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Title	An exploration of foster carers' experiences of access between children in long-term care and their birth parents
Authors	Tansley, Treasa
Publication date	2014-04-28
Original Citation	Tansley, T. (2014) An exploration of foster carers' experiences of access between children in long-term care and their birth parents. Cork: Community-Academic Research Links, University College Cork.
Type of publication	Report
Link to publisher's version	https://www.ucc.ie/en/scishop/rr/
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Download date	2026-11-01 14:55:51
Item downloaded from	https://hdl.handle.net/10468/8733



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An Exploration of Foster Carers' Experiences of Access between Children in Long-term Care and their Birth Parents

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CARL Research Project



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Date completed:	28-04-2014

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Abstract

This study was undertaken in collaboration with the Irish Foster Care Association (Waterford branch) and is based on interviews with six foster carers. It provides an insight into carers' experiences of access between children in long-term care and their birth parents. In particular, it focuses on the role of foster carers in facilitating access, the perceived benefits and challenges inherent in fulfilling this role, and the formal and informal supports accessed by carers. The findings are analysed and placed in the context of Irish and international research as well as relevant policy and legislation.

This research explores the important and influential role that foster carers have in facilitating access. The accounts of the carers in this study suggest that this role is expanding and that there are now greater expectations placed on them. The accounts also highlight the commitment that foster carers have towards facilitating access as well as the potential for access to be challenging and a source of stress for foster carers. A lack of consistent and adequate supports for foster carers in relation to managing access emerges as a key finding of this study. The findings of the research together with the literature review informed a number of recommendations in relation to supporting foster carers and helping ensure that access is a positive experience for children, their birth parents and the foster carers.

Acknowledgements

Thanks to my family and friends and in particular my sister Katrine and my partner Paudie for all their help, support and encouragement.

I would like to thank my tutor, Fiona O' Gorman for her guidance and support throughout the process of completing this project.

I am grateful to the CARL committee for giving me the opportunity to take part in this research and to Anna Kingston for her support.

I would also like to thank Mary Doyle from IFCA for working with me on setting up this project and offering her help and encouragement. Special thanks also to Yvonne Power for her input.

Most importantly, I wish to sincerely thank the foster carers for giving up their time to take part in this research and for sharing their experiences with me.

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Chapter One: Introduction

1.1 Introduction

This chapter explains the background to this research and provides a rationale as to why it was undertaken. It outlines the aims and objectives of the study and identifies the arising research questions. Finally, it explores the reflexive positioning of the author and provides definitions of key terms used throughout the research.

1.2 Title

An exploration of Foster carers' experiences of access between children in long-term care and their birth parents.

1.3 Background

In recent years, the number of children in the care of the state has been increasing. In 2002, there were 4,644 children in state care and this number has risen to 6, 486 as of October 2013. Just over 90% (5,997) of these children were in foster care which is the predominant form of state care in Ireland. 4193 of these children were living in general foster care with a further 1799 living in relative foster care (Department of Children and Youth Affairs, 2014). Given these statistics, it is no exaggeration to state that foster care forms the backbone of the Irish care system.

Contact with birth parents is an important issue for children in care. An Irish study showed that the majority of children in care craved more contact with their birth parents and many felt their views were not listened to in relation to access (McEvoy and Smith, 2011). Generally, birth parents also value access as an opportunity to maintain a connection to their children (Schofield and Ward, 2011). Cleaver's study (2000) found that it was common for birth parents and children to spend time thinking about each other every day. However, the issue of access between children in care and their birth parents is a complex one which can also pose many challenges for social workers and foster carers (Sinclair, 2005; Triseliotis, 2010; Schofield and Ward 2011). In fact, access for children in care is considered one of the most complex issues to understand and make practice decisions about (Cleaver, 2000; Sinclair, 2005; Schofield and Stevenson 2009).

Foster carers have a very important and influential role to play in access between children in long-term care and their birth parents. According to Sanchiro and Jablonka (2000, p.200) '*keeping foster children connected to their biological parents is one of the most important and most difficult responsibilities that foster parent must perform'.* Access can stir strong emotions in children and they can find the experience distressing and it is often the foster carer who has to help the child

cope with these emotions. The foster carers' feelings and attitudes can also influence the quality and success of access. Foster carers who are more positive about access are more likely to promote it and carers who are less anxious about access are able to help children to feel more secure and manage their feelings (Neil and Howe, 2004).

1.4 Research Rationale

This project was completed as part of the UCC CARL initiative and was completed in conjunction with The Irish Foster Care Association (Waterford branch). The Irish Foster Care Association (IFCA) is a '*rights-based, child centred organisation which promotes family based solutions for children and young people in out of home care*' (IFCA, 2014). IFCA provides support, training and advocacy services for foster carers. The association has identified a need for research on this topic due to their perception of the increasing role that foster carers are playing in facilitating and managing access and the ongoing challenges that foster carers feel they are facing in supporting children in long-term care to have access with birth parents (IFCA, 2012). It is envisioned that this research will be used to inform practice in relation to supporting and training foster carers to facilitate access arrangements between children in long-term care and their birth parents.

IFCA's identified need for research in this area corresponds with a dearth of studies on this topic both nationally and internationally. In particular, Irish research to date has cast very little light on the subjective experiences of foster carers in relation to access. Much research which does exist in this area is based on the UK, American or Australian experience which does not necessarily correspond with the Irish context. This study set out to provide an insight into foster carers' perspectives on their role in facilitating access and on their support needs. In doing so, it aims to contribute to narrowing the gap that currently exists in Irish literature in the area of foster care.

1.5 Research Aims and Objectives

The aim of this research is to gain an insight into foster carers' experiences of access between children in long-term care and their birth parent(s) and to identify ways in which foster carers can be supported to facilitate access between children and their parents.

The objectives of this study are:

1. To gain an understanding of the role of foster carers in facilitating access, according to Irish policy and practice guidelines.
2. To explore foster carers' perspectives of their role in and their experience of facilitating access between children in long-term care and their birth parents.

3. To develop an understanding of foster carers' perspectives on the positive and challenging factors inherent in access between children in long-term care and their birth parents.
4. To gain an insight into what supports foster carers avail of in relation to access and to identify other possible supports.

1.6 Research Questions

Q1. What is the role of foster carers in facilitating access between children in long-term care and their birth parents?

Q2. What are foster carers' views on the benefits and challenges inherent in fulfilling this role?

Q3. What (formal and informal) supports do foster carers utilise in relation to managing their role in access?

1.7 Definitions of Terms

This section will define some of the key terms that are used throughout the research

Foster Care: can be defined as 'children in the care of health boards who are placed with approved foster carers in accordance with the Child Care (Placement of Children in Foster Care) Regulations 1995, and the Child Care (Placement of Children with Relatives) Regulations, 1995' (Department of Health and Children, 2003, p.70). IFCA (2014) define foster care simply as 'caring for someone else's child in one's own home'.

General Foster Care: IFCA (2014) define a general foster carer as 'a person who having completed a process of assessment and training is placed on a panel of approved foster carers to care for children in care of the State in accordance with the Child Care (Placement of Children in Foster Care) Regulations, 1995, and the Childcare (Placement of Children with Relatives) Regulations, 1995. Foster Carers provide a service to the Child and Agency or private fostering agencies'

Long-term Foster Care: refers to the foster care of children who are unlikely to be able to return to live with their birth family. According to IFCA, 'Long term care requires a commitment on the part of the foster family for a number of years' and 'Many children in long term care become so much part of their foster family that they continue to live with them until their independence' (IFCA,2014). In this study, all the participants' foster children were living with them for a minimum of three years.

Access: according to the National Standards for foster care access 'is the meeting of children in care with their families and others who are significant figures in their lives' (Department of Health and Children, 2003, p. 69)

Contact: This refers to 'the arrangements made in order for children to keep in touch with their families and significant others from whom they are separated (Department of Health and Children, 2003, p.70). This can include the exchange of letters, cards, calls, email, texts and the sharing of items such as photos and school reports (IFCA, 2014)

Supervised Access: is defined in the National Standards for Foster Care as 'the supervision of access or contact between a child and his or her parents, to ensure his or her safety and welfare' (Department of Health and Children, 2003, p. 72)

1.8 My Reflexive Positioning

Salzman (2002) defines reflexivity as '*the constant awareness, assessment, and reassessment by the researcher of the researcher's own contribution/influence/shaping of intersubjective research and the consequent research findings*' (Salzman, 2002 p.806). This definition recognises that reflexivity should not be a once off occurrence at the beginning of the project but rather an ongoing process throughout the research. Further, Padgett (1998) emphasises that the goal of reflexivity is not to eliminate bias from the research but to understand and be explicit about the impact of this bias on the study.

As a researcher, I have aimed to be self-aware regarding the underlying assumptions and values that have guided my research decisions. Conversations with my supervisor, peers and the use of a research journal have aided me with this. Through reflexivity, I have become aware of and analysed my own role in the research process. My personal experiences of family and community life and the importance I attach to relationships with family members, influence my beliefs and values relating to access between children in care and their birth parents.

As a student social worker, my practice experiences and training have shaped my professional viewpoint on this matter. I first developed a strong interest in the area of access during a fourteen week placement in a child protection and welfare agency. As part of my duties on placement, I was involved in supervising and supporting access between children and parents and witnessed the challenges and dilemmas involved in same. From this placement, I gained an insight into the role that social workers have in supporting children, foster carers and birth parents in relation to access. I also gained an appreciation of the complexities inherent in managing access which motivated me to learn more about the topic.

My reflexive positioning stems from my belief that children in care deserve to have their views listened to and taken seriously and that they should be supported to maintain relationships with

their birth parents, if that is what they want and if it does not cause them to be harmed or suffer further abuse. I also feel that foster carers, birth parents and the children themselves should get the support they need to ensure that access is as positive as possible for everybody involved.

1.9 Overview of Chapters

This research will be presented in five chapters which are outlined below.

Chapter 1: Introduction - Provides the background and rationale for the study and outlines the research questions.

Chapter 2: Research Design - Outlines the design of the research project and explores the theoretical and philosophical underpinnings of the research. It explains the methods used to collect and analyse data and also examines the ethical considerations and limitations of the research.

Chapter 3: Literature Review - Provides a comprehensive review of the literature, policy and law relating to this topic. Both Irish and International literature are examined to explore the research questions.

Chapter 4: Findings and Discussion - Presents the findings from the data collected through interviews with foster carers. Key themes are discussed and the findings are analysed in relation to the literature on the topic and the theoretical lens adopted.

Chapter 5: Conclusions and Recommendations - Presents conclusions from the study in relation to the research questions posed. It also offers recommendations based on these conclusions. This chapter concludes by offering a reflective outlook on my experience of taking part in this research.

1.10 Conclusion

This chapter has provided an introduction to the study and has outlined the background and rationale of this research as part of the CARL initiative. The aims and objectives of this study were detailed and the arising research questions were outlined. A glossary of key terms and a chapter overview were provided. Finally, the issue of reflexivity was explored and my own values and reflexive positioning were discussed to ensure that the extent to which I have shaped and influenced this project can be made explicit.

Chapter Two: Research Design

2.1 Introduction

This chapter explores the theoretical and philosophical underpinnings of the research and outlines how the research was designed. It discusses participatory action research and also explores the limitations of the project and the relevant ethical considerations.

2.2 Ontology

In basic terms, ontology refers to what we believe it is possible to know about the world (Ritchie and Lewis, 2003). Ontological positions range on a continuum from realist to relativist positions. Broadly speaking, realist worldviews maintain that a reality exists independently of how we understand it and that this reality can be scientifically measured. Conversely, relativist worldviews maintain that reality is only knowable through socially constructed meanings and that there is no single shared reality (Ibid). This reality cannot be measured through scientific methods but through learning about people's own subjective experiences. Freire (1982) outlined that the ontological position of all participatory research is closer to a relativist position. He states that '*concrete reality is something more than isolated facts. In my view, thinking dialectically, the concrete reality consists not only of concrete facts and (physical) things, but also includes the ways in which the people involves with these facts perceive them. Thus in the last analysis, for me, the concrete reality is the connection between subjectivity and objectivity, never objectivity isolated from subjectivity* (Freire, p.30 quoted in Denzin and Lincoln 1998, p. 278). Participatory research aims to empower participants to explore their subjective understandings of their world and to make changes to it through actions arising from the research (Denzin and Lincoln). Thus, this form of research believes that people can understand and shape their realities through action.

As this study aims to explore foster carers' experiences of access, a relativist ontological approach is suitable. A relativist position acknowledges that there is not one definition of what access is and how it affects families. In contrast, individual foster carers will have their own unique understandings and perceptions of access which are socially constructed. This research will aim to bring together a number of individual foster carers' understandings which cannot be scientifically measured but rather valued as authentic representations of their experiences of access.

2.3 Epistemology

Epistemology refers to how we can know about reality (Ritchie and Lewis, 2003). This study will be undertaken from an interpretivist perspective. This stance acknowledges that it is not possible for the researcher to undertake value free or objective research. Instead, it is acknowledged that the

researcher and the social world influence each other (Ritchie and Lewis, 2003). Interpretivists aim to uncover participant's meanings of their social world and to understand their emotional response, opinions and behaviours within this context (Carey, 2009). It strives to use both the researcher's and the participants' understanding of the social world in order to understand and explore the relevant issues. This approach was chosen as the aim of this study is to uncover foster carers' experiences of their role in access. Adopting an interpretivist stance enables us to explore foster carers' subjective perspectives on these experiences as it focuses on the meaning they make of their experiences.

2.4 Methodology

Methodology refers to the ideas that guide the research and inform the way in which it is carried out and which methods are used. The methodology of this research is qualitative, influenced by interpretivism, and a participatory research approach. The reasons for selecting this methodology will be outlined below.

2.4.1 Qualitative Research

Qualitative research seeks to understand issues in terms of the meanings that people attach to them. The lived experiences of participants and how they interpret them is the starting point of the research. According to Bryman (1988, p.8) '*the way in which people being studied understand and interpret their social reality is one of the central motifs of qualitative research'*. As this research aims to explore foster carers' perspectives and experiences, a qualitative approach is the most appropriate methodology. In contrast to the scientific method used in quantitative research, this approach focuses on understanding participants' interpretations of their social world (Bryman, 2012). For this reason, a qualitative approach is compatible with an interpretivist epistemology as both approaches focus on gaining an in depth and holistic understanding of people's lived experiences, opinions and actions.

A further advantage of using a qualitative methodology is that it is suitable for use in small-scale research where the number of research participants could be low. Despite having a small sample, a qualitative methodology allows for the generation of extensive, in-depth and rich data and the examination of complex themes, the analysis of which can lead to new concepts and ideas (Ritchie and Lewis, 2003). In addition, qualitative research comprises of many different methods and strategies and thus allows for flexibility in the research design (Bryman, 2012)

2.4.2 Community–based Research

Community-based research (CBR) can be defined as *'a partnership of students, faculty and community members who collaboratively engage in research with the purpose of solving a pressing community problem or effecting social change*' (Strand et al, 2003, p.3). There is an emphasis on

shared power and decision making, reciprocity and the prioritisation of the CSO research needs (Bates and Burns, 2012). CBR arose as a means of engaging communities and involving students in civic engagement. It is influenced by popular education, action research and participatory research models (Stoecker, 2011) There are three principles which are regarded as the central components of CBR. Firstly, it is a collaborative process between student, academic supervisor and the community. Secondly, it acknowledges that there are multiple valid sources of knowledge. Thirdly, the goal of CBR is social action in order to pursue social justice (Strand et al, 2003). Participants become involved in designing and taking part in research to meet their needs and which may lead to positive social change. As Bates and Burns (2012, p. 70) express '*the link between social action, social change and lobbying within the CSO and wider society is a further hallmark of CBR*'. It is hoped that the process of this research will help IFCA to explore and articulate foster carers' needs in relation to managing access.

2.5 Research Methods

2.5.1 Literature Review

A literature review was undertaken in order to contextualise the study within the latest research and developments in relation to access between children in long-term care and their birth parents. Benefits of completing a comprehensive literature review include identifying relevant theories and concepts, recognising the key debates and gaps within the literature and to helping to contextualise and analyse the research findings (Bryman, 2012). Completing the literature review helped to refine the research questions, develop interview questions and to identify possible themes for data analysis.

2.5.2 Sampling

Purposive sampling was used to recruit participants for this research. This means that the participants were identified and chosen based on meeting certain criteria that corresponded to the research questions (Bryman, 2012). The criteria used in this study was that that the foster parent was a general foster carer, currently had a child who was in long-term foster care (3 years or more), and whose foster child had access with one or both birth parent(s). The main disadvantage of purposive sampling is that it is not random and does not provide a representative sample of the wider population (Carey, 2009). However, purposive sampling is a suitable choice for small-scale qualitative research such as this as it allows for in-depth exploration of a specific group of people's experiences.

Due to the small-scale nature of this research, six participants were recruited for the study. Sampling was carried out in accordance with ethical guidelines which will be outlined in the upcoming section

on ethical considerations. The IFCA liaison person for this project and the fostering social work team acted as 'gatekeepers' in the recruitment of participants. These gatekeepers were instrumental in identifying foster carers who met the criteria and initially approaching them about the research. Having participants recruited by both the fostering team and IFCA ensured a broader sample and also helped to protect the anonymity of participants.

2.5.3 Data Collection

The method used for data collection was face-to-face semi-structured interviews. Interviews (rather than surveys or questionnaires) were chosen are they are more suited to gaining in-depth understandings of participants' experiences, opinions and perspectives (Seidman, 2013). For this reason, interviews are compatible with qualitative, interpretivist research such as this. The possibility of holding a focus group was also considered but ultimately discarded as it was felt that one-to-one interviews would be more suitable given that access can be a sensitive and emotive topic. Furthermore, holding one-to-one interviews helped to protect the anonymity of the participants, their foster children and the foster children's birth parents, which could not have been protected to the same extent in a focus group (Carey, 2009). However, at the beginning stages of the study the researcher was invited to informally discuss the potential research at a 'coffee morning' for foster carers. This generated discussion among the members and the experience was very useful in gauging members' interest in the area, gaining an insight into the breadth of views on this topic, and gaining suggestions from members on possible avenues to explore through the research questions. Although this meeting was not conducted and recorded as a formal focus group, it provided some of the benefits of one.

Interviews can be structured, semi-structured or unstructured in nature. It was deemed that structured interviews would not be appropriate for this research as they are more compatible with quantitative rather than qualitative research and they restrict the participant to answering a pre-determined set of questions and thus can restrict the information that the participant can share. Feminist critiques of structured interviews centre on the fact that in this approach the researcher is the 'expert' and extracts the information which they deem important from the participant (Bryman, 2012). The narrative approach was initially the preferred type of interview for this project. This approach consists of a very loose interview structure where participants are invited to 'tell their story'. This is an effective means of reducing the power differential within the interview as the participants speak about what they consider to be important, rather than what the interviewer asks of them and would also provide rich descriptive data (Elliot, 2006). However, due to the unstructured nature of the narrative interview they tend to produce vast quantities of data which can take a considerable amount of time to complete and transcribe (Carey, 2009). Taking into

account the time constraints of the project and the delays already encountered in the process of seeking ethical approval it was ultimately decided that conducting narrative interviews was not a viable option.

Semi-structured interviews then became the chosen method as they allowed for a degree of flexibility while also having a relatively loose structure. These interviews *'allow guided focus, but also the ability of the subject-participant to give answers that do not conform to the researcher's (known or unknown) expectations*' (Ackerly and True, 2010). The fact that unplanned questions can be used in this type of interview means that the interviewer has the flexibility to explore themes that are raised unexpectedly (Carey, 2009). The interview questions were designed in consultation with IFCA. Participants were given the choice of the interview taking place in their own home or an alternative neutral, private venue. Three participants chose to have the interview in their own home.

One participant could not attend an interview in person (within the allocated timeframe) and instead offered to take part in a telephone interview. Irvine (2012) suggests that telephone interviews can be successfully used alongside face-to-face interviews within the same study, particularly if time or budget constraints would otherwise mean volunteers not being facilitated to take part. However, the data generated in a telephone interview may not be as rich due in part to difficulty encountered in developing a rapport between interviewer and participant. It may also be more difficult to pick up on the nuances of meaning and emotional cues, and non-verbal communication is not witnessed (Rubin and Rubin, 2012). It is therefore acknowledged that the data collected in this interview may have been different if it had taken place face-to-face.

Positionality refers to the researchers position in relation to the participants and can relate to issues of class, gender, race, education or whether the researcher is viewed an 'insider' or an 'outsider' (Sands et al, 2007). It is important to reflect on the researcher's positionality as it influences the interview process and shapes what information is shared by the participants (Miller and Glassner, 2011). As I am a social work student rather than a foster carer, I could be seen as an 'outsider' to the participants. However, the fact that I am completing the project with IFCA may have lessened this feeling. In taking some of the steps outlined by Sands et al (2007), I attempted to appease any reservations the participants had about taking part in the interviews. This included being clear on the purpose of the research, offering the participants choice in matters concerning the interview e.g. time, place, questions to be answered, the interview style adopted, and showing respect for the expertise of the foster carers.

2.5.4. Data Analysis

Data was analysed through a combination of thematic and critical analysis. Critical analysis questions existing knowledge and practice, and considers structural factors that may have influenced the experiences of the participants. According to Carey (2009, p.169) critical analysis '*defies tradition and looks to question taken for granted assumptions, traditions, norms or values, as well as established knowledge and forms of practice'*. Thematic analysis consists of an inductive approach, where common themes are identified (through the analysis of transcripts) and connected in order to provide an insight into the collective experience of the participants. These findings are then linked to the existing literature and analysed using theoretic frameworks such as systems theory and attachment, grief and loss theory.

Systems theory focuses on individuals as part of a system (such as a family) and acknowledges that systems interact with each other in a complex manner (Payne, 2005). This theory helps us to analyse the role and interplay between the birth family and the foster family (informal systems) and the social work agency which is considered a 'change agent system' (Preston-Shoot and Agass, 1990). It provides a way of considering how individuals are influenced by the systems they are part of and of examining the interplay of different relationships (Forder, 1976). The concept of 'boundaries' and 'open' and 'closed' systems help analyse the relationship between the birth family and the foster family. The degree to which the families in the system are open/closed and how permeable their boundaries are can have implications for how access is experienced, for example a family with a more closed system and more impermeable boundaries might experience more difficulties with access. Foster families experience challenges in relation to boundaries that other families do not, with the influence of professionals in their family life, foster children joining and leaving the family and children being part of their family but also part of another family (Twigg and Swan, 2007). Systems theory can help make sense of how families and individual foster carers respond to these challenges. Theories of attachment, grief and loss also inform these discussion and these will be explored in chapter three.

2.6 Ethical Considerations

There were a number of important ethical issues to consider in undertaking this research. These issues needed careful and thorough consideration at all stages of the research from the planning stage through to the dissemination stage.

2.6.1 Avoiding Harm

The central principle in social research is to avoid harm to research participants, including psychological harm (McDonald and McDonald, 1995). It is acknowledged that foster carers are not professionals and that they are personally and emotionally involved in the lives of their foster

children. Furthermore, access can be a sensitive and emotive subject which can arouse strong feelings and reactions in stakeholders. For this reason, the interviews needed to be carefully planned and sensitively conducted in order to avoid any psychological distress to the participants. In addition, as recommended by Oliver (2003) interviewees were reminded at the beginning of the interview that they could withdraw at any time and did not have to answer any question they did not wish to. The interviewees were also checked with throughout the interview whether they are happy to continue/answer specific questions, especially when moving onto more sensitive areas of discussion.

When discussing their experiences of their role in access, it was possible that foster carers might have recalled difficult or painful experiences or incidents that occurred in relation to their foster child's access. It was, therefore , necessary to be prepared for the fact that an interviewee may have become emotional during the interview and plan for how to best manage this. The interview concluded with a debriefing process during which interviewees had the opportunity to discuss their experience of taking part in the research and any feelings which arose from it. A 'support person' was identified who the interviewee could contact if they required further support after the interview. According to Oliver (2003) social workers should also reflect and be clear on the distinct role between social worker and researcher.

2.6.2 Obtaining Informed Consent

The study was explained in an accessible manner to potential participants. A detailed information sheet was provided to explain relevant aspects of the research and this was accompanied by a consent form (see appendix). It was also be made clear to the participants that they could withdraw from the research at any time (up until one week after the interview took place).This was be reiterated to the participants at the interview stage. Furthermore, it was be highlighted that taking part in the research is voluntary and confidential and will in in no way affect their relationship with IFCA or the fostering social work department (positively or negatively) whether they choose to take part or not. The importance of this is highlighted by McDonald and McDonald (1995) who recommend that due consideration is given to factors which may influence people to take part e.g. the influence of relationships (e.g. with IFCA) or perceived benefits to be gained (e.g. access to services).

2.6.3 Respecting Privacy and Confidentiality

The issue of ensuring confidentiality was also extremely important. Sampling was carried out in a way that protected the privacy of the interviewees. IFCA provided a list of participants willing to take part in the research but did not know the identity of the six chosen to take part. The interviews were

also held in a private location. Using interviews rather than a focus group also granted the interviewees greater confidentiality.

No identifiable information is contained within the thesis and pseudonyms are be used throughout. Participants were informed that the Waterford Branch of IFCA will be identified in the research. Oliver (2003) highlights that protections need to be extended to any individuals mentioned in the research. Particularly, as these individuals have not consented to the research. Great care has been taken to ensure not only the anonymity of the interviewees but also any individuals who are mentioned by the participants e.g. birth parents and foster children. Any references to other individuals have been carefully considered before inclusion in the project as they could be identifiable to another person.

Data was managed and stored responsibly and will be destroyed within an agreed time frame. The participants were fully informed regarding the procedures surrounding confidentiality including any limits to it (e.g. child protection concerns).

2.7 Challenges and Limitations

The most significant challenge in the undertaking of this research was the difficulties encountered in gaining ethical approval for the study. Initially, IFCA members had indicated a desire for research on birth parents' or care-leaver's perspectives of access to be undertaken. However, ethical approval was not granted for either of these research proposals due to significant ethical issues being identified. A process of continuous communication and renegotiation regarding the ethical dilemmas and the topics to be researched was necessary in order to overcome these issues and eventually, after significant delays, the current research questions were agreed upon by all parties. Despite the challenges that arose, I gained significant learning in relation to the ethics of social research and the participatory research process itself.

Although this research project was heavily influenced by the participatory research approach, it was not participatory research in its purest form. One criticism of using adaptions of participatory research is that it can be become tokenistic rather than participatory, and that rather than leading to change it can merely reproduce existing power relations (White 1996). Thus, a key challenge in this research was trying to ensure the process was as participatory as possible. However, certain constraints such as time and the location of the group meant that the ideal was not always met e.g. the group did not participate in the analysis or the writing up of the data. It is acknowledged that the research could have taken a different direction or had different findings if it had been more participatory in nature.

Finally, an important limitation to this research is the small sample size (six participants) that was chosen. This was based on the time and word-count constraints surrounding this research. Such a small sample means the sample may not be representative of foster carers in general and may generate significant bias (Carey, 2009).

2.8 Conclusion

This chapter outlined the research design and the reasoning behind the decisions that guided its construction. It provided a rationale for employing qualitative research and an interpretivist framework. It discussed participatory research and indicated how that approach influenced the research design. Issues in relation to sampling, data collection and analysis and ethical considerations were also explored. Finally, the limitations of this research were examined.

Chapter 3: Review of Policy and Literature

3.0 Introduction

This chapter contextualises foster care by analysing its history and development in Ireland as well as outlining current legislation and policy. It explores the central debates presented in Irish and international literature relating to access between children in long-term care and their birth parents. It examines the role that foster carers play in access, their experiences of access and their training and support needs. Theories of attachment, grief and loss will also be examined in order to offer further insight into parents' experiences.

3.1 Fostering Legislation and Policy

3.1.1 Fostering in Ireland- A Historical Overview

The tradition of fostering in Ireland dates back to the Brehon Laws- Ireland's indigenous law system which prevailed from Celtic times up until the 17th century. At this time fosterage of children was evident amongst all social classes but in particular amongst the wealthy. Gilligan (1990) states that it was used as a means of forging bonds between families and thus served a social order function. In contrast, Horgan (2002) contends that it may simply have evolved as a means of dealing with a high birth rate coupled with a shortage of space in people's homes. What is clear, however, is that the system itself facilitated a plurality of family ties and did not lead to a permanent severing of relations between children and their birth families (Ginnell, 1894).

The roots of modern day fostering can be traced back to the Irish Poor Law Amendment Act 1862, which laid down provisions for the 'boarding out' of children living in workhouses (Kearney and Skehill, 2005). Following the establishment of the Irish Free State, control of the foster care system was transferred to the Boards of Health. The Health Act 1953 gave power to these Boards to provide care for children, whose parents were deceased or had deserted them, through contractual relationships with foster carers. 'The Boarding out of Children Regulations 1954' (Department of Health) established clear guidelines in terms of foster placement selection and inspection. Neither of these acts makes reference to access between parents and children. The following sections discuss subsequent legislation and policy and outline to what extent it promotes access between children in long-term care and their birth parents. It also examines the role of foster carers in facilitating access.

3.1.2 Legislation and Access

Foster care in Ireland is currently governed by The Childcare Act (1991) and the Childcare (Placement of Children in Foster Care) Regulations 1995. Section 37 of The Childcare Act (1991), states that the health board shall '*facilitate reasonable access to the child by his parents'*. Access can be refused on the basis of safeguarding or promoting the child's welfare. It also sets out under section 47 that any party dissatisfied with access arrangements can have them reviewed through the courts. Article 11 of The Childcare (Placement of Children in Foster Care) Regulations (1995) states that the HSE is required to develop a care plan before a child is placed with foster parents. This care plan should outline the access arrangements for the parent and child and also include arrangements for a case review within a specified time. It states that during said reviews, the views of parents and children should be taken into consideration in relation to the fostering and access arrangements. Furthermore, Section 16(G) of the act clearly states that it is a duty of the foster carers '*to cooperate with the health board in facilitating access to the child by a parent*'. No explanation or examples are provided to clarify the meaning of 'cooperation'

As Hamilton (2011) notes, this legislation views access as the right of the child rather than the right of the parents. This fact is further reinforced under Article 9 (3) of the United Nations Convention on the Rights of the Child (UNCRC) which Ireland ratified in 1992. This article emphasises that '*state parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests*'. However, it is important to note that although ratified this convention has not yet been enshrined into Irish law (Kilkelly, 2008).

Conversely, The European Convention of Human Rights (ECHR) has been incorporated into Irish law since 2003. The right to a family life has been enshrined under article 8 of the ECHR and the European Court of Human Rights (ECtHR) has emphasised that contact between parents and children is an essential component of maintaining family relationships. The ECHR has been responsible for placing more stringent controls over aspects of the provision of access. It has set out that in order to restrict access between a parent and a child it must be 1) in accordance with the law 2) pursue a legitimate aim 3) be necessary in a democratic society. This test has been criticised for being too broad and lacking more specific criteria (Kilkelly, 2004). However, the ECtHR has argued that law in relation to children cannot be too rigid as they must allow for a case-by-case analysis. Although these laws go some way towards ensuring access between parents and their children in long-term care is facilitated, their vagueness ensures that the frequency of such contact is at the discretion of individual judges/ social workers. There is no definition of what constitutes 'reasonable access' and it does not identify factors that are valid grounds for reducing or stopping access. The

ECtHR has come some way in shedding light on this matter and the enshrinement of the UNCRC into law could also help clarify the matter. Similarly, while it is made clear that foster carers have a role in facilitating access this role is not clarified.

3.1.3 Policy and Access

The working group on Foster Care established the overarching policy in relation to foster care in their 2001 document **'**Foster Care: A Child Centred Partnership'. Despite this document being 103 pages in length, the issue of access is only dealt with in a brief paragraph in section 3(23). Here, the report acknowledges the fact that the longer children are in care, contact between them and their families is reduced. It states that it is the responsibility of the social worker to '*maintain as much contact as is reasonably possible*' and also emphasises the important role of care plans in facilitating access.

The 2003 'National Standards for Foster Care' were drawn up following a key recommendation from the 2001 report. Here the issue of access is dealt with more fully under standard 2 '*Children and young people in care are encouraged and facilitated to maintain and develop family relationships'*. The importance of ascertaining and taking into account the child's view in relation to levels of access is highlighted. It also maintains that children should be encouraged and facilitated to use email, text and phone to keep in touch with family. It is also stated that access should occur in the home where possible and that '*health boards provide support to family members and friends to facilitate contact, such as adequate assistance with transport arrangements or costs'*

This legislation and policies offer minimum guidelines that aim to ensure that children are facilitated to develop and maintain relationships with their parents. For example, ensuring each child has a care plan and a dedicated social worker should help ensure that the matter of access is reviewed regularly. However, according to the HSE (2013) 9% of children in care have no allocated social worker and 10.1% have no written care plan.

3.1.4 Looking forward: The Impact of the Children's Referendum

The landscape of children's rights in Ireland has been changed by the passing of the Children's referendum in November 2012 (Parkes and McCaughren, 2013). This referendum sought to make changes to the constitution which would strengthen the protection of children's rights in Ireland. Importantly, the amendment to the constitution recognises the child's right to a voice and article 42 (a) 4.2, provides that, as far as practicable, the views of the child should be listened to and given due weight in proceedings concerning child protection, adoption, guardianship, and custody and access. These provisions will be transferred into legislation pending the resolution of a legal challenge to the Supreme Court. Previous to the referendum, Irish law and policy was widely criticised for the

apparent invisibility of children's rights (Martin, 2001; Kilkelly, 2007; Parkes 2008) and the enactment of this law would represent a positive step forward in relation to children having an input into matters affecting them such as access with parents. Furthermore, this law could have an important impact on the children living in long-term care as it would allow for the adoption of children by foster carers if certain conditions are met. The move from long-term care to adoption could also have implications for a child's relationship with and contact with birth parents.

3.2 Access between Children in Care and their Birth Parents: Key Debates

Access between children in foster care and their parents is a contentious issue and one where research, opinion and policy are rooted in distinct value systems and ideologies (Kelly, 2000). Six small scale Irish studies undertaken on the frequency of contact illustrate that the majority of children in care do have contact with their birth parents, with the percentage of children who had no contact with their parents ranging from 19% to 44% (Daly and Gilligan, 2005). However, research does show that the longer a child is in care, the less frequently access occurs (Sinclair, 2005). Research has also suggested that contact can be impeded by poor practice and avoidable difficulties (Wilson *et al*, 2004). There is no doubt that access is an important issue for children in care and they want their views on the matter listened to. In the words of one care leaver: '*I felt that what I asked for was completely ignored. For instance I was tired of asking for more access on my review forms year after year without any changes being made. Access arrangements, I know are hard to organise, but this is one of the most important issues in creating a successful foster placement, and social workers and foster carers should realise the misery and grief that separated children feel* ' (Deady, 2002 p.187).

The issue of contact between children in care and their birth parents has been a source of debate within research over the last few decades. There is a clear cross-over between the literature on contact in long-term foster care and contact in open adoption and studies on both have informed the debate. Research in this domain has often been as a result of changes in policy and practice rather than instigating any changes and researchers on all sides of the debate have highlighted the need to extend professional knowledge in this area (Macaskill, 2002; Neil and Howe, 2004; Sinclair, 2005)

3.2.1 The Case in Favour of Contact in Long-term Care

A significant body of literature supports the current view that good quality access is beneficial for children in long-term care (Buckley, 2002, Sinclair, 2005; Neil and Howe 2004). Generally, good quality contact is associated with having a positive effect on the stability of the child's placement (Cleaver, 2000; Sinclair, 2005; Daly and Gilligan 2005). Studies have shown that children usually look

forward to contact and crave more contact with their birth parents yet they are also often upset by it (Cleaver, 2000; Sinclair et al, 2004, Ofsted 2009). The purpose of access for children in long-term care is to maintain the relationship with parents and enhance the child's sense of identity as well as providing an opportunity to assess and build/enhance the relationship between the child and the parent (Scott *et al*, 2005). This can be a resource in later life as research has shown that a significant number of children retain links with parents into adulthood (Pinkerton, 2000). Access can also help children to deal with feelings of trauma and loss (Neil and Howe, 2004). Furthermore, it can help ensure that children do not have unrealistic fantasies about their birth parents and reassure them if they have worries about their parents' wellbeing (Wilson and Sinclair, 2004; Lucey *et al*, 2003; Sinclair, 2005). However, it should be noted that contact alone may not be sufficient to fulfil these aims but rather acts as a platform through which they can be achieved. Children and parents may need help, support and/or therapeutic work to help negotiate these tasks (Sinclair, 2005).

3.2.2 The Case against Contact in Long-term Care

However, not all research is supportive of ongoing contact between children in care and their birth parents. Studies have shown that in some instances, contact can have a negative effect on the child (Sinclair et al 2004a; Sinclair et al 2004b). However, Sinclair (2005, p.93) emphasises that the '*harm is, however, associated with particular people, not with contact in general*' and that it usually involved cases where the child had been abused before entering care. Howe and Steele (2004) highlight that contact can re-traumatise children who have been severely maltreated and that this can lead to placement breakdown. They recommend that contact may not suitable for these children in the medium term. Some of the other key concerns against contact are that it could be confusing for the child, that the birth parents could undermine the placement or the child's relationship with the foster carer (Taplin, 2005; Macaskill, 2002)

Furthermore, a number of authors have identified significant methodological flaws within the body of research in contact such as a lack of studies based on information from children or parents themselves and issues in relations to small sample sizes and inaccuracies in the measurement of contact (Quinton et al, 1997). This has led to the assertion that '*at present the research evidence is insufficiently strong or developed… to allow us to draw strong conclusions about contact and its effects'' (*Quinton et al, 1999, p. 530). Wilson and Sinclair (2004) argue that despite ambiguity around the research evidence, there is a moral and ethical case for continued contact based on the fact that it is what most children in care want.

3.2.3 Advancing the Debate

A number of authors have emphasised the need to move the debate around contact forward from the simplistic dichotomy that contact can either be 'good' or bad' and to shift to focus to what kinds

of contact, with whom is suitable for each individual child (Neil and Howe, 2004; Scott *et al* 2005; Taplin, 2005). Much of the literature on contact states that 'rules of thumb' are not useful when making decisions regarding contact between birth parents and children. Decisions must be carefully considered taking into account the specific needs and wishes of the child, parents and carers (Sinclair, 2005; Schofield and Ward 2011) and bearing in mind that contact is a right of children and families and that it should only be stopped or reduced if it is against the best interests of the child. Access to internet, email, social media and mobile phones has added a new dimension to monitoring contact and has added difficulties (Sen and Broadhurst, 2010; Schofield and Ward, 2011). Furthermore, decisions regarding contact need to be constantly under review and 'fine-tuned' depending on the needs and wishes of the individuals involved Sinclair (2005).

3.2.4 Attachment Theory and Access

The work of Bowlby's (1978, 1980) and Ainsworth *et al* (1978) on attachment theory is useful when considering the impact of separation through fostering on the child and the importance of maintaining contact with the birth family. Attachment refers to the bond that a child forms with a caregiver. The child will seek proximity to this person in times of distress and will also use this person as a 'secure base' from which to explore the world. Central to attachment theory is the concept that a secure attachment with the main caregiver helps with emotional regulation and relationships in later life, and that disruption of the attachment through separation could have negative long term consequences for the child. Crucial to the debates surrounding long-term foster care is the fact that children can form attachments to more than one person and it is possible that a child can have attachment to both the birth parents and the foster parents. Studies by Schaffer (1990), Fratter *et al* (1991) and Berridge (1997) concluded that continued contact with birth parents does not stop a child from forming a new attachment to the foster carers except in a minority of cases where the birth parent deliberately tried to instigate a placement breakdown. As Triseliotis (2010, p. 63) argues '*it seems that children are much more capable of sorting out the roles of the various individuals in their lives and sustaining relationships with them all than they have been given credit for'*

However, the widespread use of attachment theory in fostering and child welfare is not unproblematic. Triseliotis (2010) provides examples where poor interpretations of attachment theory on the part of professionals has been used to justify reductions or cessation of contact. He gives the example of a 'usual double bind' that a child who is not upset leaving a parent will be assessed as contact not being important to them which could lead to contact being reduced, whereas if a child is upset that may also be used as a reason to reduce or stop contact. Furthermore, Attachment theory has been criticised for its Eurocentric and gendered interpretations. Black workers have criticised that the interpretation of the theory by mostly white professionals is

culturally biased and is overly reliant on the concept of the nuclear family and maternal attachment (Kelly, 2000). Therefore, attachment theory should be used cautiously if it is going to inform decisions about contact and social workers arguably need greater awareness and training in the use and application of this theory.

3.2.5 Loss and Grief in Foster Care

Understanding issues of loss and grief are central to understanding the experiences of all involved in long-term foster care and are inherent features of the attachment concept. The child will have experienced the loss of parents, possibly siblings, extended family and previous foster carers. Foster children may experience these as ambiguous losses (Biehal, 2012). Ambiguous loss is a loss with no boundary or ending and may occur when the person lost is psychologically present but physically absent (Boss, 1999). Foster carers may also experience ambiguous loss in relation to children who left their care due to placement breakdown or reunification with their family (Edelstein et al, 2001; Twigg and Swan 2007, Thomson and McArthur, 2009). Research has shown that birth parents experience profound feelings of grief and (ambiguous) loss and that these feelings are worsened by the associated feelings of stigma of having children in care (Haight et al 2002, Hojer, 2007, Schofield and Ward 2009). Boss (1999) suggests that ambiguous loss can be the most stressful and the most difficult to resolve '*the greater the ambiguity surrounding ones loss, the more difficult it is to master it and the greater one's depression, anxiety and family conflict* (Boss, 1999, p.7). Doka's concept of disenfranchised grief helps us to understand the manifestations of ambiguous loss. Doka (2002) defines disenfranchised grief as grief that is not recognised by society as being legitimate and thus not viewed as being worthy of support or sympathy. Ambiguous loss leads to disenfranchised grief which has been described as confusing, uncertain, unending, with few social supports or rituals to help the griever (Walters and McCoyd, 2009).

Romaine (2002) highlights that foster carers, birth parents and children need to be supported in grieving for these losses so that they can build self-esteem, trust and enhance future relationships. The role of social workers in this task is clear; '*It is the job of practitioners to help their children and parents or carers to come to peace with their pasts so they can also come to trust in their joint and separate futures*' (Romaine, 2002, p.125)

However, Klass et al (1996) identify that grief is not something to be resolved or moved on from. It does not end, rather it is renegotiated over time: *'we propose that rather than emphasising letting go, the emphasis should be on negotiating and renegotiating the meaning of the loss over time*' (Klass *et al*, p. 19). Although speaking of adopted children there are obvious parallels with children in long-term care. He challenges the belief that the aim of grief is to sever the bonds with the person

who is being grieved for, in order that new bonds can be made. Instead he argues that the resolution of grief can include continuing bonds with the person being grieved for which can form a healthy and natural part of the child's ongoing life. According to this understanding of loss, access can play an important role in the maintenance of continuing bonds and the resolution of grief.

3.4 The Role of Foster Carers in Facilitating Access

Foster Carers play a pivotal role in supporting contact between children and their birth parents and are regarded as being integral to the development and maintenance of positive contact (Farmer *et al* 2001; Sinclair et al, 2005; Hojer, 2009; Cleaver 2005). Various research studies have highlighted the parameters of this role. One important aspect is to monitor contact and its effects on the child (Sinclair *et al*, 2005; Austerberry *et al,* 2013) as well as providing information regarding access to the social work department and reporting any concerns (McMahon, 2000). Haight *et al* (2002) also emphasised that the emotional support that foster carers provide to children before and after access is of vital importance. Similarly Neil, Beek and Schofield (2004) stress that foster carers have an important role in '*helping children to use contact meetings to make sense of their membership of two families'* (2003, p.401). Access which occurs in the family home can effectively mean that foster carers supervise access while access which takes place elsewhere can place extra responsibilities on foster carers in terms of transport (Triseliotis *et al*, 2000). Research highlights that in some cases foster carers efforts to fulfil tasks in relation to access can place a strain on their own families (Scott et al, 2005).

3.4.1 Foster Carers' Influence on Access

Quinton et al (1998) found that contact can be negatively affected by the behaviour of foster carers who may be concerned about some aspects of the visit. Triseliotis *et al* (2000) surveyed foster carers across Scotland and the results highlighted that although most foster carers did have positive attitudes to contact, negative attitudes were also common. In particular, foster carers were concerned about the perceived negative impact on the foster children e.g. distress or disappointment if the parent missed access or broke a promise. Some foster carers have also expressed concern about the negative impact of contact on their own children (Sinclair, 2005). A similar Irish study surveyed 127 foster carers in Cork city to assess their attitudes towards birth parents (Browne, 2002). 43% of foster carers expressed having a negative attitude toward the birth parents. Negative emotions expressed included anger, resentment and bitterness. Similar to the study by Triseliotis *et al* (2000), some of this negative emotion stemmed from access visits i.e. parents not arriving for access or being perceived as not looking after children adequately while in their care.

Neil, Beek and Schofield (2003) demonstrated that the most successful and positive contact arrangements emerged when foster carers displayed high levels of empathy, sensitivity and accepting values and beliefs to both the foster child and their birth family. Foster carers being consulted and having an input into these arrangements was important for access to be successful. Interestingly, Thoburn's (2004) longitudinal study of 297 children found that black carers are particularly committed and effective in relation to encouraging contact. Holman's (1980) model of inclusive foster care provides a useful framework for understanding foster carers' attitudes to access. Holman differentiated between 'inclusive' and 'exclusive' models of foster care. Inclusive models were more open to contact and allowed greater input from birth parents whereas exclusive approaches see foster carers taking on the role of parent, with the biological parents being more excluded. Rashid (2000) argues that that black families may manage access more successfully as they have a more inclusive model and the family structure was flexible enough that carers did not feel threatened by contact

3.4.2. Foster Carers' Attitudes towards Access

Research has shown that the majority of foster carers recognise and accept the significance of contact for the child, they can sometimes find it stressful (Sellick and Thoburn, 1996; Triseliotis, Walker and Hill, 2000; Cleaver 2000; Sinclair et al 2005). Sinclair's study revealed that one in six foster carers found contact stressful or very stressful with the majority stating that their experiences were 'mixed'. The mixed response is in keeping with previous research which showed that foster carers are generally less positive towards contact and birth parents than social workers are (Berridge 1997, Waterhouse, 1997). Foster carers indicated that the main problem was related to the child's behaviour following access. Further, almost a quarter had reported having 'severe difficulties' with birth parents since they began fostering. Examples of the difficulties experienced included parents aggressive behaviour, or the birth parents undermining the carer's relationship with the child. The carers who had reported having severe difficulties with parents were significantly more likely to experience a 'high degree of strain' in their role (Sinclair et al, 2004). Similarly Farmer, Lipscombe and Moyers (2005) concluded that difficulties with access was one of the three major factors that increased foster carer strain. Scott *et a*l (2005) postulate that foster carer stress in relation to contact is having an impact on foster carer recruitment and retention and advocates for further research in this area.

3.4.3 Foster Carers' Support Needs in Relation to Access

Research has shown that access arrangements which rely on unsupported foster carers to promote and encourage access are not likely to succeed (Masson, 1997, Sen and Broadhurst, 2010). In the Irish context, Browne (2002) highlights the need for training and on-going support for foster carers

in order to help them manage their worries and concerns around access. She also highlights how in Ireland, foster carers often have minimal support due to a lack of resources. Similarly Buckley (2002) draws on a number of small scale Irish studies to advocate for greater support and ongoing training for foster carers and practitioners in relation to managing access. Given the important role of foster carers in managing access, the challenges and difficulties that they face and the apparent increased expectations on them, it is clear that the availability of formal and informal supports are crucial to the successful management of this role.

However, research has highlighted the prominence of a lack of support from fostering departments, difficult relationships with social workers, as well as foster carers feeling unheard underappreciated and undervalued (Triseliotis et al 2000; Fisher *et al* 2000; Buckley 2002; Wilson *et al* 2004; Sargent and O'Brien, 2004; MaClay *et al* 2006, Sinclair 2005). Lack of support for foster carers has been identified as crucial influence on foster carer retention (Sinclair et al 2004) with the foster carer/ supervising social worker relationship being identified as playing a key role (Triseliotis et al 2000; Sinclair *et al*, 2004)

Austerberry's (2013) large scale survey measured foster carers' views of social work support and gives an insight into foster carers' support needs. This study highlighted that foster carers particularly valued social work support in relation to contact. Two thirds of carers reported wanting help with contact and ranked needing help with contact above a range of other activities e.g. caring for the child's emotional and physical needs. A third of carers had experienced difficulties in relation to contact arrangements in the previous six months. Yet forty per cent of these were not satisfied with the support they had received from the child's social worker. Carers valued when social workers intervened promptly, established clear boundaries around contact and managed birth parents' behaviour. Carers criticised social workers who did not listen to their concerns about access, ignored the views of the carers or the child, and put the birth families' needs before the needs of the carers and the child. Sinclair *et al* (2005) identified that foster carers valued social workers who were reliable, considerate and respectful, who listened to their views and took them seriously, involved them in decisions were easy to contact and responsive when contacted. This research highlighted that foster carers were more positive about link workers than the child's social worker but did not establish reasons for this. An important conclusion of this study was that support alone was not sufficient to guarantee better outcomes and that more specific interventions aimed at developing carer skills were also necessary.

Research has shown that peer support is very beneficial to foster carers when used alongside other formal supports. Foster carers use peer support to gain emotional support, engage in problem-

solving, gaining positive feedback and 'offloading' and this form of support can help to assuage the feelings of isolation that foster carers can experience (Blythe et all, 2011).

3.4.4 Foster Carers' Training Needs in Relation to Access

Simms and Bolden (1991) state that foster carers' attitudes to contact can shape the way in which contact occurs and can affect the child. Austerberry *et al* (2013) further emphasises this point and links it to the need for foster carer training in relation to access; '*considering the value carers place on support from social workers in managing contact issues and the importance of harmonious contact in the lives of children, training for carers around contact is likely to benefit them and the children they look after* (Austerberry *et al*, 2013, p.127)

Research by Sanchirico and Jablonka (2000) surveyed 560 foster parents and showed that foster carers who received specialised training and support in relation to contact were more positive and encouraged contact more than those who did not. Some of the types of activities that they were more likely to engage in included encouraging phone calls with the family, involving the family in special occasions, inviting family to the home and sharing information with the parents. This study emphasised that carers need specialised training *as well as* ongoing support in order to manage contact effectively. The training should provide the knowledge and skills necessary to manage contact whereas the ongoing support should help carers deal with unexpected situations or situations which they cannot handle alone. Haight *et a*l (2002) interviews with foster carers, birth mothers and child welfare workers underlined the complex interpersonal process that occurs at visits and suggested that foster carers need training in particular on how to manage children's complex emotions and also in understanding the birth parents' experiences in order that manifestations of grief and loss are not falsely attributed to lack of motivation or lack of concern for the child. Similarly Cleaver's (2000) research found that carers who had completed training on contact were shown to have better relationships with the birth parents and the foster children and also played a greater role in contact arrangements. However, Cleaver (2005 p. 116) cautions that while training has been shown to improve morale and may be effective in improving skill '*the training has to be part of a coherent system, social workers and link workers need to be working according to the same theory'*.

3.5 Conclusion

In conclusion, research has shown that good quality access is beneficial to children in care. Access is now accepted as a right of the child and should be facilitated unless there is very clear evidence that it is harmful. This stance is supported by Irish and international legislation and policy. Foster carers have an important and sometimes challenging role to play in facilitating access. Their attitudes and

behaviours in relation to access can influence the success and quality of access and can either help or hinder the child in managing their often mixed and difficult feelings around access. Given the influence that foster carers have over access, training and support in this area are considered to be vital.

Chapter 4: Findings and Analysis

4.1 Introduction

This chapter will present the main research findings. Key themes will be identified and explored with reference to the relevant literature. In order to protect the anonymity of the participants all names and any identifying details have been changed. Five female and one male foster carer were interviewed. The average length of time of fostering was 15 years. In total, the parents spoke about 12 foster children who are in long-term care. A more specific profile of participants will not be provided in order to protect the anonymity of participants.

4.2 Theme 1: The Evolving Role of Foster Carers in Facilitating Access

Foster carers' accounts revealed the significant role that they have in facilitating access. All participants saw this role as including the provision of emotional support to their foster children in relation to access. The majority of foster carers said that they fulfilled a monitoring role, in that they paid attention to what was happening in access and to the child's behaviour before and after access and would then report any concerns to the social workers. Foster carers also participated in the organisation of access and five of the participants transported their children to and from access. There was a perception among the majority of the foster carers that the role of foster carers in access is expanding, in particular around expectations of driving. One participant had this to say:

> *'There is a huge difference now as what's expected for the newer people coming in, I think there is far more on them to be driving kids to access, supervising access, taking kids home, when we trained that wasn't the case, it was mostly down to social workers to do that role' - Participant 3*

> *'I was driving 50km a day, three days a week and I never got any help. Before there would be a family support worker to take up the slack for you but that's all gone now. You're expected to do it now, but yet in the standards they say you only have to get a child ready and available for access…it's just that we are obliging I suppose…it's taken for granted' –* Participant 1

Two participants identified that although the foster carers' role has increased, the levels of social work support seem to have declined. One stated that when she began fostering in the early nineties the levels of social work support were higher. She feels that among the older social workers this has led to low morale whereas for the newer social workers *'ignorance is bliss'* and their expectations are lower. Both these carers indicated that resources and high workloads affected the levels of social work support available:

'*I suppose they didn't have as much as a work load but God if you rang a social worker they would ring you back….*'- Participant 1

'*There is a lot more required of the foster carers now. There used to be a lot more support facilities, and dropping children to access and stuff like that, now I suppose with cut backs there is a lot more onus on carers to facilitate access '- Participant 5*

These findings are in line with IFCAs assertion that the foster carers are now expected to take on more responsibilities in relation to access in particular around transporting children to and from access (IFCA 2012). Research has shown that foster carers have an important role to play in access and Mackaskill's study (2002) highlighted that foster carers were children's primary source of emotional support in relation to managing their feelings around access.

4.3 Theme two: Foster Carers' Experiences of Access

4.3.1 Frequency and Nature of Access

Foster carers' experiences of access differed widely and each child's access arrangements were unique. The frequency of access varied from weekly/fortnightly/monthly with some of the children having no access with one birth parent (usually the father). If there was no access, the reasons cited were that the parent was deceased or that the social work department had decided that it was against the child's best interests or welfare to have access with the parent. The majority of carers spoke of extended access on school holidays or special occasions. For a small number of the children access was supported or supervised. Some of the children had phone and/or letter contact with parents in addition to face to face contact.

The findings in relation to access were in line with Daly and Gilligan's research (2005) that the amount of contact reduces the longer the children are in care. Most children's access had decreased over time but it was still regular. This finding is in contrast with Macaskil's (2002) research which speculated that based on experiences of adopted children in was unlikely that it would be manageable or sustainable to have contact more than four times a year for children in long-term care.

4.3.2 Venues Utilised for Access

Of the six participants interviewed, the location where access was facilitated varied. Most commonly access was held at the birth parents' homes. In other cases, access was held at the access house or a room run by the CFA. In one case, access was held at the foster carer's house. Two further accesses were facilitated at a fast-food restaurant, a hotel or the cinema. This mirrors the research conducted by Cleaver (2000) which showed the four main venues for contact were, the birth parents' home

(most popular), the foster home, social services premises or a public leisure facility'. Macaskill (2002) emphasises that a high quality venue communicates to children about the importance that is placed on their relationship with their birth parents. Having a good quality venue emerged as an important issue for foster carers and one carer spoke about being upset when access occurred in an inappropriate venue. Some participants were unhappy with access taking place in rooms at the social work department, one participant described it as follows:

> *'it's just unhealthy, the heat would just hit you in the face, the first thing you would have to do is open a window…it's just not conducive to spending any time in there…all the toys are thrown into the press and they're all around the floor. There is nothing structured about it at all for access or safe play or friendly play or nothing, nothing at all'*- Participant 4

A number of carers emphasised that the specially designed 'Access House' was much more conducive to good quality access. Again this mirror Macaskills (2002) study which showed parents wanted more specialised contact houses. One carer stressed that she felt access was more normal and natural for the child if it could occur in the foster home.

4.3.3 The Purpose of Access

Three of the foster carers identified the primary purpose of access as creating an opportunity for the child to develop or maintain a positive relationship with their parent(s). The other three foster carers felt that the main purpose of access was for the children to know their family, their history and roots. They felt that this would help the child in developing their sense of identity, and simultaneously prevent the child from idealisation about birth parents. One foster carer described it in this way:

> *'They know their family and their history and their aunts and their uncles, and they know the situation'*- Participant 2

These viewpoints are supported in the relevant literature which maintains that the primary purpose of access for children in long-term care is to develop or maintain positive relationships, manage their dual identity, and prevent idealisation (Beek and Schofield, 2004; Sinclair; 2005, Scott et al, 2005).

4.3.4 The Impact of Access on the Child- Perceived positives

Throughout the interviews foster carers referred to the impact that they perceived access was having on their foster children. Several foster carers highlighted that access with birth parents often meant children saw siblings or extended family which could be beneficial. A number of the foster carers highlighted that their foster children had positive reactions to access:

> *'He has no problem with the access- he comes back as happy as Larry' – Participant 1'*

''I'm so lucky', she says, 'I have two mammies, mammy Joan and mammy Denise'. She is happy out going to see her Mammy Denise'- Participant 4

'It works very well, it's once a fortnight and she enjoys it' – Participant 6

Some participant's related that their foster child seemed to have a good relationship and a positive attachment to the birth parent:

'He loves his mam, he really does now'- Participant 1

Some foster carers described celebrating special occasions together with family and it being enjoyable for everybody:

'We had a birthday party with him and his extended family, and that was lovely'- Participant 3

Research has shown that children can find it reassuring when the foster family and the birth parent were able to celebrate a social event together in this way as it helps them to recognise that they can have positive feelings for both their birth parents and their foster carers (Macaskill 2002, Neil and Howe, 2004).

4.3.5 The Impact of Access on the Child: Perceived Negatives

Foster carers also spoke about the perceived negative impact of access on the child. Although one foster child stated he enjoys access the foster carer reported being unsure as to whether this is that case:

'or if he was just saying that to please people' –participant 5

Two carers spoke about experiences in the past when children became very distressed when going to access which they felt could be traumatic for the child:

'you'd hit a certain spot on the road and the child would start screaming because they knew they were going'- Participant 1

Foster carers also cited a number of concerns about their foster children while on access. Two carers spoke about being concerned for the child's welfare and safety during access. Three participants spoke about issues they had had in relation to the quality of access, for example where the parent and the child were not interacting together well during access. Three of the participants related that children feeling pressurised by access either to go in the first place or while they were there:

'Are you asking for a sleepover? Tell the social worker now when you see her you want a sleepover'. They are telling the children what to say' – Participant 2

Two parents mentioned the disappointment children can feel when parents miss an access or break promises made while on access. Several foster carers stated that when children came home from access they might be upset or display challenging behaviour. One foster carer recounted how a child's access had almost led to their placement breaking down.

The fact that some carers related both negative and positive impacts of access of the child is in line with Wilson and Sinclair's (2004) research in which foster carers reported that most children wanted contact with their birth parents but six out of ten children found it distressing. The negative impacts outlined above are similar to the problems reported in previous studies (Browne, 2002; Sinclair, 2004; Howe and Steele, 2004; Taplin, 2005)

From the foster carers' accounts, it was evident that when these issues occurred foster carers were proactive in bringing it to the attention of social workers and seeking changes. Most of the issues described here seemed to have been overcome through discussions with social worker, birth parent and foster carers or through making changes to the nature or frequency of access. For all of the participants access arrangements appeared to be fluid rather than static and changes to the arrangements were common.

4.3.6 The Impact of Access on Foster Carers and Foster Families

Although many foster carers described positive experiences of access, they also identified aspects of their role that could be stressful or emotionally difficult. Two foster carers highlighted how difficult it was to bring children to access when they were upset about going. One participant described it in this way:

'He would cry the whole way maybe and kick the back of the car, he's sitting in the car seat and he'd be kicking, kicking, kicking. It's very distressing, very very distressing'- Participant 1

A number of participants highlighted that it could also be difficult to deal with a child's behaviour when they returned from access:

'He comes back then and he always has this 'you're not my mother and you can't tell me what to do. I don't have to do what you tell me, I don't have to do this and I don't have to do that' –Participant 3

Some foster carers describe incidents that occurred at access which left them feeling angry and upset. One woman felt particularly upset by an access which she felt had been very badly organised by the social work department:

> *I left access that day and I was upset, I was upset for the child… I couldn't even talk half the way home … it just broke my heart …It even upsets me to think of it today- Participant 4*

Another participant explained that dealing with the birth parents could sometimes stir up difficult emotions:

> *'trying to deal with a birth parent who has injured their child and done awful things to them, and to try and overcome that yourself is quite difficult…to try and stand in front of that parent , knowing what they have done to the child'' – Participant 6*

A minority of foster carers mentioned that access arrangements could affect the rest of the family and the family routine which could be a source of stress for the foster carers:

> *'you'd be busting yourself like, and I mean literally busting yourself, and trying to have dinners ready at nine o'clock in the morning' –Participant 1*

These findings correlate with the literature which indicates that whereas most foster carers consider access important for their foster child, they sometimes find it stressful (Cleaver, 2000; Triseliotis, Walker and Hill, 2000; Sinclair et al, 2004) Research has also shown that the foster carers' role in facilitating access can place extra strain on the foster family, particularly if the foster carer is required to take on extra tasks (Scott *et al* 2005). One study (Farmer *et al*, 2005) indicated that contact with young people's families was a cause of strain for 41% of the carers studied and repercussions for 21% of the carer's own children.

4.3.7 Foster carers' Attitudes towards Access

Three of the participants displayed a mostly positive view of access. These carers placed great importance on access and made considerable efforts to facilitate and encourage it. One participant recounted how she ensured that her foster child never missed out on access unless she was too ill to go:

> *I have never once cancelled access because of anything to do with me or my children….nothing interferes with it… daddy stays at home from work even to facilitate Zoe's access* : - Participant 4

She also described her frustration at the social work department for sometimes cancelling access due to a lack of resources:

> *'she hasn't had access now for the last month because they had nobody to supervise it…it seems to be okay for them to cancel it but when it comes to us cancelling it for whatever reason that's not really on the cards*- Participant 4

Another participant showed a considerable commitment to facilitating access. This carer related spending a great deal of time and energy on managing access, keeping in touch with birth parents and supporting her children. She stated:

> *'I would always have in my mind how important contact is…access is vital'*- Participant 6

Three of the participants had more mixed feelings towards access. Although these participants saw some positives in access, they were less certain about the benefits to the child and more cautious about the possible negative impacts:

> *'It's not up to us to say he shouldn't have access, because in an ideal world it probably would be better for him, but that's life, it's his heritage*-Participant 3

> *'Mostly what the parents want is access and a lot of access, but that's what the parents want, it's not good for the kids'*- Participant 2

The majority of the foster carers emphasised the need to place the child's needs at the centre of access arrangements. They also highlighted the need for foster carers and social workers to listen to ensure the child's voice is heard on the matter:

> *'I think when it comes to 5 or 6 it should be the child's decision, if it's too distressing for the child it definitely should be the child's decision'* -Participant 1

> *' I just think , the child, keep the child at the centre and listen to the child, what they are saying…most definitely listen to the child, because I think they are the ones who will guide you'* – Participant 6

These findings reflect the literature in that foster carers very commonly have mixed feelings towards access (Wilson and Sinclair, 2004). It is also evident from these accounts that foster carers can vary in their position on the spectrum of inclusivity and exclusivity and that this can affect their attitudes towards and experiences of access (Holman, 1980)

4.4 Theme Three: Foster carers' Relationships with Birth Parents

Research has shown that foster carers' attitudes towards the birth parents can impact on the child and on access itself. Negative views expressed towards the birth family can adversely affect the child whereas positive views can help the child manage their feelings about being part of two families and help make access more successful. (Macaskill, 2002; McCauley, 2002; Taplin, 2005;Triseliotis, 2010). The majority of foster carers acknowledged the importance of their relationship with their child's birth parents.

> '*I'm fostering the child but you do have a duty to the family as well…access to me is what the child can take from it. But you do play a huge role and you can influence it by your relationship with the parents'* -Participant 6

Despite the small sample size, foster parents presented a varied picture of this relationship. Several stressed that they made an effort to get on with the parents for the child's sake. The relationships not only differed from one family to another but also from each foster family to each birth parent:

> *There are some parents you are you are very guarded with and you would really keep a safe distance, just sort of purely professional. Then there are other instances, we have invited birth parents out to the house to have tea and be part of some family gatherings…so it really varies child to child*- Participant 5

4.4.1 Positive Relationships with Birth Parents

Some parents described positive, open, and relaxed relationships. In particular, three of the foster parents placed a great deal of emphasis on building and maintaining positive relationships with birth parents. Their accounts showed empathy and respect for the birth parents.

> *'I get on very well with his mam, I get on really well with her. And he knows that. Like if she wanted to come out, she'd come to my house…she's often been out for dinner around Christmas time and things like that. Like I'm not any threat to him, that kind of way- …I think it has made it very easy going'- Participant 1*

> *'I love her mam to bits, she is a lovely person'- participant 6*

Some foster carers expressed that a good relationship with birth parents helped with managing access as parent and foster carer are both more flexible. The foster carers who had particularly good relationships with the birth parents displayed high levels of empathy towards the birth parents. These foster carers acknowledge the loss that the birth parents had experienced and recognised how difficult this must be:

'*Of all my foster children, I've never had any bad relations with the parents. I always try, I just say to myself, well look if I was in their shoes how would I feel?' And that's how I get through it. I mean at the end of the day they are only fighting for their children to come home, and I'd be the very same if someone took a child off me. So I can empathise with them that way'* Participant 1

4.4.2 Challenging Relationships with Birth Parents

Some birth parents had more ambivalent experiences of their relationships with certain birth parents. Often these relationships were marked by a sense of discomfort, suspicion and lack of trust.

'I don't feel comfortable with him and I protect myself a little more from him…he could maybe interpret things you say'- Participant 6

'I'm more careful about how I phrase things, in particular because they are very good at only hearing what they want to hear- Participant 3

One foster carer explained that an incident which happened on access had broken the trust and that this had affected the relationship.

Other parents spoke about the good relationships they had with their parents but there was still challenges inherent in the relationship at times. One of these difficulties related to the fact that foster carers felt they had to inform social workers of any concerns they had:

'it's hard because you are a little bit two faced, you're going in all smiles and nice and the next morning you could have to give out about them on the phone'-Participant 2

'They see this interfering foster carer who is always running tittle tattling' –Participant 6

These findings correlate with Browne's (2002) study of foster carers' attitudes towards birth parents. This study showed that foster carers had both positive and negative attitudes towards birth parents and that the negative attitudes were often influenced by their perception of the birth parents being unreliable or untrustworthy or related to their treatment of children on access. Schofield and Ward (2011) argue that foster care training can focus on the impact of neglect, abuse etc. This can lead to constructions of birth families as the 'bad parents' and the foster families as 'good parents' and this can result in carers becoming protective of children and wary of parents.

4.4.3 What Factors Facilitated Positive Relationships?

From the foster carers accounts it is clear that access and other forms of contact create an opportunity for birth parents and foster parents to develop relationships.

It's all about trust and I think if you can get that…It was building up over the years, I think you can get that from conversations, letters, everything with her mother –Participant 6

'try to be as normal and as natural as you can , and if they invite you in go in, you might be scared shitless at first, you know but get over it, get over it and see how it goes. It's all baby steps, it's really all baby steps. And I feel if you are very natural with them, you'll start to understand them and it helps: Participant 2

Foster carers discussed a number of factors which they thought helped facilitate positive relationships with the birth parents. Most participants highlighted that foster carers need to be empathic towards birth parents. A number of participants stressed the importance of developing and maintaining routines and boundaries in order that everyone knows where they stand. One participant expressed that she felt it was important to accept the birth parents for who they are, to support them and that it was essential for foster carers to manage their own feelings of being threatened.

4.4.4 Social Workers' Influence on the Relationship

The majority of foster carers stated that the social workers played an important role in mediating between the foster carers and birth parents if there was a problem to be resolved.

Three participants felt strongly that they were not supported by social workers to develop positive relationships with birth parents. One recounted that in the past social workers had advised her not to meet birth parents at access as it was felt the parents were too 'difficult'. She felt this was not beneficial:

I think if you are doing access and you don't meet the birth parents that can be frustrating. Because I think if somebody can put a face on who is looking after their child they feel better about it… I think that will relax them more- Participant 1

Another foster carer, related that she would like a better relationship with her foster child's birth mother but that she feels social workers have impeded it:

'I think they could possibly work a bit harder in helping our relationship, in giving it a chance, rather than saying, no it's not a good idea' - Participant 4

A third participant explained that while she does have a positive relationship with the birth parents her link worker would not be supportive of her '*going out on a limb*' for the relationship- (Participant 6)

These findings mirror the research carried out by Schofield and Ward (2011) which posited that the quality of relationships between carers and birth parents was heavily influenced by the approach taken by fostering social workers. This research found that fostering social workers sometimes encouraged carers to avoid directly communicating with parents as they wished to avoid putting pressure on foster carers or on placements. However, in the above cases foster carers clearly felt that wanted to be supported more to develop relationships rather than be protected from the perceived risks.

4.5 Theme Four: Supports Utilised by Foster Carers in Managing Access

The foster carers in this study differed significantly in the level of support they felt they needed and in whether or not they feel adequately supported around managing access. Some of the areas that foster carers indicated needing support in were; transport for children to and from access, guidance when unsure of an issue e.g. boundaries, needing to 'vent' if stressed out by access, help and guidance in managing child's behaviour, and support in developing and managing the relationship with birth parents.

4.5.1 Foster Carers Supporting Each Other

Five of the foster carers identified other foster carers as an important source of support in relation to managing access. For some participants this was an informal form of support from foster carers who they had formed friendships with:

> *'You can't talk to somebody who is not in fostering, [they] don't understand. And then you have all the confidentiality- you can't just blab it to anybody…but I have one or two [foster carer] friends now, and I'd pick up the phone and say look can I bend your ear now for a while, and once you talk it over then you will be grand…it's kind of like a buddy system'-* Participant 1

> *'We have a great support system in our own group of friends'[foster carers]-* Participant 3

IFCA could be considered an indirect source of support as it provides a platform for foster carers to meet each other and to engage in peer support. One participant mentioned that IFCA is valuable source of support if the foster carers are unsure if they are handling an aspect of access correctly. She felt that a recently launched IFCA helpline was a very welcome addition to the IFCA services. She stated:

> '*Before you would have rang the office and you would have got through to somebody and they would have rang you back. Whereas now you have actually got a team there on site that you can actually talk to, which is huge'- participant 3*

This finding correlates with the relevant literature which highlights that peers are a valuable source of support and consultation to foster carers (McClay, Bunce and Purves, 2006; Blythe *et al*, 2011)

4.5.2 Training

None of the participants could recall having attended any training specifically on access. Some participants stated that it had been covered briefly in their initial foster care training:

> *'You kind of get thrown in the deep end. It's briefly touched on in the training, more so now than when we trained years ago'*- Participant 3

> *'The other thing as well that is sadly lacking is training of any sort, there's none'*-Participant 4

Some participants indicated that they felt they would not need training because their access is running smoothly or they do not have a hands-on role. One participant said:

> *'I think to be honest if they told you it all, you would run out the door and say nah never again. But then every case is different and you know you just have to roll with it'* – Participant 3

4.5.3 Social Work Support

Most of the participants seemed to rely on other foster carers for much of the emotional support, and indicated that social work support was seen for emergency rather than day to day events. One emphasised that it was not that she felt she could not contact a social worker but rather that she felt it was important for foster carers to be able to manage themselves where possible:

> *'When you can deal with something yourself you just get on with it..I'm not onto the social worker every week over this and that and the next..I don't bother them….I think they know at this stage, that when we hear from you well it is going to be important, it's not going to be something that we could have dealt with ourselves, it's a kind of last resort'*- Participant 4

> *'I would never ring a social worker unless I was in dire straights'* – Participant *1*

> *'The way we work is that the social worker only hears from us if there is something wrong'*- Participant 3

One participant felt very well supported by her link worker and also spoke positively about the child's social worker. She said:

> '*We've always had great link workers and with the exception of one all our other social workers have been terrific'*-Participant 3'

Another participant said: '*Our link worker is very good and very helpful*'- Participant 4

Two participants highlighted that the training and support coffee mornings were valuable and that access was sometimes discussed at these.

Four of the participants indicated that they use the social worker's role to help manage their relationship with the birth parents using the social workers to mediate if necessary. This intermediary role of the social worker seemed to be highly valued by foster carers.

However, some participants did not portray such a positive picture of social work support in relation to access. One participant clearly felt very frustrated at her experience of her link worker and the child's social worker not responding to her calls

> *' If I ring or leave a message for someone and they don't get back to me that really really gets to me, really gets to me…and I think they know, that if I ring I have a problem and please ring me back, but that doesn't happen…it could be a week after or longer'…and I mean if you ring them you need someone at the end of the phone, either straight away or at least the same day, you know I think that will kill fostering, I really do think that it will kill fostering – Participant 1*

Another participant highlighted that social workers are only available Monday to Friday and described a situation where she had to deal with a difficult situation in relation to access and felt unsupported as it was the weekend:

> '*And by the way we won't be here now until Monday morning, see ya and good luck with that! And not in so many words but that is the gist of it*' –Participant 6

Three of the participants indicated throughout their interviews that they were not receiving as much social work support as they would like. These participants highlighted that they were not being listened to by the social workers, they did not feel their input in relation to access was valued and in some interviews a sense of powerlessness permeated their descriptions.

The majority of participants recognised that access could cause some challenges for the foster carer and recognised the need for foster carer supports in general, even though they may have felt that they themselves were managing well at the moment

> *'if you have got a difficult access and a difficult family then you need huge huge support on that from both your link worker and the social worker, and I do know people who felt they didn't have that*'- Participant 3

Research has shown that support and training are vital in helping foster carers to manage their role in facilitating access (Macaskill, 2002; Browne 2002; Haight et al, 2002). Further, foster carers who received both support and training were found be engaged in significantly more activities which encouraged access and contact (Sanchiro and Jablonka;2000).

4.6 Theme five: Foster Carers Perceived Support Needs

Foster carers were asked if there were any supports that they thought would be useful to help them manage their role in access. Once more, participants' answers varied significantly. Most participants indicated that some form of training in relation to access would be useful to help them to learn to manage difficult situations and to manage their own feelings around access:

> *I think there are things that foster carers need support with to try and get, I don't even know if it's an understanding, but to try and get them to manage their feelings. Social workers go back in and ye have supervision, ye can unburden, I know we have our link worker but sometimes training is what you need around dealing with things like that as well'* –Participant 6

Most participants stressed the importance of being listened to and supported by their link worker and the child's social worker. One participant stated:

> *'I mean they need to listen, if somebody rings and leaves a message, its only politeness… it's the little things…or to pick up the phone on a Monday morning and say you know I'm here and how are things going and I'm thinking of you'*- Participant 1

They valued relationships with link workers where they could be open and honest and appreciated when social workers were easily contactable. One carer felt that the child's social worker should help prepare birth parents for access and two carers mentioned that it would be useful to have greater clarity around the expectations of foster carers in relation to access.

There were a number of practical supports mentioned. Two participants said that the CFA had an important role to play in providing appropriate venues which would facilitate good quality access. Additionally, one carer suggested providing vouchers for parents so they could do fun activities with the children. Another carer felt it would be useful to have more specific guidelines on how to monitor a child's behaviour before and after access.

4.7 Conclusion

This chapter has presented the main findings of this study. It has explored five key themes which emerged from the data and discussed them with reference to the relevant literature. While foster carers' experiences of access varied widely, the findings suggest that foster carers see their role in facilitating access as an important yet sometimes challenging one. Access was perceived to be particularly challenging if it was having a negative impact on the child, if the relationship with the birth parents was difficult or if the foster care was doing large amounts of driving. At the extreme end of the spectrum problems with access were linked to placement breakdown and foster carer stress. However, foster carers also reported experiences of access that were positive, which they perceived to be benefitting the child and which provided opportunities to develop positive relationships with the birth parents. The majority of foster carers viewed peer and social work support as integral to their ability to manage their role in facilitating access.

Chapter 5: Conclusions and Recommendations

5.1 Introduction

This chapter discusses the main findings of the study in relation to the research questions. Links are made to the relevant Irish and international legislation, policy and literature. Recommendations emerging from the findings are outlined and implications for IFCA (Waterford) and social work practice are explored. Finally, a reflective piece on my experience of completing this study concludes the research.

5.2 Research Question One: What is the Role of Foster Carers in Facilitating Access between Children in Long-term care and their Birth Parents?

Foster carers' accounts conveyed the multi-faceted and important role that they play in facilitating access between children in their care and their birth parents. Aspects of this role included:

- preparing children for access and providing follow up emotional support
- supporting children to make decisions regarding access
- advocating for the child to ensure that their views are heard in relation to access
- facilitating access in their family home
- monitoring access and reporting any concerns to the social workers
- managing relationships with the child's birth parents
- driving children to and from access

International and Irish literature correlates with these findings and asserts that foster carers are crucial in maintaining positive access (Cleaver, 2000; Buckley, 2002; Neil and Howe, 2004; Sinclair, 2005).

Foster carers' accounts mirror IFCA's assertion that there are increasing responsibilities placed on foster carers in relation to access, in particular around transporting children (IFCA, 2012). The increased expectation for foster carers to drive children to and from access emerged as a contentious issue. There appears to be a lack of consensus among foster carers and social workers as to whose role it is to do so. The Child Care Act (1991), the Child Care (Placement of Children in Foster Care) Regulations (1995) referred to the foster carers' role as to *'cooperate with the health board in facilitating access*' and no specific reference is made to transporting children to access. The National Standards for Foster Care (2003) do not refer to foster carers transporting children to and

from access and instead seems to place the onus on the health board to facilitate access stating: '*health boards provide support to family members and friends to facilitate contact, such as adequate assistance with transport arrangements or costs'*. However, the HSE guidance document on the use of the foster care allowance states that foster carers are '*expected to transport the child to and from access visits, where it is possible and appropriate to do so'* (HSE, 2013). Furthermore, the Tusla information webpage for prospective foster carers now unequivocally states that '*foster carers are expected to transport children to and from access visits*' (Tusla, 2014).

IFCA have attributed this shift to a lack of resources coupled with the increased workload of social workers (IFCA, 2012). Meanwhile the 'Interim Mid-west and CFA Access Policy for Children in Care' (HSE, 2013) suggests that it is in the interests of the child to be driven by their carers stating: '*It is good practice for foster carers to transport children to and from access where possible. Children can be very emotionally vulnerable at this time and it is usually best if they are with someone with whom they are familiar and trust' (HSE, 2013, p.5).* Research does suggest that 'a known and trusted' person should act as a bridge to access (Beek and Schofield, 2004, p. 142). However, in most cases the child's social worker should also be known and trusted by them.

Currently, transport arrangements have to be discussed and agreed upon by individual social workers and foster carers. It emerged from the findings that while foster carers were not necessarily opposed to driving, they were resistant to being pressurised to drive their children to access, or for it being taken for granted that they would. This was particularly true when driving responsibilities were seen to interfere with the family's routine and could be a source of stress for foster carers in these cases.

5.3 Research Question Two: What are Foster Carers' Views on the Benefits and Challenges Inherent in Fulfilling this Role?

Foster carers expressed mixed views and attitudes in relation to their experiences of access and their accounts provided an insight into the perceived benefits and challenges inherent in their role. When foster carers felt access was going well there appeared to be several benefits. Foster carers reported instances of children having good relationships with birth parents and enjoying spending time with them in access. Access was described as an opportunity for children to learn about their roots, to get to know their extended family and to understand why they are in care and to resolve issues of loss and grief. Access also provided an opportunity for birth parents and foster carers to develop and maintain positive relationships. These positive relations in turn helped children to make sense of being part of two families and reportedly helped avoid feelings of divided loyalty and boundary confusion. The majority of foster carers understood the significance of their role in access and

appreciated the importance of access for their children and most had developed their own strategies for managing access. Further, several of the foster carers demonstrated considerable resourcefulness and commitment to promoting positive access. These carers often went beyond what was expected of them in terms of sharing information with and including parents and exceeded their requirement to simply *'cooperate with the health board'* to facilitate access.

Foster carers also identified some of the challenges inherent in fulfilling their role in access. These included supporting children and managing their behaviour before and after access, managing their relationship with the birth parents, and managing their own feelings around access. Access in relation to special occasions could also be problematic with arrangements for communion and confirmations requiring special consideration and planning. The venue for access emerged as a challenge for some participants with some feeling that venues provided by the CFA were not always conducive to good quality access. There was also dissatisfaction among some members that access was sometimes cancelled by the social workers due to resource constraints. At the extreme end of the spectrum access was associated with placement instability or breakdown and extreme distress and confusion for the children.

The accounts of the foster carers reflect relevant literature on this issue. Generally the more inclusive the foster care, the more positive their views were but mixed experiences and attitudes were common (Triseliotis, 2000; Neil and Howe, 2004; Scott et al, 2005). All the foster carers had experienced challenges in relation to access at some point and most foster carers reported having experienced feelings of stress or upset in relation to access (Sinclair et al, 2005; Sen and Broadhurst, 2010).

5.4 Research Question Three: What (Formal and Informal) Supports do Foster Carers Utilise in Relation to Managing their Role in Facilitating Access?

Foster carers identified a range of informal and formal supports that they utilised in relation to managing their role in access. Most foster carers spoke of using their spouse and other foster carers who they had built up friendships with as sources of informal support. IFCA, the new IFCA helpline were also mentioned as source of support by some of the foster carers.

The foster carers in this study differed in the level of social work support they felt they needed and in whether or not they felt adequately supported around access. Some participants reported good relationships with social workers, and several found the care plans and reviews a useful platform for discussing access. The training and support coffee mornings were also mentioned by two participants as a source of support and information. Foster carers who had extensive fostering

experience (fifteen years plus) coupled with what they considered 'straightforward' access arrangements reported needing minimal support. For three of the participants, however, a perceived lack of support from both the link workers and the child's social workers around access was a source of concern. In cases where foster carers felt they lacked social work support they expressed feelings of frustration, powerlessness, and anger. One participant indicated that she felt so unsupported that she was considering retiring once her current foster child was old enough. This is not surprising given that research has shown that feeling unsupported is one of the three main reasons that foster carers stop fostering (Sinclair *et al*, 2004)

Interestingly, it was the foster carers who had the most inclusive approach to access that reported being the least satisfied with social work support. These carers reported instances of social workers discouraging their relationships with birth parents or 'going out on a limb' in relation to access. They were also particularly upset when social workers did not seem to ascribe the same importance that they did to access e.g. cancelling visits due to a lack of resources, organising visits badly, and providing poor quality venues. Although, this sample is too small to draw conclusions, the participants accounts suggest that there needs to be a sense of 'fit' between the agencies and the foster carers position on the inclusivity/exclusivity spectrum and that in the cases where the foster carers position was more inclusive than the social workers it was a source of conflict. This finding differs from the results of previous research which indicated that social workers generally have more positive and inclusive views about access than foster parents (Sinclair, 2005)

Training emerged as a clear gap in the supports utilised by the participants and none of the carers recalled ever attending specific training on access. Most of the participants expressed that they would find training in relation to access useful. However, a number of carers also highlighted that the unpredictable nature of access meant that training alone could not fully prepare the carers for managing their role in it.

Most participants use a combination of peer/family and formal social work support to manage their role. Some foster carers rely heavily on peer support and feel either unsupported by social workers or only contact social works in a crisis situation. However, this is in contrast with the research which shows that for foster carers to be able to manage their role in access and have a positive influence on it they need access to peer support *and* formal social work support *and* training. Where foster carers do not avail of all these supports they are less likely to engage in positive and encouraging activities which promote access.

The research has clearly established that foster carers have an important role in access and that their behaviours and attitudes can influence that child's and birth parents' experience of access (Simms and Bolden, 1991; Cleaver, 2000, Sanchiro and Jablonka 2000; Sinclair, 2005). Therefore, ongoing support and training are necessary for foster carers to be able to fulfil this role successfully. According to the National Standards for Foster Care (2003, p.35) the onus for providing training and support is on the fostering link work who '*ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high quality care… link workers should organise training and meet with the foster carers regularly*' . IFCA also play an important role in the provision of training and support (IFCA, 2014). Without it foster carers may be uncommitted to access or in some cases their actions or attitudes could even undermine the success of access (Sanchiro and Jablonka, 2000). Furthermore, given the difficulties, emotional challenges and potential for stress that can be inherent in this role, there is an ethical imperative to ensure that foster carers are not left to cope alone with the complexities of access.

5.5 Recommendations

The following recommendations have been highlighted by the participants themselves and by the researcher following an analysis of the findings and relevant Irish and international research.

1. It is recommended that specific training in relation to access be delivered to foster carers and social workers. According to best practice, this training should be co-facilitated by foster carers. There has also been evidence of successful participation of birth parents in this type of training. This training should cover strategies to help foster parents manage their role in access, understand and manage their own feelings, and develop their understandings of birth parents experiences of loss, grief and stigma.

2. Peer support has been highlighted by foster carers and the relevant research as an important resource for foster carers in facilitating access (Luke and Sebba, 2013). By optimising opportunities where foster carers can meet with other foster carers IFCA can indirectly help foster carers to gain informal support. Furthermore, a more formal 'buddy system' or 'mentoring system' could provide a platform where experienced foster carers could provide guidance and support to newer foster carers (Newstone, 2008). The provision of opportunities for online peer support or a support blog may help expand provision of support to a wider range of carers (Finn and Kerman, 2004).

3. Based on the participants' accounts and emerging needs it is clear that a lack of resources is affecting the quality and frequency of access for some children, and placing undue strain on some foster carers. Instances of access occurring in inappropriate venues or access being cancelled because there was no one to supervise it were recounted by the participants. Participants also highlighted that on occasions when access needs to occur at the weekend the foster carers are left to facilitate it alone, with no social work support available. The is a clear need for increased resources and the provision of 24 hour support for foster carers in terms of an out of hours social work service and IFCA should continue its lobbying efforts to secure these.

4. A number of participants expressed that access can interfere with a child's experience at school. Sometimes children were too upset to do their homework or their behaviour in school was affected. Foster carers felt that teachers did not always understand the meaning and impact of access for children and this finding is reflected in recent research (Darmody *et al*, 2013). IFCA could have a role in providing information to teachers to help them understand children and their carers' experiences around access better.

5. It may be useful for IFCA and the social work departments to reach agreement on the expectations surrounding foster carers in relation to transporting children to and from access, and to communicate this to their members. There appears to be some confusion around this issue and as a result it was highlighted as a source of tension.

6. This study has provided an insight into foster carers' perceptions of access. However, there is a dearth of research in Ireland on children's, birth parents' and social workers' experiences and views on this topic and these studies would provide a further insight into the complex dynamics of access. It would also be beneficial to research the issue of access in relative care as it this context provides quite a different set of opportunities and challenges in relation to access.

5.6 Implications for Social Work Practice

*'I think fostering is about… they are not adopted, they are not your children and so you have to try and include [the birth families]. And now there are a lot of social workers who would say '*Forget it! They are in long-term care, just get on with it and don't be trying to push the access' *and it would be said to you like 'Oh no, a child in long-term care - access twice a year. Fine. End of Story.'* (Participant 6)

This quote demonstrates the potential for both the child's social worker and the link worker to influence foster carers' behaviours and attitudes in relation to access with birth parents. Research has shown that children, birth parents and foster carers all frequently experience feelings of powerlessness and not being heard in relation to access (Triseliotis, 2000; Alpert, 2005; McEvoy and Smith, 2011). Yet social workers retain considerable power in this area and how this power is used can have very significant and long-lasting effects on children's, birth parents' and foster carers' lives.

The above quote raises concerns regarding how social workers exercise this power through their decisions on access. As discussed previously, access is an area of social work practice which is extremely complex and is considered one of the most difficult areas to make practice decisions about (Cleaver, 2000). There remains some uncertainties in the research about how best to make them but one aspect is undisputed: there is no place for 'rules of thumb' in guiding these important decisions (Neil and Howe, 2004; Sinclair *et al* 2005; Triseliotis,2010; Schofield and Ward, 2011). Good practice dictates that blanket assumptions such as the one referred to in the above quote are to be avoided at all costs. Each child's individual and unique situation must be considered, and the views and needs of the child, the birth parents and the carers all need to be taken into account. Furthermore, access arrangements need to be reviewed over time as individuals' situations change. Social workers have a duty to protect a child's safety and in some cases access may need to be reduced or stopped. Social workers need to be prepared to make these decisions, but they should not be taken lightly. Further, stopping access with one family member does not mean it cannot occur with other members. In fact, children often want different levels of contact with different family members (Wilson and Sinclair, 2004)

Social workers have a vital role in ensuring the voice of the child is heard in relation to access. However, research has shown that it is rare for children to make their views on access known to carers or social workers (Cleaver, 2000). Review forms do not ask them specifically about access and children have reported that the review process is intimidating, they find it hard to express themselves at reviews, and that when they do express themselves they feel ignored (McEvoy and Smith, 2011). Therefore, social workers need to spend time getting to know and building trusting relationships with children so that they will be in a position to ascertain their views.

Research has identified certain foster carer qualities that are associated with beneficial contact. These include, sensitivity and empathy towards the child and the birth family, accepting values, constructive and collaborative approach to problems, resolved feelings regarding issues of grief and loss and an open/inclusive attitude towards contact (Neil and Howe, 2004; Neil, Beek and Schofield,

2003) These qualities should be sought in the fostering process or should be developed through training and support.

The Care Inquiry (Care Inquiry Steering Group, 2013) has highlighted the importance of relationships between children in care and those close to them and between the different people in their lives. High-quality relationships were found to matter more than anything else for children in care and relationships were referred to as 'the golden thread' that runs through a child's life. This inquiry calls on practitioners to move their focus away from administrative requirements and to focus more on using approaches that nurture positive relationships for children in care and argues that *'relationships should be the lens through which all work with individual children, family members and carers should be viewed'* (Care Inquiry Steering Group, 2013, p. 9). Unfortunately, due to resource constraints access is often a missed opportunity for interventions which would help nurture positive relationships. Direct work with children in the form of life story work, therapeutic interventions and greater creativity and flexibility in terms of access arrangements could help support the maintenance of child parent relationships through better quality contact.

Both the link worker and the child's social worker need to value the relationship between the foster carer and birth parents (Schofield and Ward, 2011). The role of the social workers should not only be to act as an intermediary but also to promote and encourage this relationship, as it is likely to benefit all parties (Neil and Howe, 2004). This may include creating both formal and informal opportunities for birth parents and foster carers to meet. It may also involve working with and supporting birth parents and carers to manage their own feelings and resolve feelings of loss, grief, guilt, anger and so on. It also involves being attuned to the interactions between the two family systems, and intervening at sources of conflict or boundary confusion. Some foster carers identified the need for greater social work support for birth parents in order that they can contribute to access in the best possible way. This could be in the form of individual support, connecting parent to advocacy groups or establishing birth parent support groups. This involves a more holistic practice approach which some argue has been eroded by increasing marketization, bureaucracy and managerialism in social work (Llyod,1996; Ferguson, 2008).

Undoubtedly, resource constraints have affected social workers' ability to accommodate access and provide good quality venues for access. This was highlighted in Coulter's (2013) report which stated that in some cases social workers had explained that resources prevented them from providing more extensive access. A lack of resources may also account for the fact that social workers seemed to be perceived by the participants as somebody to go to when a crisis occurs rather than providing regular support and visits as is set out in the National Standards for Foster Care (2003). However,

some of the issues raised by the foster carers are not necessarily related to a lack of resources and may point instead to a need for a cultural shift. Some foster carers expressed feelings of powerless, of not being listened to or taken seriously, and of being taken for granted. A key message arising from this research is that foster carers want to be respected, they want to work in partnership with social workers and have their views taken seriously, they want to be valued for the important role they play and supported to carry it out to the best of their ability.

5.7 Conclusion

This research has provided an insight into foster carers' experiences of access between children in long-term care and their birth parents. Examining the lived experiences of foster carers helped develop an understanding of the important role they play in facilitating access. The accounts of the carers in the study suggest that this role is expanding and that there are now greater expectations placed on them. The accounts also highlight the commitment that the foster carers have towards facilitating access as well as the potential for access to be challenging and a source of stress. The importance of providing consistent and adequate support and training for foster carers in relation to managing access is a key finding of this study. Providing adequate support helps reduce foster carer strain and thus aids foster carer retention. In addition, well supported and trained foster carers can help improve the experience of access for children and their birth parents. The interrelatedness of this process is emphasised in the following quote: '*Carers will affect how safe children feel about contact…a relaxed carer might make a child feel more secure. A secure child might handle contact less anxiously. A less anxious child might help the birth parent accept the placement. And an accepting, more co-operative birth parent might help the carers contemplate an even more open placement*' (Neil and Howe, 2004, p. 227). Finally, it is clear that social workers have a central role to play in managing and nurturing these relationships which form the 'golden thread' running through a child's life.

5.8 Reflective Piece

I found the process of completing this research to be both a challenging and rewarding experience. One of the challenges I faced in completing this research was in not gaining ethical approval for the first two proposals submitted. At the time, I found this difficult and frustrating, not least because of the amount of work that had gone into negotiating the titles with the CSO and preparing the proposals. However, this process forced me to undertake an in-depth study and evaluation of the ethics of social research. It led me to re-examine some of my assumptions about the purpose and process of social research and I now have a much greater understanding of the ethical complexities and challenges inherent in undertaking social research with marginalised groups.

The experience of interviewing foster carers for this research was enjoyable, rewarding and resulted in huge learning for me. I gained an insight into the dynamics of foster care, access , and the relationships between all involved. I found the foster carers' stories inspiring and gained a whole new appreciation of the work that they do and an increased sense of admiration and respect for carers.

Furthermore, completing this study has given me a valuable insight into the process of participatory research and this process was much more of a challenge than I anticipated. At times I struggled with the feeling that I did not have sufficient control over the project while on other occasions I worried that I had too much control and the research was not participatory enough. However, overall I really enjoyed working with a CSO to undertake research and found it rewarding that the research may have some impact on informing practice. This project has increased my interest in participatory research and I would like to utilise this form of research in my future work.

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Appendices

XXXXXX

XXXXXX

20-03-14

Dear XXXX

My name is xx and I am a Masters in Social Work student at UCC. As part of my studies, I am undertaking research into the role of foster carers in access between children in long-term care and their birth parent(s). I am doing this research in collaboration with the Irish Foster Care Association in Waterford. It is hoped that this research will provide an insight into foster carers' experiences of access and identify supports that foster carers need to carry out this role. At the moment, there is very little Irish research in this area and your participation would be greatly appreciated. Therefore, I would like to formally invite you to participate in this research.

Participation would involve attending an interview with me and discussing some of your experiences of access. I would be interested to hear about your perspective on the role of foster careers in access and your feelings on this important topic. This interview would be approximately forty-five minutes long and would take place in a location of your choosing. I am an independent researcher and have no association with the Foster Care Association. Further information on the research is provided in the information sheet accompanying this letter.

If you would like to take part in this research, I would be grateful if you could complete the consent form attached and return it to me in the stamp addressed envelope provided. I would appreciate if you could return this form before Friday 28th March. I will then contact you to arrange a time and location that will suit you to take part in the interview. I am hoping to conduct the interviews on Monday 31st March and Wednesday 2nd April if possible.

If you have any questions about the study, please do not hesitate to contact me at XXXXXXX.

Thank you and I look forward to hearing from you.

Regards

XXXXXXX

Information Sheet

Purpose of the Study

As part of my Masters in Social Work, I have been given the opportunity to carry out a research study together with the Irish Foster Care Association in Waterford. This study will focus on access between children in long-term care and their birth parents. I am interested in exploring the role of foster carers in facilitating access and the ways that foster carers can best be assisted to help support children in care around access. There is limited research available on this in Ireland and your participation would be much appreciated and would help give an insight into foster carers' experiences and needs in relation to access.

What will the study involve?

This is a participatory research study which means that your views and involvement are important. I would like to invite you to take part in an interview where I will ask you to share some of your experiences about your role in access between your child in long-term foster care and their birth parent(s). This interview would take about forty-five minutes. I would ask you some questions and you could answer in as much detail as you wish. You do not have to answer any questions you feel uncomfortable with and you are free to stop the interview at any time.

Why have you been asked to take part?

You have been asked to take part in this research because you meet the criteria for this study. You are a general foster carer and are fostering a child in long-term care (five years or more) who has some access with their birth parent(s).

Do you have to take part?

No, taking part is completely voluntary. If you have read the information provided and feel you would like to participate, you will be asked to sign the attached consent form. You can change your mind about taking part at any stage before or during the interview taking place. You can also change your mind about allowing your interview data to be used in the study, within one week of the interview taking place. In such cases, your data will be deleted from the project. Taking part in this study will in no way affect (positively or negatively) your relationship with IFCA or the fostering department.

Will your participation in the study be kept confidential?

I will ensure that no clues to your identity appear in the thesis. Any extracts from what you say that are quoted in the thesis will be kept anonymous. The individual/organisation who identified you as a suitable participant will not know of your decision to take part in this research unless you choose to tell them. The Irish Foster Care Association will not be given the names of the people taking part in the research. However, the name and location of IFCA (Waterford Branch) will be identified in the research.

It may be necessary to break confidentiality in exceptional circumstances such as if there is a serious concern that there may be a threat to the safety or life of you or others or in the case of child protection concerns.

What will happen to the information which you give?

The data will be kept confidential for the duration of the study. All typed versions of the interview transcript will be stored securely on a UCC student server which is password protected. The audio recording of the interview will be kept in a locked drawer in my home which only I will have access to. It will be kept for six months after I have finished my thesis and then destroyed.

What will happen to the results?

The results will be presented in my thesis. The thesis will be seen by my tutor, a second marker and possibly an external marker. It may also be read by future students on the course. If my thesis reaches an adequate academic standard it will be available online (http://carl.ucc.ie).

A copy of my thesis will be given to the Irish Foster Care Association and I will also present my findings to them.

I will also present my findings to fellow social work students at a student research conference in UCC in May 2014. You will also be invited to attend this presentation.

You will not be identified or named in any aspect of the thesis or presentations.

What are the possible disadvantages of taking part?

This study is focused on access between children in care and their birth parents and it is possible that you may find talking about this topic emotive or upsetting. However, I will do my best to ensure that you feel supported throughout the research process and that the issues are dealt with sensitivity and respect.

What if there is a problem?

At the end of the interview I will discuss with you how you found the experience and how you are feeling. If you feel upset after the interview or would like to talk to somebody about the issues there is support available through the foster care social work department.

Who has reviewed this study?

A detailed description of this study was reviewed by members of the Masters in Social Work department as part of the ethical review process.

Any further Questions?

If you have any further questions or wish to discuss some part of this information sheet you can contact me at:

xxxxxxxxxxx Tel: xxxx

Thank you for taking the time to read this information sheet. If you agree to take part in this study please sign the consent form and return it in the stamped addressed envelope provided.

Consent Form

I……agree to participate in XXXXXX's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for the interview I take part in (facilitated by Treasa Tansley) to be recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the focus group, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications.

Signed……. Date……..

Interview Guide

The interview will be semi-structured and therefore will contain a combination of pre-planned and unplanned questions. This allows a considerable degree of flexibility around what will be discussed. The pre-planned questions will relate directly to the research questions. The unplanned questions will relate to other /unexpected topics that the participant brings up. Probe questions will be used to encourage participants to expand on their answers. Not all the probe questions outlined below would necessarily be asked and the participant's answers would guide the interview. Following the guidelines of semi-structured interviewing, the questions can be asked in any order.

Introduction

Thank participants for taking part. Explain the aim of the study. Explain the interview process and issue of confidentiality, recording, transcription. Remind participants that they do not have to answer question they do not wish to and they only have to share as much information as they wish to. Remind participants that they can stop the interview at any time and can also stop for a break if they need to. Invite participants to ask any questions they may have about the research process. Express interest in hearing about the participant's experiences.

Warm-Up Phase

Q1. How long have you been fostering?

Q2. Can you tell me about the type of access your child has with their birth parent(s)?

Probes: *Do they see one or both parents? How often? For how long? What is the purpose of this access? Where does it take place? What do they do during access? Do they have other kinds of contact e.g. letters/phone*? *Has the frequency/nature of the contact changed over time?*

Further Interview Questions

Q3. . Can you tell about your role is in managing access between your foster child and their birth parent? Probes: *Do you transport your child to access? Do you talk to your child about access before/after it happens? Have you ever supervised access? Are you involved in the organisation of access? How do you support your child around access?*

Q4. Can you tell me about your experience of access?

Probes: *How do you feel about access? Does access affect your family and family life in any way? How would you describe your relationship with the birth parent(s)? What is your experience of care plans and reviews in relation to access? How would you describe your relationship with the social work department in relation to access?*

Q5.Could you tell me about any supports you use to help you manage your role in access? Probes: *Who supports? What kinds of supports? Have you ever had any training on how to manage access?*

Q6. Is there other kind of support that you would find useful as a foster carer managing access? Probes*: Would you like to see any changes in how foster carers are supported? What do you think*

would help foster carers support their child to have the best possible experience of access? Do you have any other ideas on how to children can be best supported to manage access?

Closing Question

Q7. Are there any other parts of your experience of access you would like to share or expand on?

Debriefing

Thank participants for their time and acknowledge contribution to research. Discuss with participant how they found the process and how they are feeling. Remind participants of support available and give number of support person. Reassure participants regarding confidentiality and anonymity. Explain what will happen next and when the research will be available. Explain that participants have one week to change their mind about taking part in the research. Invite participants to ask any questions, give any feedback or suggestions.