

***I HAVE BEEN VERY PLEASED BEING IN
FOSTER CARE, BUT...
YOUNG PEOPLE'S EXPERIENCE OF
LONG-TERM FOSTER CARE***

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ABSTRACT: Sixteen young persons with experience of long-term foster care were interviewed. Most of them lived under good conditions; some, however, struggled with social and emotional problems. Overall, the young people were satisfied with the foster care. Regarding their life today, they fell into three groups: the resilient, the insecure, and the rootless. For most individuals, during their childhood, child welfare professionals were invisible. Participants with negative life experiences point out failings by the authorities and recommend the provision of psychological support.

Key words: foster care, life experience, interviews

The main objective of the research reported here was to study children's experiences of foster care from their own perspectives. Another objective was to develop participatory research methods in research with young people. Both are sensitive tasks. As Pole, Mizen, and Bolton (1999) point out, it may be "that despite the best intentions of researchers, the structure and organization of research inevitably reduces the children to the status of, at best, participants rather than partners and, at worst, objects of the researchers' gaze" (p. 39).

Stated intentions and precautions may not suffice to conduct the research in a manner that allows children to become participants. Acknowledging this seems to be an essential point of departure. However, this paper concentrates on some of the empirical results of the study.

The study took place in Iceland among sixteen young persons aged 17 to 29 who had experienced long-term foster care, where they had been placed by public authorities. The main questions studied were: (a) how do the foster children experience, understand, and cope with foster care as a long-term intervention in their lives? and (b) how are their circumstances today?

Further objectives were to look for implications for practice. Foster care practices have been studied widely in other countries but only to a very limited extent in Iceland. In fact, this is the first qualitative study of foster care practices made in Iceland. However, it is known that some children are drifting in care, and practitioners hear their messages only to a limited extent (Kristinsdóttir, 1991; Jónsdóttir, 1993).

ON THEORY

Being a foster child is often an experience fraught with distress and anxiety, emotionally and socially, due to the experience of loss, identity crisis, isolation, and separation from birth family, parents and siblings. Some children move between foster homes and must repeatedly establish new relationships or adjust to new situations. Contact with the family of origin may be irregular. However, some children are resilient, and this may be true for children in foster care (Rutter, 1990).

Previous research has shown that foster care is difficult to carry out successfully (Berridge, 1998; Börjeson & Håkansson, 1990; Triseloitis, 1989). Studies of children's experiences rendered in their own words have gradually been increasing in number. Initially, in Nordic research, they were retrospective (Guldborg et al., 1991; Koch & Koch, 1995). As pointed out by Hill (1997), few foster care studies have included interviews with children. This study is inspired by ideas of social research with children (James & Prout, 1990; Qvortrup, 1991) and by studies of foster care and adoption in Scandinavia (Andersson, 1995, 1998) as well as in the UK (Butler & Williamson, 1994; Thomas, et al., 1999). Inspiration also comes from the development of participatory research among children (Hill, 1997; Thomas & O'Kane, 1998; Thomas, 2000). This kind of research is guided by the view that children and young people are active subjects and are capable of forming judgements and making decisions at an early age; they are no less trustworthy in their accounts than are adults.

Findings relevant to this study suggest that children wish to have an influence on their own lives, to have a warm and stable relationship with at least one other person, and to experience honesty and trustworthiness from practitioners and carers. These three wishes are often absent in practice, according to the children and young people participating in the Nordic studies mentioned above, and call out for care, general human virtues, and cooperative practice on the part of service providers (Kristinsdóttir, 1997).

Several aspects of foster care research findings are widely debated. Researchers, however, have reached some consensus on indices that might signal well-being and quality of life. Some apply in general and others are specific. Four concepts related to foster care experience were identified to construct an interview guide in this study: conditions, quality of care, relationships with others, and autonomy. Together, they comprise valid indicators of successful outcomes in foster care (Berridge, 1998). They seem to match accurately the reported experiences of foster children in studies. The foster child who fares well describes good conditions of upbringing, has experienced being cared for, has established mutual trust and relationship(s) with a significant other(s), has kept contact with his/her family of origin, and has established peer relationships. The child also experiences a feeling of autonomy and copes with daily life to the extent most people do.

THE STUDY

A sample of 20 persons was drawn from the central foster care of the State Agency for Child Protection from a population of 77 persons. Sampling aimed at maximum variation regarding the intended age span (16-30 years), gender, area of residence, and form of placement. In a maximum variation sample, cases are chosen to represent diverse variations or common patterns. As this was the first qualitative foster care study in Iceland, it was of interest to get in-depth insight into a wide variety of cases. Child welfare practice was known to vary considerably from urban to rural areas. Therefore, one third of the participants chosen lived in rural areas and two thirds lived in urban areas (Barnaverndarstofa, 2001; Kristinsdóttir, 1991). Equal numbers of males and females were included as were different types of care, including voluntary and involuntary care decisions, and kinship and non-kinship care. The study was limited to long-term foster care, defined as a minimum period of six months. A person who was not involved in case handling did the sampling according to the above criteria. Twenty persons, nine male and eleven female, consented to participate; however, four of the males could not be reached when it came to the interviews, leaving a sample of 16 for the study.

Semi-structured interviews (Kvale, 1996) were carried out with eleven females and five males who were between 17 and 29 years of age. Guiding questions considered the period prior to and in care, contact with original family, current life conditions, and recommendations for practice.

Data was coded with NVivo, which allows both open and selective coding. Analysis was guided by the writings of Silverman (1993) who underlines the importance of cultural and contextual sensitivity and also emphasizes that both the details of the texts and the contexts of responses must be considered. His detailed approach to CA analysis was not followed, but attention was given to avoiding pitfalls. Thus, consideration was given to conversational turn-taking and to non-verbal communication. The four key concepts were used as a framework to structure the data, which was explored both case by case and thematically. Interpretation was done by reading and re-reading with an emphasis on themes, context, and avoidance of fragmentation. Due to the sensitive nature of the study, ethical precautions were taken and stringently followed (Hollway & Jefferson, 2000). The interviewees read extracts of their transcripts, and some of them added comments or corrections. It should be pointed out that interview questions form only a point of departure in the analysis, which aimed at thematic interpretation concentrating on the key concepts (conditions, care, relationships with others, and autonomy) during two periods of time, in childhood and in the present.

The paper focuses on issues as they are demonstrated through the life experiences of the participants as well as the participants' messages to practitioners. Some aspects of the study, such as time prior to care, explanations for care given to children, and parental contact during childhood are not covered.

Sample Characteristics

Most of the children had been in a children's home prior to the placement. The children's home had room for 25 children at a time and was used in cases of acute need of care and for children waiting for long-term care decisions. At the time of the long-term placement, eleven children were younger than 4 years of age, three were 5 to 6 years old, one was 7, and one was 13. Several children had been in temporary care prior to the long-term foster care. Some were placed together with siblings and five in kinship care. Foster parents adopted six children, most of them at the age of 12 and 13. In this paper, *foster parent* is used as a synonym for *foster carer* (the term foster carer has not been introduced in Iceland). Common reasons for interventions were psychiatric disorders or alcohol and drug-related problems of parents. Most of the foster parents were middle class, while most biological parents belonged to the working class. Several parents in this latter category had up to ten children. The biological mothers of seven interviewees and one biological father were deceased. Four of the sixteen participants did not know their biological father, and three did not know their mother. Half of the participants still lived in their foster homes at the time of the study although most of them had reached the age of majority, which is 18 in Iceland.

All the participants had been in the foster home for many years and the majority came into care without parental consent.

Resilient, Insecure, and Rootless

What were the overall outcomes for these young people in relation to various circumstances of their childhood? Interview data was related to the major signs of well-being described earlier and structured by using the four key concepts mentioned earlier; conditions, care, relationships with others, and autonomy. A short description may be needed to specify what guided the analysis.

Life experiences that were regarded as beneficial during childhood were defined by the following criteria: the participant reporting emotional well-being and enjoying warmth, trust, and close relationships with carers and/or other significant persons; the participant having the opportunity to express feelings and concerns and having access to help and support from carers when needed; and, finally, the participant being in good health and enjoying schooling. In contrast, what were regarded as negative or less beneficial life experiences were defined by the young person reporting: having experienced anxiety, insecurity, and emotional instability; suffering conflicts with others; being teased or mobbed; having negative or ambivalent feelings towards significant persons; being abused in care; having care disrupted; and/or, as adolescents, drinking and staying away from either school or home at night.

Some of the same issues were defined as beneficial in terms of their circumstances today. Age-related issues such as employment, educational status, and life circumstances were also identified. The reporting of

concrete plans for the future regarding family, studies or work was also regarded as positive. In contrast, reports of experiencing emotional, relational, occupational, educational, and/or abuse-related problems were considered as negative life experiences.

In a qualitative study such as this, the identification of more or less beneficial life experiences relies on being able to identify patterns and themes, or to cluster data into categories. The indicators of well-being described above were used to look for similarities and differences in the participants' life stories. As the data was studied and categorized, the participants fell thematically into three groups; a) the resilient, b) the insecure, and c) the rootless. In all three groups, overall positive outcomes during childhood correlated strongly with conditions existing in the participants' present life. No individual who was identified as having had overall positive childhood experiences and conditions reported general negative life experiences or conditions now, and this was true vice versa. Therefore, it is reasonable and possible to treat both issues, childhood experiences and life today, at the same time in the three sub-groups.

Overall Outcome as Children and Today

In most of the cases, during childhood, circumstances in the participants' families of origin were troubled, as shown by the nature of the problems suffered by the biological parents and the fact that care decisions were taken against the parents' will. As mentioned earlier, it is generally considered a distressing experience to be a foster child although it can be a relief to come into care. Consequently, children who successfully endure difficulties related to placement can be thought of as being resilient. Rutter (1990) defined resilience as a good outcome in spite of serious threats to developmental adaptations.

The first group, with prevailing positive experiences, was identified as being resilient and consisted of seven participants, five female and two male. All these individuals reported having a sense of well-being in their foster homes and claimed that they had enjoyed secure conditions and had established secure relationships with their foster parents. For instance, they all addressed them as Mom and Dad. One young woman typifies this notion: "This has always been very natural for me," and says of her biological parents that "they are 'only' blood parents". Some of those categorized as resilient nevertheless had had difficulties in school and had been mobbed because of their background. Their being able to cope supports their being characterized as resilient. Some were successful in their studies and enjoyed schooling, while others described their school experience as ordinary. Some were troubled by negative emotions due to previous incidents such as, for instance, having been rejected or having had insufficient explanations about their background. An example of a participant in such conflict is an angry young woman, a mother of around 25 years of age, who found it difficult to deal with having been rejected by her biological father. The resilient ones are those who, despite being satisfied

with their placement, are conscious of their circumstances. An example is a young woman who says that she always missed having more contact with her relatives, "because" she said, "I always knew that I had siblings". At the same time, she underlines that this never hampered her. The present circumstances for all of the seven subjects categorized as resilient are stable. They are all working or studying and in good health; four of them have their own families and they seem to cope with, and be engaged in, their parental role.

The second sub-group consisted of four foster children, two female and two male, who were categorized as *insecure*. They all reported having had good care from their foster parents, who handled their problems and troubled behaviour in a helpful way, as was the case for the seven previous participants. They all had friends as children. What differentiates this group from the resilient ones is that they have all had considerable emotional problems as children. For instance, they had had anxiety attacks or symptoms of compulsive behaviour. They are still struggling with this: three of them were receiving therapy when interviewed, and one reported being quite dependent on other people due to insecurity. Also, all four described having had periods of alcohol and drug abuse, which they managed to cope with. Within this group, the four split into two groups with regard to their feelings towards their family of origin. Two described having a distant relationship with their biological family; visits during childhood evoked feelings of shame and were "only a duty to fulfil", as one of them said. The other two sought more contact with their family of origin and asked questions about their background without, however, receiving too many answers, which has bothered them. All four are now over twenty years of age. Despite their problems, the insecure ones all work or study and still live in the foster homes where they continue to receive support from their foster parents.

The third group, characterized as the *rootless*, included five participants, four females and one male. Some of them thought that they had been well cared for, while others did not. Each of their life stories is quite different, as the following three examples show. The young man is positive about the care he received, but is still upset about the handling of his case. He was traumatised when removed dramatically from his day care centre at the age of three. He always missed his mother, and their mutual wish for contact was ignored for years until visiting rights were increased. He was mobbed at school and, later, when he sought revenge, got into trouble due to his violence. He is now working and has recently been in treatment for alcohol abuse, as has his girlfriend. The encouragement he receives from his foster father is important to him today. A couple of the rootless ones were dissatisfied with their care in the foster home. One young woman was placed with a sister and her husband, both just over twenty years of age. She thinks that children and foster parents should be matched more carefully. She says, "Of course, it was awfully nice of her...but you can imagine--(she) did not know how to handle this." She

started to drink at an early age, to stay away from school, and to stay out at night. She moved out at fifteen. When interviewed, she was around twenty and unemployed, temporarily staying at a friend's place together with a boyfriend, who has a criminal background. A foster father sexually abused one young woman and her foster siblings for years. Her foster mother finally listened to her and, after an investigation, he was sentenced. She stayed in several foster homes, then in residential care, and finally moved back to her biological mother. That was a mistake, as she got along neither with her younger half siblings nor with her mother. She herself became a mother at seventeen. Now, she has two children whose father recently died. She describes years of homelessness and substance abuse, tells how her troubles seemed to repeat themselves, and admits that the social services are still haunting her. She dreams of getting an education but does not see how that is possible.

None of the five subjects in this group seems to have been rooted in the foster home. Four have had alcohol- and drug-related problems, one received psychiatric treatment as an adolescent (and still has social and emotional problems), and one has been sentenced to community service for violence. Self-reports indicated that none of them enjoyed satisfying conditions at the time of the study. They lacked housing, employment, or support, each in unique ways.

We have seen that the majority of the sixteen foster children fared either very well or well, while five of them still struggle with social, emotional, and alcohol- and drug-abuse- related problems. Most of them thought they had received good care, although there are some conspicuous exceptions. Alcohol and drug abuse plays a role, and there are problems of insecurity and emotional distress.

Things That Could Have Been Done Differently

When prompted, the foster children had messages to convey to practitioners. First, some mentioned the need for psychological support, which none of them had received. Second, staying together with siblings was an issue. Several were placed together with a sister or a brother, whereas others were separated. The latter group stress the importance of being placed together with siblings. Two examples serve to illustrate their point. A young woman, who is presently satisfied with her placement, says that she and her sister were emotionally close but placed in separate homes, which she found strange, as their ties were known. One young man, who has many brothers and sisters, thinks that the authorities should have considered placing the siblings together instead of in three different homes. Alternatively, they should have created opportunities for them to meet. Someone, he insisted, should also have arranged contact with his father, with whom he did not meet. Third, they voiced concerns about having a choice of careers and being consulted about care decisions. One young woman was twelve when her parents died. Her sister and sister's husband fostered her. She did not feel close to them and thinks that she should have been consulted about this option. She adds, "If you are

dissatisfied with the placement, the care does not work", which turned out to be true for her. The issue of lack of consultation is exemplified by the young woman, mentioned earlier, who was sexually abused and whose care was repeatedly disrupted. She was sent from one place to another without any re-evaluation of her situation.

Only a few children had access to professionals during their placements which, in all cases, lasted for many years. A few of them were in contact with social workers or psychologists when they had considerable problems but did not find these interventions supportive. Only one participant described knowing the names of the child welfare practitioners. She and her sister always talked to them during their mother's visits and had easy access to them. Some interviewees report visits by child welfare officials during childhood but can only repeat what their foster parents had told them. The young people do not make many direct claims on this distant and faint child welfare system. On reflection, several of them think that having had more knowledge about the resources available would have been positive, especially if they had been offered psychological and emotional support.

DISCUSSION

There is considerable variety in the sixteen individual stories of foster care. All of the experiences and circumstances cannot be discussed in a short paper. For instance, parental contact and identity-related concerns such as unresolved questions about their own background, both painful issues for foster children, are not discussed. This study has its limitations as well as its advantages; it gives an in-depth view but of a limited period of time.

In addition to findings related to the three sub-groups already mentioned, it was possible to identify some patterns. Those participants who were placed in care when younger than two years of age all belong to the resilient group. This is consistent with other studies which show that an early entry into foster care turns out more positively than do later placements (Rowe, Hundelby, & Garnett, 1989; Berridge, 1998; Berridge & Cleaver, 1987; Hollway, 1997). This is not, however, unequivocal, as the resilient group includes individuals who were older (around four years of age) at the time of placement. Those who report having had support, encouragement, and discipline by carers are among the ones with overall positive experiences. This is consistent with findings by Thomas (1999) who reported participants asking for these conditions. Those participants who had emotional and adjustment difficulties as children had worse life experiences later on compared to others. However, this should not be interpreted too stringently; some of them cope well socially and educationally today. Others have options and potential, which might indicate a change for the better in the future. The study produced rich and detailed data, but one should keep in mind that it is limited to one point in time. Those who had problems to overcome, such as alcohol and drug abuse or otherwise unstable life conditions, did not get the needed support. Some

even found professional intervention fruitless. Consistent with Hill's (1999) findings, they did not trust the social services and school psychologists who intervened when they were teenagers.

The overall picture of present life indicates that the majority of the interviewees now lead stable lives despite the reasons for placement, which involved, in all cases, disempowered biological parents. Foster care provided most of the children with security and healthy conditions, and the majority of them report satisfaction with being placed in foster care. One should consider that those who consent to participate might have positive views and experiences more often than those who don't. We have mentioned that four men dropped out of the study after having consented to participate. It is possible that their participation might have changed this picture. Nonetheless, Vinnerljung (1996) mentions several retrospective studies with similar positive findings. The examples of care-system failures and abuse described here, and the experiences of some of the young people who struggle with emotional insecurity and instability in their lives, should be considered. Nonetheless, most of those who had negative experiences mention good support from their carers, whom they regard as their real family, which is symptomatic of a sense of belonging. This has also been found in other studies (Koch & Koch, 1995; Vernon & Fruin in Berridge, 1998). The foster children emphasize the importance of relationships with siblings, and some are still seeking answers about their backgrounds. Some studies show that placing siblings together can be a protective factor against the breakdown of care, and also that children value being placed together (Mullender, 1999). However, results are not consistent (see Havik & Backe-Hansen, 1998; Rushton, Dance, Quinton, & Mayes, 2001).

Participants in the study who have had negative life experiences point out failings by the authorities. For others who report positive experiences, professionals were absent, although they have no trouble suggesting what might have been done additionally as, for instance, being offered psychological support. Not trusting professionals and the lack of consultation for those children who had serious troubles is consistent with other findings (Butler & Williamson, 1994; Guldborg, Hansen, Kirk Jensen, Kjærgaard, & Larsen, 1991; Thomas, 1999; Törrönen, 1994). This, together with the fact that child welfare staff was almost always distant with the participants, reveals that those who needed assistance were left in a vulnerable situation. This is not in line with the principles of participation in the UN Convention of Children's Rights or with the notions of empowering and cooperative practices which are increasingly stressed in the policy and legal statutes of contemporary child welfare practices.

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