Inside the foster family What research tells us about the experience of foster carers’ children

Although foster care is the main source of out-of-home care for children and young people, little is known about the dynamics of the foster family. This article by Robert Twigg and Tracy Swan focuses on one subsystem of the foster family system, the foster parents’ own children. Fourteen research studies (nine published, five unpublished) were reviewed. These involved approximately 232 respondents, ranging in age from seven to 32 when interviewed, nearly equal numbers of males and females. Findings include benefits of fostering, impact of fostering on foster carers’ children, responses to loss of role and parental attention, and the impact of the child welfare or foster care system. The authors conclude with several recommendations designed to make fostering a more positive experience.

Introduction
Foster family care is, and has been for decades, the main form of out-of-home care for children and adolescents in North America (Bagnell, 1980; Steinhauer, 1991; Crosson-Tower, 1998; Miedema, 1999). Every day thousands of young people who, for a variety of reasons, are unable to live with their parents, whether temporarily or permanently, are placed in foster family homes. Foster care is based on the assumption that family life can make an integral contribution to a child’s healthy growth and development. For many children who enter the care of the state and are unable to return home, foster care provides a family-like environment. Broadly defined, foster family care ranges from kinship care through regular foster family care to treatment foster family care. Each form of care is designed to meet a certain type of need faced by a child or young person who can no longer reside with his or her family of origin but does not need to be placed residentially. While few published reports indicate the actual number of foster families currently operating in different jurisdictions, Nuske (2004) estimates, for example, that there were 8,120 active foster families in Australia in 2001.

One of the realities of foster family care is that there are never enough foster families for all the children and young people who need them. Generally, the demand for viable foster homes outstrips the capacity of foster care agencies to recruit and train potential caregivers. In addition, there are problems with retention of viable foster homes, as many seasoned caregivers in any given year make the decision to leave the work. One of the most frequently stated reasons for this decision relates to the negative effect that fostering has had or will have on their own children (Cautley, 1980; Twigg, 1994). Similarly, one of the most frequently asked questions raised by potential foster caregivers is ‘How will fostering affect my children?’

In spite of this continuing need for foster families and the caregivers’ questions about such impact, there has been very little consistent or systematic research focusing on the experiences and well-being of foster parents’ own children. Although an interest has developed more recently, the research that does exist spans 30 years, with often as much as a decade between studies. All of these studies that have been undertaken endeavour to capture the lived experiences of caregivers’ children and to provide them with an opportunity to voice their concerns.

The objective of this article is to present the findings of 14 such studies, nine published (Ellis, 1972; Kaplan, 1973; Twigg, 1994), and five unpublished (Cautley, 1980; Caudle, 1991; Twigg, 1994; Crosson-Tower, 1998; Miedema, 1999). The findings are presented in a manner that allows the reader to draw conclusions about the experience of foster carers’ children.

Key words: Foster carers’ children, foster family, foster care

1 Foster parents prefer to be called foster parents, while others recognising that the term can contribute to competition with a child’s biological parents, prefer caregivers or careproviders. Throughout the paper the terms will be used interchangeably.
1988; Martin and Stanford, 1990; Poland and Groze, 1993; Twigg, 1993, 1994, 1995; Department of Health, 1995; Pugh, 1996; Ward, 1996; Watson and Jones, 2002) and five unpublished (Mauro, 1985; Heidbuurt, 1995; Swan, 2000; Norrington, 2002; Nuske, 2006). More specifically, the article highlights the most commonly cited experiences and concerns identified by the participants in these studies and, in so doing, provides a picture of what we know about their world. Additionally, the authors make recommendations that address ways to make fostering a more positive experience for foster parents’ own children.

Who are the participants?
The studies involved a combination of individual interviews and focus groups with children and young people whose parents fostered. Collectively, these studies interviewed approximately 232 participants who ranged in age from seven to 32 at the time of the interview. Males and females were almost equally represented across the studies. All the participants’ families were very experienced, having provided care from one to 30 years. Two studies (Twigg, 1993; Heidbuurt, 1995) included other family members in their research, up to and including the whole family. One study involved treatment foster families (Twigg, 1993) exclusively and all other studies included a range of different types of care and/or specialisation for diverse cohorts of children and young people.

Benefits of fostering
All 14 studies indicated that foster parents’ children found that growing up in a foster family had a positive impact on their lives. Most of the young people interviewed said that they had learned a lot through the fostering experience and believed they were, as a consequence, more sensitive, responsible and caring people. The words of participants in one study highlight the perception of many who experienced fostering as a positive influence:

There are certain things that came out of [fostering] that have made me who I am today . . . I respect others. I stand my ground in terms of how I feel about things . . . I try to be as helpful as possible.

Fostering made me who I am today . . . and I like who I am; fostering made me responsible; fostering made me flexible. (Swan, 2000, pp 12 and 13)

Additionally, the young people suggested that participating in fostering enhanced their awareness of social issues. One of the most common responses was that they found some degree of satisfaction watching children placed with their family grow and develop. All of the respondents could identify that at least some of the foster children who had been in their homes had benefited from living with their families. At the time of the various studies, many young adult participants also indicated that they were considering fostering and/or pursuing a career in one of the helping professions at some point in the future. While only one study (Swan, 2000) reported actual numbers (nine of 12 young adults interviewed), all studies that included adult children of caregivers have shown that some actually followed through on this career path. Those who did so indicated that it was their fostering experience that led them to their chosen career.

While the above speaks to the positive influence of being part of a fostering family, most participants also reported a negative side to the experience. Some respondents stated that while they learned a lot from fostering, they wondered if this was worth the price they paid (Twigg, 1993). Nuske (2004, p 256) refers to this as ‘living within a contradictory experience’. Twigg (1994) speculates that the positives may be overstated and reflect the participants’ perception that they should not only present a more positive or socially acceptable response, but also should not be critical of their parents’ choices. Going beyond this, Swan (2000) suggests the young people struggle with ambivalent feelings and that the propensity to overstate the positive relates to a need to protect and support their parents, especially their mother’s wish to be a foster parent. The following
statement demonstrates this need and also highlights a predisposition on the part the young people not to share their concerns with their parents, a theme that will be discussed in more detail:

I usually don’t like to cause trouble . . . I don’t really talk to them about that too much. It is part of the way I am and I just want my mother to be happy . . . cause she says she really enjoys her work. (Swan, 2000, p 28)

Regardless of the stated reasons for focusing on positives, the participants also clearly indicated that they struggled with ambivalent feelings associated with a variety of stressors that affected their lives. The ones most frequently identified appear to fall within three interrelated aspects of their lives:

- their relationship with the children placed with their families;
- their relationship with their parents;
- their relationship with the social workers and agencies for which the family provides care.

**The impact of living with foster children**

The research indicated that foster caregivers' children identify three areas where the foster children have a major impact on their lives. These include aggression, separation and loss, and the need to compete for parental attention.

**Aggression**

Foster parents’ children face at least the risk of being the recipient of aggressive acts from the foster child (Watson and Jones, 2002). These acts may involve rude, manipulative and/or threatening behaviour; threatened, or actual, destruction of valued possessions; and actual physical acts of aggression. Most, if not all, respondents in these studies experienced violent outbursts by foster children in addition to overt and covert threats of violence. An 11-year-old who had experienced a particularly distressing incident involving physical injury shared the following:

Like one minute they’ll be all happy and the next second they’ll be sad and grouchy, and very abusive . . . but I don’t think they understand that is hurting my feelings or it’s hurting my parents’ feelings . . . (Swan, 2000, p 16)

While they were concerned about their own safety and the safety of their possessions, foster parents’ children demonstrated a greater concern about the threats to their parents, especially to their mothers (Swan, 2000; Watson and Jones, 2002; Nuske, 2006). The respondents reported fearing for their parents when they were alone with a particularly aggressive or challenging child or young person and expressed anger about the aggressive treatment of their parents. Some of the older respondents reported taking the foster child out or in some way intervening to defuse volatile situations. The felt need to protect their parents is clearly stated by one participant in Nuske’s study who reported that:

*We had this boy . . . one time he threatened Mum to stab her when she was asleep and he was going to stab me as well. I never went to sleep.* (Nuske, 2006, p 197)

The foster care system seems either to overlook these issues or minimise the impact on the caregivers’ child (Ward, 1966; Verity, 1994; Swan, 2000; Watson and Jones, 2002). Speaking about the British context, Watson and Jones (2002) posit:

*Had similar treatment been suffered/experienced by a child/young person looked after by a local authority, it could be subject to a planning meeting, review, or a child protection conference.* (p 54)

**Age and sex differences**

While age and sex differences have been consistently identified as being significant factors to consider, the existing research on these topics is weak and inconsistent. The research that was reviewed highlighted the importance of considering the age range between the foster child and foster parents’ child as
significant, but did not explicitly indicate an ideal age range or why it would be ideal. Pugh (1966), Berridge and Cleaver (1987) and Twigg (1993), for example, all found that the foster family functioned best when the foster children were several years younger than the caregivers' children. Ellis (1972), Kelly (2000) and Hojer and Nordenfors (2003) all suggested that the children close in age would experience conflicts. Heidbuurt (1995), who identified a potential for some young people to seclude themselves within their families as a means of coping with the foster children, noted that this was most common when foster children were close in age to the foster parents' children, as well as when there was an age gap of four years or more.

There seemed to be three reasons for this finding. First, caregivers' children often found the children placed with their family to be immature and were embarrassed when they tried to join their groups of friends or were put in their classrooms (Ellis, 1972). The age differential made it easier to maintain those boundaries. Second, caregivers' children felt that they were better able to identify with their parents and engage in the caregiving process if the foster children were sufficiently young for them to assume some responsibility for their care. Finally, it would seem that younger foster children were less of a threat to their position and role in the family.

The research is even less helpful on the question of the sex of the child or young person being considered for placement. However, the findings of one study suggested that while the placement of opposite-sex children tended to be more complex when both the young person placed with the foster family and the caregivers' child were adolescents, younger children responded more positively to children of the opposite sex (Twigg, 1993). The reason for this finding seemed to be that foster parents' children found opposite-sex foster children to be less of a threat to their place and role in the family. There was also less likelihood that they would have to share a room, less likelihood of competition for toys and less likelihood that the foster child might steal their possessions and/or friends, as gender differences provided a natural barrier to peer interactions in school and the community.

**Separation and loss**

Various authors suggest that because of the temporary nature of foster care separation, anxiety may be part of all placements (Wilkes, 1974; Steinhauer, 1991; Poland and Groze, 1993). This being the case, members of the foster family are placed in a double-bind situation. They are expected to take a child into their home, nurture the child and, in many instances, make her or him a part of their own family while all the time knowing that they may be with them for a short time. The research clearly and consistently indicates that the loss that foster parents experience is also felt quite profoundly by their own children. A young person expressed the nature of the double bind all family members experience when she or he indicated:

> You have to put your whole heart and soul into these kids and try to make them feel comfortable and make them feel at home and everything like that and at the same time you have to keep a fair distance away to save yourself. (Nuske, 2006, p 236)

Pugh (1996), Poland and Groze (1993), Twigg (1993), Norrington (2002), Watson and Jones (2002) and Swan (2000) all identify that caregivers' children, like all members of their family, need to grieve when a foster child leaves the home. A participant in one study spoke about his loss as well as his response to seeing his parents' reaction to the replacement of the siblings who had lived with his family. His words capture the sense of loss many young respondents expressed in the studies:

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2 Judith Heidbuurt (1995) studied nine foster carers' children. Her focus is on boundary maintenance in the foster family.
...they [the foster siblings] were gone and there wasn’t going to be that daily contact, there wasn’t going to be any contact at all... I cried when they left, but I was also sad because I saw what it did to my parents as well... there was a void and there wasn’t any space or anywhere for me to express my feelings... a decision is made and you have no say in that decision. (Swan, 2000, p 18)

Although foster care agencies recognise that families experience a sense of loss when a foster child leaves, the demand for foster homes is such that no members of the family actually have the chance to mourn the loss they experience. Sometimes this can escalate because the foster child has become a significant part of the family and sometimes it is grief based on a sense of failure. Whatever the reason for the feelings of loss and grief, all family members need the opportunity to mourn and to reunite as a family.

Role loss
In addition to experiencing loss associated with the children who become part of their families, the research also indicates that foster carers’ children experienced a genuine sense of loss that related to their place and role in the family, especially regarding their relationship with their parents. Wilkes indicated that once the family enters fostering ‘the hierarchical order has to be established, and individual members may find themselves pushed into less prominent roles’ (Wilkes, 1974, p 374). One participant captured the sense of disruption and displacement many participants experienced when she shared these words:

...there are these kids coming into your home, and this your home... it’s like your little nest and then it’s sort of like disrupted... there [are] strangers coming into your home. It is hard when they first come because you don’t know who they are or what to expect... [or] how is your life going to be changed this time? When the little girls came in I felt jealous because they were taking my dad away from me. That was how I felt... no more just me and my dad, me and my dad would go out and do stuff all the time... now it was them too. (Swan, 2000, p 14)

Family theorists have focused attention on the roles family members play within the family, roles that serve to meet the needs of family members. Once established, roles are understood to ‘bring regularity to complex social situations’ (Nichols and Schwartz, 2006, p 13). Becoming a foster family both creates new roles in the family and contributes to the loss of others (Wilkes, 1974; Twigg, 1993). The positive effect of new roles can be seen in the comments about the benefits of fostering. The negative aspects are evident in the participants’ reports of real or feared role loss and displacement. In some ways the role loss experienced by caregivers’ children also relates to the open nature of the foster family system. As Nuske (2006) describes it, ‘once they have begun fostering the foster family soon becomes a vessel of change itself’ (p 284).

On one hand, the role loss and the sense of displacement that a caregivers’ child experiences is similar to that experienced by a child in a family where a new sibling is introduced, either through birth, adoption or the blending of families. In fostering, however, these changes are more complex as the young person’s place in the family and their sense of belonging is disrupted with the placement of every new child. This role change is also both recurring and constant as foster children come and go, making this family reorganisation a continual process. As is suggested above, this role loss means that the caregivers’ children find themselves needing to renegotiate not only their own roles in the family but also their relationship with family members – their parents as well as extended family members. One of the authors recalls being called to a foster family home to reassure the carer’s daughter that he would/could not remove her from her home if she misbehaved. Her sense of belonging in her family had been threatened significantly by watching social workers remove children because of their misbehaviour and she was convinced that she too could be taken away. Kaplan (1988) and Martin and Stanford
(1990) reported similar concerns expressed by caregivers’ children.

This sense of loss or place seems to be present regardless of either the type of care the family provided or the foster family style (Heidbuurt, 1995). The need to renegotiate their role every time a foster child enters and leaves the family makes it difficult for the foster parents’ children to experience any sense of regularity in the complex social situation that is the foster family. This role loss can be further heightened if the expectations of the foster care agency demand changes in the parenting style, for example, how allowances, chores or discipline are managed (Wilkes, 1974; Nuske, 2006; Poland and Groze, 1993; Twigg, 1993).

**Loss of parental attention**

While role theory and systems theory contribute to our understanding of the sense of disruption and loss that caregivers’ children experience, the theories do not capture the participants’ perception of these experiences. In regard to this, more often than not, the young people perceived the disruptions more specifically as a loss of parental attention (Ellis, 1972; Kaplan, 1988; Twigg, 1993; Swan, 2000; Norrington, 2002; Watson and Jones, 2002; Hojer and Nordenfors, 2003; Nuske, 2006). Because foster children were new to the family and often came with a number of significant challenges, foster parents’ children felt that a disproportionate amount of their parents’ time and energy was required to meet the needs of the children placed with them. While the caregivers’ children understood this necessity, they struggled with feelings of jealousy and resentment. A participant in one study asked, ‘Would the foster children give me time with my parents? Would they give me my parents?’ (Twigg, 1994, p 127). This 15-year-old estimated that his parents spent 90 per cent of their time with the foster children and ten per cent of their time with him and his younger siblings.

Other participants in the research also believed that their needs or wishes were simply not perceived as being as important as those of the foster children in their home:

> **Yep [I kept growing up issues to myself]. My mum was too busy dealing with their problems, so what was something that passed at school, compared to someone who has been sexually abused?** (Nuske, 2006, p 106)

> **If there are kids in the house I don’t come first . . . you know if things come first . . . you learn to live with it.** (Swan, 2000, p 23)

Speaking more generally, another young man expressed the major sense of loss shared by many participants:

> **Like I always think, what would it be like to grow up without foster kids? Always, forever I’ll think that, and that is what the parents have to accept – that they’re taking away a normal childhood.** (Swan, 2000, p 20)

As noted, many of the young respondents spoke about feelings of jealousy and resentment, further complicated by the guilt they experienced as a result of having these feelings. How then do the foster carers’ children respond to the loss of parental attention and the confusion they experience about their place in the family? The next section highlights several potential implications or responses that were identified in the studies reviewed.

**Responses to loss of role and parental attention**

**Partial seclusion**

The research indicates that the children cope with loss of parental attention and loss of role in a variety of ways. While the need for parental attention will vary from child to child and may be less of an issue as the child matures and becomes more independent, the research suggests that this is an issue faced by foster caregivers’ children at each developmental stage. Four studies found that caregivers’ children create their own sense of space within the family, a space in which they can escape from the fostering experience (Poland and Groze, 1993; Heidbuurt, 1995; Norrington, 2002; Nuske, 2006).

Heidbuurt (1995), whose study explored
this idea in more detail, suggests that one of the ways caregivers’ children escape is through what she called ‘partial seclusion’. Through partial seclusion, caregivers’ children separate themselves from the children placed in their home while still remaining with their family. With parents fully committed to the fostering activity, the young people also believe that they have to seclude themselves from parents and, in some instances, their biological siblings. Some of these young people maintained that the expectation to make the foster children part of the family left them feeling as if their own needs and abilities were not being recognised by their parents. A number of studies also present a variation on the pattern of ‘partial seclusion’. Many young people remain involved in the fostering, often assisting their parents with the care of the children and young people who are now part of their household. These children, not wanting to add to the stress of their parents, look outside the immediate family for support (Swan, 2000; Norrington, 2002).

Silence
This loss of attention and/or role and status in the family is one of many foster care experiences that foster parents’ children indicated they could not share with their parents (Mauro, 1985; Twigg, 1993; Norrington, 2002; Swan, 2002; Nuske, 2006). The research highlights several possible reasons for this response. The participants stated that they felt selfish and guilty for even feeling such loss. One respondent expressed the nature of these feelings as follows:

. . . there are these kids [the foster children] and then there are their kids. These kids have nothing and their kids have everything, and so if I complain then it is almost like I’m selfish and if you feel selfish then you feel guilty, which makes it hard to say something to her [mother] . . . It’s a bad feeling. (Swan, 2000, p 26)

Many research participants recognised that their parents were engaged in meaningful work and spoke proudly about their parents’ commitment to children, noting particularly their mothers’ capacity to care. They were also very conscious of the stress the provision of quality care created for their parents. As a consequence, many of the research participants indicated that they were reluctant to share their concerns or problems because they did not want to contribute to the stress (Twigg, 1993; Swan, 2000; Nuske, 2006). In addition, many respondents had internalised an expectation that they should be good role models for the children placed with their families. The need to do this and at the same time present a positive public image to society and the foster care agency also reinforced their propensity to keep their issues to themselves (Swan, 2000; Norrington, 2002). Many young people described how the demand to be a positive role model was a source of stress for them:

. . . my mom kind of really counts on me to set an example . . . to help out with the kids, to show them what to do.

It is just hard sometimes, giving up stuff. Even sacrificing . . . for your family . . . always you have to set a good example, no matter what.

We’re role models. I can’t even count how many times people come up to us and say, ‘Oh, your family is so special, you do for all these kids . . .’ and we have to live up to that. It is hard. (Swan, 2000, pp 29 and 30)

These young people tended to be the cohort that sought support outside the family, often sharing their concerns with extended family members such as grandparents or older siblings who had left home, individuals whom they perceived had some understanding of the stresses associated with fostering.

Other respondents reported that their parents rebuffed them when they attempted to raise their concerns. Some parents reportedly told their children, either verbally or non-verbally, that they did not have time to listen to their child’s concerns, while others inadvertently added to the guilt and selfish feelings with which their children were already struggling by reminding them that they were much
better off than the children for whom they were providing care. In short, some caregivers’ children reported that their parents did not hear them when they attempt to discuss their issues. Those who experienced this rebuff from their parents appeared to be the angriest of those studied and their anger was most often directed at their parents. One young woman said:

If parents wanted healthy relationships with their kids they would find out what is going on and do something about it. (Twigg, 1994, p 128).

The only study that presented somewhat different findings reported that the children interviewed were, on the whole, fine about sharing their parents’ time. However, the more the foster children presented challenges that contributed to difficulties in the family, increasing the caregivers’ stress, the more the foster parents’ own children became irritated and resentful of the other child(ren) (Reed, 1993, cited in Watson and Jones, 2002).

**Early maturation**

One of the more significant findings in the research indicates that many caregivers’ children tend to mature quite quickly. Four studies (Twigg, 1993; Department of Health, 1995; Pugh, 1996; Swan, 2000; Nuske, 2004) include respondents who were either young adults living away from their families or in the mid to late stages of adolescence at the time of the interviews. As they made the transition from adolescence to adulthood, many of this cohort faced a particular challenge that Pugh (1996) refers to as the ‘loss of innocence’.

Based on some of the findings discussed above, it would appear that there are several explanations for earlier maturation on the part of the respondents. Foster caregivers’ children need to mature earlier to deal with the foster children, either to be mature enough to be accepted by the older foster child or to be sufficiently more mature than the younger foster child to be able to take on a caregiving role. In the latter case, the need to mature was reinforced by parental expectations to be a positive role model.

Another explanation relates to lost parental time and attention. The foster parents’ children had to mature early essentially to take care of themselves. In this regard, respondents in Twigg’s (1994) study indicated that fostering had caused ‘survival instincts to ignite’ earlier than normal and had contributed to their early maturation. Others, as was suggested in the discussion of the benefits of fostering, saw their earlier maturation as positive in that it contributed to their need to establish who they were early on.

Whether early maturity is a good or bad thing can be debated. However, the issue becomes most significant when the young people reach adolescence. Adolescent developmental theory indicates that adolescents in North American and European society need a secure home base from which to launch into their roles as adults. They need to know that there is a place for them in the family to which they can return as needed and that there is at least one parent who will be responsive to them at times when they need special care and attention as they experiment with independence (Blos, 1962, 1979; Moretti and Holland, 2003). Many of the realities of foster care described above may militate against the establishment of a ‘secure base’ or make it difficult for the adolescent or young adult child to utilise the secure base that is available to them, but which they, for any number of reasons, believe does not exist.

While the numbers in the studies that group responses by gender are too small to allow generalisation, the need to mature early and to individuate may be especially problematic for adolescent women. Young women, while seeking independence, still often maintain a close connection with their mothers. From a developmental perspective, having a strained relationship at the time the young woman is engaged in working through her need to find the balance between independence from and closeness with her mother, may be especially challenging.

Establishing that balance may also be complicated by societal expectations that reinforce gendered roles in respect to
caring work. A feminist analysis of fostering posits that foster mothering is an example of the exploitation that women experience when they assume roles that conform to the dominant definition of women as sole nurturers and caretakers (Meyers, 1985; Miller, 1991; Baines, Evans and Neysmith, 1998; Swan, 2005). It would follow that, to the degree that the adolescent female respondents became involved in the caring work and internalised an ethic of care, which the research suggests is highly probable, their chosen career or life path will be constrained by the failure of society to value women’s caring work (Swan, 2005). Additionally, while a young woman may admire her mother and emulate her caring, she will also quickly learn that many in society do not share her perception, potentially creating cognitive dissonance and ambivalence in her relationship with her mother.

The impact of the child welfare or foster care agency
The research consistently demonstrates that the participants’ sense of belonging within their families is significantly influenced by the agency for which their family fostered. A variety of variables appeared to influence the respondents’ perception in this regard:

- the nature of their relationship with workers;
- the nature of their involvement in the provision of care;
- the agency’s recognition of their involvement in the provision of care.

Relationships with social workers
The studies clearly indicate that many participants who support and assist their parents in providing care also wish to be recognised by the workers generally, to have their concerns addressed and to have their contributions to the well-being of the children placed with their families acknowledged. While some participants could identify social workers who took an interest in them and recognised their contributions to fostering (Pugh, 1996; Swan, 2000), Nuske (2006) indicates that 18 of the 23 young people she interviewed had never been in contact with a social worker, while respondents in Swan’s (2000) study primarily describe their experiences with professionals in negative terms. Workers often ignored the ‘caregiving’ child or minimised their concerns when they tried to bring them to the worker’s attention. The following words of one young participant capture these experiences:

A lot of the workers don’t even bother to talk to children in the family. They talk to the parents, they talk with the foster children, but . . . the biological children . . . are overlooked, like they just push them aside as if they don’t have needs. They are not foster children, they are not parents, they are just there . . . I’ve never actually had a worker I could talk to about things . . . [and] sometimes it would be nice to have somebody to talk to too. (Swan, 2000, p 37)

These experiences with workers sometimes contribute to feelings of alienation within the family and can have a major impact on the child or young person’s sense of belonging. In addition, the research also suggests that some participants base their decision not to become involved in fostering in the future on either the direct criticism of social workers or other negative experiences with them (Twigg, 1993; Swan, 2000).

Lack of recognition by the child welfare system
Just as foster parents’ children want to be recognised by social workers, so too they wish to be recognised by the agency. The research indicates that they especially wish to be acknowledged as part of the caring team. However, the research also suggests that their experience in this regard fell far short of their aspirations. The failure of agencies to recognise their contribution was expressed by a number of the younger participants in one study who somewhat ironically pointed out, ‘It is foster parents’ appreciation dinner . . . we’re not appreciated, we’re just there’ (Swan, 2000, p 40). Sharing his response to being taken to a party for foster
children, a young person echoed similar sentiments and said:

*You go to these special parties and all the foster kids get special presents and you just sit there going . . . [shrug]* (Nuške, 2006, p 138)

One of the consistent findings is that, for the most part, children are rarely consulted about the decision to foster. While this practice appears to be changing, the research participants continued to report limited engagement in actual decision-making regarding fostering (Twigg, 1993; Pugh, 1996; Norrington, 2002; Swan, 2002; Watson and Jones, 2002). Older respondents expressed frustration that they were never involved in case planning (Twigg, 1993; Swan, 2000; Watson and Jones, 2002). They reported that they often knew things about the foster child that no one else in the system knew because the foster child had confided in them. Others expressed embarrassment at having said and done things they would not have had they known more about the child placed with their family. Respondents who were involved in treatment foster care indicated that, since they were involved in a treatment programme and living in a treatment setting with children placed with their families on a 24/7 basis, they should not only be given more information about the child’s specific challenges, but also participate in the case planning and training that was appropriate to their age and the needs of the child (Twigg, 1993; Swan, 2000).

Berridge (1997) states:

*Children and young people are important members of successful caring teams and their contribution and experiences should be more formally acknowledged.* (p 65)

Perhaps more significantly, foster caregivers’ children, when asked, have clearly stated that it is important for agencies and workers to recognise, as one young participant indicated, that fostering is a ‘family affair’, where all are affected and all have the potential to make a major contribution to children (Swan, 2000, p 46).

**Recommendations**

**Foster families**

A foster family is a unique family arrangement which has, because of its function in society, far more flexible and permeable boundaries than are found in most North American and European families. In many ways, it could be said that foster family life constitutes a contradiction. The family is asked to help children who need to experience the nurturing of ‘normal family life’, but is expected to do so while embedded in a large system that simultaneously makes demands that can minimise the qualities of family living that contribute most to the capacity to nurture. Stated differently, the family is open to the intrusion of strangers. Children come and go, their parents may come and go, as do various workers. In addition, the agencies and society, through laws, policies and practices, affect the nature of the foster families’ life and, as some caregivers’ children experienced, may determine who is actually defined as being part of the family.

The primary challenge for the foster family is, therefore, to maintain its boundaries and integrity as a family unit, while accepting within its boundaries both the foster child and the foster care agency. This boundary maintenance seems to be best accomplished by those families who accept the foster child and agency within their boundary without making them a part of the family (Twigg, 1993; Heidbuurt, 1995). To assist in this difficult enterprise, foster families need to make sure that they create and maintain a time, place, activities and rituals that are unique to them. The responsibilities inherent in fostering must not keep them from attending and celebrating significant events in the lives of their family members. These efforts will assist in addressing the caregivers’ child’s concerns about belonging.

Given the concerns the respondents shared about talking with their parents and the need to keep things to themselves, communication within the family can be seen as the second major issue. While this issue would possibly be
lessened if foster families performed the boundary maintenance tasks suggested above, both parents and their children need to take responsibility for keeping open channels of communication. The parents must recognise that their own children are their primary responsibility and reach out to them and provide each one with what one foster mother described as ‘talking time’ (Swan, 1996). In spite of the pressures of fostering, they need to be sensitive to the needs and experiences of their own children and to respond to them in appropriate ways. The caregivers’ children need to make sure their parents pay attention to them and that they hear their concerns. To the degree that caregivers’ children wish to be involved in the provision of care, parents need to recognise their children’s contributions as team members and, where necessary, advocate for the same recognition on the part of workers and agencies. Accordingly, parents should also include their children, where age appropriate, in important decisions about fostering that affect them.

**Foster care social workers**
The first task of the foster care social worker is to recognise the foster parents’ children (Part, 1993; Twigg, 1993; Verity, 1994; Pugh, 1996; Swan, 2000; Watson and Jones, 2002). Recognition involves things like learning their names, ages, hobbies and interests, being prepared to listen to their stories about their fostering experiences and, to the degree that it does not compromise confidentiality, responding to their questions about the children for whom their family provides care. Foster care social workers need to explore the feasibility of including at least the older foster carers’ children in the case planning processes, if they wish to be involved, and in training that might assist them in the provision of the care they provide. The workers also need to recognise that when they work with a foster family, they are working with a family unit. Whatever happens in the foster care experience affects all family members and will probably affect them all differently. Foster care social workers need to spend time getting to know the dynamics of the families they work with so that they can do things to build on their strengths and to support them during difficult times. Workers have a particular responsibility to help all family members not only to deal with the challenges presented by the children placed with them, but also to help with feelings of loss and grief when children move on.

**Foster care agencies**
Foster care agencies need to do more to support foster families. They need to recognise the challenges of fostering and the complexity of the family’s task of finding a place for the foster child and foster care agency within its boundaries while still retaining the integrity of the family structure. Being a support can, of course, at times include correction; it can include encouraging the family to take time off, even if the agency needs the family to take in another child. Being a support can also incorporate asking how fostering is affecting the family members. Agencies have a particular responsibility to address the caregiving child’s desire for inclusion. This must begin at the time of orientation and throughout the family’s association with the agency. Agency policy, promotional literature and practices should reflect an appreciation for the caregiving child’s contribution to the well-being of children who enter care. Many of the suggestions as to how foster parents’ children can be included, discussed under worker responsibility, can only be implemented if agencies support these changes and create opportunities for their involvement.

Additionally, foster care agencies should be facilitating support groups for foster parents’ children. These children often go through unique and frequently traumatic experiences; they find these difficult to share with others as they find few who can understand what they are going through. Many research participants who were involved in focus groups indicate that this was the first time they were able to share with others who had similar experiences (Swan, 2000). In addition to providing a venue where this could occur, a regular support group would contribute to making fostering a
more positive experience for caregivers’ children overall.

If agencies made it a better experience for caregivers’ children, fostering could become a more positive experience for the entire family. Were this to happen, more current foster families might be retained and recruitment could be easier because parental concerns about carers’ own children would be addressed. If all these possibilities are realised, then the quality of care provided to foster children will potentially be enhanced, because retention will contribute to greater continuity in care, and all those involved in providing care will see that their work is valued and recognised. With these elements in place, fostering will become a safer and more positive experience for all members of the foster care system. The authors are aware of anecdotal reports of both foster care agencies and foster carer associations that have developed responses to address these concerns. Unfortunately, a literature search found neither any published materials about these programmes nor any research designed to measure their effects. This is certainly another of the many areas of foster care which needs more reporting and study.

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