foster care system (IFCA, 2004), more of which is discussed in the next section of this chapter. Having outlined the key historical developments of the foster care system in the Republic of Ireland, this discussion will progress to analyse the legislative and regulatory frameworks which govern the contemporary foster care system in the Republic of Ireland.

2.5 Legislation and Policies Governing Foster Care in the Republic of Ireland

The legislative and regulatory frameworks which govern the foster care system in the Republic of Ireland fall under the remit of three main statutory instruments, namely, the *Child Care Act 1991*, the *Child Care Regulations, 1995* and the *National Standards for Foster Care, 2003*. Prior to this, the *Children Act, 1908* was introduced in Irish Republic in a bid to respond to the neglect of children which had been highlighted by social reformers in Victorian times (McWilliams, 2011). This piece of legislation mainly focused on the prevention of child cruelty, the protection of infant life and the organisation of the reformatories and industrial schools that existed in both the Republic of Ireland and the United Kingdom (Commission to Inquire into Child Abuse, 2009). The *Children Act, 1908* remained the principal legislative tool in the governance of at-risk children in Ireland until the introduction of the *Child Care Act, 1991*.

2.5.1 The Child Care Act 1991

The current legislation dealing with public aspects of child care and in particular, foster care, is the *Child Care Act, 1991*. This piece of legislation replaced the dated skeletal service that existed for children under the *Children Act, 1908*. Shannon (2008) highlights that the urgent requirement of the 1991 legislation was due to the lack of a clearly defined infrastructure for

¹⁹ The Social Services Inspectorate is a department of the Health Information Quality Authority (HIQA) and is the body responsible for the inspection of foster care services managed by the Health Services Executive.

child care services. The introduction of the *Child Care Act, 1991* (which was fully enacted in 1996) updated the legislation for the protection of children whose safety and welfare is threatened by their living environment.²⁰ Under Part 1 of the act, a child is defined as “a person under eighteen years of age who has not married”. The 1991 Act is the main legislative tool for the governance of the foster care system. Part II of the Act clearly outlines the responsibilities of the HSE²¹ (formerly the Health Boards) with regard to the protection of children who are in need or in danger.

As stated, the basic function of the HSE is to promote the welfare of children in its area, particularly those children who require adequate care and protection. Under the 1991 Act the HSE is required to take necessary steps to identify vulnerable children and ensure their needs are being met (Shannon, 2008). However to ensure that the legislation does not contravene the centrality of the position of the family in the Irish Republic’s constitution, the Act states that, consideration must also be paid to the rights of parents under Section 3(2) (b). This Section of the Act plays an important role in ensuring the legislation remains constitutional but it is clearly noted in the Act that the welfare of the child is of first and paramount importance.

Under Section 4 of the 1991 Act, it is the duty of the HSE to take a child into care where he/she requires care and protection and is unlikely to receive it unless removed into care. The HSE can apply for four different types of care orders in seeking to take a child into care, namely Voluntary Care Orders, Emergency Care Orders, Interim Care Orders and Full Care Orders²². The *Child Care Act, 1991* clearly lays out the responsibilities of the State in caring for children at risk or in danger and provides the legal powers for state authorities, namely, the HSE and Garda Síochána to remove children at risk from their homes.

²⁰ The full implementation of the *Child Care Act, 1991* in 1996 was greatly influenced by the publication of the *Kilkenny Incest Report* (McGuinness, 1993), which outlined the failures of state services to protect a girl who was raped and assaulted by her father between 1976 and 1991. This caused a public outcry along with other scandals which broke soon after, such as the *Kelly Fitzgerald Report (1993)* which revealed how a girl aged 12 died due to neglect and abuse by her parents, the *Report of the Inquiry into the Operation of Madonna House (1996)*, and the *West of Ireland Farmer Case (1997)*, in which a man received a lengthy jail sentence for the horrific abuse of four of six children between 1979 and 1993 despite the involvement of state services with the family (Department of Children and Youth Affairs, 2013). Subsequently Ireland was awoken to the extent of child sex abuse which had occurred in this country.

²¹ As discussed previously these responsibilities are now being transferred to Tusla, the new child and family agency.

²² For further details on the criteria for the granting of these different types of care orders, see the *Child Care Act, 1991*.

One of the more debated elements of this piece of legislation is the rights afforded to the child. While the *Child Care Act, 1991* is based on the underlying premise of the child's welfare being paramount, this must be balanced with the rights of parents in accordance with the constitution. This has led to some commentators criticising the high threshold for state intervention for some children at risk in families (Office of the Ombudsman for Children, 2005). Further to this, Kilkelly (2007) has criticised the *Child Care Act, 1991* for being too focused on welfare and not enough on children's rights.

The holding of the Children's Rights Referendum (2012),²³ which more distinctly recognises the individual rights of children in the Irish Republic's Constitution, has been welcomed by children's rights campaign groups such as Barnardos and the Children's Rights Alliance. However, it remains to be seen how this amendment (if deemed constitutional) will be legislated for in future child care law and how it will impact upon child care policy and practice.

Significantly, there have been two major amendments to the *Child Care Act, 1991*, which effect foster care service provision in the Republic of Ireland. The *Child Care (Amendment) Act, 2007* saw two new sub-sections 43A and 43B being introduced into Section 4 of the *Child Care Act, 1991*. These new provisions allow foster carers or relative carers, with whom the HSE have placed a child, to apply for a court order allowing them to make decisions in relation to the care of that child, as long as the child has been in their care for a continuous period of five years (OMCYA, 2009). This order allows the carers to consent to medical treatment, passports and other matters involved in the normal daily care of a child, although the HSE continues to retain its statutory role. The *Child Care (Amendment) Act, 2011*

²³The Children's Referendum was held on 10th November 2012. While turnout was low, the referendum proposal was passed (58% voted yes and 42% voted no). A challenge to the Provisional Referendum Certificate was lodged in the High Court on 19th November 2012 under the provisions of the Referendum Act 1994. The judgement in the High Court challenge to the result of the Referendum was delivered on the 18th October 2013 with the petitioner (Joanna Jordan, a Dublin woman who had campaigned for a 'No' vote during the referendum) being unsuccessful to her appeal of the Provisional Referendum Certificate. The application to appeal that result was subsequently granted by the Supreme Court. The matter of referring the Referendum Bill to the President for signing into Law and to give effect to the constitutional changes concerned, must await determination by the courts of the legal challenge made (See www.dcy.gov.ie).

introduced Section 26 of the Act to legislate for the inspection of foster care services provided by HIQA.

Although the broad structure of the child care system is set out in the *Child Care Act, 1991*, the more specific framework and guidelines for the management and day to day delivery of the foster care system in the Republic of Ireland is provided by two main documents; the *Child Care Regulations, 1995* and the *National Standards for Foster Care, 2003*.

2.5.2 Child Care Regulations (1995)

The Child Care Regulations were established in 1995 in an attempt to provide regulation and consistency to the delivery of all state child care systems. The regulations are divided into three key sets of regulations, explicitly, the *Child Care Regulations, 1995 (Placement of Children in Foster Care)*, the *Child Care Regulations 1995 (Placement of Children in Relative Care)* and the *Child Care Regulations 1995 (Placement of Children in Residential Care)*.

The *Child Care Regulations 1995 (Placement of Children in Relative Care)* legislated for by the *Child Care Act, 1991* marked an important development in foster care practice, as it was the first formal recognition of relative foster carers by the state. The structure and content of the regulations for both foster carers and relative carers are quite similar, with the core matters being addressed in the regulations. These included the assessment of foster/relative carers, care planning for children in foster/relative care, an explanation of the duties of foster/relative carers and case reviews for children in foster/relative care.

Two further issues, which are addressed in both sets of the regulations,²⁴ of particular relevance for this study are the matters of support for carers and the termination of placements. Regulation 15 states that,

A health board shall, subject to any general directions given by the Minister, make available to foster parents (relatives) such support services, including advice, guidance and training, as the board considers necessary to enable foster parents to take care of children placed with them by the board

(Department of Health and Children, 1995b)

²⁴ For further details on Child Care Regulations 1995, refer to *Child Care Regulations 1995 (Placement of Children in Foster Care)* and *Child Care Regulations 1995 (Placement of Children with Relatives)*.

The proposed content about what should be included in this support and training is not clarified in the regulations. It is also evident that the needs of relatives or foster carers are only provided for; with no reference made to supports or training being provided to the foster carers own children, thus not recognising them as important elements of the foster care process.

The regulations for both relative care and foster care also govern for the termination of placements. They clearly outline the powers of the HSE to remove children from placements with relative or foster carers, with the intention of returning the child to their parents or moving the child to a more suitable placement. The regulations call for foster carers and relatives to be informed in writing of the intention to remove a foster child from their care. The regulations also make provision for the availability of counselling services, where necessary, for foster parents or relatives who have had a foster child removed from their care. While the regulations recognise the possibility of trauma and stress resulting from the removal of a child from foster carers through advocating counselling support, this is only identified for the foster parents and not their birth children. This further suggests lack of recognition of the role of birth children in the fostering process.

2.5.3 National Standards for Foster Care, 2003

The need for a more consistent foster care system with a higher standard of service delivery in Irish Republic was a cause of much debate in the mid to late 1990s, with key stakeholders such as foster carers, social workers, academics and the Irish Foster Care Association (IFCA) highlighting contradictions and variations in the delivery of foster care services around the country. As stated previously, the *National Standards for Foster Care* were published in 2003 following recommendations from the *Report of the Working Group on Foster Care: A Child Centred Partnership, 2001*, which highlighted the lack of consistency and the lack of policy and practice guidelines in the delivery of the foster care system across the different health board regions in the Republic of Ireland. Following concerns arising from the publication of *the Report of the Working Group on Foster Care, 2001* a committee was established to develop national standards on practices and procedures for foster care. The Committee comprised of representatives from the Social Services Inspectorate, the Department of Health and Children, the IFCA and professionals involved in foster care service provision.

The National Standards for Foster Care were officially launched on 29th April 2003 and were broadly welcomed by all stakeholders in the foster care process, including social workers, the IFCA and the Social Services Inspectorate, as they provided an instrument by which the delivery of foster care services could be measured and assessed (IFCA, 2003).

The National Standards very clearly emphasised that a core objective in compiling the standards was to consult with a sample of young people in foster care and organisations representing foster carers and social workers. Again it is significant that the needs or views of the biological children of foster carers were not garnered specifically during the compilation of these standards.

The National Standards for Foster Care, 2003 identify thirteen standards to be met in relation to children in foster care. These standards include a positive sense of identity, children's rights, care planning and review, family and friends, matching carers with children and valuing diversity. The standards are separated into three key sections, the first section outlines the standards relevant to promoting high quality care for children in foster care, the second section outlines the standards required to support foster carers and the third section details the responsibilities of the HSE to promote high quality foster care services.

The first section covers the needs and rights of children in foster care and deals with such issues as assessment, care planning, reviews, child protection, education and preparation for leaving care. This section also clearly outlines the responsibilities of the child and family social worker,²⁵ one of which is to ensure the child is involved in decision making about their placement and to ensure the foster child is informed of their right to complain. Again it is noteworthy that in Appendix 3 of the standards, those identified as entitled to make a complaint about foster care services, include foster children, birth families and foster carers. No recognition for the right to complain is afforded to the birth children of foster carers.

Section two of the standards covers the quality of care provided by foster carers and focuses on core issues such as assessment and approval, training, payment, supervision and support.

²⁵The child and family social worker is the social worker assigned by the health board to carry out its statutory responsibilities for the safety and welfare of a child in the care of that health board (National Standards for Foster Care, 2003: 69).

Standard 15 states that foster carers should be supervised by a qualified social worker, referred to as the link worker²⁶. One of the key responsibilities of the link worker is to provide regular supervision and support to foster carers and their children. The standards also require link workers to meet with foster carers regularly and also to have separate meetings with their children, however, there is no guidance on what the purpose or objectives of these meetings with the birth children are. The standards also clearly designate the link worker with the responsibility for organising training to foster carers.

The final section of the standards identifies the duties of the HSE, the body responsible for the care of children in foster care. These include matters regarding supervision, support, and the management and monitoring of foster care services. One key theme within this section relevant to this study is related to the topic of training. Training is addressed under two key areas. The first outlines that social workers should have relevant training, knowledge and skills to deliver a high quality foster care service. The second area focuses on the training needs of foster carers. The standard directs that the HSE should have a strategy for training foster carers and the children of foster carers. However, while the content of the training for foster carers focuses on programmes relating to child care policy and practice, and research and inspection findings, there are no guidelines or suggestions as to what the training content might be for the biological children of foster carers.

The training strategy for foster carers has come from the IFCA, responding to its members with regard to key issues requiring attention in relation to foster care. This became a more formalised agreement in 1997 when, after negotiation with the Department of Health and Children and the Health Boards, the IFCA received funding from the Department to help it become a registered charity and limited company. Consequently the IFCA began providing mandated services, which included providing training and support services to foster carers.

In 1999 the training pack '*Fostering – A New Horizon*' was developed by the IFCA as the official training pack for the introduction of new foster carers to the foster care system. The initial training included modules on issues such as building relationships, safe care and

²⁶The link worker is the social worker assigned by the health board to be primarily responsible for the support and supervision of foster carers (National Standards for Foster Care, 2003: 69).

managing challenging behaviour. However, as issues were raised by foster carers, additional modules on issues such as minimizing risk, allegations and access with birth families were added to the training. The training content for foster families has developed in an organic manner with modules added as issues have arisen and been voiced by foster carers. The IFCA also deliver training workshops on topics such as intercultural foster care and promoting contact between foster children and their birth families.

With regard to the training needs of the birth children of foster carers, a workshop was developed by the IFCA and the Fostering Resource Group,²⁷ focusing on the training needs of the biological children of foster carers and this was presented at the International Foster Care Organisation (IFCO)²⁸ conference in Leeds in 1987. In 2000, following concerns about a lack of preparation of birth children for their fostering role, the IFCA began to develop a training module for the biological children living in foster families (IFCA, 2000a). In 2004 a training course entitled “New Beginnings”²⁹ was made available for the birth children of foster carers (IFCA, 2004a). The training was developed by social workers and foster parents, in conjunction with a sample of birth children and was officially launched by the then Minister for Children, Brian Lenihan. Some of the topics included in this training include issues such as; reasons why children come into foster care, changing family dynamics and meeting fostering professionals. However, some research in the Republic of Ireland (Irwin, 2009) indicates that a significant number of carers do not seem to be accessing training, thus indicating perhaps that the children of these carers may not have information or access to training to support them as the birth children of foster carers. This matter is examined in more detail later in this chapter.

²⁷The Fostering Resource Group was established in 1977 for the purpose of developing fostering in the Eastern Health Board. It produced leaflets, posters, car stickers, arranged newspaper, radio and television features in order to promote fostering within the Eastern Health Board region. The group was made up of social workers, foster carers and other key stakeholders in foster care provision such as researchers and IFCA (O’Sullivan, 1983).

²⁸The International Foster Care Organisation is a global, not-for-profit networking organisation serving to promote and support family based foster care across the world. The organisation comprises a multi-cultural arena of foster carers, former carers, social workers, parents whose children are in foster care, care leavers, academics and professionals, researchers, media and policy makers. Through conferences, training events and other forms of written and online communications, members share experiences and support each other (IFCO, 2013).

²⁹New Beginnings is now used as the training programme which helps prepare the birth children of foster carers for fostering. The programme is run over two sessions of three hours duration and includes topics such as preparing to foster, safe care and accessing support from adults (IFCA, 2013b).

2.6 Current Policy and Practice Issues in Foster Care Service Provision

The concluding section of this chapter details some of the current policy and practice issues which have impacted upon the growth and development of the foster care system over the last decade or so, namely, the growth of the relative care system, debates in relation to adoption options for children in long term foster care, the introduction of specialist foster care and independent foster agencies, debates about the adequacy of fostering allowances and the increased professionalization of foster care services. The key issues are outlined and commentary is provided in relation to the relevance of these issues to the topic being explored in this research project.

2.6.1 Placement of Children with Relatives

Over the last two decades, a major development in foster care has seen a greater number of children, who cannot live at home, being placed with relatives, a practice known as relative foster care. The numbers of children in relative care has grown steadily, with 15.8 per cent (n=700) of the 4,424 children in care in 2000 being placed in relative care (HSE, 2010), a figure which increased to 28.8% (n=1858) of the 6,331 children in care in 2013 (HSE, 2013). The placing of children in relative care can be traced back to the introduction of the *Child Care Act, 1991* (O'Brien, 2002a), which for the first time provided a legal definition of a relative, and spouse of a relative, as individuals who may act in *loco parentis* to a child in foster care.

As previously mentioned, relative foster care is also regulated by the *Child Care (Placement of Children with Relatives) Regulations, 1995*, which, formally outlined systems and policies to ensure children placed with relatives receive the best quality of care. The development of this form of foster care, in contrast to general foster care, has arisen due to the development of a number of trends (Department of Health and Children, 2001).

Primarily, there has been a reduction in the number of traditional foster homes available, thus requiring social workers to identify alternative arrangements outside the immediate family to care for children who cannot live at home. Concurrently, more child care policies have focused on a more family support approach³⁰ to working with families who come to the

³⁰An example of a practice model or intervention, which is focused on a family centred approach to care, is the introduction of family welfare conferences legislated for under the *Children Act, 2001*. This intervention provides social workers with the possibility of calling a family welfare conference in cases where there may be child welfare concerns in a family.

attention of social services. This, in turn, has led to a reliance on a more family based care system for working with children who need alternative care outside their immediate home.³¹

O'Brien (2002b) notes that the development of relative foster care can also be traced to a number of other factors including; the preference of foster care over residential care for children who require alternative care, greater emphasis on family involvement to enhance children's identity and the development of a partnership based ethos between key parties in the foster system, to help promote better outcomes for children in foster care.

Interestingly O'Brien (2002a) argues that it was a combination of these factors rather than a pre-planned, co-ordinated policy approach that led to the development of relative care as a viable placement option for children in care.

However, it may be argued that initial development reflected a value system or ideological preference for family unity among individual workers, combined with a placement crisis which left little choice except to use this care option. Development was not as a result of coherently formulated policy and regulation that provided specific guidance for developing relative care practice.

(O'Brien, 2002a: 52)

This, again like other areas of the child welfare system in the Republic of Ireland, provides evidence that much of the development of the Irish Republic's foster care system tends to be piecemeal and reactionary, rather than co-ordinated and proactive, which often leads to flaws. One such flaw which has led to a criticism of the relative care system centres on the assessment process conducted for relative carers as opposed to that of general foster carers. In 2009 the Health Information Quality Authority (HIQA)³² in their annual report of inspections into foster care services in the Republic of Ireland revealed that over 66 per cent of relative carers had not completed full assessments in inspected areas.

The most recent available figures from December 2013 report that there were 6,462 children in care in the Republic of Ireland with 4,140 (64 per cent) of those children being cared for by foster carers and 1,858 (28.8 per cent) being cared for in relative care families (HSE,

³¹This was also supported by a policy decision made by the health boards in 2003 that all children under 12 years requiring State care be placed in foster placements. This remains a strong element of the current child care policy as outlined in the HSE (2012: 60) annual review, *Review of Adequacy for HSE Child and Family Services* which states that 'the policy of Children and Family Services is that children aged under 12 years should be placed in foster care'.

³²HIQA is an independent body responsible for promoting quality, safety and accountability in services for children, older people and people with disabilities in Ireland (See www.hiqa.ie).

2013). Of the 4,269 foster carers³³ recorded in Republic of Ireland in 2012, 657 carers were awaiting assessment and approval, 247 were general foster carers and 410 were relative carers (HSE, 2012). Although this figure shows an improvement on the 652 relative carers recorded as not approved from the *National Audit of Foster Care, 2010* (HSE, 2010a), there is still a significant number of unapproved carers in the foster care system, which raises cause for concern in relation to safeguarding vulnerable children within the state care system. It also raises obvious concerns in relation to meeting the needs of the birth children of relative foster carers, as without assessments being completed; questions arise in relation to how birth children of relative carers are being consulted about fostering or whether they are receiving training and support in relation to their family fostering.

One of the crucial differences between traditional foster carers and relative foster carers is the way in which they come into contact with the fostering agency or social services (Thornton, 1987; Needell, 1994). The assessment for general foster carers lasts for approximately nine months and is completed prior to a child being placed with a family. However with relative care, the placement usually occurs amidst a crisis, thus, prior to the commencement of any comprehensive assessment of relative carers (Department of Health and Children, 2001, O'Brien 2002b).

O'Brien's (2002a) study of 92 relative care families in the Republic of Ireland suggests some difficulty with the way relative carers come into contact with social services in the foster care system. The formal assessment occurs when a child has been already placed with relatives and represents a challenge to the relative carer's relationship with the fostering agency. Relative carers did not seem to understand the assessment and also found it threatening, unwieldy, intrusive and unnecessary (O'Brien, 2002a). As a result, many relative carers were relieved to complete the assessment and were content to have less contact with the fostering agency. This in turn can lead to strained relations between relative carers and the fostering agency and in relative carers, and the foster children, receiving less support during the

³³The most recent available figures show that in 2013, there were 4,315 foster carers in the Republic of Ireland (HSE, 2013) however at time of print, no details were provided on numbers of foster carers who have completed foster care assessment for 2013.

placement (Department of Health and Children, 2001). O'Brien (2002a) and Godfrey (2006) also point out that a relative care placement can also lead to extra tension when decisions are being made about the child in care due to the existing relationship and dynamic between relative carers and birth parents.

O'Brien, (2002a) argues that a different approach needs to be adopted when working with relative carers, particularly in relation to assessment where a less in-depth level of assessment might be used. O'Brien (2014) further suggests the importance of widening extended family participation in the assessment and support of relative care placements. With respect to the topic being investigated for this study, this raises further concern; if relations become strained between relative carers and the agency, this may impact on the level of support and engagement afforded to the birth children of relative carers.

2.6.2 Adoption Options for Children in Foster Care

One of the mostly highly debated topics in foster care is the long term plans and security for children in long term foster care i.e. children in a foster placement for two years or more (Department of Health and Children, 2001). This issue was raised in the *Report of the Working Group on Foster Care: Child Centred Partnership, 2001* where concerns arose about children living in long term placements when adoption might be in their best interests. The adoption of children in alternative care is naturally a very complex matter, given the rights of birth parents and the status entitled to the nuclear family in the Irish Republic's Constitution. Under the current legislation, the *Adoption Act, 1988*, the natural parent is normally required to give consent for an adoption order. The *Adoption Act, 1988* provides the HSE with powers to apply to the High Court for an adoption order for a child in alternative care without parental permission under certain circumstances. These circumstances include the child being in a permanent foster placement with the proposed adopter for a minimum of twelve months, the court being satisfied that the birth parents have failed in their duty to the child and this technical abandonment of the child will continue until their eighteenth birthday. This, in practice, lead to a difficulty for social workers attempting to provide secure placements for children as it is difficult to legally prove that a birth parent has abandoned

their child. Another barrier to birth parents giving consent for adoption is the requirement for them to surrender contact with their child, thus, leading to many children in long term foster care being left in a limbo, where a more stable decision on their legal status would be in their best interests (Department of Health and Children, 2001).

Some commentators have argued that a solution to this issue might be open adoption for children in foster care placements of two years or more (Department of Health and Children, 2001). Open adoption allows for contact between adopted children and their birth parents and family. In 2001, *The Working Group on Foster Care*, recommended to the Department of Health and Children to undertake a study in relation to the possibilities of providing open adoption to children in long term foster care. As the decade progressed, the calls for a constitutional amendment from children's rights groups such as, Barnardos and the Children's Rights Alliance, became louder, due to high publicity cases, such as the Roscommon case³⁴, the Baby Ann case³⁵ and the PKU case³⁶, in which children's interests were not adequately protected by child care legislation due to constitutional stipulations. Subsequently, this highlighted other children's rights issues such as the plight of children in long term foster care. More recently during debates around the *Children's Rights Referendum* in 2012, the issue of the adoption of children with living parents was a particular area of dispute, as supporters of the 'No' campaign expressed concern that the rights of birth parents would be eroded by the introduction of this constitutional amendment. Alternatively, parties

³⁴On the 22nd of January 2009 Mrs A, a mother of six children, was sentenced in Roscommon Circuit Court to seven years in prison following her conviction for incest, neglect and ill treatment. The presiding Judge, Judge Miriam Reynolds, said the children were failed by everyone around them and that she was concerned that, while the former Western Health Board had been involved since 1996, the children had not been taken into care until 2004 (Roscommon Child Care Case, Report of the Inquiry Team to the HSE, 2010).

³⁵In July 2004, a young couple decided to give up their baby for adoption as they were students and in an uncertain relationship. Subsequently the couple decided to regain custody of their daughter who was in the care of foster carers who were in the process of attempting to legally adopt her. Initially, a High Court decision granted custody to the foster parents but this decision was overturned by the Supreme court as the couple had since married and also due to the belief that social workers had shown bias towards the foster parents as they had not halted the adoption process as requested by the child's birth mother, despite the fact that the adoption process had not been completed. The child was returned to the custody of her birth parents, which promoted debates for the need for constitutional amendments to protect the rights of children such as this in Irish law (Quinn, 2006).

³⁶In November 2001 a landmark case saw the North Western Health Board fail in their challenge to carry out the PKU test on a one year old boy whose parents objected to the procedure believing it to be invasive. In the Supreme Court judgment Justice Susan Denham upheld the parents' decision believing it would have far reaching implications for state intervention for children (See www.irishhealth.com).

calling for a ‘Yes’ vote contested that this amendment would not only protect the rights of vulnerable children but would also provide security for children in long term foster placements who were essentially regarded as a member of their foster family but yet had no legal rights or protection as part of that family.

The introduction of open adoption as a solution to some of the concerns raised during the Children’s Rights Referendum, 2012 is particularly significant at present, given the recent acceptance by the Dáil of the *Open Adoption Bill, 2014*, introduced by Labour TD, Anne Ferris. Despite the increased acceptance of the value of open adoption arrangements, there can be little doubt, however, that open adoption brings its own challenges in relation to the support needs of all parties involved in the process, including adopted children, birth families, adopters and, where relevant, adopters own children (Loughran and Richardson, 2005; McDonald and McSherry, 2013; Parkes and McCaughren, 2013; Doyle and Cregan, 2014).

2.6.3 Training and Support

The issues of training and support are recognised by both the *National Standards for Foster Care, 2003*, the *Child Care Regulations (Placement of Children in Foster Care), 1995* and the *Child Care Regulations (Placement of Children in Relative Care), 1995*, as key factors in the promotion of a successful foster care system in the Republic of Ireland. A universal feature of foster care systems around the world is the importance placed on the provision of effective training and support which is associated with the prevention of foster care breakdown (McWilliams, 1997; Farmer, 2010).

As stated above, there is a dearth of information and research devoted to foster care and particularly in relation to gathering a profile of foster carers in the Republic of Ireland, as well as identifying key issues which affect foster carers (Gilligan, 1997). Much of the existing research relates to the UK perspective where research on foster care has a long tradition, with much of it being commissioned by the Department of Health in Britain (Selleck and Thoburn, 1997). Aside from providing numbers of foster carers nationally, as can be seen from Table 2.4 below, much of the national information published on Irish foster carers is quite generic and does not provide a breakdown of the profile of the various types of foster carers in terms of their age, class, gender or ethnicity.

Table 2.4 Total Number of Foster Carers in HSE (2006-2013)

| | 2006* | 2007* | 2008* | 2009* | 2010** | 2011*** | 2012*** | 2013**** |
|--------------------------------|-------|-------|-------|-------|--------|---------|---------|----------|
| Number of foster carers | 2,717 | 3,071 | 3,163 | 3,183 | 3,367 | 3,783 | 4,269 | 4,315 |

Source: * Press Statement HSE 3rd March 2010 (HSE, 2010b).

** Review of Adequacy for HSE Children and Family Services, 2010

*** HSE Annual Report and Financial Statements 2012

**** HSE Annual Report and Financial Statements 2013

Some small scale studies in the Republic of Ireland such as that of Daly and Gilligan (2005)³⁷ and Meyler (2002a, 2002b, 2002c)³⁸ provide a profile of a small sample of carers in particular regions of the country. More significantly in October and November 2008, the Irish Foster Care Association conducted a study of 84 foster carers to explore some of the key issues affecting foster carers (Irwin, 2009). The foster carers surveyed were members of the IFCA and represented a random sample of foster carers from various regions of the country. 68 per cent (n=55) of foster carers sampled felt they received adequate services and supports in order to care for foster children in their care, however, considering the importance placed upon support by the standards and regulations, a considerable amount of carers surveyed 29 per cent (n=24) believed they were not receiving adequate support. Carers who were not satisfied with the support they received, referred to a number of issues of concern including, accessing services such as occupational therapists, speech and language therapists and psychology services.

Carers also expressed apprehension with a lack of after care services and the impact of fostering on foster carer's own children (a matter which is discussed in greater detail in

³⁷ Daly and Gilligan (2005) explored the educational and social experiences of 204 young people in foster care aged between 13 and 14 years. The information was collected from telephone interviews with the foster carers of these young people and included carers from across the country. The majority of foster carers interviewed for the study were female (n=184), with 20 male carers responding.

³⁸ Meyler (2002a, 2002b, 2002c) conducted a three part study of foster carers 'Counting on Foster Care' in the Eastern region of the Republic of Ireland (which included the South West Area Health Board, Northern Area Health Board and East Coast Area Health Board). The study explored key aspects of the foster care system in this region and was published in three volumes.

Chapter 4 of this study). In addition, nine foster carers expressed serious concern with the lack of an out of hours service, particularly when emergencies arose in relation to a foster child's behaviour (Irwin, 2009).

This is somewhat similar to findings of a study of foster carers conducted more than a decade previously by Gilligan (1996),³⁹ who found some carers expressed dissatisfaction with the professional support provided to them. In Gilligan's (1996) study, dissatisfaction with support was related more specifically to a lack of support in dealing with the foster child's birth parents⁴⁰. Whereas, an issue that was also strongly emphasised in Meyler's (2002c) study was that foster carers did not feel social workers consulted and included them in access plans for the foster children in their care.

Another matter which is notable is the relationship between foster carers and their social workers. In Irwin's (2009) study, 41.6 per cent (n=30) of the foster carers surveyed, expressed frustration at the poor communication between themselves and their social workers. This was particularly evident in matters relating to a lack of information sharing and poor care planning. This was highlighted especially in the initial placement of children whereby, carers felt they did not receive sufficient information in relation to the psychological and medical needs of the child placed in their care. This, in turn, impacted upon the quality of relationships between foster carers and social workers, with 29% (n=20) of the 69 carers (only 69 of the 84 carers in the study had an allocated social worker at the time of the survey), identifying their relationship with their social worker as 'reasonably poor' or 'very poor'.

Meyler (2002c) also found that for foster carers in the Eastern regions, the two biggest difficulties included, accessing all relevant information from social workers about the foster child in their care and, as a result of this, poor relationships with social workers. This is somewhat concerning for two reasons in particular. To begin with, the issues of poor information sharing and not feeling listened to or supported have been recognised as key factors in foster carers ceasing fostering (Triseliotis, Borland and Hill, 1998; Social Care Institute for Excellence, 2004).

³⁹ Gilligan (1996) conducted a postal survey of 73 foster carers in one Republic of Ireland Health Board Region

⁴⁰ Considering the discussion in the previous section of this chapter, this will also surely be an issue of relevance to open adoption arrangements and will be worthy of further consideration in relation to the support needs of adoptive parents if the *Open Adoption Bill, 2014* is passed into legislation.

As foster carers in Irwin's study (2009: 14) explained:

I cannot express real feelings or share certain information in case it is interpreted wrongly and inappropriately documented' while another revealed, 'If you ask for help, it is all deemed too much for you'.

Secondly, this comment signifies another issue of relevance particularly for the topic of this study. That is, if a sizeable number of foster carers feel they are neither listened to nor have a supportive relationship with their social workers, concern arises in relation to how the birth children of foster carers might voice their feelings or access supports when required.

Another key topic that arose in Irwin's (2009) study was the issue of training. Worryingly, despite the importance placed in national standards and regulations on foster carers receiving training prior to the commencement of fostering, only 48.8 per cent (n=41) of the carers in the study had completed the New Horizons Training Programme⁴¹ (Irwin, 2009). Again this raises concern in relation to the support for the birth children of carers as one of the key modules of the New Horizons⁴² training examines the impact of fostering on birth children. However, Irwin's (2009) study indicates a large percentage of foster carers have not completed the training, so may not have reflected upon this issue or have knowledge of how to access support for their own children, if an incident arises for them due to their family fostering.

Aside from the official New Horizons preparation training, findings from Irwin's (2009) study suggest that a significant number of foster carers may not be attending training in relation to core topics of concern for foster carers. In the eighteen months prior to the survey being conducted, 58.4 per cent (n=49) of the sample had been offered training, while 41.6 per cent (n=35) had not been offered any training. Examples of some training topics offered

⁴¹New Horizons was the pre-fostering training programme designed by the IFCA in conjunction with the Department of Health and Children. The training pack was officially launched by Minister Frank Fahey in 1999 to help prepare foster carers for the commencement of fostering and inform them of some of the issues that might arise for them and their families as a result of fostering. Some core themes addressed in the training include, managing challenging behaviour, access visits with the birth parents of foster children, dealing with allegations and safe care and supporting the birth children of foster carers. In 2010 New Horizons was replaced by Foundations for Fostering as the fostering training programme. It includes updated modules and also New Beginnings, the training programme which helps prepare the birth children of foster carers for fostering.

⁴²Of the 84 foster carers in the study, 3 were relative carers, however no clarification was identified between general foster carers and relative foster carers who had or had not completed the New Horizons Training.

included, dealing with difficult behaviour, dealing with sexualised behaviour, parenting teenagers, managing attachment disorders and dealing with drugs and alcohol (Irwin, 2009). Of the 49 carers who had been offered the training, 61.2 per cent (n=30) attended the training while 38.8 per cent (n=19) did not attend, stating reasons such as lack of child care facilities, training being cancelled by organisers and personal time constraints. Responding generally on the topic of training, 42 per cent (n=35) of the 84 carers in the study rated the accessibility of training as 'fairly poor' or 'poor', while 54 per cent (n=45) of the carers rated the frequency of training as 'fairly poor' or 'poor' (Irwin, 2009: 10). Again, given the complex nature of the foster care task and the increased challenges that have developed in relation to caring for children with complicated needs, concerns arise regarding the availability of training to foster carers, particularly with regard to carers balancing the tasks of successfully undertaking their responsibilities as foster carers whilst also caring for their own families. Related to the increased complexity of the foster care task, a significant concern that arose for foster carers in the Eastern Region was the need for respite care and an after-hours service to help them to manage the challenges related to fostering older children and teenagers (Meyler, 2002c). The issue of an after-hours or out of hours support service⁴³ has been recognised as key to the success of independent fostering agencies in helping them to recruit carers, a matter discussed in greater detail later in this chapter.

2.6.4 The Foster Care Allowance

One of the key debates that has existed in relation to fostering throughout its development, concerns the payment of allowances to foster carers (O'Higgins, 1996). The undertaking of the foster care task has been intrinsically linked with questions about the motivation as to why individuals volunteer to care for other people's children. The origins of foster care allowances can be traced back to the early 1700s when children under the age of five were cared for in their parishes, as it was the obligation of parishes to care for children of this age

⁴³An after-hours service refers to support being provided to foster carers after the usual 9am-5pm Monday to Friday office hours typically worked by social work departments.

group who could not be cared for by their parents and were too young for admission to the workhouse.⁴⁴

In 1727 the government in Ireland made it a legal requirement that all children up to the age of six become the legal responsibility of the parish and nurses were paid to care for these children. Church wardens were responsible for the payment of these nurses and for conducting quarterly visits to the children to ensure they were being cared for properly (Robins, 1980). However, due to the cost of paying these nurses from parochial funds, parish clerks often engaged in the process of ‘dropping’ children (see footnote 45), in order to reduce the cost on local parish expenses. To counteract this practice, legislation was enacted in 1730 directing that all children under the age of six, referred to as ‘foundling children’, were to be admitted to the workhouse where they would be cared for, and then be regarded as ordinary workhouse inmates after the age of six (Robins, 1980). Throughout the remainder of the 1700s and 1800s the use of boarding out and nursing out schemes continued to be marred by discoveries of fraudulent practices as some carers seemed more interested in making a profit from vulnerable children rather than prioritising their welfare.⁴⁵

As discussed previously, the system of fostering and boarding out fell into almost disuse with the expansion of the Church’s policy of institutionalisation, particularly in the early to mid 1900s. The development of the foster care system from the 1970s onwards brought with it debates around the payment of allowances to carers. Initially it was believed that people commenced fostering purely for altruistic reasons and received reward in witnessing the healthy growth and development of the foster child placed with them. However, it is a characteristic of foster care systems internationally that carers receive an allowance to cover the costs of caring for a foster child (Oldfield, 1997). The allowance was sought to ensure carers were reimbursed for the costs in caring for a child but also to ensure the allowances are

⁴⁴Many parish authorities did not welcome the cost of having to provide care for deprived or abandoned children under five years of age as the task of caring was paid for by an increased tax imposed on households in the parish to meet parochial expenses. During this time some church wardens engaged in the ‘dropping of children’ whereby abandoned children were lifted and left in nearby parishes in the cover of night in order to reduce the burden on parish funds. During this process children were administered a syrup of poppies named diacodium in order to stupefy the children and keep them quiet (Robins, 1980).

⁴⁵Some examples of fraudulent practices conducted during this time included children being murdered after the nurses had received their advanced nursing payment. In 1791 a committee selected to monitor the records of a foundling hospital in Dunlavin, Co. Wicklow found that of 469 infants sent out to nurse only 65 could be located, 133 died, 201 were with nurses who could not be located, others were found with strolling beggars, while 35 were recorded with nurses who denied taking them in the first place (Robins, 1980). A fraudulent practice also recorded was of mothers owing to the attractive annual nursing wage in the harsh times, exposing their own children in the hope that they might be employed and paid as their nurses (Robins, 1980).

not so overly generous and attract unsavoury people to the system who are motivated more by financial incentives than the welfare of children.

Despite a dearth of research on the role and adequacy of the foster care allowance within the Republic of Ireland foster care system, UK studies, such as that carried out by Bebbington and Miles (1989a, 1989b), Oldfield (1997) and Rhodes, Orme and Buehler (2001), suggest that the financial reward is a key factor in the successful recruitment of foster carers. The National Foster Care Association (the representative body for foster carers in the UK) has identified that poor allowances paid by some local authorities was one of the reasons some carers ceased fostering (McWilliams, 1997). This was also evident in Ramsay's (1996) study of 72 foster carers in Fife, Scotland, where it was found that financial reward played a valuable part in recruiting and retaining foster carers.

The IFCA (2006) clearly identifies the foster care allowance as an allowance and not a salary which is provided to maintain the costs of a foster child. This was emphasised by the Minister for Children, Brian Lenihan, at the 2005 IFCA Annual Conference in Cork. Amidst public debate on whether the foster care allowance should be taxed,⁴⁶ the Minister stated he would oppose any such action stating that "*the foster care allowance is paid to foster carers for the benefit of the foster child and cannot be considered as an income or income support*" (Lenihan, 2005). However, much debate has centred on the adequacy of the allowance paid and whether it covers all the costs associated with caring for a foster child.

In the Republic of Ireland, the IFCA⁴⁷ has also campaigned strongly, from the early 1990s, to ensure carers receive adequate allowances to care for foster children. Overall, it can be argued that the IFCA have been reasonably successful in their attempts to have the basic allowance enhanced. For example, in June 1998, the basic foster care allowance was increased from £57.75 per week to £60.25 for children under 12 years and from £64.70 to

⁴⁶The foster care allowance is exempt from taxation under the *Finance Act, 2005*. The foster care allowance is currently not reckonable as income in relation to eligibility for the medical card, disability allowance, and disability benefit and unemployment assistance.

⁴⁷Indeed, it was debates about issues such as, foster care allowances and support for foster carers that caused the IFCA to be founded, as foster carers and social workers felt foster care needed a voice outside that of the health boards if it were to grow and develop as a viable placement alternative for care (IFCA, 2002). Interestingly in the United Kingdom concerns were also being expressed about the allowances paid to foster carers as the National Foster Care Association (NFCA) in 1988 campaigned for better allowances to maintain foster carers already in the system and to attract new foster carers (NFCA, 1988).

£73.75 for children over 12 years. However, despite the increase in the allowance, the 1990s saw frustration among Irish foster carers at the disparity between different health board regions in the payment of discretionary allowances. These payments are to cover the extra costs for a child such as; clothing, special events such as birthdays, communions and confirmations and back to school costs. In 1990, the IFCA began campaigning for the standardisation of these payments (IFCA, 2002). This culminated in a recommendation from the *Working Group on Foster Care* in 2000 that the basic allowance be greatly increased to include these discretionary payments.

On the 7th December 2000, following recommendations from the *Working Group on Foster Care*, the Minister for Children, Mary Hannifin, announced a major increase in the foster care allowance, which was to include all discretionary payments and entitlements, thus aiming to eliminate debates and inconsistencies across health regions in relation to foster care entitlements. The new allowance was increased to £200 per week for foster children under 12 years and £220 per week for foster children over 12 years and applied nationally across all health board areas (IFCA, 2000b). This essentially resolved some of the inconsistencies between regions in terms of payments. Today the HSE foster care allowance stands at €325 per week for children under 12 years of age and €352 for those over 12 years.

Despite the standardisation of the foster care allowance, debates still exist between foster carers and social workers in relation to costs covered under the foster care allowance. For example, some carers have been asked to pay for specialised medical costs, psychological assessments and extra fuel costs incurred in driving children to and from access visits. This continues to be a source of debate between carers and fostering agencies as to what should be covered under the fostering allowance (IFCA, 2011; Irwin, 2009).

2.6.5 Specialist Foster Care and the Professionalization of Foster Care

Corrick (1999) contends that the issues surrounding the professionalization of foster care are complex as they usually revolve around questions of quality of care, finance issues and the factors that motivate people to care for other people's children. The view of foster care by social workers and politicians has gradually changed over the past sixty years, as initially foster care was seen as an activity which generally involved predominantly mothers utilising their maternal instincts to care for other people's children. Foster Carers received a nominal allowance and their reward stemmed from the foster carer witnessing the foster child thriving in their new environment (Hill, 1999). However, due to the crisis in foster care recruitment,

the increased reliance on foster carers by social service departments and the need to broaden the recruitment base for foster carers, foster care has become more recognised as a skilled profession requiring increased training and monetary reward.

In the Republic of Ireland the issue of professional foster carers firstly arose in 2001 when *The Report of the Working Party on Foster Care, 2001* recommended that health boards develop Special Fostering Initiatives in order to provide placements for children with behavioural difficulties. In *The Report of the Working Party on Foster Care, 2001*, young people with behavioural difficulties were identified as children who:

...have suffered serious trauma in their lives, including abuse, and this can lead to them behaving in an anti-social manner. They can be aggressive and violent and often ignore rules and boundaries placed on them. This in turn can lead to a cycle of behaviour, the consequences of which will further adversely affect their life chances. The anti-social behaviour that they can display can lead to exclusion from the ordinary social situations in which young people can develop and mature. This can have an adverse impact on their health, education and emotional and psychological development.

(Department of Health and Children, 2001: 51)

It was recommended that under these special fostering initiatives health boards recruit particularly skilled foster carers to meet the needs of these particularly challenging young people in the care system.

Special fostering arrangements for children with serious behavioural difficulties should be further developed and the criteria for such placements, the skills and abilities required by carers and the supports and services to be provided by the health boards should be addressed in National Standards in practices and procedures. Health boards should be given the authority to make enhanced payments to appropriately experienced skilled foster carers who agree to accept children and young persons with serious behavioural problems.

(Department of Health and Children, 2001: 53)

Following this, the IFCA published an advertisement for the South West Area Health Board (SWAHB) in the 2002 Spring issue of their newsletter, looking for professional carers for a specific child with behavioural difficulties. Subsequently, the IFCA invited comments from its members in relation to this development. The response from foster carers varied between some requesting more information on the development of professional carers, while other members were concerned about foster care losing its volunteering and caring ethos and furthermore, were particularly concerned about a two tier foster care system developing. This

concern seemed to be particularly exacerbated by the inclusion of the term ‘salary’ instead of allowance, when the original advertisement for professional carers was published.

Subsequently, the 2002 Summer Edition of the IFCA newsletter published an open letter written by the Director of Child and Family Services to foster carers, which clearly explained that the SWAHB in no way intended to undervalue the work of traditional foster carers and expressed regret for using the term ‘salary’ instead of ‘fee’ or ‘allowance’. The letter also clearly stated that the SWAHB had no intention of trying to create a two tier foster care system but recognised the need for a foster care system that responds to the needs and behaviours of a range of different children in state care. It also referred to the introduction of the provision for Special Foster Care under Section 22 of the *National Standards for Foster Care, 2003*, which called for “*Health boards to provide special foster care services for children and young people with serious behavioural difficulties*” and states that “*..only persons who are specifically trained and skilled and those with relevant experience provide special foster care*” (Department of Health and Children, 2003: 46).⁴⁸

A professional foster carer⁴⁹ is generally regarded as having additional skills to the traditional foster carer, such as experience of working with challenging young people and skills in managing challenging behaviours. Sellick (1999) suggests that the position of foster carers has changed within the child welfare services in the Western World, as the professionalization of foster care has been associated with the development of specialist foster care programmes originally developed to cater for difficult to place adolescents. This recognition, that some children entering the foster care system presented with more challenging behaviour due to past traumatic experiences such as physical and sexual abuse (Doorbar, 1999), also raised concerns in relation to the challenges for foster carers own

⁴⁸This is somewhat similar to the development of foster care systems which developed in other countries, such as the UK and the US, where professional or specialised foster care became associated with extra allowances, in addition to the mainstream fostering allowance, more intensive supports for foster children and careful contracting of specialist fostering projects being allocated to particular agencies (Sellick, 1999).

⁴⁹Professional Foster Care or Specialist Foster care (also known as Treatment Foster Care in North America) originated in the late 1970’s and became increasingly popular in the 1980’s (Galaway, 1990; Nutter, Hudson, Galaway, and Hill, 1995). The late 1980s saw the need for specialised foster care for particular types of young people who were more difficult to place; such as children with severe disabilities, children with challenging behaviours, young people with multiple placement moves and/or young people excluded from school (Corrick, 1999).

children, in sharing their home with young people exhibiting challenging and often aggressive behaviours.

In the Republic of Ireland, a key feature which is noteworthy is the link that seems to have evolved between the development of special foster care and independent fostering agencies.⁵⁰ The expansion of independent and non statutory foster care agencies in the Irish Republic is discussed in greater detail later in this chapter but it is important to point out that many HSE areas have followed a policy of recruiting the services of non statutory agencies in order to access foster care placements for young people who are difficult to place. This continues to receive comment from regional inspection reports by the HIQA, which recommends that statutory foster care services should be more focused on developing their own specialist foster care service rather than just relying on private agencies to provide this service (HIQA, 2013a; HIQA, 2013b).

Walker, Hill and Triseliotis (2002)⁵¹ argue that, despite the overall fall in the numbers of children in state care in the UK, due to increased legislative provision to encourage social services to prevent children coming into care, the provision of care to children in state care remains complicated mainly due to the challenging nature of the children being cared for. This is an issue which can also be witnessed in Ireland as the foster care system provides care to children and young people with a complex range of social, emotional, physical, psychological and behavioural needs (McWilliams, 1997; Department of Health and Children, 2001). The need to respond to a cohort of children with extreme behavioural needs has been the key factor in the development of professional or special foster care in Ireland.

In line with the increased challenges being presented by foster children, there has been increased expectation by social workers and foster care agencies in relation to the duties expected of foster carers, where love, kindness and primary care are no longer seen as

⁵⁰The first specialised foster care project was introduced in Ireland in 2007 and was launched by Extern, a private company which provides family and community services, and funded by the HSE. The programme provided specialised foster care placements to young people with severe behavioural problems who were likely to be referred to high support or special care. This programme was initially launched in Laois, Longford, Westmeath and Offaly but was expanded to Dublin North East in 2009 (IFCA, 2008). Most recent available figures report that in 2010 special foster care was being used to meet the needs of 29 young people in care (HSE, 2010a).

⁵¹Walker, Hill and Triseliotis (2002) conducted an evaluation of a specialist fostering project in Scotland, which recruited twenty eight professional foster care households to provide placements for young people with challenging behaviour and emotional difficulties that would have otherwise been referred to secure accommodation.

sufficient in the modern day foster care system. Corrick (1999) outlines the increased duties of foster carers, be they involved in specialist or traditional fostering, as including; writing reports for reviews, court appearances, making their home available for visits by social workers and other professionals, attending meetings and reviews and arranging access visits or professional appointments for foster children in their care.

Foster carers may also be expected to conduct assessments, implement behaviour programmes or interventions and also be able to communicate in the social worker's language without being threatening to social workers by presenting as too expert in this language (Corrick, 1999). In the Republic of Ireland this trend can also be witnessed as foster carers are expected to take on administrative duties similar to that of child care professionals such as writing reports, completing child care review forms and contributing to care plans. Often foster carers may be obliged to keep diaries or logs for foster children they care for or to complete critical incident report forms which are modelled on professional forms, usually completed by social workers and other child care professionals. This has been an issue raised by the IFCA (2011) who have highlighted that due to budget cuts and staff shortages foster carers are being required to facilitate and supervise access visits, duties traditionally undertaken by social workers.

These increased tasks are conducted by foster carers who must also manage their own family life and ensure their own children's needs are met. It would be fair to comment that the increased professionalised aspect has also increased the workload and expectations on specialist and traditional foster carers, and that this may impact upon the experiences of the birth children in foster families, as their parent's time and efforts are increasingly diverted to meet the needs of foster children. Walker, Hill and Triseliotis (2002: 82) point out that one of the alterations brought about by the foster care process is that it calls for foster carers to transform their home to become also their "*place of work*", which undoubtedly leads to changes for foster carers' own children. Walker *et al.* (2002) identify one of the key challenges for foster carers is attempting to balance their responsibilities towards their own children, when they were in conflict with their responsibilities towards the foster children, with some carers "*stating their exhaustion at attempting to meet everyone's needs*" (Walker *et al.* 2002: 80). This issue was referred to, by Hojer and Nordenfors (2004: 45), as a "*responsibility trap*", as foster carers attempt to meet the needs of their own children whilst also balancing their obligations as foster carers.

2.6.6 Independent Fostering agencies

As mentioned previously, one of the key developments within the Irish Republic's Foster Care system in the past decade has been the growth of independent and non statutory fostering agencies. Like other areas of the Foster Care service in the Republic of Ireland, little research exists on the growth of independent fostering agencies in Ireland, in comparison to the United Kingdom⁵² where a number of studies have examined the impact of these agencies on the UK foster care system (Bebbington and Miles, 1990; Waterhouse, 1997; Sellick, 2011a; Sellick 2011b).

Independent fostering agencies in the Republic of Ireland include a combination of mainly private fostering agencies and some voluntary fostering agencies with a long tradition of involvement in child care services, such as Lisdeel Fostering Services (Daughters of Charity, Child and Family Service). Prior to the introduction of independent fostering agencies, foster care service provision was wholly administered by statutory social services departments. In the Republic of Ireland a collaborative working approach between public sector services and non statutory service providers has existed for some time, most notably in the provision of services to older people and adults with physical and/or intellectual disabilities.

While the late 1990s witnessed the growth in the Republic of Ireland of private residential child care services, the first independent or private fostering agency, named Five Rivers, was not founded in the Republic of Ireland until 2002. This is part of Five Rivers Fostering, which was originally founded in the England. From 2002 onwards, a shift to a more '*mixed economy*' approach (Jacques, 2005: 16) to the provision of foster care services could be seen in the Republic of Ireland. As stated by the HSE (2012: 62) in their national review of child and family services:

HSE Children and Family Services support a mixed economy of providers from statutory, non-statutory and private sectors. In order to promote better value for money from the services used, improvements have been made to the information collected on private sector placements.

⁵²Independent fostering agencies have a longer tradition in the UK foster care system, with private foster agencies becoming established since the late 1980s and early 1990s (Sellick, 1999).

Performance indicators for private sector placements introduced in 2012 show that, of the 355 private sector placements used in 2012,⁵³ 214 were foster placements with independent fostering agencies. The development of independent fostering agencies in the Republic of Ireland occurred due to the shortage of foster carers in the state care system and also in response to meeting the needs of more challenging young people in the care system. This also initiated the development of private residential child services, as traditional health board fostering and residential services struggled to respond to the needs of teenagers presenting with more difficult behaviours as they came from birth families with complex sets of needs (McHugh and Meenan, 2013).

As mentioned, the move towards foster care was influenced by the belief that fostering was a more nurturing care option, however, it was also influenced by the perception that foster care placements were a cheaper alternative than residential care placements (O'Higgins, 1996). Although there is a scarcity of literature on this issue from an Irish perspective, unpublished figures from the HSE reported in the Irish Times on February 5th 2009 reported that, in 2007, €135 million was spent on residential care services for 400 young people in the care of the state. This translates at an average cost of €337, 500 per child per annum. In contrast, the cost of foster care service provision during this period was €98 million, which translates at approximately €21,000 per child per annum (McHugh and Meenan, 2013: 245). Fernandez and Barth (2010) noted that a number of jurisdictions in Europe have reduced their residential child care provision and promoted foster care as a cheaper alternative for children in care. However, the change of direction for child care placements away from residential child care and towards foster care resulted in three possibly unintended consequences, which impacted greatly upon the development of the Irish Foster Care system.

Firstly, the emergence of foster care, as the principal placement for children in State care, resulted in a shortage of foster carers in the health board areas to meet the growing numbers of children in foster care, especially young people with emotional and behavioural difficulties. This left a niche in the market, as the HSE referred to private agencies to source foster care placements, as they did not have the supply of foster carers to meet the needs of the number of children in its care, especially those presenting with behavioural difficulties. One of the stated limitations for HSE fostering social workers is that they must rely on available foster care placements within their own HSE region and cannot source placements

⁵³In 2012 of the remaining 141 private sector placements used, 133 were private residential placements, four were high support placements and four were special care placements (HSE, 2012).

from another region. However, independent agencies do not have these regional boundaries, thus they have a range of carers throughout the country to rely on when seeking a placement for a child.

Secondly, in response to this development, the number of independent and private foster care agencies expanded and created a market to provide foster care placements for young people, particularly those with challenging behaviours and a history of placement breakdown. In fact, some of the most recent inspection reports of fostering services in Ireland would indicate that independent or private fostering care services are used by HSE fostering services to place children displaying challenging behaviours (HIQA, 2013a). For example, in the inspection report of the HSE fostering service in the Dublin North Local Health Area of the HSE Dublin North East region, it was reported by the principal social worker that, in the absence of a special foster care service, private foster care services were utilised which, in some cases, meant children were placed outside the HSE region. This subsequently led to some children being moved to placements a long distance from their family and community (HIQA, 2013c).

Finally, due to the shortage of both residential and public sector foster care placements, health boards and later, the HSE, had to place young people with independent foster care placements. These placements were often costly, poorly planned and were sanctioned by principal social workers or senior managers at short notice. Although the growth of independent fostering agencies was aided by the need to find placements for young people with challenging behaviours, the shortage of HSE foster carers and the difficulties the HSE had in recruiting foster carers generally, also led to the expansion of independent fostering agencies in Ireland.

The number of independent fostering agencies has grown steadily in the Republic of Ireland.⁵⁴ Generally the perception is that independent fostering agencies are associated with access to better supports (Kennedy, 2013; Sutton and Stack, 2013). Referring to the UK foster care system but making a point equally relevant to the Irish Republic context, Staines, Farmer and Selwyn (2011: 315) suggest that:

Independent Fostering Agencies differ from Local Authority fostering provision in the enhanced support services they provide. Their use of youth support workers, therapeutic interventions and education services allow them to provide

⁵⁴There are currently ten independent foster care service providers in the Republic of Ireland including Fostering First Ireland, Five Rivers, Three Steps, Orchard Children's Services, Lisdeel Fostering, An Terra Nua, Freshstart, Timewise, Fostering People and Foster Care Partners.

placements for young people Las [local authorities] may have found difficult to place.

As outlined earlier, the development of independent foster care services in this country was initially met with some suspicion from foster carers, fostering social workers and budget holders (Jacques, 2005).

Initial fears, particularly from foster carers, existed around a two tier foster care system being created (IFCA, 2003). For social workers and senior social work managers, concerns existed in relation to independent fostering agencies poaching existing health board foster carers, as these agencies were able to provide higher allowances to foster carers. These factors led to worrying possibilities of a competitive approach developing between statutory and non statutory foster care services.

However, despite some of the initial concerns about the introduction of independent fostering agencies, as the field developed a collaborative partnership approach has matured between statutory and independent fostering services for a number of reasons. Firstly, as mentioned above, there was a strong message relayed by policy makers and senior managers in the HSE that there was not a wish to develop a two tier foster care system, but a wish to develop a holistic foster care system that could meet the demands of a range of young people with a complex array of needs (IFCA, 2003).

Secondly, non statutory agencies have proved their strength in foster care service delivery, particularly in relation to placing young people with emotional and behavioural difficulties.⁵⁵ Although some foster carers did transfer to private agencies, there was not a mass exodus of state foster carers to independent agencies. Instead, these agencies tended to recruit new foster carers, many with previous child care experience, for example, from working in the areas of teaching, residential care work or nursing. Linked to the experience of these new foster carers, was the high level of support provided by social workers in response to carers'

⁵⁵ The independent fostering agencies have become an important element of foster care service provision in the Republic of Ireland and in 2009 Five Rivers Ireland was contracted by the HSE to provide an Emergency Place of Safety Service (EPSS). This service provides respite emergency foster care placement to young people who are homeless or whose placement breaks down due to crisis. The HSE operates an EPSS whereby Gardaí can access an emergency placement for children found to be at risk out of hours. This service involves the out of hours placement of a child in a family setting until the next working day when the local social work service assumes responsibility for the case. As part of this service Gardaí have access to advice and information from a non-HSE social work off-site resource which is provided on a contract basis (www.fiveriversireland.ie).

needs, this meant that the more challenging young people seemed to cope better in placements with independent agencies.

Finally, a collaborative approach developed due to the positive working relationships that developed between the HSE child and family social workers and the independent agency link workers. Foster carers, who have transferred to independent fostering agencies from HSE foster care agencies, have generally commented on their greater flexibility and the support provided by private foster care companies in comparison to state services which are often viewed as slow, unwieldy and excessively bureaucratic. This was a finding in Kennedy's (2013) comparison study of statutory and private fostering agencies, which found that independent fostering agencies were more responsive to the training and support needs of foster carers compared to statutory agencies.

Conclusion

This chapter has provided an outline of the major socio political issues and debates which have shaped the development of the foster care system in the Irish Republic. It is argued here that the foster care is no longer considered as an act of charitable goodwill but has become a more regulated and professionalised role where foster carers are subject to increased accountability and scrutiny. This in turn has increased the expectations placed upon foster carers by service providers, which subsequently has impacted up the demands placed on foster carers and in turn their own children. This thesis now progresses to examine the theoretical framework utilised in the undertaking of this study.

Chapter 3

The Sociology of Childhood and Foster Care

3.0 Introduction

As theories about the nature of children and childhood reflect societal concerns (Burman, 1994) conceptual and theoretical frameworks from sociology and psychology structure how children are understood and, hence, the content of policies concerning them and their care. This chapter begins with an analysis of the developmental theoretical perspectives which have traditionally dominated foster care policy and practice development (Goodyer, 2011). It then argues that the adoption of the sociology of childhood perspective provides a valuable lens through which to understand and conceptualise the experiences of the birth children of foster carers. It provides an overview of the sociology of childhood as a theoretical framework and an emergent paradigm in childhood studies, and analyses the potential it provides to better understand the experiences of biological children living in foster families. Furthermore, it argues that giving cognisance to the sociology of childhood perspective, in developing foster care policy and practice, would lead to better experiences of the foster care process for the birth children of foster carers.

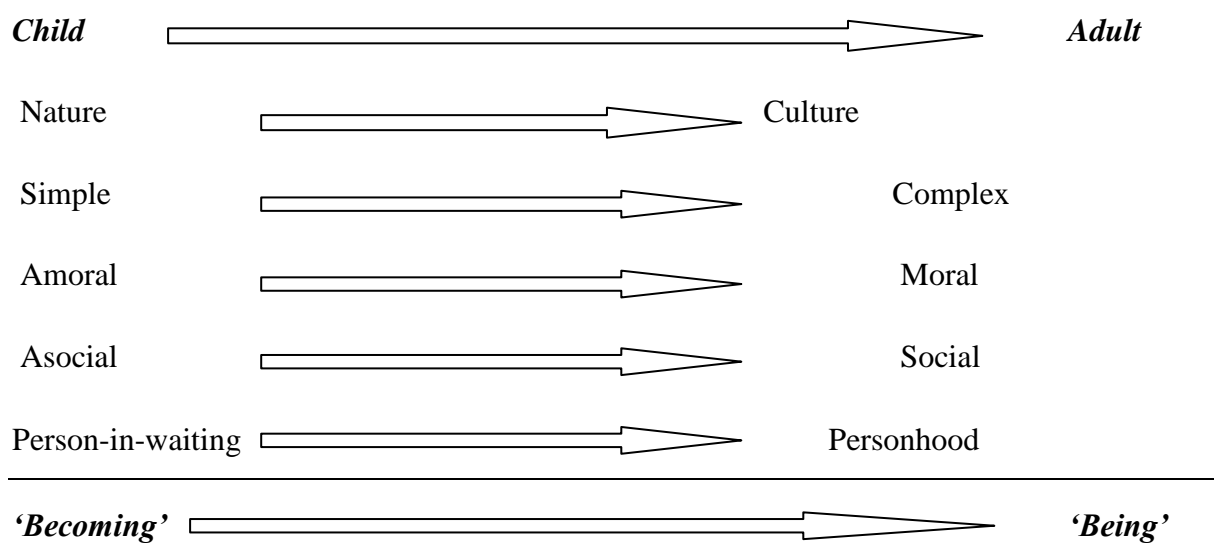
3.1 Developmental Theories of Childhood

Theories from the two main child related disciplines of psychology and, to a lesser extent, sociology have dominated our viewpoints of children and our perception of what childhood is (Wyness, 2006). Although these disciplines have often conflicted in their views, it is the broad principles of these two disciplines that have most greatly shaped our understanding of the fundamental nature of childhood. It is these principles which constitute what James and Prout (1997) refer to as the dominant framework. Key theories from psychology and sociology, namely developmental psychology and socialisation theory, portray childhood as a universal fact of life. Wyness (2006) identifies four key features of the dominant framework, namely, the dichotomising of childhood and adulthood, children's lack of ontology, the child as a proto individual and the role of the state.

The dichotomising of childhood and adulthood: The dominant framework views children as being closer to nature, with adults being closer to culture. Hendrick (1997) suggests the association of children with nature stems from assumptions about their undisciplined nature

and precocity. This assumption led to the belief that children needed to be socialised and domesticated through the family and the education system. The key elements of this framework are outlined in Figure 3.1 below. Children are perceived as less complicated beings than adults and this lack of complexity is equated with simplicity and innocence, which disappears as children grow to adulthood. It is this social process which leads the child from the irrational state of childhood to the civilised status of adulthood (Wyness, 2006).

Figure 3.1: The Dominant Framework



(James and Prout, 1997)

The Child's Lack of Ontology: This concept purports that children are viewed on what they will become rather than who they are. As with developmental theorists, structural functionalists do not recognise the social position of children, and view them as carriers of social resources, who are to be projected forward as future generations of adults (Wyness, 2006). The dominant framework implies that children are invisible and thus, cannot be understood in their own terms. They lack ontology as they are seen not as children but as the adults they will become. This can be seen practically in the approach taken by child care professionals who focus on the transitional pathways and milestones set out for children, therefore, children are always viewed in transition and, consequently, the child is “*never ontologically established in its own right*” (Jenks, 1982a: 14).

Individualism: A key feature of the dominant framework is the focus on the individual child rather than children and their collective practices. As stated by Corsaro (1997:17):

There is little, if any, consideration of how interpersonal relations reflect cultural systems or how children through their participation in communicative events, become part of these interpersonal relations and cultural patterns and reproduce themselves collectively.

The viewing of children as individual or singular ventures is evident in the use of clinical interviews or observations in developmental psychology, as children are extracted from their natural environments in order to study the factors which influence children's processes of growing up (Smith and Cowie, 2003).

The Individual Child and the Role of the State: A key feature of modern Westernised society has been the search for controlled and planned physical and social environments. Much of the efforts to achieve this goal have been underpinned by the use of state policies and techniques. Most state policies in relation to children are underpinned by the belief that young people are the figures of the future and, hence, require special care and attention. Therefore due to the fact that children are seen as figures for the future, state policies tend to focus on influencing parenting as a means of ensuring children transition safely from childhood to adulthood. As such, children are viewed as vulnerable dependents with adults making decisions which they think will help children become constructive members of society (Muncie, 2004).

As stated, underpinning the dominant framework characterised above are the psychological theory of developmentalism and the sociological theory of socialisation. As it is the critical analysis of these theories which gave rise to the sociology of childhood perspective, an overview of developmentalism and socialisation will be given in order to contextualise the sociology of childhood as the theoretical framework chosen for the undertaking of this study.


3.1.2 Developmentalism

Wyness (2006: 122) labels developmentalism as the “*ages and stages*” model of childhood and argues that it has, for many, been the dominant theory and practice in studying and researching children and childhood. It has also become the dominant approach through which children's pathways from childhood to adulthood are assessed. The concepts of rationality and universality underpin developmentalism. Through this model, children's development is measured or marked along a pathway of chronological pre-determined milestones which become hierarchical until they reach childhood. Piaget is the figure most closely related to the

child development approaches and his frameworks continue to influence how a child's cognitive growth is measured and, in general, how we discuss children and childhood. Piaget (1932) deemed children to develop both universally and naturally, arguing that by virtue of the nature of their biological growth, children will develop emotionally and cognitively at the same rate. As such, a child's behaviour and social skills will predictably follow their biological and psychological growth. Piaget's model (see Figure 3.2 below) follows the child's development from birth to mid-adolescence, focusing on the premise that, although children have to adapt and interpret their environments, the social sphere of children's lives is relatively steady and secure.

This theory of development carries a presumption that, not only will all children go through these stages, but they will do so in a predetermined way, as ostensibly, children can only develop in one direction and must complete each stage before progressing to the next. The evolution of developmental psychology, as the principal set of truths about children and childhoods, had much significance for children, parents and child care professionals. For example, using Piaget's ages and stages theory, parents and professionals search for signs in children to indicate that they are developing in accordance with the relevant age stage.

Figure 3.2 Piaget's Model of Cognitive Development

| Adult | |
|---|--|
| Ages | Stages |
|  12-14 years 7-12 years 2-7 years 0-2 years | Formal Operative Concrete Operations Pre-operational (problems of egocentrism and conservation) Sensory-motor |
| Child | |
| Stages of Development | |

3.1.3 Socialisation Theory

In the study of children and childhood, sociology has much less of a tradition and somewhat less influence than developmental theories in shaping how the concept of childhood is researched and analysed. Nonetheless, Wyness (2006: 126) infers that as a key pillar of the dominant framework, sociology, through the theory of socialisation, has played a fundamental role in explaining the importance of family and other social agencies in determining children as “*becoming*”. James and Prout (1997:13) argue that “*developmentalism*” has been imported into socialisation theory from psychology. Much like Piaget is a principal figure in developmental theory, Durkheim is a chief architect of how socialisation theory is understood, analysed and critiqued. In fact, similar to developmental psychologists, Durkheim (1911) viewed children as incomplete social beings, seeing them as quite primitive, with the need to be almost inducted into society’s social structures through the instruments of socialisation. Durkheim (1911) believed morality and consensus were essential to the development of a successful society and therefore, containing and moulding children would be a key step in providing this level of societal consensus.

Durkheim (1911) believed children could be socialised in two key ways. Primarily, children were viewed as naturally repetitive and habit forming. As described by Durkheim (1982: 149) himself, the child is “... *an anarchist ignorant of the ruler yet soon becomes a traditionalist... stuck in his ways... habit forming*”. He believed that adults could therefore intervene and direct children’s behaviour. Furthermore, Durkheim (1982) believed children were very susceptible to the power of suggestion, thus providing opportunities for socialisers to shape children thoughts and direct them towards society’s behavioural boundaries and morals.

Durkheim (1982) did not view the family as the main socialising agent, believing parents to be too particular to provide children with a wider, more universal moral framework. He believed the teacher was the key professional authority figure through which to socialise children and integrate them into socially ordered society. These principles underpinned much of the theories of structural functionalism, the dominant sociological framework from the 1940s to the 1970s.

In the 1950s and 1960s, Talcott Parsons expanded on the work of Durkheim and contributed greatly to our understanding of socialisation theory. Akin to Durkheim, the key question for Parsons focused on how social order could be maintained. Parsons (1951) believed that the social system is made up of a series of ordered constraints on the individual, with

socialisation being a theory of how these constraints act on the individual. Parsons (1951) believed that, rather than socialisation being something natural in the adult/child relationship; it is imposed upon the child by the adult. As such, the adult world is imposed on the child (Thorne, 1993). Socialisation suggests a dependency based relationship between parents and children, and believes that parents, as powerful adult figures, take responsibility for instilling the social order onto their children. Children, therefore, are relatively powerless, relying on the actions of the adults closest to them in their world.

Elkin (1960) identifies the three key agencies of socialisation as:

- **The Family:** While Durkheim viewed the educator as the most important socialising agent in a child's life, Elkin, reflecting the thinking of most structural functionalists, identified the parent as the most influential socialiser. As mentioned Parsons (1951) believed the nuclear family to be the key agent in the socialisation of children. Parents are the first contact children have with the social structure and are also the key negotiator between children and their wider community.
- **The School:** Structural functionalists believe the school to be a key socialising factor for children and for socialisation to be effective, the family and school must work in partnership to assist the child in becoming a fully integrated adult member of society. Although working in partnership, the school plays a different role to parents in the socialisation project. The school firstly offers a formal structure of rules and also introduces adult figures, who relate to children in a more formal and professional manner. Finally, the learning is much more evident in the school with knowledge being transmitted via curriculums, timetables and exams.
- **The Peer Group:** As might be expected, the peer group contrasts with the other two agents of socialisation in a number of ways. The informal nature of peer friendships allows for the exploration of a wider range of subjects and also provides an experience of less authoritarian figures in their lives. Friendship also provides an avenue from which children can explore independence, as they have usually been dependent on adult authority figures.

In summary, this section has provided an outline of the dominant framework, which has been traditionally used to theorize and understand children and childhood primarily through the theories of developmentalism and socialisation. The remainder of this chapter presents a critique of developmental theories of childhood and outlines the emergence of the sociology of childhood as an alternative perspective through which to understand children and childhood. It is argued here that the traditional dominant framework has limitations in conceptualising and theorising foster care, and that utilising the sociology of childhood is beneficial in understanding foster care, and in particular, understanding and conceptualising the experiences of the birth children of foster carers.

3.2 A Critique of the Dominant Framework for Foster Care Service Delivery

Goodyer (2011),⁵⁶ referring to the UK context, argues that, despite the changing climate of legislation and policy development⁵⁷ which emphasises the importance of recognising children's rights, the over reliance on psychological models has led to missed opportunities to work together with children in foster care in a way that respects their human rights and possibly could achieve more successful outcomes for children in care. This emphasis indeed might contribute to failing to identify flaws in the foster care system where placement breakdowns are often attributed to inabilities of children to settle in a family, rather than analysing other possible influencing factors, such as children not being consulted about key decisions in their lives (Murphy and Jenkinson, 2012).

Goodyer (2011) summarises the four main critiques of the use of psychological development theories in child and family social work as being:

Lack of recognition of cultural variation in understanding childhoods: critics of developmental theories point out their failure to account for cultural variations in the construction of childhood. Developmental theories, such as attachment theory, have been critiqued for attempting to understand childhood in a universal manner, thus, failing to recognise diversity in different family structures (Penn, 2005). For example, in a critique of

⁵⁶ Goodyear (2011) conducted a qualitative research study in the UK which explored the experiences of 22 children in foster care aged between 9-17 years, with regard to their move to new foster homes.

⁵⁷ Goodyer's (2011) argument is equally relevant to the Irish Republic perspective considering the growth of legislative and regulatory instruments such as the *Child Care Act, 1991*, the *Children Act, 2000* and *Children First, 2011*, which were introduced for the protection and promotion of the welfare of children in Irish society.

attachment theory, Rogoff (2003) points out that in some cultures and family structures, carers, other than the mother, provide care to infants, while Mitchell (2000) also criticise the reluctance of some attachment theorists to recognise the ability of others, outside the mother figure, to provide maternal care. Devore and Schesslinger (1987) contend that although a child's need for nurturance is universal, this need may be met in a variety of ways depending on cultural and ethnic beliefs.

Development theories view children from a deficit perspective: Thomas (2002) maintains that the use of foundational development theories in social work leads to children in substitute care being viewed primarily from a deficit perspective. Therefore, 'looked after' children are seen as damaged and having very complicated needs. Winter (2006) summarises how this perspective can have adverse affects on the care provided to children in care, particularly in the protection of their rights. Firstly, development psychology identifies children as passive and does not recognise the contributions they could possibly make to decisions and issues that affect their daily lives and childhoods. Secondly, it focuses on children's deficits and fails to recognise their individual strengths, skills and abilities. Finally, developmental psychology is too focused on identifying children as adults in the making and therefore, fails to fully recognise the human and participatory rights of children. These arguments might similarly be applied to the birth children of foster carers who may be viewed as passive and without specific strengths and skills, therefore, leading to a lack of recognition by adults of their participatory rights especially in relation to matters which affect their lives and childhoods.

Criticisms of attachment theory: Hollway (2006) critiques the over reliance on maternal relationships in understanding child development and maintains that this is to the detriment of recognising the importance of other elements of a child's life, such as sibling relations, peer groups and genetic factors. Harris (1998) suggests that parents cannot be totally responsible for the development of children due to the influence of other factors, such as nature and community. For example, many studies have focused on the influence of peer groups in children engaging in criminal and anti-social behaviour (Gonzales, Cauce, Friedman and Mason, 1996). Further to this, Daniel et al. (2011) warn against the uncritical use of attachment theory for two key reasons. Firstly, attachment places the burden of responsibility for the development of children on mothers, thus possibly leading to cases of 'mother blaming'. Swift (1995: 97) states that "*in both popular and professional understanding, the mother's quality of attachment and by implication her quality of care are connected to her*

child's development all through life". This argument is worthy of further commentary as it may be linked to the broader concern of mother blaming and highlights the impact of gender processes in the wider foster care system.

Several writers such as Scourfield (2001, 2003, 2006); Scourfield and Coffey (2002); Daniel, Featherstone, Hooper and Scourfield (2005) and Connell (2009) have all commented on the influence of gender on the wider child protection system. Scourfield (2003) and Mulkeen (2012) argue that, where there are concerns about a child's safety, child protection professionals tend to concentrate on working with women, viewing them as primarily responsible for the welfare of children. Connell (2009) suggests that fathers in the child protection system tend to be ignored, whether they are seen as a risk or a resource. Moreover, Mulkeen (2012) contends that social workers tend to concentrate on working with mothers, viewing them as primarily responsible for the care of children even when fathers are present and want to be involved.

Gilligan (2000a) referring to the Irish context, contends that there is a marginalisation of men in the foster care system by foster care professionals and agencies. Meanwhile O' Hagan (1997) and Daniel and Taylor (1999) maintain that this neglect of men in the foster care system mirrors the marginalisation of men as fathers and clients in the wider client protection system as argued above. Cautley (1980) argues that foster mothers are identified by fostering professionals as playing the key role in the foster care system. However, other research highlights the contribution of foster fathers to the foster care task. An early study of foster carers by Fanshel (1966) recognises the important role played by fathers in caring for emotionally disturbed children. More recently Swan (1997) in her Canadian study, identified the important role played by foster fathers in helping foster children recover from sexual abuse. Despite this, McFadden (1996) claims that some professionals ignore the contribution made by fathers to the fostering task. This theme is explored further in Chapter 4 as some of the existing literature exploring the experiences of birth children reveals that they too often felt unrecognised and marginalised by fostering professionals. Although examining the contribution of foster fathers to the foster care system was not an identified objective of this study, during my interviews with the birth children of foster carers, all but one of the interviewees identified both of their parents as being involved in the fostering task, although many of the participants specified that their mothers performed the main care giving role in fostering as their fathers were often out working. This is discussed fully in Chapter 6.

The second reason given by Daniel et al., (2011) for cautioning against the uncritical use of attachments refers to the assumption that the traditional nuclear family is the optimal family structure for child rearing, a model which is a particularly Westernised view, whereas children in other cultures develop in family units other than that of the traditional nuclear family (Gambe, Gomes, Kapur, Rangel and Stubbs, 1992).

Failure to recognise other social factors: Winter (2006) argues that basing comprehensions of childhood purely from a developmental psychology perspective fails to take into account other social factors in a child's life such as, housing, educational opportunities and poverty. This can lead to viewing children's development from a limited perspective, hence, overlooking opportunities to effect important changes in children's lives and allowing children input into their own life choices. Burman (2008) argues that the challenge for contemporary psychology is to attempt to understand the impact of both biological and social factors in the development of individuals.

Despite the critiques of developmental psychology as a way of understanding childhood, Borland (1999) suggests it is important that the insights gained from this theoretical approach still be valued and recognised for its value in developing child care practice. It is important that developmental psychology in the future would not be rejected in some quarters, but would be refined in conjunction with other theoretical perspectives, in order to develop comprehensive and holistic child care policy and practice (Borland, 1999).

3. 3 The Development of the Sociology of Childhood

Goodyear (2011) proposes that sociological thinking on children has much to offer, both in developing new creative ways of thinking about childhood and also in meeting the needs of children in the care system. She further contends that sociological perspectives of childhood can benefit social work which has relied too much on developmental models to understand children in the context of delivery of care services. Ellingsun, Stephens and Storksén (2012: 427),⁵⁸ in their Norwegian study, suggest that listening to children's voices and recognising children as competent actors in their own lives has become recognised as important in social work practice and research. The sociology of childhood became recognised as a sub-theme of sociology in the mid 1990s following the introduction of James and Prout's book on the construction of childhood entitled *Constructing and Reconstructing Childhood* (1990).

⁵⁸Ellingsun et al., (2012) conducted interviews with 22 foster children, 15 birth parents and 21 foster parents in order to explore their perception of family in the context of the foster care system.

James and Prout (1990, 2010) identified six main beliefs underpinning the sociology of childhood perspective, namely that:

- Childhood is a social construction with culturally determined sets of expectations and roles;
- Childhood is not purely determined by biological factors and the onset of key stages in the life course of children;
- Childhood is an important social structure, thus placing importance on the study of children's lives;
- Children are autonomous and have the ability to make contributions to the development of their own lives. They are not simply passive followers of adult values and rules;
- Children are autonomous and should be afforded more political influence on issues and matters which influence their lives;
- Children should be included in research about their lives and key research methods, which allow children to voice their lived experiences, should be promoted.

The perspectives of James and Prout (1990, 1997, and 2010) were informed by concepts from the field of social constructionism, which critiques the theoretical framework of structural functionalism introduced by Talcott Parsons in the 1950s. Parsons (1951) viewed the nuclear family as a development in response to the needs of industrialised societies, with the family acting as provider of labour and also as the key mechanism in socialising children (Parsons and Smelser, 1956). Hojer (2007: 74), however, identifies a changing perception of children's roles in modern society:

This new perception of childhood looks upon children as active subjects and competent social agents, not just as passive receivers of care and attention. Thereby, focus has been set on the agency of children and young people, and their involvement in social interactions, both within a familial context and as a society as a whole.

Childhood has been perceived as a biological state of dependency with most children experiencing childhood as a time of protection and security (Mayall, 1984). However, not all children have such secure experiences, as their childhoods are influenced by social factors and the abilities of the adults in their lives to care for them (Mayall, 2002). Wyness (2006) refers to groups such as child carers, child abuse victims, young offenders and child soldiers

as examples of childhoods that deviate from the norm and argues that they challenge the Western understanding of childhood, as they highlight the ability of children to demonstrate autonomy, resilience and responsibility. Mayall (2002) identifies children as active members of society whose childhood experiences are influenced by class, generation, gender and ethnicity.

Drawing on the sociology of childhood perspective, Borland (1999:9) argues that:

Adults do children a disservice by organising and controlling their lives from an adult point of view, rather than seeking to understand and being guided by children's own perspectives. As a consequence, it is argued adults fail to recognise children's capability, diversity and the ways in which they actively shape their lives. Instead they are depicted as developing along predetermined pathways, passively responding to life events, a view which misrepresents the significant contributions children make in life and implies that childhood's only value is as a preparation for adulthood.

Within the sociology of childhood paradigm, childhood is believed to be shaped by economic, political and cultural conditions. The shaping of childhood greatly influences the daily lives of children, however, this new sociological thinking asserts that this is no longer a one way process as '*childhood not only shapes children's experiences, but children also shape the nature of the childhood that they experience*' (James and James, 2004 : 30).

Mayall (2002) identifies three main types of sociology of childhood. The first is the sociology of childhood which seeks to understand the lived experiences of children. Second, is the deconstructive sociology of childhood that argues that discussions of childhood facilitate an understanding of children as locally defined. The final type is the structural sociology of childhood where children are identified as a social group with beliefs, rights and autonomy.

Goodyear (2011) argues that children in foster care experience distinctive and alternative childhoods. Consequently, the sociology of childhood provides a valuable lens through which to explore the foster care world as it focuses on the lived experiences of children, recognises children as a social group with rights and, also provides a valuable alternative to the developmental theories of childhood. The sociology of childhood facilitates a comprehension of children as locally defined, which is particularly useful in understanding the experiences of specific groups of children and their childhoods, such as the birth children of foster carers, as opposed to traditional dominant frameworks which identify childhood as a universal phenomenon. Using the sociology of childhood as the theoretical stance in this study, allows

a focus on birth children's lived experiences and recognises them as a social group with rights, who make an important contribution to the foster care system. Research into the lived experiences and local perspectives of the birth children of foster carers facilitates practice and research, which is child focused and informed by the reality of children's experiences.

3. 4 The Sociology of Childhood as an Emergent Paradigm

James and Prout (2010) identify the sociology of childhood as an emerging rather than a complete approach to the study of childhood. They contend that the sociology of childhood attempts to give a voice to children so they can be studied in their own right, and not just as recipients of adult teaching. The emergence of the sociology of childhood can be traced to two key intellectual developments (James and Prout, 2010).

Firstly, the 1960s onwards saw a continuing recognition of the contingency of childhood, when research began to present perspectives of childhood which contrasted to the Westernised view of childhood as a period of extended dependency. In 1962 Phillippe Aries's influential study on the topic of childhood '*Centuries of Childhood: A Social History of Family Life*' was published in English. This publication has become the orientation from which much debate has taken place on whether the notion of childhood was an invention of the modern age (Wells, 2009). The introduction of Aries's study proved instrumental in the examination of the concepts related to childhood and, also marked the starting point from which childhood was viewed as a social construction formed by "*the complex interweaving of social structures, political and economic institutions, beliefs, cultural mores, laws, policies and the everyday actions of both adults and children*" (James and James, 2004: 13).

The second key development significant to the emergence of the sociology of childhood was the advancement of interpretative perspectives, such as symbolic interactionism and social phenomenology, which prompted a re-evaluation of the "*under-theorised role of children themselves in the socialisation process*" (James and Prout, 2010: 15).

As mentioned previously, developmental theories have provided the dominant voice in explaining children's natures and, in turn, the naturalness of childhood (James and Prout, 1997). Technological methods of knowledge gathering, such as psychometric testing, psychological experimentation and longitudinal surveys have all been used in the study of children and thus, have influenced our knowledge and ways of thinking about children. Boyden (1997) argues that this research approach has led Westernised conceptions of

childhood, and, consequently, has masked the fact that the institution of childhood is a social construction. Therefore, psychological explanations of child development, which became particularly prevalent in the early twentieth century, have dominated the study of childhood. This psychological orientation in research was further supported in a practical sense by psychologically informed child rearing practice, thereby bridging the gap between theory and practice (Burman, 2008). An example of this can be witnessed in observing the dominance of attachment theories in relation to discourses around parenting and child rearing practices, particularly in relation to the role of mothers. As suggested by Burman (2008: 132):

Significantly it is knowledge of child development that is held to provide the resources for mothers to know what lies ahead. The dutiful, attentive mother provides a secure environment in which the child learns the control and regulation of emotions. But separation, lack of bonding or emotional disturbance on the part of the mother would give rise to criminality and pathology.

Over recent decades, different movements have questioned the reliability of a purely psychologically dominated account of childhood. In fact, in the 1990s, much of this debate has been instigated in the field of sociology in an effort to reconstitute the sociology of childhood. The next section will analyse the use of the sociology of childhood framework in the study of foster care and, in particular, in understanding the experiences of the birth children of foster carers.

3.5 Foster Care and the Sociology of Childhood

The new sociological thinking of children has much to offer in developing new creative ways of thinking about childhood and in meeting the needs of children in the care system (Borland, 1999; Goodyer, 2011). Over the last couple of decades, a range of literature and research has emerged (Stainton Rogers and Stainton Rogers, 1992; Jenks, 1996; James, Jenks and Prout, 1998), which explicitly challenges the ‘developmentalism’ imported into socialization theory from psychology (James and Prout, 1997: 13). Goodyer (2011) contends that sociological perspectives of childhood can benefit social work, which has relied too much on developmental models, to understand children in the delivery of care services for children and families.

As stated already, children in foster care experience distinctive and alternative childhoods. The sociology of childhood perspective therefore provides a valuable framework through which to explore the foster care world, as it focuses on the lived experiences of children, recognises children as a social group with rights and, also, provides a valuable alternative to

the developmental theories of childhood. For example, Borland (1999) suggests that in the same way psychologists are refining developmental theories of childhood, foster carers and foster children are well located to influence the use of these concepts and theories in the development of foster care policy and practice, to ensure they reflect children's lived experiences. This argument can also be transferred to the birth children of foster carers who play an integral role in the foster care system (Swan, 2002). Moving forward, foster carers, foster carers own children and foster children can promote practice and research which advocates hearing the voice of the child in a bid to record the reality of their lives. This can be promoted through placing a focus on recognising the rights of children.

3.6 The Influence of the Sociology of Childhood and Children's Rights Movements on Irish Child Care Policy

The children's rights perspective has close links with the sociology of childhood standpoint. Both perspectives share two common beliefs, the first being that children and adults are different and adults cannot always be relied upon to meet the interests of children. Both perspectives also recognise children as active participants in society and argue that adults often underestimate the abilities of children.

As pointed out by Burman (2008: 299):

While developmental psychology makes claims for children's needs, childhood studies typically talk in terms of children's rights. The latter stands as a useful corrective to and commentary upon psychological models, challenging the naturalisation and abstraction of children and notions of childhood by emphasising children's active engagement in and transformation of social practices.

A watershed development in the recognition of children's rights was the introduction of the *UN Convention on the Rights of the Child*. The *UN Convention on the Rights of the Child* was first adopted by the United Nations General Assembly in 1989 and is a comprehensive, internationally binding agreement on the rights of children. This Convention was entered into international law on 2nd September 1990 and is based on four key principles:

- (A) all the rights guaranteed by the Convention must be available to all children without discrimination of any kind (Article 2);
- (B) the best interests of the child must be a primary consideration in all actions concerning children (Article 3);
- (C) every child has the right to life, survival and development (Article 6);

(D) children's views must be considered and taken into account in all matters affecting him or her (Article 12). For example, those in power should consult with children before making decisions that affect them

(Children's Rights Alliance, 2013)

3.6.1 The Republic of Ireland and the UN Convention on the Rights of the Child

The Republic of Ireland signed up to the UN *Convention on the Rights of the Child* on the 30th September 1990 and ratified it into Irish Law on the 28th September 1992. Hayes (2002: 77) suggests that the ratification of the *UN Convention on the Rights of the Child, 1989* by the Republic of Ireland marked the first step towards a rights based approach to child care policy. The Convention outlines children's rights to development through education, health care and a caring environment.

The ratification of the *UN Convention on the Rights of the Child, 1989* has greatly influenced the development of some practices and policies in responding to issues or concerns relevant to children in Ireland. For instance, one of the key recommendations following the UN committee assessment of the adoption of the convention in the Republic of Ireland, was that a national children's strategy be developed in order to integrate the principles of the convention into Irish policy. In line with this recommendation, the Republic of Ireland introduced its first National Children's Strategy in 2000.

The first National Children's Strategy was introduced by the Irish government following extensive consultation with children and young people.⁵⁹ The ten year strategy entitled *Our Children-Their Lives* is founded on three overarching principles, namely, children will have a voice, children's lives will be better understood and children will receive quality supports and services. A key aim of the strategy was to ensure it was cross cutting in terms of policy development, as traditionally a lack of co-ordination between relevant departments impacted upon the development of policies related to children in the Republic of Ireland. In order to

⁵⁹The development of the National Children's Strategy included consultation with government departments, non-governmental organisations e.g. Barnardos, Irish Society for Prevention for Cruelty to Children, National Youth Council and over 2,500 children and young people.

promote this co-ordination, a number of structures were introduced at political, governmental and local level.⁶⁰ A key development that has arisen from the National Children's Strategy has been the appointment of an Ombudsman for Children following recommendations from the UN Committee. The first Ombudsman for Children⁶¹ Emily Logan, was appointed in December 2003, following a selection process which included input from children and young people.

Another development in the Republic of Ireland, which has highlighted the increasing importance being placed on recognising the rights and agency of children, has been the holding of the Children's Rights Referendum in November 2012. The 31st constitutional amendment (subject to legal challenges) allows for the strengthening of the constitutional rights of children which were previously referred to in relation to the rights of their family. The government proposed the introduction of a new Article 42a into the Irish constitution which, for the first time in the history of the Irish state, provided Irish children with legal equality regardless of the status of their parents:

The State recognises and affirms the natural and imprescriptible rights of all children and shall, as far as practicable, by its laws protect and vindicate those rights.

During the referendum debate the majority of children's agencies called for the amendment to be enacted, believing it would allow for a wider interpretation of children's rights in the

⁶⁰The responsibility for implementation of the National Children's Strategy rests with the Minister for Children and Youth affairs, while a new body entitled the National Children's Advisory Group was set up to oversee the implementation of the strategy. Furthermore, another agency, the National Children's Office was established to administrate and monitor the implementation of the strategy across the relevant governmental departments. The implementation of the National Strategy at local level was undertaken by City and County Development Boards (CDBs) which took responsibility for the representation of children at local level. Consultation and the involvement of children in this process was facilitated by the establishment of Children's councils (Comhairle na nÓg), which fed into the County Development Boards. The CDBs are also linked into the national structures which provide representation and consultation for and with children, such as Dáil na nÓg. Dáil na nÓg is the National Youth Parliament of Ireland. It gives young people in Ireland the opportunity to represent the views of those under the voting age of 18 at a national level and to call for changes to improve the lives of young people in Ireland.

⁶¹The Ombudsman for Children's Office (OCO) is in place to make sure that the government, and other people who make decisions about young people, really consider what is best for young people. The duties of the OCO are set out under the Ombudsman for Children Act 2002. The main areas of work of the OCO relate to the independent management of complaints in relation to matters concerning children, research and policy reviews on matters that concern the interest of children and young people (See www.oco.ie).

Republic of Ireland, while also identifying gaps in Irish law where children's rights and best interests were not served by the Irish Constitution, as discussed in Chapter 2.

Although most statutory and non statutory agencies were supportive of the amendment, opponents to the referendum, such as the Iona Institute,⁶² suggested that the constitutional change would lead to a dilution of parental rights and lead to the state holding too much power to intervene in families. However, it remains to be seen in the coming years how this constitutional amendment, if upheld, will be interpreted in relation to Irish family and child care law.

3.6.2 The Influence of the Sociology of Childhood and Children's Rights Movements on Child Care Legislation and Policy in the Republic of Ireland

The fundamental principles of the *UN Convention on the Rights of the Child, 1989* underpin current legislation dedicated to the safety and protection of children in the Republic of Ireland, namely the *Child Care Act, 1991* and the *Children Act, 2000*⁶³. The principles of the Convention can also be traced through the current standards and regulations used to monitor the alternative care and foster care system, the *Child Care (Placement of children in Foster Care) Regulations, 1995*, the *Child Care (Placement of children with Relatives) Regulations, 1995*, the *National Standards for Foster Care, 2003* and *Children First: National Guidance for the Protection and Welfare of Children, 2011*.

Contemporary Irish child care legislation and policy development have attempted to follow the principles set out by the *UN Convention on the Rights of the Child, 1989* and recognise that children's ability for self-determination and decision making as they increase in age. Therefore, the legislation attempts to strike a balance between a child's right to be autonomous in their lives, while affording adults enough power to control and protect children. It is important to point out that in order for major policy change to take place, a paradigm shift must also occur. Healy and Reynolds (1999) identify a paradigm as a framework from which analysis, decisions and actions flow and, without a paradigm shift, assumptions and values will remain unchanged. Hayes (2002) argues that in Irish Republic there has been somewhat of a shift away from a reactive welfare paradigm in childcare policy

⁶²The Iona Institute is a Catholic based organisation which promotes religion and families based on marriage in Irish society (See www.ionainstitute.ie)

⁶³The *Children Act, 2001* is the main legislation covering and the criminal justice system. It focuses on preventing criminal behaviour, diversion from the criminal justice system and rehabilitation (See www.dcyh.gov.ie)

towards a pro-active rights based approach. This has seen a paradigm shift away from the traditional values of Irish society led by more conservative Catholic views (as referred to in Chapter 2) and outlined in the Irish Constitution, which believed that children's interests were best protected by parents and key adult figures in their lives. The development of this paradigm shift in Irish child policy has been influenced by three key factors (Hayes, 2002). Firstly, in the Republic of Ireland the paradigm shift towards emphasising the rights of children has been very much influenced by high profile child abuse cases and the revelations about institutional abuse. This is evidenced by the media and public outcry, following the Kilkenny incest case⁶⁴ in 1993, which as stated previously, led to pressure being placed on politicians and policy makers to fully implement the *Child Care Act, 1991*. Subsequently, Irish society became more publicly aware that all its children were not necessarily being cared for and protected by the responsible adults in their lives. The *Child Care Act, 1991* has acted as an important intervention in developing child care legislation and policy, from a reactive crisis approach to a broader welfare approach, which promoted policies for early intervention and recognition of prioritising children's needs in family law and child welfare cases.

Secondly, the growth in awareness of other social issues, such as gender equality and the impact of the Women's Movement in the Republic of Ireland, has helped draw greater attention to the issue of equality amongst people in general. This has helped enhance the debate and discourse within Irish society with respect to recognising children's rights to participation and consultation. Ultimately, a shift towards a children's rights approach to policy and practice has also been influenced by European directives and recommendations (Hayes, 2002).

⁶⁴As referred to previously, the Kilkenny Incest Case was a high profile case which revealed the abuse and rape of a young girl by her father from 1976 until 1991. Following the revelation of the case, a landmark report was produced by Justice Catherine McGuinness in which she blamed, in part, the Irish Constitution and legislative system for not protecting the young girl. She declared that "*the very high emphasis on the rights of the family in the Constitution may consciously, or unconsciously, be interpreted as giving a higher value to the rights of parents than to the rights of children*" (McGuinness, 1993: 52). She went on to recommend the amendment of the Constitution to include "*a specific and overt declaration of the rights of born children*" (Quinn, 2008: 14). The public outcry following this case and further child abuse cases, such as the Kelly Fitzgerald case in 1993 caused Irish society to do a lot of soul searching in relation to how it treats and cares for its children, as traditional values seemed to be in some way to blame for people not intervening and protecting vulnerable children.

Finally, there has been increased recognition of the importance of developing policies which promote children's rights. Participation and the promotion of children's rights has become an emerging practice in the alternative care system which is evidenced by the introduction of the Ombudsman Office for Children and the Irish Association of Young People in Care (IAYPIC), an organisation that promotes the rights of children who live or have lived in state care in Ireland. The *Child Care (Placement of Children in Foster Care) Regulations, 1995* and the *Child Care (Placement of Children with Relatives) Regulations, 1995* demonstrate evidence of promoting children's rights in various regulations laid out to guide and shape good foster care practice. For example, Section 11(2) of the Regulations, states that, in the drawing up a care plan⁶⁵ for the foster child, the foster child should be included and consulted (*Child Care (Placement of Children in Foster) Regulations, 1995, Part IV Article 18*).

The practice of promoting consultation with children in foster care can also be seen in the regulation which governs the review of cases:

Where a health board initiates a review of the case of a child in foster care, the board shall inform the foster parents and, in so far as is practicable, the child and every person who, in law, is a guardian of the child and afford them an opportunity to be heard in person on the review or otherwise to be consulted in relation to the review.

(Child Care {Placement of Children in Foster Care} Regulations, 1995, Part III Article 3)

Considering the topic under investigation in this study, it is noteworthy that the birth children of foster carers are not afforded the same right to consultation in review cases, despite the fact that decisions made at these reviews can impact greatly upon their daily lives.

The emphasis on recognising the agency of children in foster care and promoting the practice of hearing their voices in relation to plans for their care, can also be seen in the *National Standards for Foster Care, 2003* which, under Standard 3, outlines the importance of professionals and carers respecting children in foster care having the right to dignity, privacy and choice:

⁶⁵ A care plan is an agreed written plan, drawn up by the Child and Family Social Worker, in accordance with the *Child Care (Placement of Children in Foster Care) Regulations 1995 (Part III, Article 11)* and *Child Care (Placement of Children with Relatives) Regulations 1995 (Part III, Article 11)*, in consultation with the child, his or her family and all those involved with his or her care, for the current and future care of the child, that is designed to meet his or her needs. It establishes short, medium and long term goals for the child and identifies the services required to attain these (National Standards for Foster Care, 2003).

Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.

(National Standards for Foster Care, 2003, Standard 3:13)

Under Standard 3.7 relevant adults are directed to ensure foster children are included in decision making regarding their lives:

Children are consulted and heard in all decisions about their care and their views are given due weight in accordance with their age, stage of development and individual needs.

(National Standards for Foster Care, 2003, Standard 3(7):13)

Again it is relevant that in the standards above, the birth children of foster carers are not afforded the same right to consultation and inclusion in decision making on fostering issues which affect their lives. As can be seen from the outline of the developments above, there is little doubt that promotion of children's rights in the Republic of Ireland has witnessed advancement over the past decade or so, with continued emphasis being placed on the importance of consulting with children and providing them with opportunities to express their views and opinions.

In conjunction with the increased focus on including children's voices in policy and practice development, there is also evidence of research in the Republic of Ireland which has placed strong emphasis on including the perspectives of children and young people. An example of this is the *Listen to our Voices: Hearing Children and Young People living in the Care of the State* report⁶⁶ published in 2011. In the Report of the Commission to Inquire into Child Abuse (2009), Justice Ryan identified the importance of children in care being able to express their views and communicate without fear. In response, the Government's Implementation Plan

⁶⁶This report was authored by Orla McEvoy and Dr. Martine Smith and included a nationwide consultation process with 211 children and young people living in state care. The sample of young people included those living in foster care, residential care, children seeking asylum, children with disabilities and young people detained in detention schools (Department of Children and Youth Affairs, 2011). A key recommendation arising from the study was the request by young people in care that Social Workers have more manageable caseloads so they have more time to engage with young people on their caseload. Interestingly, this issue was highlighted by the birth children of foster carers interviewed in this study and is discussed further in Chapters 6 and 7.

directed the Department of Children and Youth Affairs (formerly the Office of the Minister for Children and Youth Affairs) to conduct a consultation process with children in the care of the State and to publishing the findings. A total of 211 children and young people who live in the care of the State participated in the research (Department of Children and Youth Affairs, 2011: v)

3.7 Limitations of the impact of the Children's Rights Movement

Despite advancements in the recognition of children's rights, some commentators remain unconvinced of the true respect being afforded to children's rights, particularly as many children are strongly dependent on adults to exercise their rights and voice their opinions (Kilkelly, 2007). Borland (1999) referring to the UK context suggests that in most cases adults still hold the power to control a child's opportunities, with this being particularly evident in the public child care systems. Prout (2002: p.x) argues that:

When it comes to the representation or inclusion of children per se in wider decision making, initiatives have remained local, scattered, ad hoc, fragile and experimental

This is an accusation that could also be directed at the Irish Republic's child care system. An example of this can be seen under the *Child Care Act, 1991* in relation to the provision of after care services for children leaving the care system as services and support can be inconsistent and ad hoc in different areas of the country (Daly, 2012). In fact Goodyear (2011) contends that much of the participation literature regarding children suggests that children's participation in decision making is patchy and haphazard. Prout (2002) argues that the lack of decision making by children in public sector care reflects the failure of adults to recognise the abilities of children.

Frequently children's views are not sought.... The refusal to accept children and young people as competent witnesses to their own lives has confined them to a state of impotency, at the mercy of adults, some of whom, as history teaches us, cannot be relied upon.

(Hill, Davis, Prout and Tisdall, 2004: 84)

It has been suggested that the protection and participation rights of children have not been fully enacted (Goodyear, 2011) and that due to the participation rights of children not being respected, they have become a minority group who rely on adult support to ensure their rights are upheld (Mayall, 1996). An illustration of this argument is demonstrated by the continuous

delays that occurred prior to the holding of the Children's Rights Referendum in the Republic of Ireland, which was promised for five years previously.

Focusing more specifically on foster care, Borland, Laybourn, Hill and Brown (1998), in their study of Foster Carers in the UK, found that carers adopted more of a protectionist stance and had reservations about the introduction of individual rights for children. Foster carers agreed that all children are entitled to care and protection but felt that affording individual rights to children may not be the best way to provide this care and protection. Carers felt the best manner to protect children was to place responsibility on adults to do this and to avoid confrontational situations where children fight to have their rights respected. Foster carers also foresaw dangers of giving children too much input in decisions related to their life, and felt that adopting a rights approach for children complicated a child's right to be a child and adults ability to control children (Borland et al., 1998).

This raises questions in relation to foster children truly having a voice in decisions concerning them, if they are dependent upon adults who believe it best that they make decisions they deem to be in the best interest of the child. This also invokes questions in relation to the protection of the rights of the biological children of foster carers, who are dependent upon their parents in having their rights and opinions exercised and voiced. Furthermore while the rights of foster children are clearly identified in foster care regulations, the rights of birth children are not clearly identified and are couched within the rights afforded to foster parents. This could be seen to raise an issue within the foster care system, in that the birth children of foster carers are not given a voice in relation to matters and decisions that affect their lives and childhoods.

Referring to the context in the Republic of Ireland, some commentators have also remained unconvinced about whether children's rights are being fully recognised in Irish legislative policy development and practice, despite some of the advancements that have taken place. Hayes (2002: 74)⁶⁷ advises that a rights based approach is more than a focus on the rights of individual children, but rather is an approach that affords the opportunity for children to be identified as a unit of society with collective rights. With this in mind, Hayes (2002) argues that despite the ratification of the *UN Convention on the Rights of the Child, 1989*, unlike in other countries, there has been a lack of debate in the Republic of Ireland in relation to

⁶⁷Noirin Hayes is an Irish academic who has written extensively on the areas of early childhood education and children's rights in Ireland. She is also a founder member and former chair of the Children's Rights Alliance.

balancing the relationship between children's rights, social policy and service provision. The Children's Rights Alliance (2006) points out that, despite the economic boom that was experienced by Ireland in the Celtic Tiger Years,⁶⁸ the Irish Government failed to respect the rights of certain sections of children in Irish society, such as child carers, children living in state care, those children living in poverty, children with disabilities or autism who do not have access to appropriate education, and children living in unsuitable accommodation due to the long waiting lists for social housing.

With respect to the Foster Care system in the Republic of Ireland, despite developments in regulations and policies, the Children's Rights Alliance (2006) has outlined difficulties which may impact on the quality of care and consultation being afforded to the children in the system. These difficulties include an absence of a compulsory training period for carers, the absence of a compulsory periodic review of carers, the need for relative carers to receive the equivalent training to other foster carers and the lack of anti-racism and cultural awareness training for families fostering traveller or migrant children (Children's Rights Alliance, 2006).

Ursula Kilkelly (2006)⁶⁹ questions whether the modern Irish legal framework protects and promotes the rights of young people, and refers to young people in conflict with the law as an example whereby the youth justice system, in some elements, fails to promote the rights of certain groups of children. Furthermore, in her research study of the barriers to realisation of children's rights in the Republic of Ireland, Kilkelly (2007: 19) argues that:

....certain groups of children are particularly vulnerable insofar as they suffer multiple breaches of their rights, and face multiple barriers in the enjoyment of these rights. In addition, they are particularly marginalised and voiceless in seeking to have those rights vindicated.

Kilkelly (2007) identifies children in foster care as one of the vulnerable groups referred to above and states that, despite developments in the foster care system, children in foster care suffer from multiple breaches of their rights. For example, even before moving to state care, children have already had multiple breaches of their rights including a "lack of family

⁶⁸ The Celtic Tiger is a term used to describe the economy of the Republic of Ireland during a period of rapid economic growth between 1995 and 2007.

⁶⁹ Ursula Kilkelly is an Irish academic and International children's rights scholar who has studied the application of children rights to legislation and policy in the Republic of Ireland.

support, possible abuse and/or lack of appropriate care, and poor health and educational achievement” (Kilkelly, 2007: 21). Referring more specifically to foster care, Kilkelly (2007) argues that children in foster care are also vulnerable to not having their rights protected, due to a lack of services and support for relevant foster carers. The need for support for foster carers in relation to accessing counselling, mental health services and out of hours social work support are specified in relation to this matter. This is an issue that, again, can be transferred to the rights of the biological children, as a lack of these supports will undoubtedly also impact upon their lives. Kilkelly (2007) also raises concerns around how limitations of resources impact upon the effective monitoring of foster care placements which, once again, may not only affect the care of foster children but also the lives of the birth children of foster carers.

Marshall (1997) identifies two major hurdles which impinge on children’s rights to express their opinions and for these to be given due consideration. The first being, that children’s participation is based on someone’s judgement on whether the child is mature enough to make a choice or informed view. However, there is a lack of clarity on who should judge the ability of children to make decisions. Borland (1999) contends that it is unrealistic that professionals, such as psychologists who may not have full knowledge of children, are involved in making life changing decisions for children in care. Therefore, foster carers who often have the most holistic relationship with the foster child should be encouraged to work with children to help them develop skills to express their views.

This viewpoint is shared by Murphy and Jenkinson (2012: 243), when speaking about the importance of consulting with children in the Irish Republic’s foster care system, they argue that *“all too often care plans are created “for” young people or delivered “to” young people by well intentioned but under resourced social work departments”*. They argue the importance of developing care plans with young people in care which, while not requiring additional resources, could maximise positive outcomes for young people in foster care. Furthermore, Gilligan (2000b) maintains that it is important to include young people in care, with regard to social work interventions, as their experiences can only be truly understood through their own narrative and thus, must be at the core of decision making with regard to their lives. As argued by Payne (2005: 59), *“service users often have the best knowledge and understanding about their circumstances and objectives, which should therefore be followed”*.

This argument might also apply to the birth children of foster carers, who often build strong relationships with foster children and take responsibility for the care of foster children in their families (Irwin, 2009). Although it is important to recognise that foster carers are the primary carers for foster children, it could be argued that providing opportunities, where appropriate, for birth children to express opinions with regard to their foster siblings could be beneficial, particularly as their own life situations are frequently influenced greatly by the foster care process. Moreover, they often play a significant role in caring for foster children in their home, thus, they hold a unique perspective on the needs and issues affecting foster children. For example, this might be achieved quite practically by inserting a section in care plan review forms where birth children of foster carers might contribute if they so wish. This development would be in line with a key principle of *Children First, 2011*, which states:

Children have a right to be heard, listened to and taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions that may affect their lives.

(Department of Children and Youth Affairs, 2011b: 4)

The second hurdle to children's rights to express their opinion as identified by Marshall (1997) occurs in relation to decision making in the lives of children in the care system. The people in the care system who usually make these decisions are social workers. The decisions made by social workers are aimed at being in the best interests of the child and also must include the opinions of several parties involved in a child's case, including other professionals who are sometimes at odds with the wishes of children and also carers. Borland (1999) believes in such cases, it is important that foster carers are afforded the right to represent the child's view and challenge the professional authority of the social worker, or other relevant professionals, in spite of the tensions it may give rise to. As discussed earlier, child care systems have been founded on needs based psychological frameworks, rather than rights based frameworks, therefore, foster carers have been encouraged traditionally to refer to psychological theories to decide the best ways to meet children's needs.

Borland (1999) suggests, however, that the two perspectives need not be in conflict and indeed must both be taken into consideration in providing the best quality foster care service to children in out of home care. Goodyer (2011: 46) further warns that, without the application of new perspectives such as rights based frameworks and sociological concepts of childhood, the foster care system will fail to address the flaws in its own service delivery model.

Positioning children as members of society with rights is particularly pertinent for looked after children, since they may lack other sources of advocacy. There is a tension emerging between the use of a deficit model for understanding children's behaviour and the increasing awareness of the participatory rights of looked after children. Understandings that largely contribute to poor performance by looked after children to earlier damage from birth parents may serve to maintain the current system. It protects both social workers and foster carers from culpability in the delivery of a service that may fail to meet the needs of children as recipient service users.

Again, this argument can be applied to birth children of foster carers who, through spending time with a foster child, may have valuable insights which might benefit the care of foster children. As suggested above, taking practical steps to gather the respective views of the birth children of foster carers, foster carers and foster children, as well as that of professionals, may provide a more thorough assessment of individual cases and ensure the Irish foster care system meets the developmental and rights based needs of all key stakeholders.

3.8 Conclusion

This analysis of the theoretical frameworks underpinning the notion of childhood and the foster care system provides an important insight into how childhood is viewed and policies determined. It also provides an overview of the evolving debates, which have taken and continue to take place, in relation to the key theoretical principles underpinning the foster care system in Irish society. It is argued here that traditionally, developmental theories have dominated policy development and practice in the area of child welfare and foster care in particular. Although developmental theories play an important role in the foster care system, it is argued that the inclusion of the sociology of childhood and children's rights model offers a valuable contribution to ensuring the total needs of children in foster care are met.

Furthermore, while policy and practice developments have led to a greater recognition of the importance of respecting the rights of children in foster care and developing policies and practices in consulting with them, questions might be raised as to whether these rights and opportunities have been fully afforded to the birth children in foster families. This in turn suggests that the voice of foster carers own children are not being heard, which is significant since it has been documented that birth children in foster families play an important part in the foster care task (Martin, 1993; Hojer, 2007; Sutton and Stack, 2013). Taking this issue into consideration the next chapter will examine the existing national and international literature which documents the experiences of the biological children of foster carer

Chapter 4

The Biological Children of Foster Families: A Review of the Literature

4.0 Introduction

The following chapter reviews research and literature published on the experiences of the biological children of foster carers. It has been noted previously that limited research has been completed on this topic (Cline, 2005; Walsh and Campbell, 2010; Sutton and Stack, 2013; Hojer, Sebba and Luke, 2013) in comparison to that on the topic of fostering itself (Spears and Cross, 2003; Sutton and Stack, 2013).

The initial literature that captures the experiences of the birth children of foster carers can be traced to the early 1970s with the works of Ellis (1972) and Wilkes (1974). However, their research was from the perspective of the foster carers exploring their views of the impact on the lives of their children. More comprehensive research studies emerged in the 1990s and 2000s which explored the perspectives of the biological children. Many researchers in this area such as Part (1993), Pugh (1996), Watson and Jones (2002) and Irwin (2005, 2012) have close personal or professional links to the foster care system as they are either foster carers themselves or work professionally in the delivery of foster care services, thus taking an insider perspective. The growth in research directly involving the biological children of foster carers over the past twenty years can be traced to increased recognition of their contribution to the success of foster care placements and prevention of foster care placement breakdown (Thompson and McPherson, 2011; Nuske, 2004; Kaplan, 1988; Berridge and Cleaver, 1987)⁷⁰.

This chapter identifies some of the key themes and issues that have emerged in previous research studies on this topic. Based on the key themes presented by Nuske (2004), and also found in other international literature the key issues and debates are organised under the following themes: Sharing and Loss, Shouting and Keeping Quiet, Being Independent and Belonging, Caring and Resenting, Being Responsible and Escaping and Having Stability and Living with Change. The theme ‘Family Dynamics and Relationships’ identified in several

⁷⁰ The messages from research in relation to the connection between foster carers own children and foster care placement breakdown are somewhat mixed. There is some evidence of increased foster care placement breakdown if foster carers have their own children (Cautley, 1987; Berridge and Cleaver, 1987; Quinton, Rushton, Dance and Mayes, 1998; Kalland and Sinkkonen, 2001), however contradictory findings also indicate that foster carers own children play an important role in stabilising foster care placements (Farmer, Moyes and Lipscomb, 2004; Sinclair, Wilson and Gibbs, 2005).

studies (Twigg, 1994; Swan, 2000; Heidebuurt, 2004; Twigg and Swan, 2007) will also be discussed.

4.1 Sharing and Loss

As highlighted by Nuske (2004: 8):

Issues related to loss have been well documented within foster care literature, with a general agreement that children of foster carers experience significant losses as a result of living in a foster home.

The theme of loss in the study of foster carers' own children arises in a number of different contexts. Firstly, loss of parental time and attention has been well documented. Part (1993), in her Scottish survey of 75 biological children of foster carers, found loss of parental time and attention to be a central issue reported by respondents. For participants this was the worst aspect of their families fostering and was mainly related to foster children receiving too much attention because of their difficult behaviour. The loss of parental time and attention also arose quite strongly in Watson and Jones's (2002) UK survey of 122 birth children of foster carers. Unlike the specificity of Part's finding, Watson and Jones's participants reported a more general loss of attention from parents as well as their foster siblings receiving more attention. They found it difficult to understand why foster children had so many supporting adults in their lives such as social workers and support workers to talk to and bring them out to places, while as the biological children of foster carers, they felt that nobody supported them or brought them out to nice places.

Closely linked to the topic of loss of parental time was the issue of sharing and this was demonstrated clearly in Pugh's (1996) UK study, where she interviewed nine children of foster carers and four foster carers. Children in the study closely linked loss of parental time with a sense of having to share their parents and feeling in some cases resentful about this. However, this loss of parental time was balanced with protective feelings towards their foster siblings.

Aside from the sharing of parental time, the sharing of space and possessions is another challenge that had been identified by the biological children of foster carers leading to resentment (Part, 1993; Pugh, 1996). Some respondents in Part's (1993) study stressed feeling upset about having to share their bedroom as this impinged on their privacy and led to a loss of personal space. Frustrations also arose for some respondents with having their possessions or toys broken or stolen. More recent studies have identified other challenges for

biological children in foster families. Nuske (2004) in her Australian study interviewed 22 birth children of foster carers aged between nine and 30 years, and found that sharing family activities and friendships was a challenging aspect of fostering for some birth children. Younes and Harp (2007) in their study of US foster families, also found that fostering had impacted upon birth children's peer relationships. In Younes and Harp's (2007) study, which included interviews with 10 foster parents and their birth children who were interviewed separately, some children stated that they spent less time with peers due to their wish to help out at home with foster children. Others had arguments with peers due to teasing about their families fostering, while others received less visits from friends once their families began fostering.

Returning to the broader theme of loss, the issue of separation and feelings of loss, when foster children move onto other placements, features throughout most studies exploring the experiences of foster carers own children (Watson and Jones, 2002; Spears and Cross, 2003; Hojer, 2004, 2007). The concepts of separation and loss are often associated with children moving through the care system and facing repeated separations from parents, family, friends and communities (Fahlberg, 1994; Daniel et al., 2011). Rutter (1981) identifies the term separation as referring to the physical loss of a mother figure but not necessarily the loss of mothering which might be provided by someone else. Drawing from this, Bourguignon and Watson (1987) recognise loss as the emotional state experienced by an individual when someone/something of significance is withdrawn. Separation, therefore, whether temporary or permanent, induces a sense of loss and grief. Speaking within the context of attachment theory, Fahlberg (1994) explains that loss of parental figures for children leads to a diminished trust for carers and difficulties in relating to others. She further argues that children in the foster care system cannot make optimum use of their foster care placement until they have resolved their grief, since unresolved separations may interfere with the development of new attachments⁷¹. Jewett (1994) argues that there has been a lack of attention paid to the impact of loss on children and suggests that adults often tend to disregard the impact of loss on children.

⁷¹Bowlby (1980) argues that the building of a new relationship is not dependent on another relationship fading. A new attachment can flourish when two relationships are kept clear and distinct. Fahlberg (1994: 16) advises that interference with the development of new attachments for children in foster care can occur if a child's focus is on the past rather than the present.

Aside from the impact of loss on children in the care system, some literature has also focused on the impact of foster children leaving on foster carers and birth children in foster families (Bond, 2005). The ending of placements has been identified as one of the most difficult periods experienced by birth children of foster carers as they have often built strong attachments to foster children who lived with them (Younes and Harp, 2007; Sutton and Stack, 2013). Fahlberg (1994: 192) points out that “*commonly there is no-one to work with members of the foster family after a child leaves their home. Parents and other children in the home are left to grieve by themselves*”. Walsh and Campbell (2010) assert that birth children in foster families often build a strong bond with foster children and regard them as siblings, therefore the loss and grief felt when foster siblings leave can be significant but is often discounted by adults. This is an argument echoed by Irwin (2005) who maintains that birth children in foster families are exposed to trauma and separation anxiety due to foster children entering and leaving their lives. Jewett (1994: 15) suggests that this loss can have a significant impact on children as “*they have lost a playmate, companion, and rival, and all the familiar interactions and expectations that were connected to those relationships*”.

A related concept is disenfranchised grief. Lenhardt (1997) points out that, any time people experience a separation from someone or something that is important to them, they will experience grief. Kaczmarek and Backlund (1991: 253) contend that “*grief is minimized for adolescents as they are erroneously perceived as incapable of experiencing both attachment and loss as intense emotional experiences*”. Doka (1989: 4) argues that there are social norms about grief particularly about “*who, when, where, how, how long and for whom people should grieve for*”. Doka (2002) identifies disenfranchised grief as not being acknowledged by society, by the healthcare culture or by individuals. In Western society most attention is placed on kin based roles and, therefore, relationships between friends, neighbours, colleagues, foster parents or care givers may not be afforded the full opportunity to publicly express loss (Doka, 1989; Lenhardt, 1997). Irwin (2005) maintains that professionals and adults often fail to realise the impact of separation and loss on foster carers’ own children when foster children leave and, thus, they are not afforded the time, space and support to grieve for foster siblings with whom they have often built strong bonds. A key feature of disenfranchised grief is that it is not dealt with therapeutically, therefore it remains hidden, unrecognised or unhealed (Papadatou, 2009; Spidell, Wallace, Carmack, Noguera-Gonzales, Parker and Cantor, 2011). A recurring feature of disenfranchised grief in studies of children with fathers on death row (Beck and Jones, 2007), women who have given up children for

adoption (Aloi, 2009) and grandmothers as primary carers (Thupayagale-Tshweneagae, 2008) has been the lack of recognition and support for those suffering the loss, a matter which can also be applied to the experiences of grief and loss for birth children in foster families.

Irwin (2005) in her comparative study between 20 young people (aged between 12 and 16 years) involved in fostering, and 20 young people from non-fostering backgrounds in the Republic of Ireland, discovered that those who fostered had more distressing experiences of trauma and separation due to the transient nature of the foster care system.

The impact of loss on the biological children of foster carers when foster children leave placements is referred to in some of the earlier research on this matter (Ellis, 1972; Wilkes, 1974). However it is Kaplan's (1988) US study of 15 biological children of foster carers aged between six to twelve years, which first identified this as worthy of more in-depth investigation. Kaplan's (1988) research argued that, due to the often transient nature of the foster care system with children moving in and out of foster placements, the biological children experience high levels of separation anxiety. Kaplan (1988) associates these developments to a low level of maternal attunement⁷² and a belief that the foster mothers in the study tended to minimize the impact, of the foster children leaving, on their own children

The issue of separation and loss experiences for biological children is a recurring theme presented in more recent research, such as Watson and Jones (2002), Spears and Cross (2003), Hojer (2004, 2007) and Irwin (2005). In Boswell's (2005) study,⁷³ foster children leaving was identified as one of the most difficult aspects of fostering for foster carers' own children. As described by one young person in the research, *"I suppose one of the hardest things about fostering, one of the hardest things in life is saying goodbye to those you love. Worst, though is not having the chance"* (Boswell, 2005: 5).

Integrated with the theme of loss is the impact of fostering on birth children's worldview and perceptions of life. The loss of innocence is a recurring issue that is raised in previous studies of the children of foster carers. In Pugh's (1996) research, loss of innocence was noted by all research participants (both foster carers and their biological children). It was emphasised that

⁷² Maternal attunement is defined by Legerstee, Markova and Fisher (2007:299) as the ability of a maternal figure to 'maintain attention and warm sensitivity' with their child(ren).

⁷³ *Forgotten Voices: Ideas, Thoughts and Feelings* (Boswell, 2005) is a publication produced by the Fostering Network Scotland which gathered a selection of perspectives and experiences of young people who have experience of fostering, both as foster children and as birth children of foster carers.

“sharing day to day family life with a child who has undergone profoundly disturbing experiences allows children to witness things that their non-fostering peers may not have access to under normal family conditions” (Pugh, 1996: 37). The foster carers in the study, although concerned about this matter, felt that their children became more world wise due to the fostering experience. The biological children seem to concur with this opinion, as the children described themselves as becoming more caring, understanding and non-judgmental. Birth children have also commented on the fact that fostering has exposed them to experiences that their non-fostering peers do not have to contend with. This was emphasized by a birth child quoted in Boswell’s (2005: 7) research:

Sons and daughters definitely have to grow up quicker. We have to deal with situations, others our age read about in magazines. We have to learn how to cope when certain things happen and how to carry on with our own problems when our parents are busy with other kids.

These findings suggest that biological children in foster families experience loss in different ways with some more focused on the loss of material items such as toys or bedrooms, while older children seemed to identify the loss of parental time and attention as a challenge arising from their families fostering. A key theme is the experience of separation and loss encountered by birth children due to the temporary nature of foster care. Indicative of different perspectives on the foster care system between foster carers and their biological children, birth children seem to highlight this as a pertinent issue for them, while foster parents tended to downplay the impact of this matter on their own children. As identified by Heidbuurt (1995, 2004) and Cline (2005), it is important that adults do not assume they know the reality of fostering for birth children of foster carers. This was a topic that was very relevant for the current study, as participants recalled retrospectively, how issues of separation and loss impacted upon them as children and now as adults. This is elaborated upon further in Chapter 6.

4.2 Shouting and Keeping Quiet

Closely linked with the loss of parental attention, is the matter that birth children feel forgotten in their families due to the extra “busyness”, that fostering brings to the home (Nuske, 2004: 13) and have to choose to stay quiet or demand attention for themselves. The loss of parental time and attention is emphasized as a key issue by Thompson and McPherson (2011) in their review of literature documenting the experiences of foster carers’ own

children. Cline (2005)⁷⁴ in her study of biological children of foster carers in England, found that sharing parents time to be one of the things birth children disliked about fostering. Twigg (1994) in his Canadian study, interviewed eight biological children of foster carers aged between 15 and 24 years and revealed that birth children found it frustrating waiting for their parent's attention but tended to refrain from expressing their feelings to parents. This fear of expressing feelings to birth parents was also highlighted in Moslehuddin's (1999) literature review of the experiences of foster carers' own children. Johnson (1989) examined the value of self help groups for birth children in foster families and argued that this reluctance to express these feelings arose from a fear of the negative reaction the birth children might receive from their parents. However, this explanation does not concur with findings from more recent studies by Fox (2001) and Nuske (2004) who found that birth children tend not to vent their feelings to their parents as they want to protect their parents from further stress.

This issue of being forgotten or not having their voices heard is also present in terms of the support provided by child welfare or foster care agencies for the biological children of foster carers. Twigg and Swan (2007), in their review of the literature, explain that existing literature indicates that birth children's sense of belonging in foster families is greatly influenced by the relevant foster care agency. Three key elements are of relevance when analysing the impact of the foster care agency on birth children involved in fostering; these are, the nature of birth children's involvement in the foster care task, the nature of the relationship of birth children with social workers, and finally, the agency's recognition of the role played by the biological children in providing care to foster children (Twigg and Swan, 2007).

4.2.1 Involvement of birth children in foster care

Universally evident in past research is the recognition of the contribution made by foster carers' own children in the foster care task (Ellis, 1972; Wilkes, 1974; Part, 1993; Pugh, 1996; Swan, 2000; Spears and Cross, 2003). Furthermore, studies suggest the wish of birth children to have their input to the foster caring task recognised and acknowledged by social workers and fostering professionals (Twigg and Swan, 2007, Hojer, Sebba and Luke, 2013). Previous research reveals mixed experiences for the biological children with regard to this matter. Some studies identify participants recalling social workers who clearly recognised

⁷⁴Cline conducted a survey of 29 foster carers, 19 birth children of foster carers aged between three and 10 years, 33 birth children aged between 11 and 27 years and 14 social workers.

their contribution to the foster care task and also took an interest in their wellbeing (Pugh, 1996, Swan 2002). Berridge (1997:65) identifies the importance of recognising the role played by foster carers' own children in the caring task; "*children and young people are important members of successful caring teams and their contribution and experiences should be more formally recognised*". However, Ward's (1996:9) commentary article in *Foster Care*⁷⁵ argues that "*children who foster have no supports*".

Most common in the literature is a lack of acknowledgement for the biological children's role. Watson and Jones's (2002) birth children participants (n=122) stated that one of the most unpleasant things about their families fostering was a lack of recognition by social workers of their input and opinions. Respondents in Swan's (2000) study⁷⁶ explained how their concerns were often minimised or disregarded by social workers. Indeed Irwin (2005: 1), emphasises "*the need for recognition and respect for the rights of the birth children, plus the provision of a receptive and empathic environment to facilitate negative expression*" and further recommends "*the need for the provision of an objective, receptive and non-judgemental forum to facilitate and support the expression of emotions and expressions of birth children of foster carers*" (Irwin, 2005: 93).

This lack of recognition of the needs of the birth children of foster carers has caused some commentators to remind social workers of their legal responsibilities with regard to working with all children involved in the child welfare system. Referring to the UK child care legislation, Verity (1994: 8) professes that, "*sometimes I feel that professionals lose sight of the fact that the Children Act 1989 is not just for 'Looked After' children but all children*". The impact of this lack of recognition leads to many biological children in foster families questioning their sense of belonging (Twigg and Swan, 2007). Other studies have linked the choice of some biological children of foster carers not to foster themselves later in life to earlier negative experiences with social workers (Twigg, 1993, Swan, 2000). Spears and Cross (2003) call on social workers and foster care professionals to consult more with the biological children of foster carers in order to help promote successful foster placements.

⁷⁵*Foster Care* is a magazine published by a UK organisation called the Fostering Network. The Fostering Network is comprised of foster carers, social workers, academics and policy makers who aim to promote best practice and policy decision making in foster care service delivery in the UK.

⁷⁶Swan (2000) conducted interviews and focus groups with 31 birth children of foster carers aged between 12 and 30 years.

4.2.2 Relationship with Social Workers

Hojer (2004) suggests that social work practitioners tend not to pay too much attention to the foster family's own children as foster carers tend to be recognised as reliable and skilled parents, thus it is assumed that their children will be skilled, resilient and capable of coping with the demands of fostering. However, Preston (1993) and Philpot (2002) emphasise the need for open communication between all parties in the foster care process as it is fundamental to helping birth children to understand and cope with the demands of fostering.

This view was supported by the findings of Sutton and Stack (2013), who interviewed six birth children aged between 12 and 18 years in the United Kingdom whose families fostered with an independent fostering agency. Respondents identified themselves as very much part of the fostering team, with Sutton and Stack (2013: 602) commenting that *"it is evident that the clear and honest communication the participants experienced, solidified their identity as a member of a fostering team and was integral to the positive regard they had for the fostering process"*.

Sutton and Stack (2013) suggest that the positive experiences of being recognised as important members of fostering teams might be attributed to the fact that the families of the participants in their study fostered with an independent fostering agency, which is associated with better supports for foster families in comparison to statutory fostering agencies. In contrast, Nuske (2004) discovered that of the 22 birth children of foster carers she interviewed, 18 never had contact with social workers. Pugh (1996) and Swan (2000, 2002) identified some participants who could recall social workers who engaged with them, however, the majority of respondents in Swan's (2000) study stated that social workers took no interest in them. This was evidenced by one young person, who stated:

A lot of workers don't even bother to talk to the children in the family. They talk to the parents, they talk to the foster children but the biological children are overlooked, like they just push them aside as if they don't have needs. They are not foster children, they are not parents, and they are just there. I've never actually had a social worker I could talk to about things and sometimes it would be nice to have somebody to talk to.

(Swan, 2000: 37)

Interestingly, the birth children in Watson and Jones's (2002) study noted social workers who do not listen to their mothers and fathers, as being one of the unpleasant things about fostering. Of the 122 respondents in Watson and Jones's (2002) survey, only 37 identified social workers who had engaged with them and taken their views into account. Many of these 37 young people were involved in children who foster support groups, thus, presumably may

have been more motivated and engaged in ensuring the social workers took their opinions into consideration. Following their interviews with 20 birth children of foster carers aged between eight and eighteen years, Spears and Cross (2003) propose that many of the negative experiences revealed by the birth children in foster families could be reduced by the introduction of better preparation, supervision and support, in order to enhance communication between the foster family and the foster care agency. This would lead to more positive outcomes for all parties in the foster care process (Spears and Cross, 2003; Sutton and Stack, 2013). This argument is aptly summarised by Philpot (2002: 35) who contends that, *“not to listen to and support the children of foster carers can only give them the impression that they are less valued than children who share their homes. This makes fostering all the harder”*.

4.2.3 Lack of Recognition by the Foster care System

Corresponding with the lack of recognition by social workers is birth children's belief that the foster care agency or child welfare system does not recognise their input and contribution. Twigg and Swan (2007) go further to suggest that many birth children of foster carers wish not only to have their contribution recognised within the foster care system but to be valued as an important element of a caring team for foster children. However, studies indicate that the biological children of foster carers often feel undervalued and unrecognised by the foster care agency (Twigg and Swan, 2007). A consistent finding from previous research shows that most children are not consulted about the decision to foster and this trend continues as birth children feel they are not included in decision making after their families have begun fostering (Twigg, 1993; Pugh, 1996; Swan, 2002; Watson and Jones, 2002).

Walsh and Campbell (2010) examined the inclusion of birth children in UK foster care standards and policy documents. They conducted a review of relevant policy documents and undertook a digital voting questionnaire with 28 birth children of foster carers, aged between 11 and 19 years, at an event hosted by the Fostering Network to celebrate the sons and daughters of foster carers. They also conducted questionnaires with 14 foster carers. Results from this study showed that the voices of birth children in foster families are often left unheard as there is limited reference made to the needs of birth children in national standards and policy documents and, when mentioned, it is *“often implicitly in language such as “foster family”* (Walsh and Campbell, 2010: 13). As discussed in the previous chapter, this is an argument that could equally be levelled at the Irish foster care system.

For younger children, a constant frustration appears to be that they do not receive gifts, are not taken on trips out and are not being invited to special parties or dinners, as foster children and carers are (Nuske, 2004). Some studies have noted that often older children have expressed a frustration at not being included in case reviews or case planning, especially since they often know particular things about the foster child due to the fact the foster child may confide in them about particular issues (Twigg, 1993; Swan, 2000; Watson and Jones, 2002). Twigg (1993) and Swan (2000) also found that participants, whose families were involved in specialised foster care treatment programmes, expressed dissatisfaction with not being involved in training, especially as they played such a pivotal role in the specialised foster care treatment programme. For the birth children of fostering families, an important wish is for fostering agencies to recognise fostering as including the ‘foster family’ not just ‘foster parents’ (Twigg and Swan, 2007).

Brannen, Hepinstall and Bhobal (2000) attribute this lack of recognition of the birth children of foster carers to the fact that young people are seen as part of the family and not as individuals in their own right, an issue previously discussed in Chapter 3. It is also significant that the ages of birth children in studies seemed to influence their responses. Pugh (1996), in her study which included interviews with biological children of foster carers varying in age, comments that responses from young people tended to reflect that younger children tended to be more focused on the practical impact of fostering on their lives, such as having to share bedrooms and toys. However, older respondents, ranging from teenagers and birth children in their early twenties, reflected more upon the contribution they made to fostering and valued the caring nature they developed from fostering. However in some cases, they felt confused as to whether the role they played in fostering was that of a peer or a parental figure.

Findings in Spear and Cross’s (2003)⁷⁷ study concur with the views of Pugh (1996) as older children in their research thought that fostering did not impinge on them in terms of material possessions. However, these older children felt an obligation to help their mother and father ‘parent’ foster children and stepped in to de-escalate incidents of challenging behaviour with foster children. Part (1993),⁷⁸ in her survey of birth children of foster carers aged between three and 24 years, found that the older children in the study provided more mature and

⁷⁷ Semi- structured interviews with 20 birth children of foster parents aged 8-18 years were conducted.

⁷⁸ Participants were asked what they liked most and least about fostering. The survey was posted to foster carers who assisted younger children with the completion of the questionnaire. Younger children were also invited to draw a picture and older children were invited to write a letter to express their experiences of foster care (Part, 1993).

insightful comments of their experiences, particularly in relation to the role it played in their lives and how fostering helped them develop an altruistic nature. As mentioned in Chapter 1, this was an influencing factor in deciding to conduct a retrospective study on the experiences of birth children of foster carers for this research.

Part (1993) commented that older teenagers and young adults demonstrated an absence of judgmental attitudes about their family fostering, but still felt overwhelmed by the challenges that foster children brought to their home. The altruistic and empathetic nature of the young people whose families fostered was also recognised by Sutton and Stack (2013) in their study, particularly in relation to how respondents were able to understand and interpret challenging behaviours presented by the foster children living with their families.

Hence, it is clear that fostering brings with it a number of challenging experiences and difficult emotions which affect the biological children of foster carers. However, existing research suggests that birth children are mainly reluctant to confide these feelings in their parents. Although the importance of good communication is advocated, foster care agencies and professionals often fail to recognise the needs of birth children as individuals. This could be due to them being seen as part of the fostering family rather than individuals with specific needs of their own. This highlights birth children's lack of access to support and is a matter of significance for this research study, which focuses on the training and support needs of birth children in foster families, as well as their ability to influence decisions and issues that affect their daily lives.

4.3 Being Independent and Belonging

Some research findings suggest that young people whose families foster seem to face a continuous challenge in balancing a sense of belonging to their families while also striving to be independent. Although this might be identified as a typical struggle for all young people in families as part of their normal development, it would seem to be heightened for young people whose parent(s) foster (Nuske, 2004). This, argues Nuske (2004), can be attributed to the need for these young people to leave the family home, perhaps earlier than their peers, due to the pressures, demands and stresses placed upon them by their families fostering. The issue of seeking independence is one which has arisen in studies undertaken by several researchers. This concept of '*early maturation*' was first referenced by Twigg (1994: 299). He suggests that birth children of foster carers have to ignite their survival instincts earlier due to the responsibilities that fostering brings with it, such as babysitting, caring for foster

children and being supportive of their parents. Watson and Jones (2002) and Hojer (2004) also found that birth children of foster carers seem to mature earlier due to the extra responsibilities thrust upon them due to their families fostering. This is seen as a positive thing as it caused them to enhance their identity earlier in their development (Twigg, 1994). However, Twigg and Swan (2007) question whether this quest for independence conflicts with young people's need for a secure base, particularly at a development stage where they are typically experimenting with the practicalities and challenges of becoming independent young people. Furthermore, Twigg and Swan (2007) emphasise that, for young women, this may be more challenging as they often maintain close relationships with their mother through their journey to independence. Their ability to individuate while retaining close relationships with mother figures may be strained by the pressures and challenges created by the fostering task for families. Hojer and Nordenfors (2006) in their large scale Swedish survey of 684 birth children of foster carers, found that 66 per cent of these young people took responsibility for foster children 'very often' or 'rather often' with female respondents often taking on more responsibility for the care of foster children. This is similar to Hojer's (2004) assertion that the foster mother is more dominant than the foster father.

Several studies (Fox, 2001; Nuske, 2004; Sutton and Stack, 2013) have found a sense of belonging in their family to be an important value for birth children. Nuske (2004) suggests this sense of belonging as being an attempt by the biological children to compensate for the need to prematurely leave or remove themselves from the family base. Indeed, Fox (2001) found that foster carers' children felt a reduced sense of closeness in their family, thus highlighting the sense of belonging as being an important factor for the biological children of foster carers. Hojer, Sebba and Luke (2013: 6), in their literature review of the impact of fostering on foster carers' children contend that many birth children find it important to protect the entity of their family, aside from fostering, and recommend that "*foster carers need to find time to spend exclusively with their own children, and social workers need to support foster carers to make this possible*".

As suggested by Nuske (2004), fostering seems to create a range of contradictory experiences for foster carers' own children. While birth children appreciate the benefits that fostering has brought to their lives, such as the opportunity to experience more responsibility, it can also be a cause of resentment and frustration. Some birth children are reported to regret having to mature more quickly than their non-fostering peers or that they felt some upset that their family lost some of its identity due to fostering.

4.4 Caring and Resenting

Existing literature clearly demonstrates that the birth children of foster carers exhibit a lot of care and compassion for the foster children who come into their homes (Martin, 1993; Poland and Groze, 1993; Watson and Jones, 2002; Spears and Cross, 2003; Twigg and Swan 2007; Sutton and Stack, 2013 and Hojer *et al.*, 2013). Biological children are often concerned about the welfare of the foster children. Reed's (1994) UK study of 23 birth children aged between eight and 19 years, found that many young people felt it was important to try and maintain contact with some foster children after they had left their family. Nearly all previous studies have identified participants who felt they have learned a lot from fostering and have described themselves as more caring and sensitive people as a result (Twigg and Swan, 2003; Thompson and McPherson, 2011). This issue was uncovered further in studies where adult children of foster carers have attributed their entering into the caring professions to their earlier experience of fostering (Twigg and Swan 2007). In some cases, birth children have stated that they learned to parent from watching skills and techniques used by their parents with foster children, while a number felt that they themselves were involved in the parenting role, such as the commitment and contribution they made to foster children in their home (Spears and Cross, 2003).

Aligned with these caring feelings, however, lies simultaneous feelings of resentment (Nuske, 2004). Common areas of resentment which present in the research include, birth children resenting the experiences of loss in their lives due to fostering, resenting foster children for not being appreciative of what their family is offering and disliking the stress placed upon their parents by the fostering task (Rego, 2009). As mentioned previously, this caused birth children to not reveal their own problems to their parents, as they felt doing so would cause additional stress as well as seeing the needs of their foster siblings as more important (Nuske, 2004).

A Canadian study conducted by Bruce and Bruce (2002) which included interviews with 12 birth children of foster families aged between 12 and 18 years, provides an insight into the relationships between foster children and foster carers' own children. From their research, Bruce and Bruce (2002)⁷⁹ identified four different types of relationships that can exist between birth children and foster children:

⁷⁹It is not clarified in the study whether the respondent's experiences were placed in an exclusive category or whether respondents experienced different elements of the various types of relationships with different foster children they may have lived with.

- **Friendship Relationship:** birth children saw their relationship with foster children as very positive and identified a strong connection with them, viewing foster children as friends or siblings.
- **Parentified Relationship:** like the previous category, participants viewed this relationship as positive but saw it more like a parent and child relationship as birth children tended to do things for foster children. This type of relationship existed where there was a large age gap between the foster child and the older birth child.
- **Relationship of Indifference:** a number of respondents in the study identified their relationship with foster children in their home as neutral; it was neither good nor bad. Birth children in this category felt there were too many differences between themselves and foster children which prevented building a strong relationship.
- **Mildly Resentful Relationship:** birth children in this category explained that they avoided spending time with foster children. They resented the time their parents invested in foster children and did not identify foster children in their concept of family.

This study captures the complexities that exist in how birth children relate to foster children and identifies the range of contradictory experiences and feelings that can exist for birth children when foster children come to live in their homes.

The paradoxical nature of the foster care experience was also expressed by children and young people in Younes and Harp's (2007) study. Interviewees recognised positives they had gained from fostering, including having a better understanding of the complexities of life but this was weighed against the challenges of fostering. This constant balancing of the factors of caring and resenting is summarized by a young man in Nuske's (2004: 10) research, who states:

....and all the garbage that I had to put up with through my upbringing. At the same time I knew it was good for the kids – I knew they needed a home. This is an older more mature intellect reflecting back on all the good things and benefits to society blah blah blah but while it happened, it was really rather a crappy feeling. That's the thing, so feelings of anger a lot of resentment and also a lot of happiness and if there were people to talk to and help me deal with these feelings, I think there would have been more happiness.

Much like the previous section, the literature identifies that birth children often have conflicting experiences and emotions in relation to their experiences of their families fostering. Fostering has been positive for many biological children who appreciate that fostering has helped them develop into a more accepting, sensitive and caring individual. Nonetheless, it would seem that this also comes at a cost, as birth children also recognise the pressures fostering has caused due to the extra stress it places on their families and being upset about foster children who were abusive towards their (birth children's) parents. This is an issue again of importance in my study as it explores how birth children had managed these challenges and whether they had a place to express these feelings and issues.

4.5 Being Responsible and Escaping

Continuing on the premise that the experiences of the birth children within foster families are frequently contradictory or paradoxical, the issues of responsibility and escaping are themes which have arisen in a number of studies. Biological children identify their responsibilities as falling under three major categories. Firstly, they are often directly responsible in caring for foster children. Secondly, they feel responsible for protecting their parents from undue stress in relation to pressures in caring for foster children, which parents appreciate (Hojer, 2004). Finally, foster carers' children undertake responsibility for keeping their own feelings and problems to themselves in order to shield parents from further stress. In many cases they also take responsibility for tackling their own personal issues and problems arising from the foster care task (Nuske, 2004). As pointed out clearly by a participant in Hojer and Nordenfors (2006: 202) study:

I don't want to talk to my mum about my problems, because I don't want to make her tired. I don't dare to ask her if she wants to go shopping with me, because if she can't, I'm afraid she'll think that she's not giving me enough of her time, and then she'll have a bad conscience. I feel as if I need to just be out of her way, 'cause it's hard enough for her as it is. I feel as if I'm a burden for her.

Pugh (1996) discovered the responsibility felt by birth children for befriending foster children and for providing a role model for them. Beyond acting as a role model, the birth children also acted as a bridge between foster parents and foster children whilst also taking responsibility for supporting foster parents. The importance of supporting foster parents in a practical sense arose strongly in Fox's (2001) research, where helping parents with foster children in practical tasks such as babysitting and feeding babies, is a role and duty clearly identified as important by foster carers' own children. While much of the research identifies

many birth children taking pride in undertaking this care giving role (Watson and Jones, 2002; Twigg and Swan, 2003), some expressed contradictory emotions about accepting extra responsibilities and expressed negative feelings towards the foster children, and a wish to escape the pressures of the fostering task was also reported in some studies (Anderson, 1982; Poland and Groze, 1993; Nuske, 2004; Hojer *et al.*, 2013).

Linked to the earlier discussion of birth children losing some of their innocence due to the experiences of the foster care system, Brannen *et al.* (2000) argue that foster mothers in particular felt that their own children should be protected from the stresses and challenges of adult life. But yet their everyday behaviours conflicted with this viewpoint as they often used their children for support or comfort. This seems to concur with other studies which identify birth children feeling a particular sense of duty in protecting their mothers (Nuske, 2004). Pugh (1996: 38) suggests that in some cases the extra responsibilities and stresses have almost led to a role reversal between foster parents and their own children:

On the one hand, children sometimes felt they were deprived of parental attention, but on the other hand, they tended to become more self-reliant and were often protective, almost parental towards their parents in the face of pressures from outside.

Nuske's (2004) research, while recognising the responsibilities undertaken by birth children in foster families, also suggests that for them, this sense of responsibility is confusing as it is linked to the personal desire, in some cases, to escape this responsibility. Often this need to escape arose due to feelings of having to manage their own issues for fear of burdening their parents. This pressure became so great that some retreated from the foster care responsibilities and escaped in various ways including spending more time in friends' homes or moving out of the family home prematurely. This is stated quite clearly by a 13 year old male participant in Irwin's (2005: 62) study, *"I'm never at home now, I just go to friends' houses to stay over"*.

It is clear from this research that fostering is not just a duty undertaken by foster parents as, birth children view themselves as very much part of the fostering process as they undertake practical tasks caring for the foster children. However, it would seem that, for some birth children, the responsibilities associated with fostering become too much of a burden as they either choose to stay away from the family home to avoid this responsibility or move out of home early to escape this responsibility. This is a pertinent issue related to the aims of the

present research, which seeks to identify the views of birth children in relation to how birth children might be supported in order to manage the extra responsibility brought about from fostering.

4.6 Having Stability and Living with Change

Another theme that consistently arises in the literature is birth children struggling with maintaining the sense of stability they had in their lives prior to their families fostering. A continuous process of change and transition is almost viewed as inevitable, as the foster care system by its nature leads to instability and change in the family unit (Thompson and McPherson, 2011; Hojer *et al.*, 2013). This primarily occurs due to the movement of foster children in and out of the foster family. This concept of change is closely associated with the earlier discussion on the feelings of separation and loss experienced by birth children when placements come to an end. The literature suggests that foster carers' own children experience feelings of insecurity, due to the ambiguity of the time scales of different placements (Kaplan, 1988; Pugh, 1996). Kavanagh (1988) infers that this is challenging for birth children who have tended to come from very settled and stable home and family environments. This experience is captured eloquently by a 14 year old girl in Irwin's (2005:63) study who states, "*you become attached to the children and treat them nearly like family, so giving them back is hard*".

Serbinski (2012) suggests that a strong attachment between foster parents and their own children helps birth children deal with some of the challenges raised by fostering, as they are more attuned with each others' thoughts and feelings. Apart from the movement of children to and from the foster home, birth children also have to deal with changes in terms of new behaviour and family dynamics which have an impact on the secure routine they have typically been used to within their family (Eastman, 1979; Swan, 2000; Twigg and Swan, 2007). Indeed it has been argued that foster care can disturb the balance and equilibrium of even the most secure family unit (Horner, 1981; Twigg, 1994; Irwin, 2005, 2012; Hojer *et al.*, 2013).

4.7 Family Relationships and Dynamics

Finally, a universal feature of studies on the experiences of the birth children of foster families is how fostering impacts upon the relationships and dynamics of the foster family. Research indicates that birth children within foster families experience a sense of role loss when their families begin to foster as their place or position, is in many cases, constantly being re-aligned in accordance with the placement or departure of foster children to or from the family (Twigg and Swan, 2007; Thompson and McPherson, 2011). Satir (1983) compares the family unit to a ‘mobile’, whenever a member leaves or a new member joins, it produces a shift in relationships, power and alignments within the whole family. This is of particular relevance when discussing foster families and Wilkes (1974: 374) contends that “*once a family begins fostering, a hierarchal order of the family must be established with some members being steered into less prominent roles*”. More recent research by Swan (2000, 2002) finds this to be a key experience for some birth children of foster carers, summarised by a participant in her study:

There are these kids coming into your home and this is your home... it's like your little nest and then it's sort of like disrupted... there are strangers coming into your home. It's hard when they first come because you don't know who they are or what to expect ...or how is your life going to be changed this time? When the little girls came in I felt jealous because they were taking my dad away from me, me and my dad would go out and do stuff all the time, now it was with them too.

(Swan, 2000: 14).

Nicols and Schwartz (2006: 13) suggest that within families each member plays a role that serves the needs of the family as a unit and these roles “*bring regularity to complex situations*”. Twigg and Swan (2007) suggest that the role loss experienced by the biological children of foster carers is comparable to family situations where a new sibling is introduced into the family either by birth or adoption. However, within a foster care situation this process is more complicated for the birth children as role change is often continuous, with the coming and going of foster children, therefore there is a continuous re-organisation of the family unit (Thompson and McPherson, 2011). Meanwhile Eastman (1979) cautions that foster family care is not simply foster parent care and that the challenges involved in attempting to develop surrogate relationships with the foster child involve both the foster parents and their children. The role loss experienced by the birth children of foster carers leads them to not only re-organise their role within the family but also their relationship with their parents, siblings and extended family (Twigg and Swan, 2007).

Some previous research on this matter also indicates that expectations of the fostering agency can further exacerbate the role loss of birth children, especially in cases where there is pressure by the agency to change the parenting styles of the foster parents in relation to parenting tasks such as, disciplining children or distributing household chores (Poland and Groze, 1993; Twigg, 1994). Heidebuurt (1995, 2004) contends, however, that the impact of the fostering experience on family dynamics is not just influenced by the demands of the fostering agency but is also greatly influenced by the way in which the family arranges itself once it becomes involved in the fostering process. From her U.S study of the biological children of foster carers and foster parents, Heidebuurt (1995, 2004) suggests that the impact of fostering on the family is influenced greatly by how the family structures itself and the role each family member assumes in that structure. She further contends that foster families organize themselves into one of the following family models upon engagement in the fostering project.

- **Open Boundary:** within this model of the family, the foster child is completely integrated into the family structure. Key features of this model include a family where there is unquestioned acceptance of the foster child and expectations or rules within the family apply equally to both biological and foster children in the home. Some challenges do exist within this family model, particularly where birth children find it difficult to support certain foster children despite encouragement from parents, or where birth children feel their needs are not fully recognised by parents upon the commencement of the fostering project. Challenges also exist in this model in placements where foster children resist the emotional adoption of the foster family.
- **Partial Seclusion:** some birth children in Heidebuurt's (1995) study felt their needs and role were not recognised in the family and thus, separated themselves from the family feeling this was best for their survival. Factors that appear to contribute to such a foster family situation include the birth children being in their teenage years, pressure being placed on birth children to like foster children, despite contrary feelings and also birth children witnessing behavioural challenges presented by foster children.

- **Solid Nucleus:** some respondents viewed their family as consisting purely of their biological family, with the foster children not being a part of the inner family nucleus. Characteristics common to this type of family included:
 - Foster parents feeling compelled to operate this way in order to protect birth children and compensate for time and energy being invested in foster children;
 - Birth children and parents expressed some regret with this model as they felt they would have liked a more unified family model. Foster children come and go with minimal emotional trauma to birth children;
 - Some foster families linked the development of this model to the family feeling burnt out.

- **Contingency Model: Selective Integration:** A number of respondents included some, but not all, of the foster children in their concept of family. They demonstrated a careful approach towards which foster children they included in their concept of family. Factors which influenced this description included, long term foster children being more clearly identified as part of the family and, also, recognition that not all family members agreed on who was family. Furthermore, this model or description of foster families allows family members to feel less pressured to develop a connection or relationship with new foster children (Heidebuurt, 2004).

Heidebuurt's (2004) model cannot in itself inform us which approach is best to ensure successful foster care placements; nonetheless, it does suggest that how foster families structure themselves impacts on the effect of fostering on birth children. It also highlights the role played by birth children in the restructuring of the family unit post foster care placement. Bruce and Bruce (2002) suggest that foster families who have strong communication and problem solving skills are better at adapting to the entrance of new foster children into their home. They further suggest that successful placements include protected family time away from the demands of fostering, to allow parents opportunities to maintain positive relationships and open communication with their own children. This seems to be an important message from the existing literature in helping birth children re-negotiate the roles and family dynamics that fostering inevitability creates within families who foster.

4.8 Conclusion

In conclusion, the literature on the experiences of biological children in foster families highlights a number of topical issues and concerns, relating to the impact of fostering on birth children. Studies indicate that foster care impacts greatly upon the birth children of foster carers and highlight both positive and negative experiences of the foster care system. Some birth children express pride and satisfaction in helping support foster children in their homes. However, at times this is countered by the responsibilities and challenges this complex task brings, particularly in relation to the difficult behavior often presented by foster children, the intrusion that fostering brings to the family home and the pressure this puts on birth children's own parents. It would seem that many birth children struggle to balance, these often contradictory emotions and thoughts. The contribution of birth children is often overlooked and undervalued by parents, social workers and foster care agencies and they are not always listened to or consulted in relation to decisions which impact upon them and their family (Spears and Cross, 2003; Hojer and Nordenfors, 2006; Hojer *et al.*, 2013).

The next chapter details the methodological framework and design utilised for the current research and defends this in relation to the research aims.

Chapter 5

Methodology

5.0 Introduction

The previous three chapters have provided an overview of the historical, social, theoretical and conceptual contexts which underpin this research. This chapter describes the methodological approach adopted and provides an account of the research process followed. Firstly, my rationale for choosing the research topic will be discussed. Then the ontological and epistemological perspectives which influence the chosen methodological approach will be explained. Following this is a description of the methodological approach used, along with an explanation of the methodological decisions taken throughout the key stages of the research process. An explanation of the sampling approach utilised to access relevant participants for the study is also presented. The ethical considerations of the research are outlined, as are the limitations of the study. The chapter also recounts alterations made to the interview schedule following piloting. The chapter ends with an explanation of the approach adopted in analysing the collected data.

5.1 Theoretical Research Approach

Prior to describing the epistemological and methodological approach adopted for this study, as an interpretivist piece of research, I will firstly locate my position in relation to the topic being investigated. As stated in Chapter 1, the origin of my interest in this subject is twofold. As a social care worker I have experience of working with children and families in the alternative care system. From my interactions with foster families I became interested in the extent to which the voices of the birth children in foster families were heard within the foster care system. This interest was further influenced by my current role as a lecturer in social care practice. A number of my former social care students came from families who foster and have expressed a range of feelings in relation to their experiences as the biological children of foster carers. Hearing the views of these students contributed further to my curiosity about the extent to which the voices of the biological children were heard in the foster care system, leading to my decision to research this topic.

From my practice background in residential social care work, I always held a professional commitment to consulting with young people in the care system, believing that consulting

with and hearing the views of the young people with whom I worked led to more successful outcomes for those young people. My reading of literature related to the experiences of the birth children of foster care (Irwin 2005; Hojer, 2004, 2007) further highlighted theories related to children's agency and rights. This reading helped me identify and refine specific research objectives for my study which centre on the experiences of birth children in relation to being consulted, included in decision making and supported within foster families.

Due to my political commitment in relation to consulting with children, the sociology of childhood was an appropriate choice of theoretical framework through which to explore the experiences of the birth children in foster families as it focuses on matters such as consultation, rights and children's agency.

Crotty (1998) argues that often social research studies fail to move beyond the description phase of data presentation with the relationship between methodology, methods and wider theoretical frameworks and epistemological viewpoints either being ignored or left unclear. The failure to fully link epistemological and theoretical explanations to research methodologies might not only cause the researcher to lose an opportunity to fully analyse the wider impact of their findings but may even impact upon the respect and recognition afforded to the research project by observers (Gray, 2009). The research objectives of this study draw on strands from a range of ontological and epistemological perspectives including, constructivism, interpretivism and phenomenology. The research in this study is influenced by constructivist ontology, which asserts "*that social phenomena and their meanings are continually being accomplished by social actors*" (Bryman, 2008: 19). Constructivism implies that social phenomena are produced through social engagement and, furthermore, are in a constant state of revision. In more recent years, the term constructivism within social research has included the belief that researchers' own accounts of the world are constructive, therefore, the researcher presents a particular version of the social world, rather than one that can be accepted as definitive (Saranatakos, 2013). Building on a constructivist ontological position, an interpretivist epistemological approach further informed the research process for this study.

Grix (2004) identifies the two main traditions in social research as the positivist paradigm and the interpretivist paradigm. Positivism in social research can be identified as a deductive

research strategy, using theory as a tool to “*order, explain and predict facts*” (Danermark, Ekstrom, Jakobsen and Karlsson, 2002:116). For positivists, reality is concrete and so can be measured, therefore, positivist researchers conduct their inquiry with defined rules which are seen as being independent of the research setting. For the interpretivist researcher, however, there is no one truth as multiple realities exist, therefore, research requires several methods for understanding these realities. Interpretive research places more importance on the multiple meanings which can be gleaned from data rather than on the notions of indisputable fact or positivistic logic (Gray, 2009).

Objectivity in social research is a principle drawn from positivism, believing that researchers should remain distanced from the research topic so findings depend not on the beliefs or values of the researcher but on the nature of the topic being studied (Payne and Payne, 2004). This approach is refuted by some social scientists who tend to view the world from an interpretivist perspective believing that “*science can never be truly objective and verifiable since all knowledge is socially constructed*” (Ritchie and Vitali, 2009:128).

The epistemological clash between positivism and interpretivism in social science research can be explained by the emphasis being placed on the explanation of human behaviour (Von Wright, 1971). Neuman (2000) suggests that interpretivism allows an understanding of the social world through the study of how people manage their daily lives. Therefore, in the context of these traditions, this study positions itself within an interpretivist paradigm believing this tradition to be more suited to gaining insight into the individual experiences and perspectives of the biological children of foster families. Furthermore, this study contains strands of a phenomenological methodology, which is a branch of interpretivism that focuses on how individuals make sense of their social world (Bryman, 2008). Bryman (2008: 14) explains that for phenomenological research “*it is the job of the social scientist to gain access to people’s common sense thinking and to interpret their actions and their social world from their point of view*”. Again this fits well with the goals of this research in accessing the experiences of the biological children of foster families.

5.2 Methodology

Bell (2005) identifies the two major forms of research approach utilised in collecting data as quantitative and qualitative, whilst Punch (2005) advises the need to understand both quantitative and qualitative research as umbrella terms under which methods for analysing data are categorised. This research study is qualitative in nature and utilises a research strategy that emphasises words rather than quantification in the collection and analysis of data (Bryman, 2012). Sarantakos (2013) explains that qualitative research is concerned with exploring social relations and in turn describing the reality experienced by the research participants in question. Logically then, qualitative researchers tend to identify themselves more closely with a constructionist ontological orientation and an interpretivist epistemological location, thus placing importance on understanding the social world through an examination of the interpretation of that world by its participants. Therefore, the adoption of a qualitative methodology fits well with the interpretivist approach adopted by this research project as it is suited to exploring the social world and realities of the birth children of foster carers.

In adopting a qualitative methodological approach, I am conscious of the criticisms often levelled at qualitative methodological approaches. Qualitative research is sometimes critiqued on the grounds that some studies are small scale and therefore cannot be generally applied to the wider population outside the search sample (Grix, 2004). Moreover, Bryman (2012) maintains that qualitative research is often questioned for being too subjective, as the findings depend to some extent on what the researcher deems significant and also qualitative research is difficult to replicate as it is often unstructured and reliant on the researcher's resourcefulness. However, the benefits of qualitative research for this project lie in its ability to uncover data about people's experiences and the texture of relationships involved in the key central topic of interest, namely the experiences of biological children in foster families (Patton, 1990).

Bell (1993: 2) states that qualitative researchers are “*more concerned to understand individuals' perceptions of the world... They seek insight rather than statistical analysis*”. Therefore, in summary it is important to re-emphasise that the goal of this study was to uncover an in-depth exploration of the experiences of the birth children of foster families and to gain insight into the reality of the research participants. As pointed out by Thompson and McPherson (2011: 58) in their review of the literature examining the experiences of foster

carers' own children, small scale qualitative studies have helped "*gain a richer understanding of the gains and loss that children have experienced*" whilst also contributing to the furthering of "*professional knowledge about foster care*". Subsequently a qualitative methodology was deemed more appropriate, with emphasis being placed on gathering the descriptions of the lived experiences and perspectives of a sample of relevant research participants. In the next section the choice of data collection method will be discussed and defended in relation to the aims of the research.

5.3 Data Collection Method: Semi- Structured Interviews

To fit with the qualitative research design chosen, semi-structured interviewing was used. The data from qualitative research is most often presented in people's words and actions, therefore, the researcher must utilise a data collection method which captures language and behaviour (Maykut and Morehouse, 1995: 46). Berkowitz and Marsiglio (2007: 36) argue that "*as a qualitative method, in-depth interviewing accentuates the subjective quality of different life experiences, the contextual nature of knowledge, the production of social meanings and the interactive character of human action*".

Building on this rationale individual in-depth interviews were deemed to be the most suitable research method to employ in order to explore the experiences and perspectives of the biological children of foster carers. Furthermore, semi-structured interviews allowed for flexibility in exploring the participants' experiences, but at the same provided a degree of structure in order to collect the relevant data in order to achieve the stated research objectives (Gray, 2009). This method was also useful in encouraging respondents to reflect upon their experiences and in turn helped them "*to articulate their tacit perceptions, feelings and understanding*" (Arksey and Knight, 1999: 32) in relation to their experiences.

5.4 Recruitment and Sampling

Kumar (2014: 234) identifies two main types of sampling strategies used in research, namely random or probability sampling "*where each element in the study population has an equal chance of selection in the sample*" and a non-random or non-probability sampling strategy "*which involves a sample that has not been selected using a random sampling method. Essentially this implies that some units in the population are more likely to be selected than others*" (Bryman, 2008: 696). For the purpose of this project a non-probability sampling

approach was utilised as the particular population I wished to access, namely biological children of foster carers aged between 18 and 30 years of age, was a very specific group. Within qualitative research studies, Bryman (2012) argues that probability sampling is almost never used due to the constraints of the ongoing fieldwork and because it can be difficult and often impossible to create a sample frame. Within non-probability sampling there are four recognised sampling techniques which can be adopted. Firstly, there is convenience sampling where no techniques are utilised by the researchers as respondents accidentally come into contact with the researchers or are already known to the researcher. Secondly, there is purposive sampling, a technique whereby researchers choose subjects who they think are relevant to the topic. Thirdly, quota sampling includes a procedure where the researcher sets a quota of respondents to be chosen from a specific population and finally snowball sampling where the researcher selects a few respondents and asks them to recommend other people who might meet the criteria of the research (Bryman, 2012).

A combination of purposive, convenience and snowball sampling techniques were utilised to access the biological children of foster carers as detailed further in Table 5.1 below. In alignment with this approach an advertisement was placed (Appendix 1) in the Irish Foster Care Association (IFCA)⁸⁰ and Irish Association of Social Care Workers (IASCW)⁸¹ quarterly newsletters as I believed these would be good avenues through which to access a sample needed for the study. Respondents recruited through these advertisements recommended other people they knew who were also the biological children of foster carers who might be interested in partaking in the study. Two respondents passed on details of the study to their acquaintances and subsequently two people made contact via email to express their willingness to participate in the research. In one instance a person contacted the researcher having seen the advertisement in the IFCA newsletter and although she was outside the age criteria for the study, she gave the contact details of other friends who were interested in taking part in the study. Both of these individuals were contacted and agreed to take part in the study.

⁸⁰The Irish Foster Care Association (IFCA) distributes a quarterly newsletter to their 1,500 members to inform them of current debates, issues and developments in the field of foster care. The membership of IFCA is made up largely of foster carers and relative carers but its' membership also includes social workers, academics and other professionals who have an interest in the foster care system in the Republic of Ireland.

⁸¹The Irish Association of Social Care Workers (IASCW) is the professional representative body of social care workers. It has a membership of over 600 social care workers and distributes a quarterly newsletter, titled CURAM, to its' members informing them of issues and developments relevant to the field of social care work.

A copy of the advertisement was also sent to the Irish Association of Social Care Educators⁸² because as noted in Chapter 4 of this study, birth children of foster carers often pursue careers in the caring professions themselves. During the field work phase of the study I was also given permission by the Social Care Ireland⁸³ Conference committee to include an advertisement for my study in their 2012 Annual conference packs.

Table 5.1: Recruitment Strategy and Sampling Methods (Birth Children of Foster Carers)

| Sampling Method | Type | Number of Participants Recruited |
|------------------------|---|---|
| Purposive | Curam Magazine Advertisement | 0 |
| | IFCA Magazine Advertisement | 8 |
| | Irish Association of Social Care Educators | 2 |
| | Advertisement at Social Care Ireland Annual Conference 2012 | 1 |
| | Advertisement with two Private Foster Care Companies | 0 |
| Convenience | Referrals from Professional Acquaintances | 2 |
| Snow Ball | Referrals from Research Participants | 2 |
| Total | | 15 |

⁸² The Irish Association of Social Care Educators (IASCE) represents the Institutes and Colleges that provide professional social care practice education in the Republic of Ireland. IASCE distributed a printed advertisement to the institutes and colleges on their mailing list.

⁸³ Social Care Ireland (SCI) is an umbrella body which encompasses the three representative bodies for the social care profession in the Republic of Ireland, the Irish Association of Social Care Workers (IASCW), the Irish Association of Social Care Educators (IASCE) and the Irish Association of Social Care Managers.

I received two interested participants from this avenue, one of which I interviewed and another who had to withdraw from a pre-arranged interview due to personal reasons.

The study was also advertised through two private foster care agencies. The printed advertisement was emailed to the agencies and they sent it to the foster families on their mailing list. As can be seen from table 5.1 above, the majority of participants were recruited through my advertisement being printed in the IFCA newsletter.

The sample included 12 female participants and three male participants. The gender divide of the study is discussed in greater detail later in the chapter when discussing the possible limitations of the study. When contacted by interested participants, a copy of the interview schedule and an informed consent sheet was sent to them (Appendices 2 & 3) and a date, time and venue to conduct the interview were arranged. Potential research participants were reminded that they were free to withdraw from the study at any stage. The respondents varied in age and length of experience living with families who fostered, as outlined in Table 5.2 below⁸⁴. After initial contact with the researcher all conducted interviews for the study except one person who had to withdraw from the study due to personal reasons.

⁸⁴The pseudonyms assigned to participants in chapter 6 (Findings) have not been included in table 5.2 for anonymity and confidentiality purposes. Certain information collected in the interviews in relation to the profession of each interviewee and locations of where participants lived has also been omitted from the study for anonymity purposes.

Table 5.2 Profile of Research Participants

| <i>Interviewees</i> | <i>Age</i> | <i>Families still foster</i> | <i>Age of interviewees when families began fostering</i> | <i>Agency family fostered with</i> | <i>Approximate No. Children fostered by family</i> | <i>Approximate. Time Period during which participants had childhood experiences of the foster care process</i> |
|---------------------|------------|------------------------------|--|------------------------------------|--|--|
| Interviewee 1 | 22 | Yes | 13 | HSE | 15 | 2003-2008 |
| Interviewee 2 | 24 | No | 14 | HSE | 1 | 2002-2006 |
| Interviewee 3 | 19 | Yes | 11 | HSE | 25 | 2000-2011 |
| Interviewee 4 | 23 | Yes | Fostering before interviewee was born | HSE | 60 | 1989-2007 |
| Interviewee 5 | 28 | Yes | 8 | HSE | 30 | 1992-2002 |
| Interviewee 6 | 18 | No | 13 | HSE | 3 | 2007-2012 |
| Interviewee 7 | 27 | Yes | 7 | HSE | 15 | 1996-2003 |
| Interviewee 8 | 21 | Yes | 5 | HSE | 46 | 1996-2009 |
| Interviewee 9 | 26 | Yes | 10 | HSE | 35 | 1996-2004 |
| Interviewee 10 | 27 | Yes | 13 | HSE | 13 | 1998-2003 |
| Interviewee 11 | 18 | Yes | 9 | HSE | 13 | 2003-2012 |
| Interviewee 12 | 23 | Yes | 12 | HSE | 9 | 2001-2007 |
| Interviewee 13 | 24 | Yes | 8 | HSE | 19 | 1996-2006 |
| Interviewee 14 | 27 | Yes | 7 | HSE | 24 | 1992-2003 |
| Interviewee 15 | 23 | No | 12 | HSE | 46 | 2001-2007 |

5.5 The Interview Schedule and Interview Dynamics

I did not begin the fieldwork phase with a view to the exact number of interviews I was intending to carry out. However, it became apparent towards the latter stages of the field work that the same issues and topics were arising during interviews so I felt I had saturated the topic in terms of the key issues that were going to emerge on the subject being explored and did not seek further participants. As advised by Robson (2002: 192):

Procedurally, the researcher is expected to make several visits to the field to collect data. The data are then analysed between visits. Visits continue until the categories found through analysis are “saturated”. Or in other words you keep on gathering information until you reach diminishing returns and you are not adding to what you already have.

The interview schedule used for interviewing the birth children in the study was organised around four key sections. These were designed to explore participants’ demographic details, their experiences of being included in decision making by their families, their experiences of fostering professionals, and their experiences and perspectives on the training and support they received as the birth children of foster carers. The choice of questions used in the interview schedule was influenced by questions used in previous research literature, namely Nuske (2004) and Twigg and Swan (2007). These sources proved useful in designing the interview schedule as they focused on matters related to consultation and decision making, both of which were key research objectives of this study.

The theoretical framework of the sociology of childhood also informed the interview schedule. For example, from my reading of literature related to children’s agency and rights, the concepts of consultation and biological children having their voice heard became important elements to explore in the study, therefore, specific questions on these issues were included in the interview schedule.

The interview schedule was piloted at the beginning of the fieldwork stage with two participants. Following the feedback from these participants two questions were added to the interview schedule. One question how the fostering process impacted upon their relationship with their birth siblings and one asking whether fostering was overall a positive or negative experience, as the pilot interviews revealed that fostering had both positive and negative experiences for the birth children.

The interview schedule worked well in attaining the relevant data to meet the research objectives of the study. Throughout the data collection phase of the study research

participants were asked for their views on the interview schedule. They stated that they found the interview questions to be thorough and thought provoking, thus helping them to reflect upon their experiences as the birth child within a foster family. Some interviewees stated prior to the interview that they had read the interview schedule that was emailed to them and had approached their parents for some information related to questions on the interview schedule, such as approximately how many children their families had fostered. The participants described this as a positive experience as it provided the opportunity for some to speak with their parents about their experience of fostering. This is expanded upon further later in this chapter when discussing the ethical considerations for this study.

The interviews for the study were conducted between April 2012 and October 2012. The interviews took place in three different types of venues chosen by participants. These venues were chosen as interviewees were drawn from a number of counties around the country so the interviewer asked research participants to suggest a venue that would suit them to conduct the interview. Some of the interviews took place in quiet areas of hotels (I arrived early to the hotels and requested to reserve a quiet area in the lobby in order to carry out the interview) located near where participants lived. Other interviews were conducted in the researcher's office in Dublin as this was near where some interviewees worked and it was convenient for research participants. One of the interviews was also conducted in the interviewee's home as suggested by the interviewee for their convenience. Another interview was conducted through Skype as the interviewee lived in Western Europe and had been informed of the study by a friend in Ireland. The researcher chose times that were convenient for the research participants. The length of interviews varied from 50 minutes to an hour and ten minutes. The shorter interviews tended to take place with male participants as female research participants generally spoke in more depth. This is not unsurprising as the male interviewees tended to describe themselves as more removed from the foster care process, while female participants identified themselves as more involved in some of the practical tasks involved in fostering, such as taking foster children to school or accompanying them on access visits.

Scott and Garner (2012: 285) suggest that researchers conducting interviews must be mindful of the issue of reciprocity, in other words what is "*in it*" for the respondent. All the interviewees gave their time voluntarily with no monetary reward. When asked during the interview why they had decided to volunteer for the study, two key reasons came to the fore. Most of the participants stated that they wanted to voice some concerns about their experiences of being a birth child in a foster family and hoped that by partaking in this

research it would help improve the system for other biological children in foster families. Other interviewees revealed that the interview offered them an opportunity to speak about their experiences of being a birth child in a foster family, something that no one had ever asked them about before.

In conducting the interviews I remained conscious of how my position as both an insider and outsider researcher, influenced the interviewing process. I could be considered to be an 'insider' because of my professional experience of the child care system. This proved beneficial as I was able to understand some of the specific foster care terms used by birth children of foster carers, such as case reviews or link workers. I could also be identified as an 'outsider' as I am not a birth child of a foster family. At the beginning of each interview I revealed to participants my background as a residential social care worker but was also was explicit that I was not the birth child of a foster family and had little knowledge about their experiences. This identified the participants as the experts on the topic with my role being identified as gaining an insight into their experiences and perspectives. My position as an 'outsider' was beneficial as it allowed participants to speak openly about their experiences and explore areas which I had not considered, such as the impact on birth children when foster children disclosed abuse to them, an issue which is examined in more detail in Chapter 6.

5.5.1 Reflections on the Data Collection Process

During the data collection phase of the study I took notes during the interviews in relation to issues such as reactions of interviewees to certain questions and records of my perceptions of interviewees comfort levels in the interviews. Bryman (2008: 698) identifies reflexivity as:

A term used in research methodology to refer to reflectiveness among social researchers about the implications for the knowledge they generate of their methods, values, biases, decisions and mere presence in the very situations they investigate.

To facilitate reflection on the impact of my decisions, values and presence on my research, I also kept a fieldwork diary. This helped me reflect upon some of the issues that arose during the interviews with participants. Overall I found conducting the interviews to be an enjoyable experience and due to my professional background as a social care worker I was able to build a rapport with people which enabled them to speak openly. However, I found it difficult when some of the interviewees began to complain about some of the behaviour of some of the children their families had fostered, an issue that is discussed further in Chapter 6. Due to my

own professional training I place importance on not judging behaviours and trying to examine the causes behind the behaviour of children and young people, therefore, I held mixed feelings when interviewees complained about the behaviour of certain foster children they had lived with. However, upon reflection after these interviews, I recognised the importance of my role as the researcher in this process and maintaining a non-judgemental attitude in order to fully gain an insight into the experiences and perspective of the research participants. I also considered it a positive feature of my interviewing style that interviewees felt comfortable enough to reveal these thoughts and feelings. During two interviews, two birth children became upset recalling some of their experiences, but my experience as a social care worker and my previous experience of conducting interviews on sensitive topics enabled me support the interviewees. This matter is discussed in more detail in the next section.

5.6 Ethical Considerations

Blaxter, Hughes and Tight (1997:148) define ethics for the social researcher as “*a set of moral principles that guide her in the choice of how to conduct herself with regard to such topics as confidentiality, anonymity, legality, professionalism and privacy when dealing with people in research*”. Meanwhile Barnes (1979: 16) suggests that ethical decisions in research “*arise when we try to decide between one course of action and another not in terms of expediency or efficiency but by reference to standards of what is morally right or wrong*”. Bryman (2012) advises that in social research, ethical issues cannot be ignored as they relate directly to the integrity of a research project and the disciplines involved in its’ conduction. To assist in my attempts to ensure I conducted my research as ethically as possible I was conscious of the four principles set out by the Sociological Society of Ireland in relation to Research Ethics:

- I. Professional Competence
- II. Integrity and respect for privacy and confidentiality;
- III. Respect for Human Rights, Diversity, and Equality;
- IV. Social Responsibility

(Sociological Association of Ireland, 2012)

The issue of confidentiality and protecting the identities of all research interviewees was recognised as a key consideration of this study. Pseudonyms were assigned to interviewees to protect their identities. This was imperative as some of the participants requested copies of

the finalised thesis as they mentioned their parents were very interested in reading it. Any place names, professions or locations mentioned by interviewees were also omitted from the project to further protect the identities of research participants.

In order to ensure that participants gave informed consent, a number of steps were taken to guarantee that participants had full knowledge about the study and free choice on whether to participate or not. An information sheet providing details about the study (Appendix 4) was emailed to each participant who expressed an interest in partaking in the study. Participants were informed that anonymised direct quotes from their interview may be included in the finalised document or future academic publications and presentations. Participants were also informed that the interviews would be recorded and that the recordings would be stored in a locked filing cabinet in my home office until I had successfully completed the examination process. Bell (2005) points out that often before interviews respondents are given a copy of protocols or consent forms to sign. Hart and Bond (1995: 199) contend however that:

It is not sufficient for the interviewer simply to read it [the consent form] out and then expect the respondent to sign. The respondent might justifiably feel anxious about signing anything, particularly at an early stage when the interviewer may be unknown to him or her. In our view it would be better to give the respondent time to read and re read the protocol for himself or herself at his or her own pace and to negotiate any additions or changes to it with the researcher.

Bearing this in mind, I emailed a copy of the informed consent sheet to each participant along with the interview schedule prior to our agreed interview appointment. The information leaflet and informed consent sheet were also emailed to the foster mother and foster professionals interviewed in the course of the study. No issues arose with any of the research participants in relation to the interview procedure or informed consent.

Hill, as cited in McCauley (1996:57) advises that within the interviewing process, “*explaining the role of the interviewer, the purpose of the interview, establishing the rules regarding confidentiality and clarifying the nature, form and duration of the process are seen as crucial*”. With this in mind, upon meeting each participant I provided a brief verbal overview of the study and the interview process and also asked each interviewee to read and sign a consent form. As mentioned previously I also explained to participants a little about my professional background. Participants were also informed of their right to refuse to answer individual questions or withdraw from the interview at any time prior to its completion. The interviewees were all offered a copy of the transcript from their individual interviews and informed they could delete anything they did not want included in the

analysis. Seven of the participants requested copies of their transcripts. None of the participants asked for material to be deleted from the interview transcription. Research participants were also offered a copy of the thesis. All of the participants bar one stated they would like to receive a copy with some mentioning that their parents would also be interested in reading the study. Therefore I will email a copy of the study to participants upon satisfactory completion of the examination process.

Given the sensitivity of this particular research issue, I took cognisance of Gray's (2009: 236) advice that in the study of sensitive topics the researcher should be clear that he/she "*is not a counsellor and should avoid being drawn into this type of discussion*". I was aware, however, that interviewing people on their experiences of living in families who fostered may arouse sensitive feelings or memories. Therefore, information leaflets were provided to all interviewees with contact details of support and incident debriefing services available to them, should they require further support arising from the research interview (Appendix 5). I also contacted each interview participant by phone the day after the interview to ensure there were no outstanding issues or concerns for them. I also left my contact details with the interviewees to enable them to contact me to clarify any further issues in relation to their interview transcripts or the research project overall. No research participants contacted me in relation to the research study post interview.

As stated above, I was aware of the possibility of participants (particularly the birth children and foster carer interviewed) becoming upset or anxious during the interview due to the possible sensitive nature of the topic. This issue arose in two of the interviews with birth children. One participant became upset as she recalled two foster children removed from her family's care to another placement. On this occasion I asked the participant if she would like to stop the interview. She took a few minutes to gather her thoughts but wanted to complete the interview. Another participant became upset when speaking about the placement of a young person with challenging behaviour in her family. The interview was again stopped for a few minutes and the interviewee was asked if she would like to stop the interview. However the participant stated she wanted to complete the interview. When conducting the follow up phone call with these two interviewees, I was conscious of ensuring the interviews had not caused them undue stress. Both interviewees expressed their wish for their data to be included in the study and mentioned they were glad of the opportunity to talk about the issues that arose. I believe my experiences as a social care worker and as a researcher who has

interviewed people about sensitive issues before helped me to remain calm, to support the participants and ensure their best interests were prioritised throughout the interview process.

In view of these matters I attained ethical consent from the Social Research Ethics Committee of University College Cork to undertake the study. This involved the completion of a rigorous Research Ethical Approval Form. This process required me to identify any ethical issues which might arise during data collection for this project and to ensure such issues were managed sensitively and responsibly. I initially submitted my Research Ethical Approval Form to the ethics committee in December 2011. However, the form was returned to me asking me to clarify some issues in relation to the research information leaflet and the informed consent form (Appendix 6). I subsequently made these alterations and re-submitted the application to the ethics committee in January 2012 with ethical approval being granted on January 24th 2012 (Appendix 6).

Many of the interviewees seemed to welcome the opportunity to speak about their experiences as the birth child within a foster family and I received the impression that for some the interview process seemed cathartic. Some participants said that this was the first time they had been asked about their views, experiences and perspectives on the foster care system. Considering the guiding principle of research ethics is to do no harm, taking part in this research was considered to be beneficial by participants as it both gave them a voice for the first time and provided them with the opportunity to reflect upon their experiences of being the birth child within a foster family. Having outlined the ethical considerations facing me in the study, I will now progress to discuss the possible limitations of this study.

5.7 Limitations of the Research Study

The study gathered information in relation to the experiences of 15 biological children of foster carers. The findings, therefore, cannot be deemed to be representative of the wider population of birth children of foster carers. That said, the study does succeed in providing significant insight into the experiences of the biological children of foster parents and makes a valuable contribution to the limited research which exists on this topic, particularly within

the Irish context. Furthermore, as stated earlier in the chapter, the same topics and issues arose in all of the interviews, thus indicating data saturation. A limitation of this study lies in the representation of the participants within the research sample. All of the birth children interviewed for this study hailed from a homogenous group, white, Irish settled, heterosexual families.⁸⁵

Given the increasing number of non-Irish families fostering⁸⁶ in the Republic of Ireland, further exploration of the experiences of the birth children of foreign national families fostering would be worthy of further investigation. It is also important to point out that of the fifteen participants twelve were female with only 3 males. This demonstrates similarities with other studies on foster care and on this topic in particular, where it seems women are more willing than men to discuss their experiences and opinions, particularly in relation to issues related to caring. Bearing this in mind, it may be worthy of consideration for future research that alternative research strategies may be more productive in garnering the perspectives of male research participants.

It is also important to highlight that the age of the participants may also be regarded as a limitation of the study, as birth children aged between 18 and 30 years might not be as up to date with regard to recent developments in the foster care system and how they impact upon younger birth children of foster parents. However, for this study, the focus was on gathering a more retrospective exploration of birth children's experiences, which has provided valuable

⁸⁵It is important to point out that fostering is now undertaken by a range of different types of families including single people, gay couples, individuals who are divorced, non-Irish Families therefore the sample of participants who participated in this study might be viewed as homogenous as they all came from similar family backgrounds.

⁸⁶The Interim Report of the Child Care Law Reporting Project (2013) reveals that in their review of 333 child care cases in child care proceedings between December 2012 and July 2013, 20.3 per cent of respondents were non Irish. One of the key findings of the report was the high representation of African families (11.4 per cent) who came before the child care courts in proportion to the African population in Ireland. According to the last (2011) Census, there were 17,642 Nigerians and 4,872 South Africans living in Ireland. Eight other African countries had less than 1,000 and more than 200 of their nationals living here. The report reveals that in 233 cases foster care placements were sought for children placed in care. Although no information was available to identify the ethnic background of foster carers, the report does confirm that in 64 per cent of the cases children were placed with foster carers and in 18 per cent cases children were placed in relative care. Although figures are not available, it is safe to assume that a higher proportion of foster carers in Ireland are non- Irish in accordance with the fact a higher percentage of children in care are non-Irish thus more culturally appropriate foster placements may be sought where possible by social workers to protect the cultural identity of foreign national children in care (Coulter, 2013).

insights on this topic in relation to sensitive issues and feelings experienced by participants due to the fostering process. These issues are elaborated upon further in Chapter 6.

Finally, it is important to recognise that all the birth children in this study had experiences of fostering with the HSE, therefore, the study does not include the experiences of birth children whose families foster with other foster care agencies. It would have been interesting to garner the perspective of participants whose families had fostered with a private fostering agency. The study was advertised with two private foster care providers and the Irish Foster Care Association (which includes members who foster with independent fostering agencies), however, no one with experience of independent or private foster care agencies came forward to participate in the study. This might be attributed to the fact that private foster care agencies are a relatively new development (as highlighted in Chapter 2, the first private foster care agency was founded in Ireland in 2002), therefore the number of birth children aged between 18 and 30 years and thus eligible for this study, would be smaller than the pool of birth children aged 18 and 30 years who had experience of the HSE foster care system. This again would be an area worthy of consideration for future study.

5.8 Data Analysis Process

One of the challenges of qualitative research lies in the fact that the data can be large and unwieldy due to its reliance on prose from interview transcripts and field notes (Bryman, 2012). Miles (1979) warns of the difficulty for researchers of navigating through rich sets of data while Lofland (1971: 18) cautions researchers not to fall into the trap of “*analytic interruptus*”, where a researcher fails to really engage in a true data analysis due to the wealth of data. As stated above, the interviews were recorded on a voice recorder and contemporaneous notes were taken throughout and immediately following the interviews. These notes included records of my perceptions of interviewees comfort levels in the interviews, their willingness to answer questions and also my own thoughts on individual interview dynamics or events that took place during the interviews, such as interviewees becoming upset. These recorded reactions were utilised in the data analysis process and are referred to in more detail in the presentation of findings in the next chapter.

In analysing the data I followed a framework (as detailed in Table 5.3 below) suggested by Braun and Clarke (2006) for use in thematic analysis, a recognised qualitative analytic method. Thematic analysis “*is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail*” (Braun and Clarke, 2006: 79). Engaging in this process proved very beneficial in helping me search, identify and review key themes from my interview data.⁸⁷ It also proved useful in ensuring that I continually related the themes back to my key research questions. A protracted period of continuous listening to the recordings and reading the transcripts facilitated a process of coding or indexing which was the starting point for my analysis (Lofland and Lofland, 1995; Bryman, 2012). Braun and Clarke (2006: 87) outline the following guide to the key phases in the thematic analysis of data:

Table 5.3 Phases of thematic analysis

| <i>Phase</i> | <i>Description of Process</i> |
|---|--|
| 1. Familiarizing yourself with your data: | Transcribing data (if necessary), reading and re-reading data, noting down initial ideas. |
| 2. Generating initial codes: | Coding interesting features of the data in a systematic fashion across the data set, collating all data relevant to each code. |
| 3. Searching for themes: | Collating codes into potential themes, gathering all data relevant to each theme. |
| 4. Reviewing themes: | Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic map of the analysis. |
| 5. Defining and naming themes: | Ongoing analysis to refine the specifics of each theme and overall story the analysis tells, Generating clear definitions and names for each theme. |
| 6. Producing the report: | The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature. |

⁸⁷ Prior to commencing the data analysis process I had considered using a qualitative data analysis software package such as NVIVO. However I decided to analyse the data manually as I felt it would provide me with a better opportunity to become more familiar and immersed in the data I had collected.

After coding and indexing the interview data I identified both empirical and conceptual themes emerging from the data. This further informed my literature review and the theoretical framework used for the study, thus leading me to search for further relevant literature. For example, following my initial coding it was necessary for me to read further on the topic of separation and loss for the birth children of foster carers as this emerged as a definite theme in the data from the outset of my fieldwork. The core themes emerging from the data revolved around three key areas.

The first key section of the data was a description of participants' experiences of being birth children of foster families and their perspectives of being involved and consulted by their parents about the fostering project. The second portion uncovered participants' experiences of fostering professionals and in particular social workers as the main profession, which foster families come into contact with. The final section of the study revealed the participants' experiences of training and support as the biological children of foster carers and highlighted how fostering had impacted upon their lives. These themes are discussed in greater detail in the next chapter.

5.9 Conclusion

This chapter has provided an overview of the epistemological and methodological approaches adopted for the conduction of this study. It has outlined the interpretivist and qualitative research design and methodology utilised in the undertaking of this research. Semi-structured interviews were conducted with fifteen adult birth children of foster carers and the data analysed in order to gather the necessary information to meet the research objectives of the study. The ethical considerations and limitations of the study are also clearly outlined. Furthermore, the chapter provides detail on the key issues that arose in carrying out the research, namely in relation to sampling issues, accessing relevant participants, protecting the privacy and anonymity of interviewees and also supporting participants who became upset during the interview process. The next chapter introduces the reader to the major findings of the study.

Chapter 6

Findings and Analysis

6.0 Introduction

This chapter presents the analysis of data generated from interviews with the adult biological children of foster parents, in relation to the current body of research examining the experiences of the birth children of foster families. As discussed in Chapter 5, Braun and Clark's (2006) thematic analysis framework was utilised to guide the analysis process. Several key themes were identified in the participants' accounts of their experiences,⁸⁸ namely the issues of grief and loss, birth children's experiences of foster care professionals⁸⁹ and agencies, and the training and support needs of the birth children in foster families. Other sub themes related to the care work and the emotional work undertaken by birth children in the foster care process were also identified. This arose most clearly when birth children spoke about their experiences of fostering professionals and foster care agencies.

6.1 Loss and the Birth Children of Foster Carers

Of the 15 adult birth children interviewed for this study, 12 stated that overall fostering was a positive experience in their lives. Although it became clear that despite the positives that fostering had brought to the lives of most of the participants, this did come at a cost. Birth children were faced with a range of challenging experiences and issues which their non-fostering peers may not have to contend with. The issues of grief and loss, although not initially an area of focus on the interview schedule, was one that was very evident in the accounts of all participants, thus, was a significant issue for them. Loss was experienced in different ways and related to different incidents and experiences in the participants' lives. During the analysis process the relevance of loss to the research objectives became obvious.

⁸⁸Other lesser themes such as the reaction of neighbours and communities to families fostering and also the response of extended families to families fostering also arose in some interviews. However they were not closely related to the research objectives and, due to time and space limitations, were not explored further in this study. Nonetheless, they may be issues worthy of further consideration for future studies.

⁸⁹As pointed out in chapter 2, there are two types of social workers involved in the Irish foster care process: (1) the child and family social worker assigned by the child and family agency to carry out its statutory responsibilities for the safety and welfare of the child in care (2) the link worker is assigned to primarily be responsible for the support and supervision of foster carers. During interviews with participants, when discussing their experiences of fostering social workers, some interviewees clarified whether it was link workers or child and family social workers they were referring to. However some interviewees in recalling certain experiences could not recall if it was a link worker or child and family social worker involved. During the presentation of findings, I have, where possible, clarified which role the fostering social worker was involved in.

Much of the existing research and literature (Part, 1993, Hojer *et al.*, 2013) has focused on loss of personal space, possessions and material items, such as toys and possessions, particularly for younger birth children in foster families (Pugh, 1996). This research, however, reveals that participants were less concerned with this element of loss but more with those experiences related to feelings of grief and loss following the departure of foster children and the loss of private family time brought about by fostering. As discussed in Chapter 1, this might be explained by the fact that all interviewees in this study were adults who, perhaps through the distance of time, were capable of making more insightful reflections on their experiences and therefore were less focused on issues related to possessions and material items.

6.1.1 Grief and Loss

Several of the participants spoke about the effects of loss on their lives when foster children left their home and suggested that the impact of this loss was similar to bereavement in the family. Participants spoke of the continual cycle of separation and loss that fostering brought to their lives, as foster children moved in and out of their homes. Rebecca,⁹⁰ reflecting on her experience of loss stated that:

A big struggle for me, I was only saying to my Mam earlier, was that we had loads of different kids come to us and leave and I don't think a social worker or anybody asked about how I was affected by it all.

I asked Rebecca whether she had discussed this matter with her mother before and she replied no, noting that partaking in this study had provided her with the chance to reflect and talk about these issues with her mother. She added that the opportunity to discuss this matter with her mother was a positive one. Rebecca further suggested that her experience of loss from the foster care experience influenced how she has related to foster children in later years as she became reluctant to become too close to foster children for fear of them being taken away again. This was relevant for other respondents, who developed self-protection strategies in order to shield themselves from the emotional pain created by foster children moving in and out of their homes. For example Anita divulged that she made a conscious choice not to become attached to foster children, after a young girl, who she became very close to, was moved to another placement. While speaking about this Anita became visibly upset and revealed to me how difficult this experience had been for her. She explained that:

⁹⁰ Pseudonyms have been assigned to all research participants for confidentiality and anonymity purposes.

The first girl I used to play with but then things changed and I didn't want anything to do with it anymore. We had the first girl for four years and then they decided to put her in another placement and I just cut myself off from the others because I had such a good connection with her. I didn't want to become close to other kids because they'd be gone.

This experience of loss seemed to have an impact upon how birth children adapted to their family's fostering as time went on, with some participants clearly stating how they avoided becoming attached to or building relationships with some foster children, due to earlier experiences of upset and grief when previous foster children had been moved away.

Avril commented that while adults comprehend the reasons why foster children are moved from placements, birth children may not understand and nothing is explained to them, despite the close relationships they may have built with the foster children:

The next thing is the issue of children leaving. That's a huge issue and the adults know about the whole thing but children don't understand children coming and going. You're told they're not your real sister/brother but they are, especially the long term kids, they become part of the family. I think the grief and loss for the biological child is a big thing and families just move onto the next placement, so that's one thing that needs to be dealt with better.

Participants identified the importance of training to help manage some of the feelings that arise for birth children due to their families fostering. Several interviewees spoke about the loss of attention from their parents when their families began fostering which raised issues related to guilt and jealousy. Respondents spoke about being torn between feeling jealous of foster children, due to the attention and gifts they received, and also feeling guilty about this, knowing these children had come from difficult situations. Tony explained that this was probably the most negative aspect of his fostering experience:

The one thing that was negative and I said this to my girlfriend, looking back on it, was the guilt. You feel bad that you wanted some of the foster kids to go but realise how good you had it. I do feel a bit of guilt that I wanted them to go, although I shouldn't feel guilt because I was only a kid, but that is something that was a negative.

Avril also identified this as significant stating that:

I definitely think there are issues around guilt. Not wanting a child there and jealousy around the child and feeling guilty about that. And I don't think it needs huge resources, just a couple of short sessions with a psychologist would have helped me work out those issues. I think there needs to be a little piece done with them [birth children in foster families] around those things, just a place to bring some of those issues. Now I know not all kids may want to but it would be good

to have available, even for once every six months, to work out some of those issues, like how different kids coming in and going makes you feel.

It is noteworthy that the five participants who expressed this element of loss as having the most profound effect on them, were the younger birth children included in the study and evidence of this impact was clear to me, as some became visibly upset in speaking about this issue in the interviews. Further study of this element of loss would be useful.

While the three male participants in the study emphasised the impact of loss, when foster children left, this was stated as an issue more relevant to their mothers than themselves. Although there were only three males included in the study, this difference raises interesting questions about the way gender influences the experiences of birth children in foster families. As also found by Hojer and Nordenfors (2006), females in this study adopted a more maternal role in relation to caring for foster children and may have built closer attachments. Therefore, females could be deemed to be, in some cases, more openly affected by the loss related to that relationship. An alternative explanation of the male interviewees' response is that males felt less comfortable in admitting the personal impact for them of foster children leaving their homes. Interestingly, during the interviews, three of the female interviewees mentioned to me that they had shown their brothers my advertisement for the study thinking they might be interested in partaking, but their brothers dismissed it, commenting they would not be interested in talking about their experiences. This may, in some way, explain why male participants were less likely to volunteer for the study.

Related to this element of loss, some participants expressed upset at not being able to stay in contact with foster children once they moved to another placement. When asked about what advice she might offer to social workers in relation to the needs of the biological children, Winnie emphasised the importance of allowing contact to continue between foster children and the relevant foster family post- placement.⁹¹

⁹¹It is important to be mindful of the fact that these are retrospective accounts of birth children's experiences of living in foster families. Individual episodes occurred often over a decade ago, thus it is important to consider that some practices and policies have developed and evolved to be more conscious of the needs of foster carers' own children. Nonetheless, the findings presented here provide valuable insight into the experiences of birth children of foster carers, particularly considering the dearth of research existing on this topic within the Irish context. It is also significant that several participants in this study mentioned their young siblings facing similar challenges that they (interviewees) had encountered as younger birth children in foster families and this is why the interviewees were so cognisant of supporting and providing special time to their younger birth siblings, as they could relate to the challenging experiences and emotions their younger siblings were encountering.

Winnie emphasised the importance of birth children being provided with explanations and information in relation to why foster children are being moved to a different placement:

Talk to us, explain stuff to us and tell us what's going on. Explain why you're taking these kids back, why you're moving kids to other houses. Then, when the kids go, let us visit them. I think this is a big thing, this kid has been your brother.

This raises an interesting point with regard to birth children in foster families needing information and explanations in relation to foster children leaving, not just opportunities to stay in contact with foster children. This concurs with the findings of Sutton and Stack (2013) who found that open and honest communication allowed birth children to feel like important members of fostering teams.

When asked about whether foster care had been, overall a positive or negative experience for her, Tracey stressed it had been positive (as it had helped shape her into the person she was) but acknowledged that it brought experiences that she wished she did not have to go through, particularly when foster children left her family and no contact was maintained. This sentiment was also shared by Rebecca, who felt that, aside from it being beneficial for the birth children of foster families to maintain contact with foster children after placements, it would also benefit the foster children as they learn to understand why they had to leave a particular foster placement and also maintain valuable relationships in their lives. Rebecca provided some insight into the chaotic transitions that fostering brought to her home life:

I've had 13 siblings, no wonder I have a thing about loss, no wonder I'm like, even when a friendship ends, have a strange sense of upset. Only recently, from doing [type of training] training, I have realised where it has come from. I'd come home from school, a kid would be gone and a new one would be there. That happened several times, I went on holiday once when I was 15, one of my foster sisters left and we had a new kid in the house. I was like to Mam, "who's the stranger in the house?" and she was like, "oh ye the other kid we had left, and a new girl came".

Participants also highlighted the lack of information they received about new placements or upcoming change as a negative element of the fostering experience.

Tracey recounted the experience of her two foster sisters being removed from their family following the death of one of Tracey's parents, which exacerbated the already painful experience of grief and loss being felt by the family. Although Tracey spoke about this issue in quite a matter of fact way, it was obvious that, by her tone of voice and body language, this had been a very painful experience for her.

Aside from the impact of grief and loss on the birth children themselves, several participants spoke about witnessing the effect, of children leaving, on their own parents, primarily mothers. Mary expressed the challenge she felt in trying to support her mother who became upset when some foster children left, especially babies or younger children. She revealed the pressure she felt sometimes in supporting her mother because of the impact fostering had on her life:

I did feel pressure from it [fostering] sometimes. It's tough but you get through it. Mam got really upset when one of the babies moved on so I used to come home from college to cook the dinner. That's one of the reasons I didn't move to [name of city] when going to college. I feel like I'd be like mam's little counsellor.

This was also an issue raised by Tony who felt, that as he got older, he was given more of a say in his family's decisions in relation to foster care, but with that came concerns in relation to the pressures foster care was placing on his mother.

As I got older, I was certainly involved in the process and I remember saying on one occasion when she wanted to take another foster child, "this is a bad idea, you're not going to be able for this". It was all discussed. It was taking a toll on my mother, especially short term kids coming in and her getting attached to them, and then them naturally going home. (Tony)

Heather discussed the impact of what she described as a "particularly traumatic placement breakdown" on her mother and expressed concern how this affected her Mam as she saw her cry and become upset.

Participants spoke overall about the lack of supports provided to families following foster children leaving and, as stated by Greta, "social workers just gloss over it and expect you to take a new child in a few weeks". Winnie highlighted the need for support in helping foster families recover from the loss and grief experienced through fostering:

I was 16 [when the foster child was moved by social worker], it would have been helpful to have someone to help us deal with it. We were just told to say goodbye to the child and that was it. They could have helped us deal with the feelings, the grieving.

The perspectives of the research participants detailed above echo the messages of other research studies and literature examining this topic (Kaplan, 1988; Spear and Cross, 2003; Irwin, 2005; Boswell, 2005; Walsh and Campbell, 2010 and Hojer *et al.*, 2013) as many participants voiced the experience of loss and grieving following the departure of a foster sibling as being one of the worst aspects of fostering for their family. Despite the sometimes

unavoidable transient nature of foster care service provision, it would seem that there are areas which might be improved upon to help make the experience of loss and separation less traumatic for the birth children of foster carers and, in some cases, their parents.

Moreover, one of the frustrating contributions to birth children's experience of loss would seem to be adults (including parents and professionals) failing to explain fully when and why foster children were leaving. This contributes to the sense of loss and confusion as to why foster children have to leave. Although adults may believe that they are, in some cases, protecting birth children from upset, the views of the participants in this research suggest that it is important to explain this to birth children, in an age appropriate manner, thus helping relieve some of the confusion or guilt that they may feel in relation to some foster children moving on. The findings in this study identify the importance of parents and professionals not assuming they understand the reality of foster care for birth children in foster families and, subsequently, presuming that biological children will be okay when foster children leave their homes.

From the retrospective accounts of the birth children examined here, it is clear that the birth children were capable of understanding some of the complex issues raised by fostering in their homes and believed they were capable of being agents in the construction of their own lives, as evidenced by their development of self-protection strategies to deal with loss. This further suggests the value of parents and professionals having processes in place whereby birth children have the opportunity to express their feelings about foster children moving on.

Some of the interviewees seemed to struggle with mixed feelings which arose from their families fostering, as they felt guilty about incidents where they were jealous about foster children receiving attention or gifts. These experiences resonate somewhat with the findings of Pugh (1996) and, in particular, Nuske (2004), where birth children again revealed the paradoxical nature of foster care as they felt both care and resentment towards foster children. Despite being in their mid twenties, several participants recalled very vividly these feelings of guilt and believed this was an important matter to be addressed for younger birth children in foster families suggesting that this had a significant impact on their lives. It was also obvious that some of the participants still appeared to have unresolved feelings for some of the foster children who had left their homes, and this became evident when two of the interviewees became upset in discussing this matter during the interviews. This invoked the concept of disenfranchised grief, as discussed in Chapter 4, as the birth children were not afforded the

time or space to grieve the loss of departed foster children who were considered as siblings in foster families. Again it is beyond the remit of this research to explore this topic in more depth but based on the findings of this study and others such as Irwin (2005), further study of this concept, in relation to the experiences of birth children of foster carers, would be valuable in developing appropriate supports.

6.1.2 Loss of Innocence and Lessons for Life

The exposure to less pleasant issues in life, such as addiction and abuse have been documented by other literature that has examined the experiences of the birth children in foster families (Pugh, 1996; Boswell, 2005; Irwin, 2005; Twigg and Swan, 2007) and is a topic which also arose clearly in this study. For the majority of the interviewees, the exposure to these issues was not deemed detrimental and in most cases, participants felt it helped shape them as individuals, making them more open minded and appreciative of the positive family life they did have.

Winnie spoke of how her family had fostered a boy from another country who spoke to her about how he had seen his father and brother murdered. She also spoke of becoming more aware of issues around addiction, from witnessing access visits between her foster siblings and their birth parents, and from fostering babies who were born addicted to heroin. She felt it would have been helpful to have been told what to expect by social workers but felt that exposure to these issues helped her mature as a person and provided her with life experience which has helped her in other areas of her life, such as in her training for the teaching profession. Tony spoke too of how fostering had allowed him to view society differently and helped him realise how privileged he was:

I am definitely from a middle class background and through fostering I got a very different view of the world. I realised how lucky I am and how lucky some people have it. It opened my eyes to a social class I would have never seen. I think it was a beneficial education and no doubt I'm a different person because of it, and I wanted it, and I am glad I am the person I am. You know I look at some other people from a similar background as myself through school and they don't have a clue. I'll give you an example, we would have fostered a child from the travelling community and I would have a very different view of people from the travelling community than my friends, who would never have even spoken to or said hello to a traveller. They'd have a very pre-conceived idea of someone from the travelling community. I got a lot more insight because of fostering.

Some of the participants spoke vividly about how foster care had made them aware of the harm that can come to children, which could be perceived as leading to a premature exposure

to more disturbing issues in life. Martina revealed how she became aware of sexual abuse through a disclosure made by a foster child living in her family. She reflected on her experience saying:

Well, seeing a different world didn't do us any harm. We were just given a deeper insight into the cruelties that can happen. Growing up as a child I'd never think anyone would harm a child or no one would even hit a child because Mammy and Daddy never smacked us, so that never came on our radar. But if you had a child disclose to you that they were after getting beaten, you'd be like, "now I've heard the worst", but then another child would disclose. It didn't do us any harm knowing about it; it made us more open-minded. A child came into our care because of physical abuse but they found out she was being sexually abused because of a conversation while playing with my sister and me. We said it to Mam and my Mam said it to the social workers. I don't think she would have disclosed that to a social worker. She [the foster child] was only 16, but at the end of the day, I don't think it did us any harm.

This incident was similar to one experienced by Geraldine, who spoke about how a child had disclosed sexual abuse to her in a conversation. Three other participants also recounted experiences of foster children disclosing experiences of abuse during play times. This matter was discussed in detail by Geraldine, who stressed the importance of birth children receiving support about disclosures as children often feel more comfortable disclosing issues to other children or young people, rather than adults, and highlights the centrality of the role of birth children in the fostering process:

I have spoken to other birth children of foster families and they would have said it happened to them [disclosures] at younger ages, especially playing dolls and you're dressing dolls and they would come out with, "this is what happened to them". I think when you're playing a lot of things come out. I think the children need to be aware of it and I think the adults need to be aware of it and keep an eye on things when they're playing. That child has been through something to be in foster care and you're opening your home up to that somehow, so you need to be prepared that it could come out at any angle and to anybody. I really strongly feel it can come through play or colouring. There needs to be more information and support for birth children who have experienced that. Also talking to them about promises, secrets and telling their parents, especially small children because, for them, keeping secrets is a big thing so they need to know when to keep a secret but it's important to know when to tell as well.

Some of the interviewees spoke of their experiences of allegations being made by foster children against one or both of their parents. Heather recalled quite emotionally how her foster sister had made an allegation that her foster parents, Heather's biological parents had hit her. The situation resolved itself when social workers discovered that the foster child's

birth mother had encouraged her to make the false claim, believing it would mean her daughter would be returned home to her. This proved to be a very difficult experience for Heather who felt her safe family environment had been destabilised by the incident. She expressed fears that she might be taken away by social workers if the allegations were believed to be true, and emphasised the importance of parents reassuring their own children of their safety, no matter what happens to the foster child.

Anita explained that, due to a false allegation previously made against her father by a foster child, she or her sibling always had to be at home with her dad if a foster child was there and her mother was out. This practice was also recalled by two other participants who recalled their fathers being reluctant to be home alone with foster children for fear of allegations being made. One of the male interviewees, Tony, could relate to this issue as he explained that he would sometimes take his teenage foster sister to the cinema but he would always ask his girlfriend to accompany them, as he felt vulnerable and expressed that having a companion is not something he felt he would need if he was going to the cinema with his birth sibling.

The loss of innocence for foster carers' own children has previously been identified by Pugh (1996), Nuske (2004) and Hojer *et al.*, (2013), who highlighted that children whose families' foster, witness things that many of their non-fostering peers may not. The findings of this study concur strongly with Pugh (1996) as most of the participants highlighted that fostering presented them with access to different worldviews and experiences. Participants in this study suggested that this exposure to other worlds was not detrimental to them and, if anything, was a positive experience as it allowed them to become more socially conscious, open minded and appreciative of their life situations.

However despite the fact that most of the participants identified seeing different elements of society as a positive thing, it is important to note that interviewees did clearly mention some less pleasant elements that fostering brought to their families, such as the trauma brought about by accusations being made against their parents by foster children. It is also evident that participants feared the loss of normality within their family due to the fostering task. This resonates clearly with the findings from Nuske's (2004) study which found that the birth children of foster carers had mixed feelings about being exposed to more disturbing issues due to their families fostering, but also felt pride that their families were able to provide care to vulnerable children. Like the birth children in Nuske's (2004) research, participants in my study had a range of experiences with some being viewed as positive, leading to a wider

world view whilst other experiences, such as disclosures and allegations against parents, were undoubted causes of distress.

That birth children had foster children disclose abuse to them is very significant. Even as a trained professional, I find dealing with disclosures of physical and/or sexual abuse from children to be a stressful and challenging experience, therefore, I can only imagine how difficult it must have been for a child or young person to understand and manage such incidents. This reiterates the importance of foster carers and professionals being aware of this when working with foster children and birth children in foster families, whilst also ensuring the correct supports are in place. It also highlights that birth children also act as important knowledge agents within the foster care system as they may be aware of issues or knowledge about a foster child that foster parents or professionals are not. This is an issue that is discussed further in the next chapter.

6.1.3 The Impact of Fostering on Family Life

Notwithstanding that the majority of participants in this research identified fostering overall as a positive experience in their life, many identified that there were some negative aspects to it. One of the key disadvantages identified was the invasion of family privacy and loss of individual family time occasioned by having a foster child in the family.

Greta recalled how fostering had a profound impact on her adolescence, as her family moved to another town in order to purchase a bigger house. Greta seemed upset recounting this experience to me as she had lost contact with old friends and hobbies due to her family's move. She also revealed how her parents had missed a special occasion in her life, as they had to attend a fostering review and this event continued to be a source of tension, particularly between herself and her mother. Similarly, John suggested that fostering had impacted upon the dynamics of his family and had brought stress to the family due to the challenging behaviours presented by some of the children. John was one of three participants who identified fostering as a negative experience, due to the pressure it placed on his family and he felt the family were not given enough time to recover after foster children had left or there had been a placement breakdown. This was also a perspective held by Keith, who believed it would be valuable for families to be given time to themselves without foster children in order to relax and recover again as a family.

Participants had opposing views on how this might be facilitated. Some believed it should be done on a week to week basis where the foster family had protected time to themselves

without foster children. When asked about what he felt were the needs of the birth children of foster carers, Keith replied:

It's about giving them time, its organisation and not let stress get to you. It's important to keep that family bond, like we used to go to the cinema as a family but that might last five or six weeks and then stop because something else to do with a foster child would have to happen. Yeah, it's important to keep that family bond and not take it for granted.

Meanwhile, John considered it more important that respite services be made available to foster families to give them some time alone and allow them some space away from the pressure of caring for foster children with challenging behaviour. Karen spoke of never having quality time with her parents and recalled an incident where the family had to cancel a family Christmas holiday that had been pre-booked, as social workers insisted a foster child (placed with them after the booking) be included in the holiday but it was too late to organise this. Participants spoke about this further in relation to the support needs of foster carer's birth children, which is elaborated upon later in the chapter.

Birth children also spoke of the effect fostering had on their everyday lives. Anita found it difficult that so much of her daily routine was taken up by fostering tasks, as she had to accompany her mother to bring her foster sister to appointments with the psychologist, counsellor, social worker and Guardian ad Litem.⁹² This also impacted on her time with her family as she stated “every day you did something with the foster child so you didn't really get time with your parents”. This was an issue also raised by Sandra, who noted how fostering impacted greatly on the family routine which tended to revolve around social workers calling or collecting children for access visits or meetings. Expressing frustration, Mary spoke of occasions when her family had to turn back home from planned activities because a social worker had called to say they were calling over to discuss something of importance with her parents. Sandra, although very positive about her experiences of

⁹²A Guardian ad Litem provides children involved in family law proceedings with an independent voice in court. A Guardian ad Litem is an experienced and qualified person, with expertise in working with children. A Guardian ad Litem is appointed by the Court and advises on what is in the best interest of the child concerned. The Guardian ad Litem also makes the judge aware of the child's own wishes. The Guardian ad Litem consults with the child, the child's family, and any other organisations who know the child and the family (Barnardos, 2014).

fostering, clearly stated that fostering calls upon all members of the family to contribute, which can be challenging for birth children in terms of its impact:

I was involved in a lot of babysitting, feeding babies and taking children to school. It's not all fun and games either. Having a new child join the family, particularly a younger child, you're expected to pull your weight with things like that. There are some negatives, particularly for older kids, they might have to give up a bit of their time.

Participants also explained other practical care tasks they were involved due to fostering. Winnie told me how she used to accompany her foster brother to access visits while Greta recalled minding for her birth and foster siblings while her mother spoke to social workers when they called for meetings.

Heather explained that she tried to support her parents who were having a particularly challenging time responding to the behaviours of a little girl in their care:

When things were getting tough I would take the bed time responsibility and my Mam was always very appreciative of that because she had been with her all day and she'd be really worn out after epic battles about stuff. She was drained and couldn't fight at bedtime so I took over. I didn't mind doing it but it was always recognised that it wasn't my job but I was helping out. My Mam was always very clear, "you are not responsible for this child, I am, but I appreciate your help". I didn't mind that at all because I wanted to help and try and make it better.

Several of the participants spoke openly about the impact of fostering on younger siblings and felt that fostering may have been more of an intrusion on their younger siblings, due to their age. John believed that his younger brother had not received the same type of family upbringing as him or his older siblings; due to the change that fostering had brought to their home. He believed that, once his family began to foster, more attention was given to foster children, therefore his brother received less time and attention. John explained that sometimes he raised this matter with his parents but it always ended with disagreements and arguments. Similarly, Heather spoke about how she and her parents felt they had been neglectful of their relationship with her younger sister, due to the challenges raised by a foster child in their care. Heather explained that, once that placement had broken down, they realised her sister had been spending a lot of time at her friend's house to escape some of the pressures brought about by fostering.

Greta explained that she would often take her biological sister out for a meal to give her special time, realising that sometimes fostering meant she didn't receive the same amount of

time or attention from her parents. This was a feature of several other interviews, as older participants explained how they sometimes spent special time with younger siblings to support them, as often their parents were busy with issues related to foster care. These findings very clearly identified tensions within foster families in relation to the time commitments placed on parents due to the fostering task. Subsequently, this led to limited attention being paid to younger siblings. Older birth participants were able to identify and clearly articulate this tension and in some cases attempted to meet the needs of their younger siblings by spending special time with them. This is explored in more detail later in the chapter, when discussing the birth children of foster carers as advocates and support figures.

Similar to other existing research on this topic, interviewees identified this loss of family time and additional responsibility placed upon them as one of the more challenging aspects of fostering (Poland and Groze, 1993; Fox, 2001; Hojer and Nordenfors, 2006; Younes and Harp, 2007). Comparable to the findings of Fox (2001), participants in this research clearly identified themselves and their biological siblings as playing a substantial role in caring for children fostered in their family. These duties ranged from babysitting, feeding younger children, bringing them to and from school, and even going as far as bringing children to access visits, a duty more commonly associated with the role of a professional, such as a social worker or access worker. In addition to the practical tasks the findings here also emphasis the affective work undertaken by birth children who are often involved in providing emotional support to parents, siblings and foster children.

Some of the interviewees seemed happy to contribute to the foster care task, although many admitted they did this in a bid to support their parents. Others believed the commitments their families were asked to make, by professionals, was too great as they had to attend several appointments and professional meetings which directly impacted upon the routine of foster carers' own children. Similar to the findings of Hojer and Nordenfors (2006), many participants in this study felt that sometimes their parents took on too much responsibility with fostering and accepted placements even though it may have been too much for the family. They further stated that it was the role of foster parents to ensure the foster care workload did not place too much burden on the foster family.

From probing this issue further with interviewees, there appeared to be two major reasons for parents feeling unable to refuse foster care placements when social workers requested. Some participants believed their parents were motivated by the positive attention and feedback from

social workers and neighbours, some of whom referred to them as saints or made comments such as “*I don’t know how you do it, you’re brilliant*” (Keith) and, therefore, they (foster parents) were reluctant to say no to requests as it may damage their reputations. Interviewees who conveyed this viewpoint expressed concern as, not only did this place pressure on the family, it also caused concern for the birth children as they felt their parents were taking on too much. Others believed their parents were reluctant to say no to social work requests as they believed the social workers were the professionals and were fearful of the consequences of saying no.

Tracey explained to me that her family were in the process of trying to adopt one of her foster siblings and her mother was reluctant to say no or question the decisions of social workers for fear of it impacting upon their adoption application. Tracey spoke of the occasion when she wanted to access the reports surrounding an allegation that the birth parent of a foster child had made against her, but social workers would not allow her access to the report. She reported that:

At the time I was thinking of using Freedom of Information legislation [to access the report about an allegation made against her and to ensure it was recorded that she vehemently denied any wrongdoing] but Mum asked me not to, she said the social workers are not helpful enough and if we pushed them on this they might stop or delay the adoption. Sadly, I still think it’s true. I wish that I had gone through with this at the time because the adoption got delayed anyway. I absolutely believe that there are some social workers who would have tried to slow it down.

This matter was also raised by Greta whose parents were in the process of attempting to adopt one of their foster children. Greta recalled that her mother would state “*we better not rock the boat in case it affects the adoption*”, in incidents where she disagreed or questioned a social worker’s decision in relation to the foster children in her care.

In reading these accounts, it was somewhat concerning about how the fears or motivations of foster carers had impacted upon the lives of their birth children. Although the dedication and love that these foster carers had for their children is not in question, concern must be raised about how, as the primary source of protection and support to their birth children throughout the foster care process, the autonomy of foster carers to advocate for themselves and their children is diluted by their fear of upsetting social workers. This suggests the need again for foster carers to advocate for their own rights and those of their family but, also, for social

workers to be empathetic in recognising the rights of foster families and their own children in the foster process. This move to a more partnership based approach may improve the foster care experience for all parties, because if foster parents and birth children are given a voice and are content, this will surely impact greatly on the quality of care provided to foster children. The issue of relationships with social workers also arises in previous research documenting the experiences of foster carers (Meyler, 2002c; Irwin, 2009) in which a significant number of foster carers identified themselves as having poor relationships with their social workers, mainly due to poor communication.

6.2 Experiences of Foster Care Professionals and Foster Care Agencies

As outlined in Chapter 1, a key objective of this study was to explore birth children's experience of being consulted and included in decision making within the foster care system. During the interviews, all participants candidly discussed their experiences of being consulted by professionals involved in the foster care process. The interviewees had varied experiences of being acknowledged, included and consulted. The lack of recognition of the birth children of foster carers by social workers and fostering agencies is strongly emphasised in existing literature and research (Swan, 2000; Watson and Jones, 2002; Nuske, 2004; Twigg and Swan, 2007; Walsh and Campbell, 2010). This finding is also evident within this study, although participants differentiated between being recognised by professionals, such as social workers remembering their name or acknowledging them as individuals when visiting foster homes, and being consulted with, by professionals, when they recalled their experiences of having their views and perspectives actively sought by social workers. Alongside the issues of being recognised and consulted, another issue that emerged related to birth children acting as advocates and support figures for their parents.

6.2.1 Interactions with Social workers

Most of the interviewees in the study identified themselves as not being acknowledged or recognised by foster care professionals, mainly social workers or the fostering agency, for the contribution they made to the foster care task in their families. This appeared to be an important issue for many of the participants, who revealed that their motivation for partaking in this research came from wanting to highlight the lack of recognition afforded to the birth children of foster carers. Mary stressed during our interview that it was the first time she has ever really discussed her experiences and feelings about the foster care system and explained that, *"I'm only talking about it now because it needs to be fixed"*.

The majority of interviewees stated that fostering professionals failed to recognise the role they played in caring for the foster children placed with their families. Rebecca, whose family still foster children, explained that in her experience the views and needs of birth children in foster families were not on the radar of social workers:

I don't think they were ever really part of my life. I mean the link worker comes and she speaks to my Mam and she leaves. I'd be surprised if she even knew how old I was..... When I think of it, she is just so unaware of me and my siblings.

Avril also felt that social workers (both link workers and child and family social workers) did not include her in the fostering element of her family's life and felt this was because of resource issues as “social workers are expected to focus on the foster child and the foster parents”. This was a viewpoint shared by other participants who felt the HSE were also disinclined to recognise the contribution made by birth children to the foster care task. Martina believed that:

It wouldn't have been that hard, looking back now, to include us all by even saying hello and acknowledging you were in the home but with a lot of the social workers I was never acknowledged, like it wasn't my house it was the foster child's house. I mean you are recognised by your parents as having a role but the HSE is like the big bad wolf that they don't recognise you at all and it kind of denies the role you have within the family because you're not recognised by the HSE.

Greta explained that in her experience the social workers (both link workers and the foster children's social workers) were purely focused on the foster child only, even if that is to the detriment of the foster family. A minority of participants, however, described more positive experiences of being acknowledged and consulted by social workers, Keith stated that:

Our family had a link worker. I found [name of link worker] to be really helpful and when we first started she would come over and talk and I used to look forward to talking to her. Then it got less and less as time went on, I didn't need it as much. She was very good at her job in making sure we were alright, asking “are ye ok with this?”, I felt I could go to her with issues.

Heather described the link workers involved with her family as “nice” and always checking in to see if she and her siblings were okay with different elements of fostering. Although one of the things she wished she had received from social workers was praise for her efforts in caring for the foster child placed with her family:

Yes it would have been nice to have the social worker to say you're doing good and handling it really well, it would have been helpful. It would have been good to have that recognition.

Mary felt that praise and recognition should come directly from social workers and not through foster parents:

They would never give us praise, they would give it to Mam so maybe Mam was just saying that to encourage us.

Some of the positive viewpoints expressed echo the perspectives of the birth children included in Sutton and Stack's (2013) study who had positive experiences of being recognised by social workers and emphasised the importance of good communication in helping them feel part of the fostering process.

Many of the participants in the study referred to what they viewed as a 'good social worker' and what they viewed as a 'poor social worker'. Common traits attributed to 'good social workers' included those who were available, particularly in a crisis, were able to relate well to both adults and children, were approachable, and took time to get to know the birth children of foster carers. Martina recalled that:

Two social workers really stood out as good because, they would always have a chat with you and ask how's it going? Even if they saw you down the street they would say hello. I can even remember their names now.

Tracey revealed her frustration at link workers not even remembering her name despite having the same link worker for a number of years. She said:

At one stage, the fostering link worker called to the door and I answered and she went "Oh hello (looked down at her page and read her name), [name of interviewee]". She was working it out from her notes, who I was. She didn't know who I was. I think for her, there was not a value in what I did or what I had to offer.

Rebecca shared a similar viewpoint with regard to this matter stating "*she doesn't remember how many kids my Mam has and she has been my social worker for so long. We have had the same link worker since the start*".

Alternatively, Sandra spoke fondly of her link worker who had worked with her family since their initial assessment for fostering:

We have actually had the same link worker since day one, which is kind of unusual. He calls quite a lot to meet and chat with us and then meet with my Mam. This link worker we have is lovely and really friendly. He is very good

with children and even now when I'm older I look at him and he is very good with the small children. He is a very calm person and everything was quite relaxed and reflective.

Some participants shared contrasting experiences and perspectives in relation to social workers supporting their families. Greta and Martina felt that younger, newly qualified social workers were too focused on theory and did not have enough life experience to recognise some of the realities and practical challenges involved in caring for foster children:

There are these young social workers who go by the text book and have never had kids, they're the worst. Not that they are bad social workers but they are hard to deal with because they have no reality of what it is like to raise a child, never mind a child who had a difficult background. The older ones are much more reasonable and are like "oh God help you, I don't know if I could hack that with my own kids" but the younger ones are very text book, they're difficult to deal with it at times.

Alternatively, Winnie believed that older social workers were not as supportive as younger social workers:

I have had bad experiences with older ones. We have had social workers come in with their heads up their arses and they expect tea and biscuits and you're like, "are you for real?" We have had older social workers come in and stay for three hours. You're like, "do you not have things to do?" Like there are kids out there with no social workers. I'm not saying all social workers are bad but I think times are changing, so the issues they would have dealt with were alcohol abuse and some drug issues but now you have got so many different types of problems in families with so many different types of drugs, withdrawal issues so I think they need to be educated further on things like that. Recently I had a better experience with a younger social worker. The newest social worker [name of child and family social worker], she'll ring and check in with everything. She doesn't make a big deal out of things.

These findings demonstrate the importance of fostering social workers acknowledging the role played by all family members in the fostering task as it is the family who fosters not just foster parents. However it also became clear from the data that birth children wished not only to be acknowledged for their contributions to fostering but also to be consulted about fostering decisions that impacted on their daily lives.

6.2.2 Consultation with Birth Children in Foster Families

Some participants stated that dealing with professionals was the most challenging part of the foster care process. Karen revealed that the stress and frustrations of dealing with professionals led to her parents giving up fostering:

The kids [foster children] were no problem, they were the easy bit, it was dealing with the social workers and the professionals that was the problem. We were trying to fight for the rights of the child and we weren't being listened to and it was just so frustrating and stressful, that they just weren't able to cope with it anymore.

Similarly, Anita explained that the pressures of working with professionals made the foster care task more difficult and has led to her family taking a break away from fostering:

Initially I felt it was positive and we were doing good, but as more professionals got involved it became impossible to please everyone and foster carers have no say in anything. It became negative very quickly as one professional would tell you to do one thing with the child and another professional would want something different done but they forget what it does to the child and what the child does to the family.

Geraldine spoke of the importance of social workers not just directing everything towards the foster mother. She acknowledged a social worker who would chat to her on the phone before speaking to her mother or father, and would engage with her about fostering issues. Mary stated that often social workers would request to speak directly to her mother on the phone without asking how she was. Another issue raised by a number of participants related to link workers visiting in the morning or early afternoon time when birth children were in school so there was no opportunity for them to consult with birth children in foster families. Winnie stated that:

Like, if you were at school and they were visiting, they weren't going to come back again to make sure you were okay. Once they were following procedures for the routine meetings, that was it really. The link worker is there for all the family but they would usually come when all the kids were in school.

This viewpoint was reiterated by Martina who also felt that social workers visiting during the day tended to somewhat exclude not just the birth children but also her father who worked office hours:

When it came to social workers, dad worked and social workers worked nine to five, unless he was asked to go to particular care plan meetings, he would have to take a day off work. It wasn't that he deliberately took a back seat but he had to take one, social workers don't work 24 hours. They're not going to meet you on Saturday or Sunday. It was always kind of left to Mam.

When asked about what advice they would give to social workers given their experiences of being the birth children of foster carers, many of the participants stressed the importance of social workers listening and taking the time to create opportunities to talk to the birth children. Avril explains that birth children can provide insight and knowledge into the experiences and needs of foster children:

They should be conscious that the biological children have a voice and they sometimes know more of what is going on with the foster kids than the foster parents. You're a similar age to them so they might talk to you, listen and realise that birth children know a lot more than they let on. We would have noticed things with foster children and told Mam but if social workers had sat us down we would have said it to them. Just little things like that. A lot of kids we had came from a home life of drink and drugs and foster children would tell us that their parents did this or that, they go like this after they take drugs.

Meanwhile, Keith emphasised the importance of professionals really listening to the feelings and opinions of birth children in foster families rather than paying them lip service:

I would say that they have to be able to listen more than they talk. I think they do but there is a difference between listening and really listening, active listening, recognising how someone is feeling and not just going "that's grand" and tick that box. It's more important for birth children to feel listened to.

This also seemed important to Greta who believed that link workers were more interested in ticking boxes than really supporting not only birth children but foster parents as well. She stated that *"they [link workers] say you can come and talk to us but at the end of the day they are just trying to pacify you. You know it's all fine when everything is hunky dory but then when there's a problem, they are covering their own backs, as such"*.

Several interviewees believed that social workers must acknowledge the birth children of foster families and try to build a relationship with them as it is not only parents that foster but the whole family fosters:

I think they need to be aware that foster care is very holistic so it's not just the mother/ child relationship, because people also tend to forget about the father. I think social workers are absolutely lethal for that, they'll ring and ask to speak to the mother. I think it's a terrible path to go down because you're singling out individuals and that's not going to work. You need to work with everybody and provide multi-dimensional support. (Geraldine)

Martina especially expressed the importance of link workers supporting the whole family rather than focusing on just the foster mother:

What's the point in having a link worker that's meant to deal with families if they're only dealing with one person in the family? It makes no sense.

Some of the participants pointed out that social workers should try to meet with birth children alone to get a true insight into their views and emotions in relation to issues regarding fostering, as they may feel uncomfortable speaking about some issues or feelings in front of their parents. This seemed particularly pertinent for Mary who recalled how she had spoken about some of her feelings about fostering to a family friend but was then scolded by her parents for doing so. Mary revealed that she would have spoken to both child and family social workers and link workers but none ever asked her about her thoughts or opinions:

Social workers need to try to build some relationship with birth children because they have nobody to talk to. The reason I would have talked to nobody is because when I did I got given out to. When I was 14 or 15 I spoke to [name of person who was a family friend] but she told my parents and I got given out to. I wouldn't talk to anyone in my family because we wouldn't be a very close family but if you had a Granny or something that would be nice, but I don't have that so... They need to just pay attention to the biological kids.

Participants such as Greta and Tracey believed they should have had their own social worker given the challenges foster care brought to their home such as disclosures, violence and allegations:

I actually felt I should have my own social worker because the link worker was for my parents and met with my parents. Actually there was an allegation made against me by a birth mother of one of my foster siblings and, in that way, I was like; "oh my God, I really should be talking to the social worker right now". But she never met with me, she told my parents what was going on and the process that would happen. (Tracey)

Several of the birth children interviewed also proposed the importance of biological children being recognised and supported by social workers because it reduces the pressures on foster parents and could help prevent placement breakdowns for foster children.

I think if they got to know the birth kids it would help with placement breakdown as they could help with forming the family group but most of the time they don't know there's a problem, so the placement breaks down and they're looking for a new place for the foster kid. If they did that it could help them fix a problem rather than the problem going too far and they have to move the kid.

Rebecca also suggested that actively seeking the views of birth children might help in child protection as they may be likely to reveal if any abusive practices were taking place in the foster home:

As a link worker coming to see the family, how did you not ask for a family meeting to see how the family were getting on? How did it not cross their minds, like? Like, how did they not want to see how everyone was getting on because my Mam could have been lying through her teeth. I just think thank God we never had serious issues. But God forbid if someone was getting abused or if someone was getting smacked and that social worker hadn't got a clue because she never bothered to ask the kids. (Rebecca)

When asked about what advice she would give to fostering professionals, given her experiences of fostering, Tracey suggested that supporting the birth children of foster carers was not only valuable in preventing placement breakdown but was also important in ensuring that experienced foster carers do not leave the child care system:

I would remind them [social workers] again about the significance of a sibling relationship, which is completely different to an adult-child relationship. I would ask them to figure out what it is they would value about that relationship and how they would support that relationship to the benefit of both the foster child and the young person whose family foster. This is the sad thing actually, it completely makes sense; they want less work, less pressure and better outcomes for young people but in order to get those they need to invest in their relationship and have secure environments, you need attachment, dependability, understanding and reflection for foster children and supportive sibling relationships, but because they don't value it this is to the detriment of foster children and birth children. So that leads to burn out of foster families because if a child comes to their parents and says; "I can't do this anymore", I would hope parents would stop fostering if their child asked them to. That means another placement and another trauma for the foster child and it just adds to a more negative state. It's bad economics and the HSE love economics, if you have to train another foster family, if you have to put in another social worker, it just doesn't make sense. Where this is a small investment and in supporting the development of the foster children and birth children, everyone would win.

Participants in this study lamented the lack of acknowledgement and recognition afforded to them by professionals, particularly social workers. Clearly, as evidenced in some of the participants' statements, this was a poignant subject for some and this was conveyed in how some participants spoke rather emotively about social workers with whom they had come into contact. Many participants felt frustration at not being acknowledged in the foster care system with social workers in many cases not knowing their names thus, leading to birth children identifying social workers as an unreliable avenue to access information or support as they had no relationship with the social worker.

This finding supports the argument of Brannen, Hepinstall and Bhobal (2000), who attribute the lack of recognition of the birth children of foster carers, to the fact that they are seen as a part of the family and not as individuals in their own right. A number of participants in this study reiterated this stating that, as birth children in foster families, they have no rights or no voice. Other interviewees, however, had a different perspective as they believed that link workers and child and family social workers were under pressure due to their high case loads. Martina explained to me that:

I do understand they are overworked because they see it as having 30 files to get through and they have an hour for each visit so they try to just get through them. I'm not totally oblivious to the workload they have.

Rebecca acknowledged that *"I do understand that they're over burdened and they're over worked. They have quite a lot of cases"* but felt that checking in with birth children need not be resource intensive, *"It would only take five minutes to check in with the birth children"*.

The birth children in this study believed that heavy caseloads placed upon social workers, large volumes of report writing and imperfections within the system, as set out by the governing body, namely the HSE, meant that social workers did not recognise the contribution birth children make towards caring for foster children in foster families. This is similar to the findings of Watson and Jones (2002); Boswell (2005); Twigg and Swan (2007) and Walsh and Campbell (2010) who all found that the biological children of foster carers had a strong wish to be recognised by fostering professionals and agencies for the important role they play in the foster care task. However a small number of social workers did consult and seek the opinions of birth children in foster families which calls to question whether this might be a training issue, as the importance of consulting with birth children seemed to be a higher priority for particular social workers, despite the fact that they would have presumably held a similarly high caseload.

6.2.3 Birth Children as Advocates and Support Figures for Foster Parents

Although the support role birth children play for their parents and siblings has been discussed earlier in this chapter, a further matter that emerged from the findings was that several participants spoke quite passionately about feeling the need to advocate for their parents in relation to matters arising with fostering professionals and agencies. It was apparent that birth

children became strategic actors as they attempted to influence foster care policy and practice in order to protect and advocate for their parents. Interviewees explained that as they became older they were frustrated at decisions being made by social workers, particularly child and family social workers, and the lack of support given to their parents, in particular their mothers. As mentioned previously, several interviewees explained that social workers tend to call or arrange meetings or reviews during the day so foster fathers were usually in work and could not attend. This meant foster mothers took the primary role in relation to fostering. Martina explains that as an older teenager she took more interest in the fostering task as a support to her mother, “*at first it was to be a support to Mam because dad was at work*”.

Other interviewees also explained how they became more involved in attempts to support their mothers for the same reason. Winnie revealed that she began to ask to attend more meetings to support her mother, as her father had a hearing impairment and social workers, therefore tended to direct all their interactions towards her mother which put extra pressure on her. Karen described how her mother felt under pressure meeting with social workers and asked her to attend meetings as a support. Some participants also explained that as they became older, their mothers would contact them before their father in relation to foster care decisions. This could be because their fathers were at work or because their mothers valued a second opinion before proposing things to their husbands. Speaking about her mother deciding whether to provide a placement for a new foster child, Sandra stated:

That was my Mam, she would get a phone call to take someone tonight. And she would discuss it with me because my Dad was at work. She would ring me to check in before ringing him to see what he would say. (Sandra)

Martina explained that social workers didn't seem pleased that she was requesting to attend meetings with her mother. She recalled the first time she attended a meeting with her mother and a link worker when a foster child was bullying her younger birth sibling, leading to her birth sibling moving to a relative's house for a period of time:

Then she [link worker] asked what I was doing there and said that I could go now “I just want to talk to your Mam. It's private information, we're going to be talking about your sister and the foster child”. I said “I'm live in this house and I have been living with this issue for the last 6 years, so I think I have the right to be in this meeting” and she [social worker] wasn't impressed to say the least.

Karen also explained how she had to fight to attend meetings between her mother and social workers, as she felt her mother needed someone to support and speak up for her.

When I asked participants why they thought social workers were reluctant to have them sit in on meetings, two alternative suggestions were provided. Greta believed that social workers didn't like it when birth children were standing up for their mothers in meetings. This view was also shared by Martina who, because of her professional training, had a good knowledge of the foster care system:

Even sitting in a care plan and you'd say something, but your opinion wouldn't matter. But because of college I have the theoretical knowledge, I went, "hold on there" and pointed out things they weren't doing. You kind of feel they don't want to know who you are, you're not heard. So many times I've been told "it's none of your business". We're all still living at home and I'm like I think we have the right to an opinion with what goes on in our house. It belittles us but you get resilient to it. I was at a meeting where the social worker was fresh out of college and I was older than her so I was like, "you're doing your job wrong" and she was a bit taken aback. I'd go to meetings to advocate for the child as well.

Avril and Anita suggested that professionals did not like it when foster families knew their rights and advocated for their own rights and that of the foster child:

This sounds terrible but if you seem to know your rights as a foster carer, they seem to frown upon that. A lot of people are leaving foster care because the supports aren't there. Some of the families leave because they are not being listened to and the biological children aren't being listened to and they say one of the first rules of foster care is to listen to your own kids. Placements would break down because of the stresses on the entire family. (Avril)

Alternatively, Winnie suggested that in her case social workers were reluctant to let her attend meetings and case reviews with her mother because it was a new request and a bit "outside the box". She felt that social workers are so focused on following procedures that "they're not very open minded or flexible to new situations".

Others believed that fostering professionals placed too many demands on foster parents, which in turn placed stress on the foster family. John believed his parents were being asked to care for too many foster children:

Social workers bringing three kids in, there are [number of]⁹³ foster kids in our house at the moment and they're supposed to have two at any one time and they're supposed to have their own bedroom. They have difficult kids, one lad is on the autistic spectrum. My Dad takes it on really himself. I just think they [social workers] ask too much.

⁹³Some details from quotes have been omitted for anonymity and confidentiality purposes.

Avril explained how the demands of social workers and other professionals, such as psychologists, counsellors and Guardians ad Litem, placed huge pressures on her family and she suggested that foster families be allowed to get on with caring for foster children without too much input from professionals. Other interviewees, however, believed that it was the lack of support from professionals in times of crisis which placed greatest stress on their families and caused birth children to become concerned for their parents. Heather revealed that:

The social work support wasn't good during bad patches. She [foster mother] said she was ringing all the time and couldn't get through to them after a bad night or bad visit. She found them not really available when she needed them. She said that social workers weren't working hard enough to get [name of foster child] into therapies when she needed them. She was frustrated with them. I always felt my parents needed more help and they weren't getting it so I was annoyed and I felt a bit lost. When it was all kicking off I was like; "nobody in my family knows how to deal with this", it was a bit scary.

Keith explained that on some occasions he had disagreements with his parents as he felt they were taking on too much in providing a placement for another foster child. He was concerned it was placing too much pressure on them and that they may not be able to cope. This was an issue raised by other participants who felt that social workers were just focused on finding placements for foster children without considering the impact this might place on foster families. Anita told me quite emotionally that *"I don't trust them [social workers]. They only tell you enough to get a placement. Their only interest is in the foster child and not in what it could do to the family."*

Several interviewees also revealed that they were concerned about the demands being placed on their parents considering their age. Some participants explained that their parents were aged in their late 50s and 60s and yet were having young children who displayed challenging behaviour, placed with them. This seemed to cause unease for participants in relation to the wellbeing of their parents.

Greta expressed fear about what would happen to the foster children if one or both of her parents passed away, *"God forbid, if my parents were gone tomorrow; I'd be the one they'd be calling"*. When I asked how she might feel about that, Greta stated that she would worry she would not be able to cope with that. John explained that his parents were older and suffered ill health. He speculated that if his parents died, his sister would care for one of the foster children in the family while he might care for another foster child who has lived with

his family for a long time. Tracey also revealed that this is an issue that has crossed her mind as her foster siblings are still quite young and are in long term foster care with her family:

At that stage [21 years old] I was thinking, Mum is getting old and I should think about training as a foster carer in case anything should ever happen to her.

This indicates the sense of responsibility felt by some birth children to both foster children and their parents even when they have left the family home. Previous research and literature (Swan, 2002, Hojer and Nordenfors, 2004, 2006; Twigg and Swan, 2007; Thompson and McPherson, 2011; Sutton and Stack, 2013) has outlined the sense of responsibility felt by birth children in caring for both foster children and their parents. This research elaborates further to suggest this sense of responsibility continues even after birth children have grown up and moved out of the family home, and also demonstrates how some foster children are considered very much part of the family by birth children.

Twigg (1993), Swan (2000), Watson and Jones (2002) and Walsh and Campbell (2010) have previously reported on the frustrations felt by older birth children at not being afforded the opportunity to have their opinions or perspectives heard at case reviews. This seems to resonate with the viewpoints of the majority of participants interviewed in this study. An interesting finding of this study which is absent from existing literature is the role played by older birth children in foster families in advocating for their foster parents, particularly in relation to dealings with social workers.

As referred to previously, it appears that foster parents are often reluctant to challenge the decisions of social workers and other professionals as they believe there may be repercussions. However, birth children believe they can represent and advocate for their parents as they believe social workers hold no power over them. This raises concerns in relation to the quality of the perceived relationships between key parties in the foster care process. This also poses questions with regard to how a fostering placement can function in the best interest of the foster child if key parties involved in the process interact with each other with a degree of fear or suspicion. As outlined by Preston (1993) and Philpot (2002), communication between the relevant stakeholders is fundamental to families fostering successfully. The evidence from this study suggests that poor communication between foster carers and fostering social workers may be detrimental to the wellbeing of birth children in foster families as well as foster children, a finding also identified by the birth children of foster carers in Sutton and Stack's (2013) research.

This study shows that social workers frequently struggle to recognise and integrate the views and opinions of birth children as they are not the primary carer in the fostering relationship. However, the birth children in this research clearly wished to have their voice recognised and to be consulted. As pointed out by Tracey when speaking about this matter:

I think there is a delicate line because I'm not promoting that young people become professional foster carers. But the needs and opinions of children who foster should be on the radar of professionals and it should be emphasised to the professionals about how to talk and consult with young people.

Another key finding revealed in this study is the anxiety felt by birth children for their parents due to them [parents] becoming older and the impact of fostering on their health and wellbeing. An issue that was obvious from this research was that as birth children become older they become more aware of the stress and pressure placed on their parents due to their fostering commitments. It seems that as some birth children become older they are afforded more of a voice by parents, who listen to their own children with regards to taking in new foster children, and in fact often turn to their birth children for their opinions. Consequently, it appears that the fostering process causes some birth children to consider the mortality of their parents as they become worried about whether parents can care for younger foster children in their care. Although it is important to also recognise that not all participants were given a greater voice about fostering decisions in their families as they got older. John explained how he stopped raising fostering issues with his parents as it invariably ended in his family arguing. Other birth children such as Greta and Keith also expressed frustration that their parents continued to accept new foster placements despite their (biological children) beliefs that it would place too much pressure on the family. Unlike their non-fostering peers, birth children of foster families often have to consider the wellbeing of their foster siblings if foster parents pass away and whether there is an expectation on them to become carers in such instances.

6.3 Training and Support

A key objective of this study was to gain insight into the experiences and perspectives of birth children in foster families in relation to their training and support needs. The participants in this study had varied experiences regarding the training they received, but in the majority of cases were very clear about the lack of supports they received, as is apparent from the earlier discussion. They made a number of suggestions about how this could be remedied for other birth children in foster families.

6.3.1 Training for the Birth Children of Foster Families

When asked about what training they had received prior to their families beginning fostering, participants had mixed experiences. Most of the participants revealed that they did not receive any training in preparation for their families beginning to foster. However, two of the participants had received training and believed that this had been beneficial in helping them prepare for what fostering was going to be like. Keith explained that the training helped him gain an insight into some of the behaviours that foster children might present with and he believed this training helped him to be more understanding of foster children who presented with different behaviours, such as hoarding food.

Avril believed that training had “*definitely helped us prepare for a child coming and knowing a bit of what to expect.*” This appeared to be a valuable aspect of the training for foster carers own children, as many of the participants stated that the reality of fostering was very different to how they imagined it would be. Anita explained emotionally that she thought it was going to be lovely looking after babies and little children but was shocked by some of the aggressive behaviours presented by some of the foster children who came to live with her family. When asked if fostering was what she had had envisaged she replied:

No, fostering was harder, I didn't realise the implications it would have on us as a family. Initially I thought we could help a child who didn't have the same support as us but it was a lot harder. One of the kids was seven, I thought it would be good but she was very violent. Even during my Junior Cert⁹⁴ I was hit by her every morning before going out.

This concurred with the experience of another participant, Sandra who explained that she thought fostering was going to be looking after little babies all the time. She smiled and recalled how the first foster child that came to her family was a baby and still lives with them. However, she explained further that, since then, her family have fostered older children who have presented with challenging behaviours. Some participants seemed to struggle to understand the challenging behaviours presented, especially when this involved the children being verbally and/or physically abusive towards foster parents. Birth children seemed less tolerant of this and believed their parents should not have to put up with it. Greta angrily recalled an incident when she had to intervene to stop a foster child from hitting her mother. Birth children seemed to be more empathetic towards foster children when behaviours were

⁹⁴The Junior Certificate is a State exam undertaken by children aged 15 to 16 years during the junior cycle of their secondary school education.

not directed towards their parents, again indicating the level of support provided to their parents. Winnie vividly summarised her experiences stating:

Nobody explains to you that you will get babies who were born addicted to drugs and you know that screaming that they do. You're kind of going; "wow", like. Nobody tells you about the kids rocking or wetting the beds at night and as a brother or sister you want them to be alright.

Although they did not receive any specific training to prepare them for fostering, some participants remembered being involved in the assessment process. This gave them the opportunity to share their opinions about their family's decision to foster and also allowed them the opportunity to build a relationship with the family link worker. Sandra recalled that:

We were involved in the assessment. Like I said we've had the same link worker since day one. He actually did the assessment. But I remember him calling and he's here quite a lot for meetings so will chat with us and then talk with my Mam and whoever. I remember we had to do an individual interview with him and it was all about how we felt about it [fostering] and that our feelings were documented. I do remember it was quite a family thing, it was a family assessment.

When asked about training they had received as the birth children of foster carers, some participants appeared surprised and questioned if such training existed. One participant, Mary stated that she knew training existed for foster carers' own children in England but had never heard of it in Ireland. Rebecca and Martina explained that they were members of the IFCA and had just recently become aware that there was training available for the birth children of foster carers

Rebecca believed that training would have been valuable for her, especially with regard to dealing with issues of loss and grief when foster children left. This also seemed to raise another matter for participants in relation to how birth children access training and support, as some believed they were dependent on their parents in order to access information and support. When asked about what she thought were her training and support needs as a birth child in a foster family, Tracey replied:

My needs because of foster care were bottlenecked because of dependence on my parents. They did a great job but they were the only source of information that I had.

This was a view shared by Martina who believed that professionals and representative bodies such as the IFCA, focus too much on corresponding with foster parents and should try to communicate directly with birth children:

Even I was looking at IFCA documentation the other day which said if any children want to get involved in training they should contact IFCA. I was thinking; “what teenager is going to do that or even know that they should contact IFCA?” They should send leaflets out to the children themselves in the home. I was talking to a social worker and she said there is very little up take on training by birth children but that’s because they don’t know it’s there.

Martina further suggested that any correspondence from the IFCA should be posted with the family name on the envelope instead of just parents’ names as this would help birth children feel more included.

When asked what they believed should be included in training for the birth children of foster carers, participants referred to a number of different issues that could be addressed. A majority of the participants believed that training should provide birth children with insight into the types of behaviours that foster children might present with. Some interviewees revealed some of the behaviours they had witnessed due to their families fostering, such as sexualised behaviour, violence, aggression and babies detoxifying from heroin, and believed if they had known more of what to expect it would have been easier to understand and cope with the behaviours. Winnie explained that:

Apart from my friend, who was fostered, nobody explained properly to me what was going to happen and it was just a given that you were going to accept this. Now we did but it was just “well this is going be the way it is, so deal with it”.

This was also a suggestion made by Karen with regards to the value of training for birth children:

Things like kids coming in to your home with what they might be dealing with, what problems foster kids might have. This would just give you some preparation for the kids coming in so you don’t feel “oh my god!” when kids come in, “what has this child been through?”

Unsurprisingly in light of the findings discussed, a number of participants believed training should help birth children prepare for foster children leaving and addressing some of the feelings of grief and loss associated with that. Greta believed that:

Some training would have been nice and it would have been good to talk to others whose families had fostered. They never prepare you for when kids go. Like, you have this baby that you have changed nappies for and cared for and then they’re gone in a week, but they never prepare you for that

Referring to a difficult placement breakdown, Anita explained that, “*we were just told to say goodbye to the child and that was it. Training could have helped us deal with the feelings, the grieving*”.

Another issue that arose for several participants related to recognising the ethnic and cultural backgrounds of some of the foster children. These interviewees explained that when some of the children came to live with their families from different countries and/or cultural backgrounds, their families struggled to understand some of their behaviours. Participants seemed concerned that they and their families did not understand the cultural background of some of the foster children, therefore, the foster children failed to maintain their cultural identity. Tony explained his family had fostered children from different cultures and believed that training is important for foster families in order to help foster children maintain their cultural identity when they leave care. Rebecca shared similar concerns arising from caring for foster children from different cultural backgrounds and explains that her foster sister sometimes is bullied due to her fostering situation:

My sister used to get called “Malteser” because she’s black but lives with a white foster family. “She’s not a real black person” [was said about her foster sister] and we didn’t know how to support her. We were rearing her as white and I felt it was partly our fault because we should be able to raise her in an ethnically correct way. She gets made fun of by other black kids in school because she’s black but acts like a white person. She dresses like an Irish person, her accent is completely Irish and she eats like a white person because my Mam does the whole “I’m not making different dinners for everyone”. I almost feel like that’s my fault that we didn’t rear her with the whole idea of being black enough as a kid and now she’s being bullied because of us rearing her. She’s lost her ethnic identity and culture, it’s sad.

Although all participants stressed the importance of training for the birth children of foster carers, there was some variation with regard to what age interviewees thought would be best for children to undertake this training. A number of participants believed that sometimes children might be too young to understand or take value from training. John, who was a young teenager when his family began to foster, believed, stated “*I don’t think I’d look at training the same way I’d look at it now. I was too young to take anything in.*”

Several participants, based on their own experiences, believed some worksheets or role plays would be a good way to help prepare younger children for situations that might arise with fostering, such as disagreement over toys or managing meal time discussions. Other

participants believed that the teenage years are the best time for training, as young people are better able to understand issues. Winnie believed that birth children should hear more from the experiences of other birth children and felt that this peer education would be helpful in preparing birth children for some of the issues that might arise due to their families beginning to foster:

Like, I should be able to go to kids who are 12 or 13 now and tell them what it's going to be like. I'd say, "there's going to be great days, there's going to be tough days. Just talk about it".

The experiences and perspectives of interviewees outlined here provide valuable insight into the training needs of foster carers' own children who clearly assume responsibilities that extend beyond that of a typical family.

This suggests the importance of training for birth children in helping them acknowledge and manage some of the mixed emotions that might arise from their families fostering. These feelings seemed particularly pronounced in relation to experiences of grief and loss encountered by birth children in foster families, a matter previously documented by Kaplan, (1988); Watson and Jones (2002); Spears and Cross (2003); Hojer (2004, 2007); Irwin (2005); Sutton and Stack (2013) and Hojer *et al.* (2013).

6.3.2 Support for the Birth Children of Foster Carers

In addition to discussing the training needs of birth children in foster families, respondents were also very clear about their support needs. As mentioned previously, when asked if fostering for them had been overall a positive or negative experience, the majority of participants identified it as positive. Winnie described her fostering experience as *"life changing and it's definitely positive because you grow so much as a person. You've got negatives but the positives definitely outweigh the negatives."*

Geraldine believed fostering had a positive effect on her development as a person, explaining that:

Overall I think fostering was a positive. A lot of the traits I have, I'm generous, I really don't mind sharing things, being patient, I compromise; that is definitely due to fostering.

Tony shared a similar view point:

Like everything it [fostering] had its ups and downs but I would definitely say positive. The first foster kid we had was from [name of country]. He's married now with kids and we see him now and again. It's lovely to see the positives and it's touching really. Definitely a positive overall, fostering definitely made me who I am today, which I think is good.

Nonetheless interviewees such as Tracey also pointed out that their fostering experience could have been improved if better supports were made available to them:

Overall it [fostering] has shaped who I am so I would say positive. Again, there were negatives. Yes, so it was shit the way I was treated around that allegation, yes, my foster siblings were ripped out of our family because of something outside our control and yes, I think that was a bad decision. But at the same time I had no control, I dealt with it the best I could, I learnt from it. But I don't look back and think "fuck I wish that didn't happen". I had no control, so looking back at it, I dealt with it the best I could. It would have been better if there was more support. (Tracey)

Winnie agreed, stating that the lack of professional support was the most negative aspect of her fostering experience. Martina lamented the lack of professional support for her and her sister, following a placement breakdown. Most of the interviewees stressed the importance of birth children in foster families having someone to talk to as an important source of support as opposed to their non-fostering peers who may not understand the issues. They lived in families which were non standard. Some interviewees identified their siblings as a key source of support, as they were able to relate to each other's experiences.

Karen stated that:

Myself and my brother would get on very well and we would talk about things like that. Like, if he was wondering about a foster child, he might come to me and ask me about it because I would know that bit more. He wouldn't ever go to Mam and Dad and ask them.

Geraldine and Mary explained that siblings can be an important source of support as often friends don't really understand what it's like to live in a foster family.

My support would come from my siblings. I don't think you can get much support from your friends because they don't really know or understand it. (Geraldine)

My friends in college don't really understand my family set up so you don't really have somebody to talk to and, for the biological children in foster families, that's what you need; just somebody to talk to. (Mary)

Subsequently, several participants pointed out that they tend to provide support to younger siblings, as they can empathise with being a younger birth child in a foster family and not getting enough time or attention from parents, due to the demands of fostering. Greta explained how she would take her sister to McDonalds to give her a bit of space and time to talk about issues arising for her due to fostering. Sandra also explained how she and her older siblings have supported their younger sibling with challenges raised by fostering, “*we have supported her [youngest birth sibling] with fostering by just talking and listening to her. There is a lot of peer support in our family*”.

In these cases birth children turned to siblings or even sought out members of their extended families, such as aunts or grandmothers to talk too. Participants in some cases were reluctant to speak to parents as they didn’t want to put more stress or pressure on them. Rebecca spoke about how fostering affected her relationship with her mother and her siblings.

It did change because I relied on my sister for more than just sisterhood. If one of the foster kids was being mean; there was a foster kid who bullied me quite a lot and I couldn’t tell my Mam because I didn’t want to upset her. I didn’t want my Mam to have to get rid of her, so I would go to my siblings and tell them and they would be like “just do this” or “just do that”. They’d have my back, that’s a bad expression but they would, they’d look after me. Or if something was going on they would almost recognise quicker than my Mam. They were almost like my voice some of the time. My older sister would be like “Mam she’s upset again because you didn’t do this,” My Mam would be like; “I didn’t even know”, because I wouldn’t go to my mam because I knew this [fostering] was important to her.

Interviewees emphasised the value in birth children getting an opportunity to speak and engage with birth children from other foster families who would be familiar with their issues. It was suggested by participants, such as Heather, that this might be best provided through a support group:

My parents went to the association [IFCA] meetings and met with parents and heard their experiences but we never met any of the kids from families who fostered. It would be good if there was a youth club or support group for kids and young people who foster. Nothing too heavy, just informal meeting so you could have a connection with someone who is in the business. I think it would make you realise there’s other families doing this and there’s issues. You’re not alone and that there are families that are stable, there are families that are happy and even there are families that it doesn’t work out for. It’s okay because it’s part of the process and there are ups and downs. (Heather)

Two participants spoke of a support group that had been set up in their area for birth children of foster carers when they were teenagers. They explained that the group was set up by a HSE social worker who had a particular interest in supporting the needs of biological children in foster families. Both interviewees found the group to be a very positive experience. Tracey explained that “*the ‘Young People whose Parents are Foster Parents’ group ran for a year. It was really good at the time*”. Geraldine emphasised that, for her, having a safe place to talk openly about issues and feelings that arose, due to fostering was a real benefit for her:

And I have gotten a lot of support from people I know that were in foster families. That support group, and I know we only met a couple of times, but it was brilliant, it was hugely beneficial. It was just so open. We were all sitting in a circle and you were able to tell your story but it was positive and a safe place to get out whatever was there but there was always a positive element to it. It wasn't just coming together ranting and moaning. It was hugely beneficial. Apart from that, support came from siblings and parents to some extent.

Tracey explained further that the group disbanded after a year as it never got the support of the HSE and she believed it was only started to appease a social worker who advocated for the needs of birth children in foster families. Karen, although never having attended a support group, stated how it might be of value to biological children whose parents foster:

Have some place where they can come and be listened to and supported so they are not just left on their own. Like, if you were the only birth child in a foster family you might have nobody to talk to. They need somebody just to listen and not judge what they are saying.

Other interviewees believed it might be beneficial to have a support helpline for children whose families foster. John said:

I think having someone to ring or talk to would have been helpful. Yeah, I remember a girl coming to us at about 14 or 15 and she still had a bottle or soother and I didn't understand why she still had it. My parents would have explained to some extent but I never really understood why she still had them. It probably would have been helpful if I had have been able to ask someone other than my parents.

Karen also identified this as an issue for her and her siblings explaining that:

We wouldn't have known who the best person to talk to was but maybe a youth worker even if they were on the end of phone from Monday to Friday. It would have helped if you could ring up and ask a simple question or talk to someone. The link worker's case load is too big and they don't have the time.

When asked about what supports would be have been beneficial for them given their family's involvement in fostering, many participants emphasised the importance of their families having private time for themselves outside of their fostering commitments. Views on how this time was could be protected differed between interviewees. Some believed it was important that families have special time themselves on a weekly basis in order to protect their family bond. Keith recommended:

I would definitely advise making sure that you get time as a family even if it's something like swimming on a Friday afternoon or the cinema, to make sure you get to do that to keep the natural family bond.

This was also advised by Avril:

I definitely think foster parents need to give their own children that bit of space even if it's just a few hours on a Saturday afternoon where they go off and do something by themselves because foster children get it with their parents. It's something we didn't have. We would talk about it now and wish it was something we had done. But it's hard as well because you don't want the foster child to feel left out. Maybe all the children could get some individual time, even just an hour a week.

Rebecca concurred, stating that because of fostering *"I lacked one on one time with my Mam."*

Other participants stressed the importance for families being given some time to heal and recover, particularly after difficult placement breakdowns, although interviewees differed in their perspectives on who should take responsibility to protect this family time. Some participants, like Mary, believed it is foster parents who should allow time for the family to recover; *"I think after a tough time or placement, take a break for yourselves, I think just talk about it."* Keith also agreed, recalling difficult experiences of where his parents agreed to new foster children coming to live with them following a difficult placement. He explained that he felt the family needed time to recover and discuss the impact of the difficult placement on each member of the family before a new foster child was introduced into the family.

Alternatively, other participants believed it was the responsibility of social workers not to immediately send new children to foster families after a difficult time. Greta believed that social workers became too focused on finding placements for foster children and forgot about the demands on foster families. This was reiterated by John who stated that, despite the challenging behaviour presented by some of the foster children living in his parent's house, *"social workers just keeping bringing kids in"*. He progressed further to suggest the

importance of respite for families in order for them to get time alone away from the demands of fostering. This was also recommended by four other interviewees who believed that respite would help families recover their energies and actually prevent families leaving the foster care system. Rebecca stated that:

I think respite is important. It would have been good just to have alone time as a family. I think it's important to see the family as a family first and foster family second. This would make them stronger and be a better foster family.

This resonated with some of the interviewees, who attributed their families giving up fostering to the lack of supports and the demands being placed upon them by fostering professionals. In our interview when asked if her family still fostered Karen replied:

A lot of people are leaving foster care because the supports aren't there. Some of the families leave because they are not being listened to and the biological children aren't being listened to and they say one of the first rules of foster care is to listen to your own kids. Placements would break down because of the stress on the entire family.

The findings of this study, with regard to the support needs of birth children, concur with the findings from existing research studies on this topic. A strong message from participants was the importance of foster families having private or protected time for themselves. This arose quite prominently in Watson and Jones's (2002) study, in which birth children emphasised the loss of parental time as a major challenge for them arising from fostering. Participants in this study progressed further to recommend that birth children need, not only protected time with parents but, private time as a family, particularly following periods of difficult periods or after a placement breakdown. This also concurs with the findings from the studies of Fox (2001), Nuske (2004) and Hojer *et al.* (2013), which emphasised the importance of foster families maintaining their sense of belonging and not losing family closeness, due to the challenges presented by the foster care task.

This places an onus on both foster parents and social workers to be cognisant of the impact of fostering on the foster family as a whole. Participants in this study recommended foster parents listening to the views of their own children with regard to the challenges presented by foster care placements, particularly in the event of a placement breakdown. From a social work perspective, it also suggests that professionals be conscious of the impact of foster care placements on the family as a whole unit, not just on foster parents. Interviewees identified the benefits of professionals providing practical supports during difficult periods for families and/or placement breakdown. The provision of respite for foster families was also given

credence, as well as refraining from immediately placing another foster child with a family following a placement breakdown. This would allow the family as a whole to recover and become more energised, and encourage them to remain fostering.

Another key finding arising from this study relates to the importance of birth children having someone to talk to or seek information from. Based on the experiences of the interviewees in this study, having someone to simply listen to, is one of the more beneficial forms of support for birth children in managing the fostering task. The findings also suggest the value of birth children having someone outside of their family to speak to, as often they did not want to place undue stress on their parents or felt uncomfortable approaching them about certain issues that arose in their home due to fostering.

The data in this study also concurs with the findings of both Fox (2001) and Nuske (2004), which suggest that birth children did not speak to their parents about fostering issues for fear of placing undue stress on them. The positive attitude towards fostering held by the birth children in Sutton and Stack's (2013) research was attributed to the fact that birth children were encouraged to discuss challenging issues related to fostering with their parents. This emphasises the importance of birth children being encouraged to discuss issues and challenges raised by fostering with their parents or other trusted adults in their lives. It also suggests the importance of parents and professionals not assuming that birth children in foster families are okay and should actively seek to engage and consult with birth children. Participants in this study also emphasised the importance of sibling support for each other, which indicates that there may be some benefit in providing training and support to sibling groups. Despite the support being provided by siblings, it was recognised by some participants that not all birth children may have this level of support and emphasised the value in having professional support that birth children can access outside their family.

Some participants in this study recognised that social workers often have large caseloads and are limited in the amount of support they can give to birth children in foster families. They suggested the value of having support groups and telephone help lines that might provide a safe and non judgmental space for birth children in foster families to express their feelings, concerns and issues. It is important to note that this suggestion was not necessarily identified as the responsibility of social workers to establish, but that the need for this support for birth children requires recognition from further up within the hierarchy of the fostering care system. This type of support might not only be beneficial to birth children but to all parties

involved in the foster care process. If birth children feel supported and informed, their families are more likely to stay involved in the foster care system.

6.4 Conclusion

This chapter has provided a detailed overview of the key issues and themes that arose from the interviews conducted for this study. This study shows that for the majority of birth children in this research, fostering was overall a positive experience which they saw as beneficial to their individual development. Furthermore, the parents of birth children in foster families recognised the valuable role played by their own children in the fostering task. This study also shows the important emotional role undertaken by birth children in not only caring for foster children but also their parents and birth siblings. However, the findings demonstrate that the fostering experience was not always positive and those interviewed were keen to identify certain issues which would have improved their experiences of fostering. These issues predominately related to the lack of recognition and consultation with birth children by fostering professionals and agencies and the lack of training and support afforded to biological children of foster carers which, in some cases, would have made foster care a less traumatic and challenging experience. The findings also imply that in some cases parents and professionals assumed that birth children were okay with decisions being made that impacted upon their daily lives. However, birth children were often reluctant to raise these issues with parents for fear of placing further pressure on them and did not have a strong enough relationship with social workers to discuss their feelings and concerns. Having identified the key themes arising in this study, the next chapter will analyse further some of the data presented here, provide an overall conclusion to the thesis as well as consider some possible recommendations based on the findings collated from this study.

Chapter 7

Discussion and Conclusions

7.0 Introduction

In Chapter 1, four key research questions were posed:

- (1) How do the biological children of foster carers experience the foster care process?
- (2) How involved are biological children in the foster care task?
- (3) How involved do biological children believe they are in decision making in matters related to fostering in their families?
- (4) What are the support and training needs of the biological children of foster families?

Drawing on the data collected and the literature reviewed for this study, this final chapter will engage reflexively and critically with these research questions and with the research process to highlight the conceptual, methodological and practice contributions of this thesis. The chapter begins with an exploration of the value of using the sociology of childhood theoretical framework as a lens through which to read the findings of this study. This study was conducted via this theoretical lens in order to “*shift the gaze away from the deficit focused accounts of children*” (White 2011: 7), in this case, the birth children of foster parents. In particular, the concepts of agency and dynamic engagement are developed and are then used to identify, analyse and understand the material practices and strategies used by birth children in order to negotiate their way through foster care processes and the foster care system. Reading the findings from this study with openness and acknowledgement of the agency of the biological children of foster carers proved very useful in identifying and understanding the range and complexity of the roles undertaken by birth children in the fostering task

7.1 Analysis of Findings

7.1.1 Conceptual Insights: Agency and Dynamic Engagement

Agency

Similar to the research of Hojer and Nordenfors (2006) and Hojer (2007), this study identifies birth children as autonomous, active agents in the fostering task and not just passive observers of the foster care process. This agency is demonstrated across a range of areas.

Firstly, it is evident in the practical tasks and care work undertaken by birth children in the fostering task. Secondly, it is evident in the more complex emotional and relational work engaged in by birth children as they sought to support foster siblings, birth siblings, and indeed, parents with the emotional challenges arising from the fostering processes. The analysis of the findings from the perspective of agency also reveals the material and emotional processes that birth children consciously engineered for their own protection within the complex foster care dynamic. For example, birth children devised self protection strategies to guard against the grief of losing foster siblings or spent more time at friends' homes in order to escape the complex foster care dynamic. From reflecting on their experiences for this study, participants through the distance of time, were clearly able to name the practices and strategies they used in order to protect themselves and their families, although they may not have been fully aware of their actions or intentions at the time.

The complexity of dynamic engagement

In reading the findings of this study, the concept of dynamic engagement is also beneficial in gaining a better understanding of some of the actions and practices used by the birth children interviewed. The concept of dynamic engagement helps recognise the interaction between birth children and their environment, as birth children were shaped by their environment but also actively engaged in the shaping of their environment.

The findings of this study report some of the more challenging impacts that fostering had on the daily lives of birth children in foster families, such as grief, loss and feelings of guilt. Focusing on these findings throws up opportunities for suggesting how such challenges might be avoided or overcome. However, it is also important to recognise the positive elements experienced by birth children due to their families fostering. The majority of participants identified fostering overall as a positive feature of their childhoods. Participants believed that fostering helped them become more patient, caring, empathetic and non judgemental individuals. The experiences of fostering also helped many of the birth children in this study to develop a more informed and tolerant world view in relation to issues such as poverty and addiction. Indeed, it is significant that a number of participants believed that fostering helped mould them into the person they are now and, in this regard it was important in shaping their identity and sense of self. Although fostering has obviously made positive contributions to the lives of the birth children in this study, it is also clear from the findings that it concurrently presented a number of challenges for the birth children and required them to make a number of sacrifices.

Within the complex dynamic created by fostering, it is clear that birth children played an active role in shaping their environments and influencing the players in it, namely parents, birth siblings, foster siblings and fostering professionals. Birth children clearly shaped their environments through the practical and emotional work they undertook. This work was done in caring and advocating for parents, birth siblings, foster siblings and themselves and identifies birth children as conscious actors and agentive in the foster care process. However, it is also clear that attempting to negotiate foster care processes and complicated fostering dynamics resulted in a degree of conflicting interests for birth children. The findings of this study highlighted the competing loyalties which emerged for birth children as they sought to balance the competing needs of family members. The concepts of agency and dynamic engagement allow for the identification of a number of material practices and strategies used by birth children to negotiate their fostering experience. These include birth children as agents in the construction of their own lives, the emotional work undertaken by birth children in foster families and birth children as strategic actors within their family and fostering.

7.1.2 Birth Children as agents in the construction of their own lives

As identified in Chapter 3, a key feature of the sociology of childhood perspective is the belief that children must be seen as active in the construction and determination of their own social lives, the lives of those around them and the societies in which they live. The findings of this study demonstrate that the birth children of foster carers cannot just be viewed as passive subjects of social processes, in this case the process of delivering foster care services. Using this approach, has allowed for the recognition of the labour, undertaken by birth children in the foster care process. My findings indicate that birth children are very much involved in the foster care task. They provide practical support to their parents in caring for foster children, through activities such as babysitting, changing nappies and feeding younger children and caring for foster children during social work visits. As identified by one of the interviewees in this study, it is the family that fosters not just foster carers. Older birth children, in some foster families accompanied foster siblings to access visits and attended case reviews with their mothers, while as documented earlier one of the interviewees revealed that her mother would often contact her first about fostering decisions to gauge how she thought her father might respond to accepting a new foster placement. Furthermore some of the interviewees in this research believed that without them or their siblings, their families would have been unable to continue fostering such was the contribution made by foster carers' own children to the fostering process.

The findings also reveal that some foster care professionals and foster care agencies view birth children from a deficit based perspective, believing them to be perhaps too young or immature to understand and manage some of the complex issues raised by fostering such as child abuse, addiction and loss. The evidence in this thesis, which identifies birth children's high level of practical involvement in fostering tasks, challenges a deficit based perspective. In fact based on the experiences of the participants in this study, birth children of foster families seem very aware of the difficult issues raised by fostering and moreover through the emotional and relational work they undertake, often help in the management of some of these issues such as dealing with disclosures from foster children or supporting parents through the grief of foster children leaving. As identified by participants in this study, it would be more beneficial for adults to explain and discuss the issues with birth children in an age appropriate manner. This seems particularly pertinent given that foster parents and foster care professionals encourage birth children to treat foster children as they would a normal sibling yet often do not consult or support birth children when foster siblings leave.

In dealing with some of these complex issues, such as managing emotions of grief and loss when foster children leave, it is clear that birth children in foster families were active in the management of these issues and in attempting to control their impact on their lives. These experiences of grief were negotiated in varying ways by different participants in the study, who engaged with their environments and players within their environment, in order to protect themselves and their families from experiences of grief and loss. Some developed self-protection strategies whereby they disengaged from subsequent foster children in order to protect themselves from the upset and trauma of loss. Others spoke to people outside their family such as friends, or went to other people's houses to escape some of the pressures arising from fostering. Such actions indicate that birth children were conscious and reflexive in their attempts to protect themselves and their families from challenges raised by the foster care process.

Although birth children made attempts to mind themselves amidst the demands and challenges brought about by fostering, it is also clear that the management of these issues was not easy and it was also apparent that not all the needs of the birth children were resolved. This was evident when birth children spoke of the guilt and jealousy they felt in relation to foster children, and the limited support they had in dealing with such emotions. Interestingly, as retrospective informants, the majority of the birth children identified fostering as a positive

in their lives, but they also clearly acknowledged the ambiguity they felt in relation to some elements of fostering and the feelings it brought with it, such as grief, guilt and jealousy.

7.1.3 The Emotional Work undertaken by Birth Children in the Foster Care Task

In conjunction with the practical tasks undertaken by birth children in foster families, this study indicates that they also undertook a lot of emotional work. This emotional work involved a number of different aspects. Birth children in foster families played an important role in providing emotional support to parents, particularly during challenging periods, such as, when foster children leave or when allegations are made against a foster carer. It is evident that birth children recognised the toll and strain that such incidents placed on their parents and as a result attempted to provide them with emotional support. This was clearly identified by an interviewee in this study who referred to herself as “*mam’s little counsellor*”, when discussing fostering issues. The emotional support birth children provide to their parents helps sustain their involvement in the foster care system. However, it is also somewhat concerning that in attempting to support their parents, the biological children of foster carers often neglected their own emotional needs, as they did not disclose concerns or worries to parents for fear of placing further pressure on them. In fact, in some cases parents and professionals did not know or acknowledge these issues as they did not consult with birth children or birth children did not feel comfortable in identifying their feelings.

The biological children of foster carers also took on an emotional support role in trying to protect their birth siblings. Birth children identified the toll that fostering takes, particularly on younger siblings, as parents could not always give them time and attention due to the demands of fostering. In these cases birth children often adopted an almost surrogate parenting role as they spent special time with their siblings in order to give them the space and opportunity to discuss issues or concerns arising for them due to fostering. Indeed in some cases it can be argued that birth children played a co-parenting role to their birth siblings as they made their parents aware of issues affecting their younger brothers and sisters when parents may not have noticed these matters due to the pressures and commitments of the fostering task. It is also significant that emotional work continued as birth children grew into adulthood and left home as they continued to support their parents and often worried

about the welfare of their parents who continued to care for foster children as they were getting older.

In addition to the emotional work undertaken by birth children in supporting parents and birth siblings, the respondents also played an important affective role in caring for foster children. Some of the birth children in this study had dealt with disclosures about physical and sexual abuse from foster children living in their homes. The emotional impact of caring for foster children also became apparent as birth children became exposed to challenging social issues such as sexual abuse and addiction. Although most of the participants in this study believed exposure to these matters helped them develop into individuals who were more tolerant and non judgemental, there can be little doubt that such experiences required them to take on responsibilities and duties that are not in the main expected of their non-fostering peers. Furthermore there is evidence that in some cases birth children negotiated solutions to complex situations and developed a range of skills in dealing with the complex issues of grief, loss and the disclosure of experiences of abuse.

7.1.4 Birth Children as Strategic Fostering Agents

The findings highlight that biological children play an important role in attempting to influence and transform foster care and family practices. This engagement in transformative practices was most evident in relation to foster care issues or matters which caused concern for the birth children. One of the most common areas in which the birth children attempted to influence family practices, was in relation to protecting private family time with their parents. This was significant given the practical and emotional dynamic introduced to families due to their involvement in fostering. As identified by previous literature (Thompson and McPherson, 2011; Hojer *et al.*, 2013), involvement in fostering impacts greatly on the normal rhythm and routines of the family, and a number of interviewees identified the fact that they had underestimated the amount of time their families would have to dedicate to attending fostering meetings and appointments.

Consequently, the birth children in this study attempted to take an active role in re-configuring private family time and protecting the essence and integrity of their family, which existed prior to them beginning fostering. This was particularly evident from the

findings as many participants stressed the importance of having private family time and also actively challenged parents to protect this private time, particularly after difficult placements had ended. This highlights the ability of birth children in foster families to act as strategic agents in the transformation of family practice and it could also be argued that birth children act as stabilising agents in maintaining the integrity and stability of the biological family unit. It is clear that some participants in this study took active steps to ensure the needs of their biological family were met, albeit to varying degrees of success and amidst a complex family dynamic brought about by fostering. In fact it is noteworthy that of the three participants who identified fostering overall as a negative experience, the issue of failure to maintain the private family bond and to have protected time together, was a key factor in their negative childhood experiences of fostering.

Evidence from this study also highlights the capacity of foster carers' own children to not only influence and transform family practices but also social practices, such as professional work practices. A number of birth children expressed frustration, confusion and sadness about why they were not allowed stay in contact with foster children, who had lived with them for relatively long periods of time, and whom the birth children viewed as siblings. Some birth children in this study revealed how they challenged the decisions of professionals and were not simply content to accept adult processes, practices and rules but rather they attempted to exercise agency in the shaping of these matters which impacted greatly on their childhoods. Birth children further identified their attempts to influence social care practices through advocating for parents with fostering professionals, particularly social workers. As argued by Burman (2008: 299):

While developmental psychology makes claims for children's needs, childhood studies typically talk in terms of children's rights. The latter stands as a useful corrective to and commentary upon psychological models, challenging the naturalisation and abstraction of children and notions of childhood by emphasising children's active engagement in and transformation of social practices.

7.2 Implications of Findings for Policy and Practice

Asides from the conceptual implications from the findings of this study, the data collected raises issues worthy of further consideration in terms of their implications for foster care policy and practice. The data here highlighted experiences where birth children believed fostering professionals, in particular social workers, had failed to consult with or include them in decision making. In considering this issue I am mindful of the complexity of practice contexts. Coming from a practice background myself, I am very aware of the challenges for practitioners in attempting to meet the needs of clients and families whilst managing high case loads with limited resources. I am also conscious that the experiences of the birth children of foster carers included in this study are retrospective accounts with some episodes described occurring over a decade ago. In the intervening period, some practices and policies may have developed and evolved to be more cognizant of the needs of foster carers' own children. Nonetheless, as previously mentioned, there is limited research exploring the experiences of birth children of foster carers, particularly within the Irish context. Therefore, it is imperative that the findings of this study be scrutinised further in order to glean valuable lessons that might be considered for future foster care policy and practice, in order to best support birth children in foster families.

7.2.1 Recognition of Birth Children's Role, Skills and Abilities

This study shows that although parents valued and often relied on the contribution made by birth children to the fostering task, there was no formal recognition of birth children's contribution from practitioners and agencies in the broader fostering system. The majority of participants believed that foster care professionals and the fostering agency failed to recognise and appreciate the role played by foster carers' own children. In some cases failing to recognise the birth children as individuals by not even knowing their names. Furthermore, with regard to some of the complex issues arising from fostering such as loss and dealing with disclosures, the findings of this study suggest that social workers and other fostering professionals underestimate the abilities and resilience of birth children in foster families by viewing them as too immature to deal with some of the complex decisions involved in fostering. As can be seen from the data in this study, birth children are greatly involved in the fostering task and make important contributions to issues related to their families fostering. The findings of this study could be considered to go beyond Berridge's (1997: 65) argument that *"children and young people are important members of successful caring teams and their*

contribution and experiences should be more formally acknowledged”, as the role of birth children as advocates for birth siblings, foster children and foster parents is apparent.

It would seem that fostering social workers do birth children a disservice by viewing them from a deficit based model and as being too immature to deal with the complex issues raised by fostering. As can be seen from this research, some birth children in foster families are very aware of these intricate matters and utilise their own skills, abilities and strategies in order to negotiate how these situations impact upon both themselves and their families. Indeed, in some cases birth children act as protectors of their parents in complex issues, for example birth children staying home with foster parents for fear of foster children making allegations. As pointed out by several participants included in this research, birth children do not wish to be seen as professional carers but simply want to be recognised for the contribution they make to the foster task and, in turn, be acknowledged and informed about decisions that impact greatly on their daily lives. Furthermore, considering the contribution made by the birth children to the fostering task, it is argued that these birth children should be more central to the decision making process as they perform an important role within the foster care process by protecting, supporting and advocating for foster carers, biological siblings and foster children.

7.2.2 Birth Children as Knowledge Agents

The data from this study highlights the role of birth children in foster families as ‘knowledge agents’ who offer an alternative perspective of the foster care process that no other group can provide. However, often these perspectives are not shared as foster care practitioners and agencies do not acknowledge or include birth children in foster care decisions and processes. As pointed out by Brannan *et al.* (2000) and Hojer *et al.* (2013), traditionally children were seen as receivers of care, but more recently children have been recognised for the contributions they make towards social interactions in both a familial context and wider society. The findings here indicate that birth children in foster families hold important knowledge about foster children. However, in many cases even where children received disclosures of abuse from foster children, child and family workers and link workers did not engage with birth children and directed their actions solely towards foster parents. It is clear however from this study that birth children can be critical respondents in the foster care process and have the ability to represent their own experiences of the foster care system. They are also capable of providing a unique perspective and analysis on the delivery of foster care services.

In conjunction with the knowledge held by birth children about foster children, birth children as ‘knowers’ of their own world, also hold valuable insights into the impact of fostering on their own family. As previously stated, not only can they recognise, but they can also articulate the toll that fostering takes on themselves, their parents and siblings. The valuable knowledge and perspectives held by birth children in foster families again suggests the importance of moving them to a more central position in the decision making and knowledge collection processes, with participants in this research expressing disquiet that the foster care system did not take into account their knowledge, opinions and experiences of the fostering process. This resonates with the views of Goodyear (2011) who argues that children’s services have been too reliant on identifying their (child protection workers) role as purely protecting vulnerable children, particularly children in care. However, at a time when the importance of children’s rights and child-centred participation is being advocated and referred to in various child care policy documents and forums, it would seem that an overarching practice culture of child protection workers viewing their role mainly as protectors, means that many professionals fail to fully recognise the rights of all children, in this case, birth children in foster families.

Another matter worthy of further discussion and research, relates to the cultural needs of foster children, which is an issue that is important in the negotiation of successful foster care placements for separated, refugee and asylum seeking young people in the Irish care system (Ní Raghallaigh and Sirrieyeh, 2014; Finlay, 2014). Several of the participants appeared to struggle with the fact that neither they nor their parents were equipped to meet the cultural or ethnic needs of some of the foster children in their care. They were concerned that a number of their foster siblings lost their cultural identity, as the foster family did not have the skills or knowledge to meet these needs. Although I am aware that the IFCA is now providing cultural competency training for foster carers, this finding perhaps suggests the need for such training to be delivered to foster families as a whole and not just foster parents, as it is the family together which will be involved in helping foster children remain linked with their cultural background, through respecting cultural foods, dress, music and religious holidays. Although not as pertinent to the subject matter of this thesis, this finding does stress the importance of the wider foster care system promoting the recruitment of foster carers from a range of cultural and ethnic background, in order to meet the individual needs of foster children from different nations and backgrounds as they enter the Irish child care system. Further investigation into this topic would be valuable.

Participants in this study explained that their motivation for becoming more involved in fostering meetings was to advocate for the needs of their parents and also foster children, who they believed they knew better than social workers did, due to living with them every day. Again it is important to stress that participants in this study emphasised that they did not wish to be recognised as professional carers but simply wished to be included and consulted more, given the contribution they make to the fostering task. It is argued here that attempting to include biological children in a more formal sense in the fostering task would be beneficial in a number of ways. Firstly, it would perhaps help foster parents feel more supported and also may relieve some of the concern felt by birth children in relation to the pressure placed on their parents, due to fostering commitments, particularly as their parents become older.

Secondly, it should be recognised that birth children often have important information or perspectives that might make valuable contributions in drawing up care plans for foster children. As noted by a participant in this study, children are more likely to talk to other children about worries or issues that are affecting them. Adopting a child-centred participation model in working with birth children in foster care service delivery, would allow fostering agencies and professionals to benefit from the valuable perspectives and information birth children might hold regarding the care of foster children. Furthermore, a child-centred participation model would also provide an opportunity for the support needs of biological children in foster families to be articulated and responded to.

7.2.3 Barriers to hearing the voice of birth children in foster families

It is clear from the findings, that the foster care process is viewed differently by the key stakeholders involved, namely birth children in foster families, social workers, foster parents and foster care agencies. In fact based on the experiences of the interviewees in this study and the findings of other studies (Meyler, 2002a; Irwin, 2009), it would seem that often these groups, particularly foster carers and social workers, view each other with a certain degree of suspicion, with birth children often advocating for the needs of their parents believing that they can safely adopt this role as fostering professionals hold no power or control over them. These varying perceptions greatly influence how birth children experience foster care and ultimately impacts greatly on how they are consulted, included and supported within the foster care system. This study identifies two key issues that act as obstacles to the voices of biological children in foster families being heard, namely diversity of practice and training and professional development.

Diversity of practice

A key obstacle in recognising the voice of foster carers' own children relates to the diversity of practice in relation to how the needs of birth children are recognised and supported. Although a small number of interviewees recalled positive experiences of being recognised and included by link workers, for the majority of birth children in this study, this was not the case. Participants in this study stressed the importance of fostering professionals getting to know them and building some relationship with them, rather than engaging in some degree of proxy consultation through their parents. The lack of recognition felt by birth children in this research confirms the findings of other studies and literature which have explored the experiences of birth children in foster families (Twigg and Swan, 2007; Sutton and Stack, 2013; Hojer *et al.*, 2013). The results from this research highlight two key reasons why social workers and fostering professionals fail to recognise the role of birth children in foster families. The first suggested by the participants in this study, is the heavy caseload and report writing duties placed upon social workers by the HSE and the limited time they have to consult, include and support birth children in foster families. Secondly, participants also believed that social workers find it difficult to recognise and accept the role birth children, particularly older children, take in the fostering task. Therefore, these types of consultation processes would require their establishment as defined elements of the practice tasks of link workers.

Training and Professional Development

Although it is beyond the remit of this study to provide a critical analysis on the education and training of social workers in Ireland, my findings do raise questions which are worthy of further debate in relation to the training of social workers. The varying practice responses of link workers suggests that some social work professionals are more focused than others on including and consulting with foster carers' own children. This may be due to emphasis being placed on this topic during their training.

In the Republic of Ireland, all social work training courses are generic in nature with a view to providing grounding in social work with transferrable skills, which can be used when working with a range of different client groups. This places an onus on agencies and employers to provide specialist training to social workers when working with particular service user groups. However within the past number of years, due to financial pressures and budget constraints, training opportunities for social workers and fostering professionals have

been significantly reduced. This raises questions about the limitations of the generic training provided to social workers in Ireland and suggests the need for further debate between social work educators and employers to ensure that specialised training in relation to working with specific client groups is provided to practitioners. This is a matter raised by Hojer *et al.*, (2013), who highlight the importance of listening to birth children's concerns as a practice topic in the training and professional development of social workers. This is also a topic which might be considered further, as social workers in Ireland are now engaged in a compulsory continuous professional development (CPD) programme as part of statutory registration.⁹⁵ Modules or training events focused on the importance of listening to birth children of foster carers might be included as a valuable CPD event, particularly for social workers involved in foster care practice.

7.3 Reflections on the Research Process

As this thesis reaches its conclusion, it is an opportune time to provide a short personal reflection on the research process followed for this study. The undertaking of this thesis has been a rewarding yet challenging experience and I believe the findings and data collected during this study provide an important insight into the experience of the biological children of foster carers. However on reflection, there have undoubtedly been challenges I faced and things I would do differently if I were to undertake this study again.

Although the research sample accessed for this study provided valuable information which has increased our knowledge about the lives of children whose families foster, the sample utilised was a homogenous group of white Irish heterosexual families. All the interviewees who participated in the study came from traditional foster care families, none of the interviewees came from relative care families. If I was to undertake my study again I would adopt different strategies in order to access birth children from relative care families and from different cultural backgrounds by advertising my study thorough a wider range of social work

⁹⁵ On 31st May 2011 social work in Ireland became a registered profession under the *Health and Social Care Professionals Act, 2005*. Coru the body responsible for social work registration and the Irish Association of Social Workers have stipulated that social workers must attain 100 CPD points over a two year period in order to practice legally as a social worker in Ireland (See www.iasw.ie)

departments and through organisations such as Pavee Point, in order to access birth children from a range of diverse backgrounds.

If I were to undertake this study again, there are some changes I would make during the data collection phase of the research. For instance conducting in-depth semi-structured interviews worked well in meeting the research objectives of the study but I regret not examining further some issues with the participants which may have yielded valuable information. For example I could have included a question on the interview schedule asking whether the birth children interviewed would consider becoming foster carers in the future themselves as this may have provided valuable insight how participants' experiences as birth children impacted on their long term perspective of the foster care system. Furthermore, on reflection I would have also conducted a focus group after the interview process with interested participants to explore in more detail the issues of training and support for the birth children of foster carers. This group like environment may have been conducive to birth children suggesting further strategies and interventions that would be useful for supporting birth children in the foster care process in the future.

As mentioned in Chapter 5, I made a conscious choice to analyse the data manually and not to use a qualitative data analysis software package such as NVIVO. While analysing the data manually helped me immerse myself with the data in order to identify key issues and themes, I am also conscious that perhaps the use of NVIVO would have been beneficial in helping with the management and organisation of the large volume of data generated in the thesis. I was somewhat naive as to the actual quantity of data that would be yielded from the interviews and would certainly be more aware of the need for some software support in relation to data management in future research. This would be an issue for me to consider further in undertaking future qualitative research.

The most challenging elements of the study for me occurred during the data collection phase. As mentioned in Chapter 5, a personal dilemma arose for me when some participants spoke negatively about foster children and complained about their behaviour. I felt uncomfortable in these discussions, as due to my professional social care training, I have always been encouraged to look beyond children's behaviour and try to view it as an expression of need. However, this was an important point of learning for me as a researcher as I accepted the

participants views as real to them and reminded myself of my role during the interview process as that of a researcher not a social care practitioner. It also reminded me that, as a residential social care worker, I was working in what was the home of the children in care rather than the children coming into my home.

Although I believe I managed incidents, whereby interviewees became upset quite well, I did find the incidents challenging. Despite having researched sensitive topics before, such as self-harm, this was the first time I had undertaken interviews where participants became visibly upset. I felt discomfort and guilt that I had perhaps caused upset and possible distress for the two relevant interviewees. However, the feedback from the two interviewees helped allay some of these fears; as they wished to complete the interviews. I was also reassured that providing participants with the telephone numbers and names of support organisations offered another form of support to them. Upon conducting the follow up phone call the day after the interviews, both participants reassured me that the interviews had not been a distressing experience for them and also stressed that they wanted their interview data to be included in the study, as they hoped it would help inform foster care practice and policy, and ensure other birth children had better experiences of the foster care system.

7.4 Recommendations

Based on the data arising from this study and from the findings of other related literature referred to throughout this thesis, the following recommendations are proposed in relation to supporting the biological children of foster carers. The recommendations are presented in terms of their relevance for policy, practice and future research.

7.4.1 Recommendations for Policy and Practice

- Fostering social workers and professionals must be mindful that it is the family that fosters not just the foster carers. Birth children in foster families are an integral part of the fostering team and it is important that, in an age appropriate manner, their viewpoints and opinions are included in decision making, especially since it is these decisions which will impact greatly on the everyday lives and childhoods of the birth children in foster families. When birth children do not get the support they need and indeed are put in a position of supporting their parents, it can be a contributory factor to the breakdown of foster placements and in some families ceasing fostering

altogether (Quinton *et al.*, 1998; Triseliotis *et al.*, 1998; Kalland and Sinkkonen, 2001). This in turn leads to more instability for fostered children. The evidence from this study highlights the active role birth children play in the fostering task and, therefore, they should be recognised, consulted and supported more in foster care processes, although it is also important to ensure that birth children are not overburdened with fostering duties and adult responsibility. As emphasised by a number of birth children in this study, they do not wish to be considered as professional carers but simply wish to be recognised and consulted more for the contribution they make to fostering.

- A key element in the training and assessment of foster carers should focus on the need to encourage foster carers to continually link in with their own children, in relation to how fostering decisions are impacting upon their lives throughout the fostering process. Foster carers should be reminded of the need to be continually aware of the needs of all the children in the family and not just assume that their own children will be content with decisions that are being made. They must be conscious of their own motivations for fostering and be encouraged during training to be aware of the toll that fostering takes on the entire family. The need and benefits for the family to sometimes have a break or respite from fostering, particularly after difficult placements or placement breakdowns, should be emphasised. Birth children and foster carers cannot be expected to simply move on, following the loss of significant relationships with foster siblings. Birth children's feelings of loss, grief and/or guilt must be recognised and responded to in order for them to be able to healthily manage the experiences of separation and loss that fostering invariably brings into their lives.
- During the training of social workers, social work educators should be mindful of the role that many social workers will play in the delivery of the foster care system. Social workers, during their training, should be made aware of the importance of consulting with children, as well as protecting children, as by viewing children, in this case the birth children in foster families, from a deficit based perspective does them a disservice in relation to the contribution they make to the everyday delivery of foster care services and the contribution they are capable of making regarding decisions that affect their daily lives and childhoods. In line with the new social work CPD programme, training events focused on listening to and consulting with birth children

of foster carers should be offered to fostering social workers to promote their professional development.

- Foster care agencies might benefit from taking a more pro-active role in consulting with birth children of foster carers. Birth children in foster families should not be simply viewed as passive observers in the delivery of foster care services. As identified by the findings of this study and similar studies conducted on this topic, the everyday lives and childhoods of foster carer's own children are greatly impacted upon by their family's decision to foster. Furthermore, birth children are an important part of the fostering task, and thus, must be recognised as a distinct group within the foster care system, with rights and avenues with which to voice their opinions around decisions that affect them. Again as emphasised by participants in this study, birth children in foster families do not wish to have the powers or responsibilities of foster carers, but simply wish to be formally recognised for the contribution they make to the foster care system. A simple suggestion might include adding a section to case review forms where the opinions of birth children in foster families are sought. Other initiatives might also be explored which openly recognises the contribution made by foster carers' own children to the fostering process. For example in the United Kingdom the Fostering Network⁹⁶ has initiated an event called *A Sons and Daughters Week*, which celebrates the role played by birth children in the foster care process.
- A fundamental and realistic recommendation arising from this study revolves around the development of support groups for the birth children in foster families. A key finding from this study relates to the needs of birth children of foster carers to have a safe, non judgemental space outside of their immediate family where they can express their views, thoughts and feelings. Participants in this research also highlighted the need for birth children to be able to meet with other birth children of fostering families, as often their friends and non-fostering peers do not fully understand their specialised family life circumstances. These groups might be piloted in a couple of areas and, if successful, be developed in different social work areas nationally or in different Irish Foster Care Association branches. In the UK, the Fostering Network have published a guide book "*Don't you forget about me: a guide to developing a peer support group for the sons and daughters of foster carers*" for fostering agencies

⁹⁶ The Fostering Network is an umbrella body which represents the interests of Foster care in the UK. The Fostering Network represents 56,000 foster carers and more than 375 fostering agencies. It campaigns and lobbies to influence local and national foster policy and practice in the UK (See www.fosteringnetwork.org).

to help them develop support groups for foster carers' own children. This guide was published in 2011 and examines why it is important for peer support groups to exist for sons and daughters of foster carers, as well as giving an overview of how to establish groups, and organise and sustain them. In Ireland, these groups would not only be valuable in supporting and giving a voice to the perspectives of birth children of foster families but might also contribute to the overall wellbeing of foster families and, consequently, more families may continue to stay fostering. Other support options which might also be considered include the “*Thrive*” magazine published by the Fostering Network in Wales, which targets young people affected by foster care including both foster children and birth children of foster carers. The Fostering Network in Scotland has also published a resource pack for foster carers own children, which includes a story book and information for both children and foster carers on the impact of fostering on the birth children of foster carers.

- A number of participants in this study suggested the value of having a telephone helpline for the birth children of foster carers. They believed that not all birth children would be inclined to become involved in support groups but, every so often, may have a concern or question related to fostering that they do not feel comfortable bringing to their parents or fostering social workers. In these cases, a helpline would be a valuable option to help birth children access support. At present the IFCA operate a telephone helpline for foster carers, who are free to contact the IFCA as the representative body for foster carers, with queries, concerns, comments or complaints. The development of a similar telephone line might prove a valuable support option for biological children in foster families, particularly those who are reluctant to approach their parents with issues for fear of upsetting or over burdening them.
- A key topic that arose from this study related to the issues of funding and resources. A lack of time and resources seemed to be related to social workers not being able to consult or engage with birth children. As previously mentioned, this issue was also highlighted by the young people in care consulted in the *Listen to Our Voices Report: Hearing Children and Young People Living in the Care of the State (2011)* report, who requested that social workers have reduced caseloads so that they would have more time to engage and consult with the young people. This suggests the importance of social workers having manageable case loads if they are to be able to consult and include young people in decision making processes that affect their lives, be they

young people in care or birth children in foster families. Furthermore, a lack of funding was also identified as the reason why the 'New Beginnings' training for birth children was not run as often as it should be. Considering that foster care is now the dominant form of substitute care for children, this highlights the importance of the system being properly funded and resourced if it is to be run effectively and meet the needs of all the key parties involved. Secareanu and Cregan (2014) emphasise the importance of foster carers being thoroughly trained and supported if they are to meet the needs of foster children who have been subject to a range of difficult experiences such as physical abuse, neglect and sexual abuse.

- The findings from this study and other literature (Hojer, 2007; Hojer *et al.*, 2013) indicate a diversity of practice and a professional uncertainty in relation to how fostering social workers recognise, consult and support the birth children of foster carers. This suggests the need for policy change in order to provide clearer guidance to fostering professionals in accessing the views and perspectives of birth children living in families who foster. For example in the *Child Care Regulations (Placement of Children in Foster Care, 1995* and *National Standards for Foster Care, 2003* criteria are provided to child and family social workers on how often they should visit foster children in placements in order to monitor their progress and consult with them on matters relating to their placement. Similar criteria might also be added to national standards and regulations to provide link workers with guidance and responsibility for meeting with birth children in foster families to ensure their views are heard and needs are addressed in relation to how fostering is impacting upon their daily lives.
- Although it must be acknowledged that the training available to the birth children of foster carers has developed over the past decade or so, a recommendation of this study relates to how accessible the IFCA is to birth children of foster carers. Based on the findings of this study and other related literature (Hojer, 2007), it can no longer be assumed that the needs and interests of birth children in foster families are fully catered for by their parents. Therefore, the IFCA might review their strategies and procedures about how accessible they are to birth children and how aware biological children of foster carers are of the training and supports offered by the IFCA. A simple suggestion offered by a participant in this study included posting newsletters and information leaflets directly to birth children.

- In addition, as a key party in the Irish foster care process, birth children of foster carers are the only group whose interests are not represented by a recognised body; foster carers are represented by the IFCA, fostering social workers are represented by the Irish Association of Social Workers (IASW), and children in foster care are represented by Empowering People in Care (EPIC). It is suggested here that the IFCA might set up a special interest group which focuses on the needs and interests of birth children in foster families.

7.4.2 Recommendations for Future Research

As highlighted, this thesis adopted a small scale, qualitative methodological design in order to meet the research objectives of the study. The data collected for the study focused on retrospective accounts of birth children's experiences and perspectives of the foster care process. Subsequently future research studies on this topic might consider the following factors in order to improve the knowledge base on the impact of fostering on the lives of biological children in foster families.

- This is a small scale qualitative research study and although data saturation was reached, it is not representative of all birth children in foster families. Therefore this topic is worthy of further study in terms of gathering the perspectives and opinions of a wider range of birth children living in foster families. The study provides a valuable stepping off point for investigating some of the topics highlighted in this research, which might well be explored in future longitudinal work. Indeed as pointed out by Hojer *et al.* (2013), much of the research on this topic has been small scale in nature, therefore, there is a need for larger scale studies examining the experiences of foster carers' own children. Building on previous studies, these studies should focus on specific issues and topics arising for children living in foster families, for example grief and loss, the support needs of birth children in foster families or birth children's experiences of consultation and inclusion in the foster care process.
- Considering that all the participants included in this study were aged between 18 and 30 years, it would be valuable to examine whether younger birth children of foster carers are conscious of their agency and ability to influence and transform practices within both their families and within the wider foster care policy context. It is also noteworthy that none of the participants involved in this project came from relative care families. This is also a particular area of study which is worthy of further

investigation, particularly considering the growth of relative care as a placement option for children in the Irish care system.

- In relation to my research on the literature on this topic, it is clear there is a gap in the research exploring the experiences and challenges for fostering social workers and link workers in attempting to include birth children in foster families in the foster care process. Future study on this topic would provide valuable information on the challenges and issues faced by social workers in attempting to include and support foster carers' own children.
- All of the participants included in this study were members of families who fostered with the HSE. Considering the growth of private fostering agencies in the last decade in the Republic of Ireland, it would be valuable to study the experiences of birth children in families who foster with private foster agencies. Results from Sutton and Stack's (2013) small scale UK study of birth children of foster carers fostering with an independent fostering agency, revealed more positive experiences of birth children being recognised, included and supported in the foster care process.
- Prospective longitudinal studies tracking the perspectives of foster carers' own children, from initial discussions about fostering until the ensuing placement of foster children within a family would provide further valuable insight into the impact of fostering on biological children living in foster families. Longitudinal studies might also examine the long term effects of fostering on birth children, with regard to their personality development, career choices and whether they decide to become foster carers themselves.
- Future studies might also examine the training and supports afforded to the foster carers' own children. Training programmes and interventions such as the 'New Beginnings' training programme, might be evaluated in terms of its success in preparing birth children for the foster care task and reducing the challenges they face. Other areas of possible research could include evaluating the success of introducing support groups for birth children in foster families or examining the benefits of utilising birth children of foster carers to train, support and mentor children of prospective foster families.

Bibliography

Adoption Act. (1952) Dublin: Stationery Office.

Adoption Act. (1988) Dublin: Stationery Office.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978) *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Erlbaum.

Aloi, J.A (2009) 'Nursing the disenfranchised: Women who have relinquished an infant for adoption'. *Journal of Psychiatric and Mental Health Nursing*, 16(1), 27-31.

Anderson, L.M. (1982) 'A systems theory model for Foster Home Studies'. *Child Welfare LXI* 1 (January), 37-49.

Aries.P. (1962) *Centuries of Childhood: A Social History of Family Life*'. Translated from the French by Robert Baldick. London: Jonathan Cape Ltd.

Arksey, H. & Knight, P. (1999) *Interviewing for Social Scientists*. London: Sage.

Arnold, B. (2009) *The Irish Gulag: How the State betrayed its Innocent Children*. Dublin: Gill and Macmillan.

Barnardos. (2014) *Guardian AD Litem*. Available at <http://www.barnardos.ie/what-we-do/our-services/specialist-services/guardian-ad-litem.html>[accessed 4. January 2014].

Barnes, J.A. (1979) 'Who should know what?' *Social science, privacy and ethics*. Cambridge: Cambridge University Press.

Bebbington, A. & Miles, J. (1989a) 'The background of children who enter Local Authority care'. *British Journal of Social Work*, 19, 349-368.

Bebbington, A & Miles, J. (1989b) *The Supply of Foster Families for Children in Care*, PSSRU Discussion Paper624/3, University of Kent.

Bebbington, A. & Miles, J. (1990) 'The supply of foster families for children in care'. *British Journal of Social Work*, 20, 283-307.

Beck, E. & Jones, S. J (2007) 'Children of the condemned: Grieving the loss of a father on death row'. *Omega*, 56(2), 191-215.

Bell, J. (1993) *Doing your research project: A guide for first time researchers*. Buckingham: Open University Press.

Bell, J. (2005) *Doing your research project: A guide for first time researchers in Education, Health and Social Science 4th Ed*. Buckingham: Open University Press.

Berkowitz, D. & Marsiglio, W. (2007) 'Gay men: negotiating procreative, father and family identities'. *Journal of Marriage and Family*, May 2007, 366-381.

Berridge, D. (1997) *Foster Care: A Research Review*. London: The Stationary Office.

- Berridge, D. & Cleaver, H. (1987) *Foster Home Breakdown*. Oxford: Blackwell.
- Blaxter, L., Hughes C., and Tight, M. (1997) *How to Research*. Buckingham: Open University Press.
- Bond, H. (2005) *If you don't stick with me, who will? The challenges and rewards of Foster Care*. London: British Association for Adoption and Fostering.
- Borland, M. Laybourn, A., Hill, M. & Brown, J. (1998) *Middle Childhood: The Perspectives of Children and Parents*. London: Jessica Kingsley.
- Borland, M. (1999) 'The Child – Changing Perceptions of Children and Childhood' in A. Wheal (ed). *The Companion to Foster Care*. Dorset: Russell House Publishing.
- Boswell, A. (2005) *Forgotten Voices: Thoughts, Ideas and Feelings*. Glasgow: Fostering Network Scotland.
- Bourguignon, J.P. & Watson, K.W. (1987) *After Adoption: A Manual for Professionals working with Adoptive Families*. Springfield, Illinois: Department of Children and Family Services, Springfield, Illinois.
- Bowlby, J. (1951) *Maternal Care and Mental Health*. Geneva: World Health Organisation.
- Bowlby, J. (1969) *Attachment and Loss. Vol. 1 Attachment*. New York: Basic Books.
- Bowlby, J. (1980) *Attachment and Loss. Vol. 3: Sadness and Depression*. London: Hogarth Press.
- Boyden, J. (1997) 'Childhood and the Policy Makers: a Perspective on the Globalization of Childhood' in A. James and A. Prout (eds) *Constructing and Reconstructing Childhood: contemporary issues in the sociological study of childhood*. Cambridge: Falmer Press.
- Brannen, J., Heptinstal, E.& Bhopal, K. (2000) *Connecting Children*. London: Routledge Falmer.
- Braun, V. & Clarke, V. (2006) 'Using thematic analysis in psychology'. *Qualitative Research in Psychology*, 3, 77-101.
- Breen, R. (1990) *Understanding Contemporary Ireland: State, Class and Development in the Republic of Ireland*. Dublin: Gill and Macmillan.
- Broad, B. (1998) *Young People Leaving Care: Life After the Children Act, 1989*. London: Jessica Kingsley.
- Broad, B. (1999) 'Leaving Care Work – Young People's Rights and Participation' in A. Wheal (ed). *The Companion to Foster Care*. Dorset: Russell House Publishing.
- Bruce, C. and Bruce, P. (2002) 'The Relationship between Foster Children and Foster Parents' own Children: A Unique Entity'. Paper presented at the 16th Annual Conference of the Foster Family based Treatment Association.

- Bryman, A. (2008) *Social Research Methods 3rd Ed.* Oxford: Oxford University Press.
- Bryman, A. (2012) *Social Research Methods 4th Ed.* Oxford: Oxford University Press.
- Buckley, H. (2002) *Child Protection and Welfare: Innovations and Interventions.* Dublin: Institute of Public Administration.
- Buckley, H., Howarth, J. & Whealan, S. (2006) *Framework for the Assessment of Vulnerable Families: Assessment Tool and Practice Guidance.* Dublin: Trinity College.
- Bunreacht na hEireann* (1937) *Constitution of Ireland.* Dublin: Stationery Office.
- Burman, E. (1994) *Deconstructing Developmental Psychology.* London: Routledge.
- Burman, E. (2008) *Deconstructing Developmental Psychology.* 2nd ed. London: Routledge & Taylor Francis.
- Butler Sloss, L. (1988) *Report of the Inquiry into child abuse in Cleveland.* London: HMSO.
- Cautley, P.W. (1980) *New foster parents: the first experience.* New York: Human Services Press.
- Children Act. (1908) Dublin: Stationery Office.
- Child Care Act. (1991) Dublin: Stationery Office.
- Children Act. (2000) Dublin: Stationery Office.
- Children's Rights Alliance. (2006) *From Rhetoric to Rights: Second Shadow Report to the United Nations Committee on the Rights of the Child.* Dublin: Children's Rights Alliance.
- Children's Rights Alliance. (2013) *The UN Convention on the Rights of the Child.* Available at http://www.childrensrights.ie/sites/default/files/submissions_reports/files/UNCRCEnglish [accessed 14 August 2013].
- Child and Family Agency (2012) *Policy, Practice and Best Practice Guidance on the Status and Care of Babies of Young Parents.* Available at www.dcyf.ie/childprotection and welfare [accessed 30. July 2013].
- Cline, L. (2005) 'Foster Parent's Children: Their Thoughts on Fostering and the Role They wish to Play'. Paper presented at the 19th Annual Conference of the Foster Family based Treatment Association.
- Collier, F. (1999) 'Independent Agencies' in A. Wheel (ed). *The RHP Companion to Foster Care.* Dorset: Russell House Publishing.
- Colton, M. & Williams, M. (1997) 'The Nature of Foster Care: International Trends'. *Adoption and Fostering*, 21(1), 44-49.
- Commission to Inquire into Child Abuse. (2009) *Commission to Inquire into Child Abuse Investigation Committee Report Volume 1.* Dublin: Stationery Office.

- Connell, R.W. (2009) *Gender 2nd Ed.* Cambridge: Polity Press.
- Cooper, D.M. (1998) 'More Law and more rights. Will Children Benefit?' *Child and Family Social Work*, 3(3), 77-86.
- Corrick, H. (1999) 'The Professionalisation of Foster Care' in A. Wheel (ed). *The RHP Companion to Foster Care*. Dorset: Russell House Publishing.
- Corsaro, W. (1997) *The Sociology of Childhood*. California: Pine Forest.
- Coulter, C. (2013) *Interim Report of the Child Care Law Reporting Project*. Dublin: Child Care Law Reporting Project.
- Craig, S., Donnellan, M., Graham, G. and Warren, A. (1998) *Learn to Listen: The Irish Report of a European study on Residential Childcare*. Dublin: Centre for Social and Educational Research, Dublin Institute of Technology.
- Cromby, J., Harper, D. and Reavey, P. (2013) *Psychology, Mental Health and Distress* Basingstoke: MacMillan Publishers.
- Crotty, M. (1998) *The Foundations of Social Research: Meaning and Perspective in the Research Process*. Crows Nest, NSW: Allen and Unwin.
- Daly, F. and R. Gilligan (2005) *Lives in Foster Care – The Educational and Social Support Experiences of Young People Aged 13–14 Years in Long-Term Foster Care*. Dublin: Children's Research Centre, Trinity College.
- Daly, F. (2012) 'My Voice has to be heard': *Research on outcomes for young people leaving care in North Dublin*. Dublin: Empowering People in Care (EPIC).
- Danermark, B., Ekstrom, M., Jakobsen, L. and Karlsson, J. (2002) *Explaining Society: Critical Realism in the Social Sciences*. London: Routledge.
- Daniel, B., Wassell, S., & Gilligan, R. (1999) *Child Development for Child Care and Protection Workers*. London: Jessica Kingsley Publishers.
- Daniel, B. & Taylor, J. (1999) 'Fathers in child care and protection work'. *Child & Family Social Work* 4(3), 209–20.
- Daniel, B., Featherstone, B., Hooper, C.A. & Scourfield, J. (2005) 'Why gender matters for Every Child Matters'. *British Journal of Social Work*, 35(8), 1343-1355.
- Daniel, B., Gilligan, R. & Wassell, S. (2011) *Child Development for Child Care and Protection Workers 2nd Ed.* London: Jessica Kingsley Publishers.
- De Graffe, H. & Rademakers, J. (2011) 'The Psychological Measurement of Childhood Sexual Development in Western Societies: Methodological Challenges'. *Journal of Sex Research*, 48(2-3), 118-129.
- Department of Children and Youth Affairs. (2011a) *Listen to our Voices: Hearing Children and Young People Living in the Care of the State*. Dublin: Government Publications.

Department of Children and Youth Affairs. (2011b) *Children First: National Guidance for the Protection and Welfare of Children*. Dublin: Stationery Office.

Department of Children and Youth Affairs. (2013) *An examination of recommendations from inquiries into events in families and their interactions with State services, and their impact on policy and practice*. Dublin: Stationery Office.

Department of Health. (1970) *Reformatory and Industrial Schools Report*. Dublin: Government Publications.

Department of Health. (1953) *Health Act*. Dublin: Government Publications.

Department of Health. (1954) *Boarding out Regulations*. Dublin: Government Publications.

Department of Health. (1995a) *The Child Care (Placement of children in foster care) Regulations*, 1995. Dublin: Stationery Office.

Department of Health (1995b) *The Child Care (Placement of children in Relative care) Regulations*, 1995. Dublin: Stationery Office.

Department of Health (1995c) *The Child Care (Placement of children in Residential care) Regulations*, 1995. Dublin: Stationery Office.

Department of Health and Children. (1996) *Report on the inquiry into the operation of Madonna House*. Dublin: Stationery Office.

Department of Health and Children. (1999) *Children First: Guidelines for the Protection and Welfare of Children*. Dublin: Stationery Office.

Department of Health and Children. (2001) *Report of the Working Group on Foster Care: Foster Care – A Child Centred Partnership*. Dublin: Stationery Office.

Department of Health and Children. (2003) *National Standards for Foster Care*. Dublin: Stationery Office.

Department of Health and Children (2011) *Department of Health and Children Annual Report, 2010*. Dublin: Government Publications.

Department of Health and Children. (2001) *National Standards for Children's Residential Centres*. Dublin: Stationery Office.

Devore, W. & Schlessinger, E.G. (1987) *Ethnic Sensitive Social Work Practice*. Ohio: Merrill Publishing Company.

Doka, K. (1989) *Disenfranchised Grief: Recognising hidden sorrow*. Lexington, M.A: Lexington Books.

Doka, K. (2002) *Disenfranchised Grief. New Directions, challenges and strategies for practice*. Champaign, IL: Research Press.

Doorbar, P. (1999) 'The Children of Foster Carers' in A. Wheel (ed) *The RHP Companion to Foster Care*. Dorset: Russell House Publishing.

Doyle, P. and Cregan, M. (2014) 'Adoption of Children from Foster Care in Ireland – Which Way Forward'. Paper presented at the International Foster Care Organisation 2014 European Conference: Ensuring the Rights of the Child and Family Centred Services.

Dubowitz, H., Feigelman, S. & Zuvarim, S. (1993) 'A Profile of Kinship Care', *Child Welfare*, 72, 153-169.

Durkheim, E. (1911) *Education and Sociology*. Translated by Sherwood D. Fox. (1956) New York: Free Press.

Durkheim, E. (1982) 'Childhood' in C. Jenks (ed) *The Sociology of Childhood: Essential Readings*. London: Batsford.

Eastman, D. (1979) 'The Foster Family in a Systems Theory perspective'. *Child Welfare LVIII*, 9, 564-569.

Elkin, F. (1960) *The Child in Society: The Process of Socialisation*. New York: Random House.

Ellingsun, I., Stephens, P. & Storksen, I. (2012) 'Congruence and incongruence in the perception of "family" among foster parents, birth parents and their adolescent (foster) children'. *Child and Family Social Work*, 17, 427-437.

Ellis, L. (1972) 'Sharing Parents with strangers: the role of the group home foster family's own children'. *Child welfare* 51(3), 165-170.

Fahlberg, V. (1991) *A Child's Journey through Placement*. London: British Agency for Adoption and Fostering.

Fahlberg, V. (1994) *A Child's Journey through Placement 2nd Ed*. London: British Agency for Adoption and Fostering.

Fanshel, D. (1966) *Foster Parenthood: A role analysis*. Minneapolis: University of Minnesota Press.

Farmer, E., Moyers, S. and Lipscombe, J. (2004) *Fostering adolescents*. London: Jessica Kingsley Publications.

Farmer, E. (2010). 'Fostering Adolescents in England: What contributes to Success' in E. Fernandez & R.P Barth (eds) *How does Foster Care Work: International Evidence on Outcomes*. London: Jessica Kingsley Publishers.

Ferguson, H. (2007) 'Abused and Looked after children as "moral dirt": Child abuse and Institutional Care in Historical Perspective'. *Journal of Social Policy*, 36(1), 123-139.

Fernandez, E. & Barth, R.P. (2010). 'Reviewing International Evidence to Inform Foster Care Policy and Practice' in E. Fernandez & R.P Barth (eds). *How does Foster Care Work: International Evidence on Outcomes*. London: Jessica Kingsley Publishers.

Fox, W. (2001). *The Significance of Natural Children in Foster Families*, Social Work Monographs, School of Social and Psychosocial Studies, University of East Anglia, Norwich, UK.

Fox-Harding, L. (1991). *Perspectives in Child Care Policy*. London: Longman.

Finlay, H. (2014) 'Cultural Diversity in Alternative Care'. Paper presented at the International Foster Care Organisation 2014 European Conference: Ensuring the Rights of the Child and Family Centred Services.

Five Rivers Ireland. (2013) *Professional Services*. Available at www.fiversireland.ie/services [accessed 3. August 2013].

Gallaway, B. (1990) 'The place of specialist foster family care in a system of child welfare services' in B. Galaway, D. Maglajlic, J. Hudson, P. Harmon and J. McLagan (eds) *International Perspectives on Specialist Foster Care*. St. Paul: Human Services Associates.

Gambe, D., Gomes, J., Kapur, V., Rangel, M. & Stubbs, P. (1992) *Anti-Racist Social Work Education: Improving Practice with Children and Families*. London: CCETSW.

Gilligan, R. (1990) *Foster care for Children in Ireland: Issues and Challenges for the 1990s*. Dublin: Trinity College Department of Social Studies Occasional Paper No.2.

Gilligan, R. (1991) *Irish Child Care Services: Policy, Practice and Provision*. Dublin: Institute of Public Administration.

Gilligan, R. (1996) 'The foster care experience in Ireland – findings from a postal survey'. *Child Care, Health and Development*, 22(2), 85-98.

Gilligan, R. (1997) 'Ireland' in M. Colton and M. Williams (eds) *The World of Foster Care: An International sourcebook on foster family care systems*. Aldershot: Ashgate.

Gilligan, R. (2000a) 'Men as Foster Carers: A neglected resource'. *Adoption and Fostering*, 24(20), 63-69.

Gilligan, R. (2000b) 'The importance of listening to the child in foster care' in G. Kelly and R. Gilligan (eds) *Issues in Foster Care: Policy, Practice and Research*. London: Jessica Kingsley Publishers.

Godfrey, L. (2006) 'Issues Surrounding Relative Foster Care: A Relative Carers Perspective' in Irish Foster Care Association. (ed). *Newsletter of the Irish Foster Care Association, Spring 2006, Issue No.31*, 6-7.

Gonzales, N., Cauce, N., Friedman, R. & Mason, C. (1996) 'Family, peer and neighbourhood influences on academic achievement among African-American adolescents: One year prospective affects'. *American Journal of Community Psychology*, 24. June, 365-387.

Goodyer, A. (2011) *Child-Centred Foster Care: A Rights-Based Model for Practice*. London: Jessica Kingsley Publishers.

Gray, D. E. (2009) *Doing Research in the Real World*. London: Sage

- Grix, J. (2004) *The Foundations of Research*. Hampshire: Palgrave MacMillan.
- Guishard- Pine, J., McCall, S. & Hamilton, L. (2007) *Understanding Looked after Children*. London: Jessica Kingsley Publishers.
- Harris, J.R. (1998) *The Nurture Assumption; Why Children Turn Out the Way They Do*. New York: Free Press.
- Hardt, J. & Rutter, M. (2004) 'Validity of adult retrospective reports of adverse childhood experiences: review of the evidence'. *Journal of Child Psychology and Psychiatry*, 45(2), 260-273.
- Hart, E. & Bond, M. (1995) *Action Research for Health and Social Care*. Buckingham: Open University Press.
- Hawes, J. & Hiner, N.R. (1985) *American Childhood: A Research Guide and Historical Handbook*. Westport, CT: Greenwood Publishing Group.
- Hayes, N. (2002) *Children's Rights – Whose Right? A review of child policy development in Ireland*. Dublin: The Policy Institute, Trinity College Dublin.
- Health Information Quality Authority. (2009) *National Children in Care Inspection Report 2008*. Dublin: HIQA.
- Health Information Quality Authority. (2012) *Inspection of the HSE Sligo/Leitrim Authority Area Fostering Service in the HSE West Integrated Service Area*. Inspection Report ID number 641. Available at [www.hse.ie /social-care/inspection reports](http://www.hse.ie/social-care/inspection-reports) [accessed 14 July 2013].
- Health Information Quality Authority. (2013a) *Inspection of the HSE Dublin North West Local Authority Area Fostering Service in the HSE Dublin North East Region*. Inspection Report ID number 580. Available at [www.hse.ie /social-care/inspection reports](http://www.hse.ie/social-care/inspection-reports) [accessed 14 July 2013].
- Health Information Quality Authority. (2013b) *Inspection of the Dublin South/Dun Laoghaire Local Authority Area Fostering Service in the Dublin South/East Wicklow Integrated Service Area*. Inspection Report ID number 589. Available at [www.hse.ie /social-care/inspection reports](http://www.hse.ie/social-care/inspection-reports) [accessed 14 July 2013].
- Health Information Quality Authority. (2013c) *Inspection of the HSE Dublin North Local Authority Area Fostering Service in the HSE Dublin North East Region*. Inspection Report ID number 580. Available at [www.hse.ie /social-care/inspection reports](http://www.hse.ie/social-care/inspection-reports) [accessed 28 March 2014].
- Health Services Executive. (2007) *Review of Adequacy Report 2007*. Dublin: Health Services Executive.
- Health Services Executive. (2008) *Review of Adequacy Report 2007*. Dublin: Health Services Executive.

Health Services Executive. (2009) *Review of Adequacy Report 2007*. Dublin: Health Services Executive.

Health Services Executive (HSE) (2010a) *National Foster Care Audit Final Report*. Available at: www.hse.ie/publications/socialcare/fostercare [accessed 14. March 2013].

Health Services Executive (2010b) *HSE Press Statement HSE 3rd March 2010*. Available at: www.hse.ie. [accessed 14. March 2013].

Health Services Executive. (2011) *September 2011 Performance Report*. Dublin: Health Services Executive.

Health Services Executive. (2011) *Annual Report and Financial Statements, 2011*. Dublin: Health Services Executive.

Health Services Executive. (2012a) *Fostering Leaflet*. Available at: [www.hse.ie/eng/services/publications/services/children and family services](http://www.hse.ie/eng/services/publications/services/children_and_family_services) [accessed 10th July 2013].

Health Services Executive. (2012b) *Annual Report and Financial Statements, 2012*. Dublin: Health Services Executive.

Health Services Executive. (2013) *Annual Report and Financial Statements, 2013*. Dublin: Health Services Executive.

Healy, S. and Reynolds, B. (1999) *Social Policy in Ireland*. Dublin: Oaktree Press.

Heidebuurt, J. (1995). 'All in the Family Home: the biological children of parents who foster'. Unpublished MA Thesis, Faculty of Social Work, Wilfrid Laurier University, Waterloo, Ontario.

Heidebuurt, J. (2004) 'All in the Family Home: The Biological Children of Parents who Foster'. Paper presented at the 18th Annual Conference of the Foster Family based Treatment Association.

Hendrick, H. (1997) 'Constructions and Reconstructions of British Childhood: An Interpretive Survey, 1800 to the Present' in A. James and A. Prout (eds) *Constructing and Reconstructing Childhood 2nd Edition*. London: Falmer.

Hill, M. (1999) 'Introduction: Fostering in the UK' in M.Hill (ed). *Signposts in Fostering: Policy, Practice and Research Issues*. London: British Agencies for Adoption and Fostering.

Hill, M. Davis, J., Prout, A. & Tisdall, K. (2004) 'Moving the Participation Agenda Forwards'. *Children and Society*, 18(2), 77-96.

Hoyer, I. (2004) 'What happens in the Foster Family? A study of the fostering relationship in Sweden'. *Adoption and Fostering*, 28 (1), 38-48.

- Hojer, I. & Nordenfors, M. (2004) 'Living with foster siblings- what impact has fostering on the biological children of foster carers? In H.G Eriksson and T. Tjelflaat (eds) *Residential Care: Horizons for the new Century*. Aldershot: Ashgate.
- Hojer, I. & Nordenfors, M. (2006) *Living with foster siblings*. Institutionen for social arbete, Goteborgs Universitat.
- Hojer, I. (2007) 'Sons and daughters of foster carers and the impact of fostering on their everyday life'. *Child and Family Social Work*, 12, 73-83.
- Hojer, I, Sebba, J. & Luke, N. (2013) *An International Literature Review of the Impact of Fostering on Foster Carers' Children*. Oxford: Rees Centre, University of Oxford.
- Hollway, W. (2006) *The Capacity to Care: Gender and Ethical Subjectivity*. London: Routledge.
- Hollway, W., Lucey, H. and Pheonix, A. (eds). (2007) *Social Psychology Matters*. London: Open University Press.
- Horgan, R. (2002) 'Foster Care in Ireland'. *Irish Journal of Applied Social Studies*, 3(1), 30-55.
- Horner, P.L. (1981) Family Vulnerability to Child-induced Stresses: Additional Considerations for Foster Placement of 'Difficult' Children. *Journal of Clinical Child Psychology*. 1, 42-47.
- Howe, D. (1995) *Attachment Theory for Social Work Practice*. London: MacMillan Press.
- Ingram, C. (1996). 'Kinship Care: From last resort to first choice', *Child Welfare*, 75, 550-566.
- International Foster Care Organisation, IFCO. (2013) 'Welcome to IFCO'. Available at www.ifco.info [accessed 21.June 2013].
- Irish Foster Care Association. (2000) *Newsletter of the Irish Foster Care Association, Christmas 2000, Issue No.11*. Dublin: Irish Foster Care Association.
- Irish Foster Care Association. (2000) *Newsletter of the Irish Foster Care Association, Summer 2000, Issue No.14*. Dublin: Irish Foster Care Association.
- Irish Foster Care Association. (2002) *Irish Foster Care Association: Celebrating 21 Years*. Dublin: Irish Foster Care Association.
- Irish Foster Care Association. (2003) *Newsletter of the Irish Foster Care Association, Summer 2003, Issue No.22*. Dublin: Irish Foster Care Association.
- Irish Foster Care Association. (2004) *Newsletter of the Irish Foster Care Association, Summer 2004, Issue No.26*. Dublin: Irish Foster Care Association.

Irish Foster Care Association. (2006) *Newsletter of the Irish Foster Care Association, Christmas 2006, Issue No.37*. Dublin: Irish Foster Care Association.

Irish Foster Care Association (2007) *Foundations for Fostering*. Dublin: Irish Foster Care Association.

Irish Foster Care Association. (2008) *Newsletter of the Irish Foster Care Association, Spring 2008, Issue No.41*. Dublin: Irish Foster Care Association.

Irish Foster Care Association.(2011) Pre Budget Submission 2012.Available at <http://www.ifca.ie/index.php/news2/notify-me-of-updates/october-2011-pre-budget-submission-2012>. [accessed 4. July 2014].

Irish Foster Care Association. (2012) *Access: An Information Leaflet for General and Relative Foster Carers*. Dublin: Irish Foster Care Association.

Irish Foster Care Association. (2013a) *Foster Care: An Information Booklet on Foster Care in Ireland*. Dublin: Irish Foster Care Association.

Irish Foster Care Association. (2013b) *New Beginnings Training*. Dublin: Irish Foster Care Association.

Irwin, B. (2005) *The Impact of the Temporary Nature of Foster Care on the Birth Children of Foster Carers*. Unpublished MSc. Thesis, Department of Psychology, Trinity College Dublin.

Irwin, B. (2009) *Voice of Foster Carers: A Survey of Foster Carers by the Irish Foster Care Association*. Dublin: Irish Foster Care Association.

Irwin, B. (2012) *Living in an Unpredictable Home - the experiences of the birth children of foster carers*. Paper Presented at the 2012 Annual Conference of the Irish Foster Care Association, Cork.

Jacques, S. (2005). 'From Suspects to Partners: A Perspective on the UK experience of public sector partnerships with non-statutory providers of foster care'. *Irish Social Worker, Spring, 2005, 16-17*.

James, A & James, A. (2004) *Constructing Childhood: Theory, Policy and Social Practice*. Cambridge: Polity Press.

James, A., Jenks, C. & Prout, A. (1998) *Theorising Childhood*. Cambridge: Polity.

James, A. & Prout, A. (1990) *Constructing and Reconstructing Childhood: Contemporary issues in the Sociological Study of Childhood*. Basingstoke: Falmer Press.

James, A. & Prout, A. (1997) *Constructing and Reconstructing Childhood: Contemporary issues in the Sociological Study of Childhood* 2nd ed. London: Routledge.

James, A. & Prout, A. (2010) *Constructing and Reconstructing Childhood: Contemporary issues in the Sociological Study of Childhood* 3rd ed. London: Routledge.

- Jenks, C. (1982a) 'Introduction: Constituting the Child' in C. Jenks (ed). *The Sociology of Childhood: Essential Readings*. Aldershot: Gregg Revivals.
- Jenks, C. (1982b). *The Sociology of Childhood: Essential Readings*. Aldershot: Gregg Revivals.
- Jenks, C. (1996) *Childhood*. New York: Routledge.
- Jewett Jarrett, C. (1994) *Helping Children cope with Separation and Loss*. Boston: Harvard Commons Press.
- Johnson, M.C. (1989) 'How a Self Help Group can Help Natural Children Cope with the stress of Fostering in the Family'. *The Journal of the Ontario Children's Aid Society*, 33(6), 2-9.
- Kacramarek, M.G. & Backlund, B.A. (1991) 'Disenfranchised grief: The loss of an adolescent romantic relationship'. *Adolescence*, 26(102), 253-259.
- Kalland, M. and Sinkkonen, J. (2001) 'Finnish children in foster care: evaluating the breakdown of long term placements'. *Child Welfare: Journal of Policy, Practice and Program*, 80(5), 513-527.
- Kaplan, C. (1988) 'The Biological Children of Foster Parents in the foster Family'. *Child and Adolescent Social Work* 5 (4), 281-299.
- Kavanagh, S. (1988) 'The True Cost of Caring' *Foster Care*, December, 8-10.
- Kelly, G. (2002) 'The Survival of Long Term Foster Care' in G. Kelly & R. Gilligan (eds.). *Issues in Foster Care: Policy, Practice and Research*. London: Jessica Kingsley.
- Kilkelly, U. (2006) *Youth Justice in Ireland: Tough Lives, Rough Justice*. Dublin: Irish Academic Press.
- Kilkelly, U. (2007) *Barriers to the Realisation of Children's Rights in Ireland*. Dublin: Office for the Ombudsman for Children.
- Kelly, G. & Gilligan, R. (2002) *Issues in Foster Care: Policy, Practice and Research*. London: Jessica Kingsley Publishers.
- Kennedy, T. (2013) *Foster Care: A Question of Standards: Statutory and Non Statutory Provision*. Unpublished B.A Thesis, University College Cork: Cork.
- Kerrigan, G. & Brennan, P. (1999) *This Great Little Nation*. Dublin: Gill and MacMillan.
- Kumar, R. (2014) *Research Methodology: Step by Step for Beginners*. London: Sage.
- Legerstee, M., Markova, G. & Fisher, T. (2007) 'The role of maternal affect attunement in dyadic and triadic communication'. *Infant Behaviour and Development*, 30, 296-306.

- Lemieux, J.D. (1984) 'The effects of Foster Placement on the Biological Children of Foster Parents: An Exploratory Investigation'. Unpublished Doctoral Dissertation University of Tennessee. Dissertation Abstracts International, 45, 6, Sec.B.
- Lenhardt, A.M.C. (1997) 'Grieving disenfranchised losses: Background and Strategies for counsellors'. *Journal of Humanistic Education and Development*, 35(4), 206-216.
- Lofland, J. (1971) *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis*. Belmont, California: Wadsworth.
- Lofland, J. & Lofland, L. (1995) *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis 3rd Ed.* Belmont, California: Wadsworth
- Lohan, S. (2014) 'Tuam mother and baby home is a scandal of church and state' in Irish Examiner, 5th June 2014, p. 16.
- Loughran, H. & Richardson, V. (2005) *Mixed Method Adoption Research*. Dublin: Crisis Pregnancy Agency.
- Marshall, K. (1997) *Children's Rights in the Balance: The Participation-Protection Debate*. Edinburgh: Stationary Office.
- Martin, G. & Stanford D. (1990) *Children who Foster*, Training Pack and Video, York: Natural Children's Support Group.
- Martin, G. (1993) 'Foster Care: the protection and training of carers' children', *Child Abuse Review*, 2, 15-22.
- Mayall, B. (1984) *Children's Childhood: Observed and Experienced*. London: Falmer.
- Mayall, B. (1996) *Children, Health and Social Order*. Maidenhead: Open University Press.
- Mayall (2000) 'The Sociology of Childhood in relation to Children's Rights' *The International Journal of Children's Rights* 8: 243-259.
- Mayall, B. (2002) *Towards a Sociology of Childhood*. Maidenhead: Open University Press.
- Maykut, P. & Morehouse, R. (1994) *Beginning Qualitative Research: A Philanthropic and Practical Guide*. London: Falmer Press
- McCauley, C (1996). *Children in Long Term Foster Care: Emotional and Social Development*. Avebury: Hants.
- McDonald, M. & McSherry, D. (2013) 'Constrained adoptive parenthood and family transition: adopters experience of unplanned birth family contact in adolescence'. *Child and Family Social Work*, 18, 87-96.
- McFadden E, (1996) 'Family-centred practice with foster-parent families'. *Families in Society: The Journal of Contemporary Human Services*, 77(9), 545-57.
- McGuinness, C. (1993) *Kilkenny Incest Report*. Dublin: Government Publications.

McHugh, J. and Meenan, D. (2013) 'Residential Child Care' in K. Lalor and P. Share (eds) *Applied Social Care: An Introduction for Students in Ireland*. Dublin: Gill and Macmillan.

McWilliams, A. (1997) 'New Developments in Alternative Family Care'. *Irish Social Worker*, 15(2), 4-7.

McWilliams, A. (2011) *Fostering New Frontiers- a study of minority children of ethnic minority origins in long-term foster care in Ireland*. Unpublished PhD thesis submitted the school of Applied Social Sciences, University College Dublin.

Meyler, M. (2002a) *Counting on Foster Care Volume 1: A Census of Alternative Family Placement Providers in the Eastern Region on 14th February 2001*. Dublin: Northern Area Health Board.

Meyler, M. (2002b). *Counting on Foster Care, Volume 2*. Dublin: Northern Area Health Board.

Meyler, M. (2002c) *Counting on Foster Care, Volume 3. A Lifeline for Children in Care*. Dublin: Northern Area Health Board.

Miles, M.B. (1979) 'Qualitative Data as an Attractive Nuisance' *Administrative Science Quarterly*, 24, 590-601.

Milotte, M. (2012) *Banished Babies: The Secret History of Ireland's Baby Export Business 2nd ed*. Dublin: New Island Books.

Mitchell, J. (2000) *Mad Mena and Medusas: Reclaiming and the Effects of Sibling Relationships on the Human Condition*. Harmondsworth: Penguin.

Morss, J. (1996) *Growing Critical: Alternatives of Developmental Psychology*. London: Routledge.

Moslehuddin, Md, D. (1999) 'The Impact of Fostering on the Biological Children of Foster Carers: A Review of the Literature'. *Children Australia*, 24(4), 49-54.

Mulkeen, M. (2012) 'Gender Processes in Child Protection: Mother Blaming and the Erosion of Men's Accountability'. *Irish Journal of Applied Social Studies*, 12(1), 74-88.

Muncie, J. (2004) *Youth and Crime 2nd Ed*. London: Sage.

Murphy, D. & Jenkinson, H. (2012) 'The Mutual Benefits of Listening to Young People in Care, with Particular Focus on Grief and Loss: An Irish Carer's Perspective'. *Child Care in Practice*, 18(3), 243-253.

National Foster Care Association. (1988) *Foster Care Finance: Advice and Information on the Cost of Caring for a Child*. London: NFCA.

Neuman, W.L. (2000) *Social Research Methods: Qualitative and Quantitative Approaches 4th Ed*. Boston: Allyn & Bacon.

Ní Raghallíagh, M. & Sirrieyeh, A. (2014) 'The negotiation of culture in foster care placements for separated refugee and asylum seeking young people in Ireland and England'. *Childhood*, 21(1), 1-15.

Nichols, M and Schwarz, R. (2006) *Family Therapy: Concepts and methods 7th Ed.* Toronto: Pearson Education.

Nuske, E.M. (2004) 'Beyond the Double Edged Sword: The Contradictory experiences of biological children in foster families'. Paper presented the Conference on International Research Perspectives on Child and Family Welfare.

Nutter, R.W., Hudson, J., Galaway, B. & Hill, M. (1995). 'Specialist foster care programme standards in relation to costs, client characteristics and outcomes' in J. Hudson and B. Galaway (eds) *Child Welfare in Canada*. Toronto: Thompson Educational.

O'Brien, V. (2002a) 'Relative Care: Issues for social care workers'. *Irish Journal of Applied Social Studies*, 3(1), 30-55.

O'Brien, V. (2002b) 'Relative Care' in G. Kelly & R. Gilligan (eds). *Issues in Foster Care: Policy, Practice and Research*. London: Jessica Kingsley Publishers.

O'Brien, V. (2014) 'a Kinship Care Assessment Model: Widening Family and Professional Participation and Decision Making'. Paper presented at the International Foster Care Organisation 2014 European Conference: Ensuring the Rights of the Child and Family Centred Services.

O'Hagan, K. (1997) 'The problem of engaging men in child protection work'. *British Journal of Social Work*, 27(1), 25-42.

O'Higgins, K. (1996) *Disruption, Displacement and Discontinuity: Children in Care and their Families in Ireland*. Aldershot: Avebury.

Office of the Ombudsman for Children (2005) *Submission to the All-Party Oireachtas Committee on the Constitution January 2005* Dublin: Ombudsman for Children's Office. Available at <http://www.oco.ie/assets/files/publications/submissions/Updated%20Submissions/SubmissionoireachtascommitteeJan2005.pdf> [accessed 12. July 2013].

Office of the Minister for Children and Youth Affairs (2009) *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan*. Dublin: Government Publications

O'Higgins, K. (1996) *Disruption, Displacement, Discontinuity: Children in Care and their Families in Ireland*. Aldershot: Avebury.

O' Sullivan, Sr. Maeve. (1983) *Guidelines to Fostering in the Eastern Health Board*. Dublin: Eastern Health Board.

O'Sullivan, E. and O'Donnell, I. (2007) 'Coercive Confinement in Ireland: The Waning of a Culture of Control'. *Punishment and Society: The International Journal of Penology*, 9(1), 27 – 44.

O'Sullivan, E. and Pinkerton, J. (1994) *Focus on Children: Blueprint for Action*. Dublin and Belfast: Focus on Children.

Oldfield, N. (1997) *The Adequacy of Foster Care Allowances*. Aldershot: Ashgate.

Papadatou, D. (2009) *In the Face of Death; Professionals who care for the dying and the bereaved*. New York: Springer.

Parkes, A. & Mc Caughren, S. (2013) 'Viewing Adoption through a Children's Rights Lens: Looking to the Future of Adoption Law and Practice in Ireland'. *Irish Journal of Family Law*, 4, 99-111.

Parsons, T. (1951) *The Social System*. London: Routledge Keegan Paul.

Parsons, T. & Smelser, N.J. (1956) *Economy and Society*. New York: Free Press.

Part, D. (1993) 'Fostering as seen by the Carers' Children'. *Adoption and Fostering*, 17 (1), 26-31.

Patton, M.Q. (1990) *Qualitative Evaluation and Research Methods 2nd Ed*. Newbury Park CA: Sage Publications.

Payne, M. (1997) *Modern Social Work Theory*. Basingstoke: Palgrave MacMillan.

Payne, M. (2005) *Modern Social Work Theory 2nd Ed*. Basingstoke: Palgrave Macmillan.

Payne, G. & Payne, J. (2004) *Key concepts in social research*. London: Sage.

Pearce, C. (2009) *A Short Introduction to Attachment and Attachment Disorder*. London: Jessica Kingsley Publishers.

Penn, H. (2005) *Understanding Early Childhood: Issues and Controversies*. Buckingham: Open University Press.

Philpot, T. (2002) 'In need of Attention'. *Community Care*, 20-26th June, 34-35.

Piaget, J. (1932) *The Language and Thought of the Child*. London: Routledge and Keegan Paul.

Poland, D. & Groze, V. (1993) 'The Effects of Foster Care on Biological Children in the Home'. *Child and Adolescent Social Work Journal*, 10(2), 153-163.

Powell, F., Geoghan, M., Scanlon, M. & Swirak, K. (2012) *Youth Policy, Civil Society and the Modern Irish State*. Manchester: Manchester University Press.

Preston, V.F. (1993) *Whose at Risk? Issues Central to Natural Children in Foster Families*. Unpublished B.A Thesis, Sheffield University.

Prout, A. (2002) 'Introduction' in C. Willow (ed.) *Participation in Practice: Children and Young People as Partners in Crime*. London: The Children's Society.

Pugh, G. (1996) 'Seen but not Heard? Addressing the needs of children who foster'. *Adoption and Fostering*, 19(1), 35-41.

Punch, K.F. (2005) *Introduction to Social Research: Quantitative and Qualitative Approaches 2nd Ed.* London: Sage.

Quinn, D. 'The System failed baby Ann- not the parents' in Irish Independent 17th November 2006, p.16.

Quinn, D. 'Shifting blame for horrific child abuse' in Irish Independent 21st November 2008, p.14.

Quinton, D., Rushton, A., Dance, C. & Mayes, D. (1998) *Joining New Families*. Chicester: Wiley.

Raftery, M. & O' Sullivan, E. (1999) *Suffer the Little Children: The Inside Story of Ireland's Industrial Schools*. Dublin: New Island Books.

Ramsay, D. (1996) 'Recruiting and Retaining foster carers: implications of a professional service in Fife'. *Adoption and Fostering*, 20(1), 67-76.

Reed, J. (1993) *We have learned a lot from them: Foster Care for people with learning disabilities*. London: National Children's Bureau & Barnardos.

Reed, J. (1994) 'We live here too: birth children's perspectives on fostering someone with learning disabilities'. *Adoption and Fostering*, 8 (2), 164-173.

Rego, S. (2009) 'All in the Family: The effects of Foster Parenting on the Permanent Children of Foster Carers' Foster Care Training Pack.

Reich, W. (1997) 'Prospective studies of children of alcoholic parents'. *Alcohol Health and Research World*, 21(3), 255-257.

Rhodes, K. W., Orme, J. G., & Buehler, C. (2001) 'A comparison of family foster parents who quit, consider quitting, and plan to continue fostering'. *Social Service Review*, 75(1), 84-114

Ritchie, C. & Vitali, S. (2008). 'Why Research' in J. Neale (ed). *Research Methods for Health and Social Care*. Basingstoke: Palgrave Macmillan.

Robins, J. (1980) *The Lost Children*. Dublin: Institute of Public Administration.

Rogoff, B. (2003) *The Cultural Nature of Human Development*. Oxford: Oxford University Press.

Ruegger, M. & Rayfield, L. (1999) 'Introduction: The Nature and the Dilemmas of Fostering in the Nineties' in A. Wheal (ed) *The Companion to Foster Care*. Dorset: Russell House Publishing.

Rutter, M. (1981) *Maternal Deprivation Reassessed*. Harmondsworth: Penguin.

Sarantakos, S. (2005) *Social Research 3rd Ed.* Basingstoke: Palgrave MacMillan.

- Sarantakos, S. (2013) *Social Research 4th Ed.* Basingstoke: Palgrave MacMillan.
- Satir, V. (1983) *Conjoint family therapy*. Palo Alto, CA: Science and Behaviour Books.
- Scourfield, J.B. (2001) Constructing men in child protection work. *Men and Masculinities*, 4 (1), 70-89.
- Scourfield, J.B. (2003) *Gender and child protection*. London: Palgrave Macmillan.
- Scourfield, J.B. (2006) 'The Challenge of engaging fathers in the child protection process'. *Critical Social Policy*, 26(2), 440-449.
- Scourfield, J.B. & Coffey, A. (2002) 'Understanding gendered practices in child protection'. *Qualitative Social Work*, 1 (3), 319-340.
- Schaffer, H.R. (1996) *Social Development*. Oxford: Blackwell.
- Schofield, G., Beek, M., Sargent, K. & Thoburn, J. (2000) *Growing Up in Foster Care*. London: British Association for Adoption and Fostering.
- Schofield, G. & Ward, E. (2011) *Understanding and Working with Parents of Children in Long Term Foster Care*. London: Jessica Kingsley Publishers.
- Scott, G. & Garner, R. (2012) *Doing Qualitative Research: Designs, Methods and Techniques*. New York: Pearson.
- Secoreanu, C. & Cregan, M. (2014). 'The Limits of Foster Care - How much can we expect from Foster Carers'. Paper presented at the International Foster Care Organisation 2014 European Conference: Ensuring the Rights of the Child and Family Centred Services.
- Sellick, C. & Thoburn, J. (1997) 'United Kingdom' in M. Colton and M. Williams (eds). *The World of Foster Care: An International sourcebook on foster family care systems*. Aldershot: Ashgate.
- Sellick, C. (1992) *Supporting Short Term Foster Carers*. Aldershot: Avebury.
- Sellick, C. (1999) 'The International Perspective of Foster Care' in A. Wheel (ed) *The RHP Companion to Foster Care*. Dorset: Russell House Publishing.
- Sellick, C. (2011a) 'Independent fostering providers: Predators or pioneers, partners or procured?' *Adoption & Fostering*, 35(1), 33-43.
- Sellick, C. (2011b) 'Privatising Foster Care: The UK Experience within an International Context'. *Social Policy and Administration*, 45(7), 788-805.
- Serbinski, S. (2012) 'A New Beginning: How to Support Sons and Daughters of Foster Parents through the Framework of Interpersonal Neurobiology'. *Journal of Interpersonal Neurobiology Studies*, 1, 29- 33.
- Shannon, G. (2008) *Family Law 3rd Ed.* New York: Oxford University Press.

Silverman, D. (2000) *Doing Qualitative Research: A Practical Handbook*. London: Sage Publications.

Silverman, D. (2010) *Doing Qualitative Research* 3rd Ed. London: Sage Publications.

Sinclair, I., Wilson, K. and Gibbs, I. (2005) *Foster placements: why they succeed and why they fail*. London: Jessica Kingsley Publications.

Smith, P. and Cowie, H. (2003) *Understanding Children's Development*, 4th ed. Oxford: Blackwell.

Smith, K. (2009) *Governing Young Citizens: Discourses of Childhood in Irish Social Policy*. Unpublished PhD dissertation submitted to NUI (University College Dublin).

Social Care Institute for Excellence (2004). *SCIE Guide 7: Fostering*. Available at <http://www.scie.org.uk/publications/guides/guide07/fostering> [accessed 2. August 2013].

Spears, W. & Cross, M. (2003) 'How do 'children who foster' perceive fostering'? *Adoption and Fostering*, 27(4), 38-45.

Spidell, S., Wallace, A., Carmack, C., Noguera-Gonzales, G., Parker, C. & Cantor, S. (2011) 'Grief in Healthcare Chaplains: An Investigation of the Presence of Disenfranchised Grief'. *Journal of Health Care Chaplaincy*, 17, 75-86.

Staines, J., Farmer, E. & Selwyn, J. (2011) 'Implementing a therapeutic team parenting approach to fostering: The experiences of one independent foster care agency', *British Journal of Social Work*, 41, 314-332.

Stainton Rogers, R. & Stainton Rogers, W. (1992) *Stories of Childhood: shifting agendas of child concern*. Toronto: University of Toronto Press.

Sutton, L. & Stack, N. (2013) 'Hearing Quiet Voices: Biological Children's Experiences of Fostering'. *British Journal of Social Work*, 43(3), 596-612.

Swan, T. (1997) 'Problems in caring for sexually abused girls: care providers speak out'. *Community Alternatives* 9(1), 71-87.

Swan, T. (2000). 'Care Providers' children share their experiences'. Unpublished research project funded by Toronto Catholic Children's Aid Society and the Faculty of Social Sciences, MacMaster University, Hamilton, Ontario.

Swan, T. (2002) 'The Experience of Foster Caregivers' Children'. *Canada's Children, Spring*, 9(1), 13-17.

Swift, K.J. (1995) *Manufacturing 'Bad Mothers': A Critical Perspective in Child Neglect*. Toronto: University of Toronto Press.

Thomas, N. (2002) *Children, Family and the State: Decision Making and Child Participation*. Basingstoke: Macmillan.

Thompson, H. and McPherson, S. (2011) 'The experience of living with a foster sibling, as described by the birth children of foster carers: a thematic analysis of the literature'. *Adoption and Fostering*, 35(2), 49-60.

Thorne, B. (1993) *Gender Play: Girls and Boys in School*. Milton Keynes: Open University Press.

Thupayagale-Tschweneagae, G. (2008) 'Psychosocial effects experienced by grandmothers as primary care givers in rural Botswana'. *Journal of Psychiatric and Mental Health Nursing*, 15(5), 351-356.

Trieline, P. (1980) 'Foster Care' in *Collected Papers, First International Conference on Foster Care*, National Foster Care Association, London.

Triseliotis, J. Sellick, C. & Short, R. (1995) *Foster Care: Theory and Practice*. London: Batsford Ltd.

Triseliotis, J., Borland, M. and Hill, M. (1998) 'Foster Carers who cease to foster'. *Adoption and Fostering*, 22(2), 338-352.

Tusla. (2014). *Update*, Issue 1 January 2014. Available at www.tusla.ie/publications [accessed 2. July 2014].

Twigg, R. (1993) 'What price foster care? The effects of the foster care experience on the foster parent's own children' Unpublished Doctoral Dissertation, Smith College School for Social Work, Northampton, MA.

Twigg, R. (1994) 'The unknown soldiers of foster care: foster care as loss for the foster parent's own children'. *Smith College Studies in Social Work*, 64(3), 297-312.

Twigg, R. & Swan, T. (2003). 'What about the Kids? Looking at the Effects of Fostering on Foster Parents' Children'. Paper presented at the 17th Annual Conference of the Foster Family based Treatment Association.

Twigg, R. & Swan, T. (2007) 'Inside the foster family: What research tells us about the experiences of foster carers' children'. *Adoption and Fostering*, 8(4), 49-60.

Verity, P. (1994) 'The Changing Face of fostering'. *Foster Care*, 79, 8-9.

Von Wright, G.H. (1971) *Explanation and Understanding*. London: Routledge.

Walker, J., Hill, M. & Triseliotis, J. (2002) *Testing the limits of foster care: Fostering as an alternative to secure accommodation*. London: British Association for Adoption and Fostering.

Ward, R. (1996) 'Children who foster'. *Foster Care*, 83, p.8.

Walsh, J. and Campbell, H. (2010) *To what extent does current policy and practice pay adequate attention to the needs of the sons and daughters of foster carers, particularly in the*

context of planned or unplanned placement endings? Leeds: Children's Workforce Development Council.

Waterhouse, S. (1997) *The Organisation of Fostering Services: A study of the arrangements for delivery of fostering services in England*. London: National Foster Care Association.

Watson, A. & Jones, D. (2002) 'The Impact on foster carers' own children'. *Adoption and Fostering*, 26 (1), 49-55.

White, S. (2011) 'Foreword' in A. Goodyer. *Child-Centred Foster Care: A Rights-Based Model for Practice*. London: Jessica Kingsley Publishers.

Wells, K. (2009) *Childhood: A Global Perspective*. Cambridge: Polity Press.

Wilkes, J.R. (1974) 'The impact of fostering on the Foster Family'. *Child Welfare*, 53(6), 373-379.

Winter, K. (2006) 'Widening our knowledge concerning young looked after children: The case for research using sociological models of childhood'. *Child and Family Social Work*, 11 (1), 55-64.

Woodhead, M. (1997) 'Psychology and the Cultural Construction of Children's Needs' in A. James and A. Prout (eds) *Constructing and Reconstructing Childhood: Contemporary Issues in the Sociological Study of Childhood*. Basingstoke: Falmer Press.

Wyness, M. (2006) *Childhood and Society: An Introduction to the Sociology of Childhood*. Basingstoke: Palgrave Macmillan.

Younes, M.A & Harp, M. (2007) 'Addressing the Impact of Foster Care on Biological Children and Their Families'. *Child Welfare*, 86(4), 21-40.

Appendices

Appendix 1

REQUEST FOR PARTICIPANTS FOR DOCTORAL RESEARCH STUDY



Hello,

My name is David Williams and I am a lecturer in the area of social care work in the Dublin Institute of Technology. I am currently completing a Doctoral Research Project (through University College Cork) exploring the experiences of the biological children of foster families. I am interested in Biological Children's Experiences of the foster care process and in particular I am seeking information on how and to what extent, biological children were involved in the decision making about fostering. I am recruiting research participants aged between 18 and 30 years of age whose parent(s) have been or still are involved in the foster care system. Participants will be asked to volunteer themselves for an interview (which will last approximately one hour) with myself as the researcher on the project.

The Title of Research Project is:

'The Biological Children of Foster Carers: An Exploration of their experiences of living in foster families'

The Research project has three main objectives or questions:

- (a) How does the fostering process influence the lives of the biological children of foster carers?
- (b) In what ways do biological children of foster parents think that their participation in the fostering process is recognized and acknowledged by foster parents and social professionals involved in the fostering process?
- (c) What are the support and training needs of the biological children of foster families? Are these needs being addressed?

The interviews will take place at a time and location which is convenient to the interviewee. All data collected throughout the interview will be anonymised and will only be used by the researcher in the production of his doctoral thesis and in the production of other academic articles.

Direct quotes from the interview may be included in the finalised thesis and in published articles, however it is important to emphasise that utmost care will be taken to ensure that individuals are not identified or identifiable from their participation in the study. This research project has received ethical approval from the University College Cork Social Research Ethics Committee.

If you or a member of your family would be interested in partaking in this study or would like further clarification on this study, please feel free to contact me at (01) 4024107 / 0868394350 or by email David.Williams@dit.ie.

I look forward to hearing from anyone interested in taking part in this project and thank you for taking the time to read this notice.

Yours sincerely,
David Williams.

Appendix 2

Interview Schedule for Doctoral Research Project

Doctorial Research Interview Guide

Date/Time-----

Respondent Code-----

General Information

How old are you?

How many biological siblings do you have?

What place in terms of age do you hold in the family? e.g eldest, youngest

How long have your family been involved in fostering children?

Are your family still involved in fostering?

Are/Were your family traditional foster carers or relative foster carers?

Are/Were both your mam and dad involved in fostering?

Approximately how many children have you family cared for in their time as foster carers?

Are/Were your family foster carers with the HSE (Health Board) or with a private foster care agency?

Involvement of Biological children in decision making

What age were you when your family first began to foster?

How did your parent(s) discuss with you their wishes to become foster parents?

Do you feel you were involved in the decision for your family to become foster carers? How did you feel about your parent(s) decision to foster?

How do you think your siblings felt about your parent(s) decision to foster?

During the time your family have fostered, do you feel you were involved in decision making which impacted upon your family due to parent(s) involvement in the foster care system?

Were your siblings involved in decision making which impacted upon your family due to parent(s) involvement in the foster care system?

Did you feel included in the fostering element of your family's life? How were you included by your parents?

What did it mean for you for your family to become foster carers?

What do you think it meant for your siblings?

Do you feel you had a role in caring for the children fostered into your family?

When family began fostering did your interactions with your parents change in any way?

When family began fostering did your interactions with your siblings change in any way?

What advice would you give to potential foster carers in including their biological children in the foster care process?

Consultation by professionals with biological children of foster families

What would you identify as your needs as the biological child of a foster family?

Do these needs change as time goes on and as your family becomes more involved in fostering?

Who do you think is the best person(s) to meet these needs for biological children in foster families?

Can you tell me how you felt/feel about fostering professionals becoming a part of your life?

Do you think fostering professionals recognised your role/needs in the foster family and how fostering impacted upon you within your biological family?

Do you think fostering professionals were aware of your needs during the time your family were involved in fostering?

Do you think professionals included you in the fostering element of your family's life?

What advice would you give fostering professionals with regards to the needs of the biological children of families who foster?

The Influence of Fostering on Biological Children of Foster Families

How do you believe the experience of fostering has influenced your life?

Has the fostering experience influenced any of your major life decisions as an adult?

Support Needs of Biological Children of Foster Families

What supports did you receive to meet these needs from family or fostering professionals working with your family?

Did you receive any training in preparation for foster children coming into your home? If yes did you find this useful in preparing you for the experience of your family fostering? If no do you think this would have been beneficial?

What advice would you give to service providers in relation to preparing and supporting the biological children of foster families?

Overall as the biological child of a foster family do you feel it was a positive and/or negative experience for you that your family became involved in fostering? What were the positives? What were the negatives?

Are there any other issues you would like to talk about in relation to your experiences of being a biological child of a family involved in the fostering process?

Appendix 3

Participant Consent Form

The Biological Children of Foster Carers: An Exploration of their experiences of living in foster families'.

I give my consent to be interviewed for this research and for the interview to be verbally recorded. I have been briefed to my satisfaction about the purpose of the research and my rights to respect, confidentiality and anonymity during the process of the research and in any subsequent publications and presentations of this research. I am aware of my right to withdraw from the research without giving a reason at any time prior to presentation of the findings in verbal or written format. I am also aware of my right to receive a copy of the transcript of my interview and to delete anything I do not wish reported. I am also aware that direct quotes from my interview may be included in the final draft of the project and related publications but am assured my name or identifiable characteristics of me will not be included in the project or related articles/presentations.

Signed:-----

Printed Name: -----

Date:_____

Researcher:_____

Please send a draft transcript of my interview

Yes No (Please circle one)

Please send me a copy of the finalised research thesis

Yes No (Please circle one)

¹ This research has been approved by the Social Research Ethics Committee of the University College Cork.

Appendix 4

PARTICIPANT INFORMATION LEAFLET

Researcher Details

My name is David Williams. I am a lecturer in social care at the Dublin Institute of Technology and am currently undertaking a Doctorate in Social Science at the University College Cork. As part of this course I am undertaking a research project entitled 'The Biological Children of Foster Carers: An Exploration of their experiences of living in foster families'. I am the only researcher directing the project and can be contacted at 086 8394350 or by email David.Williams@dit.ie, should you have any further queries in relation to this research project.

The Research Project

'The Biological Children of Foster Carers: An Exploration of their experiences of living in foster families'.

Reason for undertaking research

The project is being undertaken as a component part of a Doctor of Social Science degree from University College Cork. The researcher on the project is being supervised by two lecturers from the University College Cork and the research project has received ethical approval from the University College Cork Social Research Ethics Committee.

Rationale for undertaking this particular study

I have previously worked as a residential social care worker and during this time have met many foster carers and their children who have spoken in an informal sense of their experiences of being involved in the process and system of foster care in this country. This has aroused an interest for me in exploring further the experiences of the biological children of foster carers. There is limited empirical research conducted on this topic particularly within an Irish context and therefore I plan to undertake this project in order to highlight an important area of care provision.

Confidentiality and Anonymity

The research data and interviews will be kept totally confidential to me and my two research supervisors from University College Cork. The anonymity of participants involved in the project is assured. Extracts and direct quotes from the interview may be made part of the final research document and possibly academic journal publications or presentations, but under no circumstances will your name or identifying characteristics be included in the final presentation of the project or related publications. Any audio recordings taken from interviews will be securely stored in a locked filing cabinet in the researcher's workplace and the recordings will be destroyed after the study has been submitted and passed by the UCC examining body. It is important to point out that research participants may withdraw from

the study at any stage and should they wish to do so can contact the researcher by email or phone at the contact details provided at the beginning of this information leaflet.

Research Topic

The study is particularly interested in investigating this topic through exploring the experiences of the biological children of families who have in the past or who still foster children. The study will conduct semi-structured interviews with adult biological children (aged between 18 and 30 years) of families who have been involved in the fostering system. The main topics of interest will focus on participants' experiences of the foster care process, their involvement in the fostering task as well as their inclusion in decisions made in relation to their family fostering. The study also explores research participants' perspectives on the training and supports provided to the biological children of foster families in this study. It is important to highlight that if other topics relevant to the research focus arise from the participants' interviews, these will be incorporated into the project.

Aims and Objectives of Research Project

The study has four main research questions:

- (1) How do the biological children of foster carers experience the foster care process?
- (2) How involved are biological children in the foster care task?
- (3) How involved do biological children believe they are in decision making in matters related to fostering in their families?
- (4) What are the support and training needs of the biological children of foster families?

Research Methodology

I plan to use a qualitative research approach to carry out this study. The project will conduct semi-structured interviews with adult biological children of families who foster in order to garner their experiences in relation to issues related to decision, consultation and support being provided to biological children of families who foster. The interviews will last approximately one hour and will take place at a location that is convenient to the research participant. It is important to emphasise that the research participant has the right to refuse to answer particular questions if they so wish during the course of the interview or has the right to withdraw from the study.

Who will have access to the finalised draft of the research project?

The finalised draft of the project will be read by, two internal doctorate supervisors, one internal examiner at University College Cork and the external examiner appointed to assess the doctoral research thesis. The thesis will also be made available to future students undertaking the Doctorate of Social Science and may also be made available for reference at the University College Cork library. However it is important to again emphasise that under no circumstances will your name or identifying characteristics about you be included in the report or final presentation of the project.

Ethical Approval

This research project has attained ethical approval from Social Research Ethics Committee at University College Cork.

Research Funding

This research is being undertaken by the researcher as part of obtaining a Doctor of Social Sciences degree from the University College Cork. The project is self funded and the work is not supported by any agency or funding body.

Thank you for taking the time to read this information and I look forward to your participation in this research project.

Appendix 5

Contact numbers of relevant support and information services

Irish Foster Care Association. www.ifca.ie Phone: (01) 458 5123
email: support@ifca.ie

HSE Fostering. www.fostering.ie Phone: 1850241850

Samaritans www.samaritans.org Phone: 116 123 email: jo@samaritans.org

Contact details for Researcher

Email: David.Williams@dit.ie Phone: (01) 4024107/0868394350

