A Phenomenological Study of Foster Caregivers' Experiences of Formal and Informal Support

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Abstract

In recent years the number of children in foster care has increased significantly, and the inability to recruit and retain caregivers has resulted in considerable pressure. International research has shown that formal and informal support can improve caregiver retention, but it is unclear how this applies in the Australian context. The present study used a phenomenological approach, undertaking semi-structured interviews with seven caregivers in western Australia. Thematic analysis indicated that caregivers derived satisfaction from fostering, although this was diminished by undesirable child behavior and unpleasant interactions with biological parents. Caregivers also felt unsupported and unappreciated by formal networks, identifying issues such as inadequate information regarding children, irregular contact, exclusion from decisionmaking, and unacknowledged attachments during placement termination. Within their informal support networks, caregivers described feeling socially restricted and criticized, although some caregivers reported a positive response from informal networks. These findings highlight the importance of formal and informal support in reducing caregiver strain and improving caregiver retention.

Keywords: foster care, informal support, formal support, caregiver strain, caregiver retention

Introduction

As in the United States, in recent years home-based foster care has become the primary mode of providing a safe, secure, and nurturing environment for children placed under a protection order in Australia (Australian Institute of Health and Welfare [AIHW], 2008; Butcher, 2005; McHugh, 2005). The present study explores the potential problems within foster care systems, which we argue are commonly found within both the American and Australian systems. To provide some context within which to view the similarities and differences between Australian and American approaches to foster care, we provide a brief overview of the foster care system in Australia.

Australia's foster care system is viewed as a temporary arrangement for children who cannot live with their biological parents (Department for Child Protection [DCP], 2008). In the 1970s, adoption was a viable option for many such children, with almost 10,000 adoptions of foster children occurring annually (O'Neill, 2000). However, more recently, only a small minority—less than 1%—of eligible children are adopted each year (Department for Child Safety, 2006). Furthermore, child welfare agencies now highlight the opportunity for children to be reunified with their biological parents in the shortest time possible following intake into foster care (Bromfield & Higgins, 2005; DCP, 2008). Although beneficial for some, for other children this reunification is fraught with disrupted attachments (Moyers, Farmer, & Lipscombe, 2006; Butler & Charles, 1999).

In Australia, there are four caregiver types—general, specialist, respite, and relative care—that can care for children either in an emergency or over a short- or long-term periods (Bromfield & Higgins, 2005; DCP, 2008). The majority of Australian foster caregivers are volunteers, and receive limited funds to subsidize the foster child's living costs (McHugh, 2007). Over the past

decade, there has been considerable decline in the recruitment and retention of foster caregivers, with child welfare agencies struggling to find enough appropriate caregivers for children; hence, the use of residential care has escalated (Australian Foster Care Association [AFCA], 2001; Bromfield & Higgins, 2005). However, residential institutions have been associated with less positive psychological and social outcomes for children (Barber, Delfabbro, & Cooper, 2001; Osborn, Delfabbro, & Barber, 2008; Sallnas, Vinnerljung, & Westermark, 2004).

One major point of similarity across the two cultural systems is that children referred to child welfare programs have often witnessed parental substance misuse and domestic violence, and/or been subject to neglect, abandonment, or physical, sexual, and emotional abuse (AIHW, 2008; Cheers, Kufeldt, Klein, & Rideout, 2007; Osborn et al., 2008). Because of these significant disruptions during their formative years of development, many children in care have multiple and complex issues (Hojer, 2007; O'Neill, 2000). In both the Australian and U.S. child welfare systems, there is the risk of exacerbating the issues associated with childhood neglect and maltreatment, via a recursive loop: Foster children who frequently display maladaptive patterns of behavior are significantly more likely to have unstable foster placements (also referred to as placement disruptions), which can aggravate the child's preexisting emotional and behavioral problems (Barber et al., 2001; Brown, Bednar, & Sigvaldason, 2007; Crawford, 2006; Fernandez, 2007; Hojer, 2007; Osborn et al., 2008; Stanley, Riordan, & Alaszewski, 2005; Sinclair & Wilson, 2003). Thus, it is essential to understand how we can provide these children with safe and nurturing foster placements to promote the attainment of positive physical and psychosocial health outcomes.

A significant barrier to achieving these outcomes is the difficulty of recruiting and retaining foster caregivers (also referred to as foster parents) (Briggs & Broadhurst, 2005;

Colton, Roberts, & Williams, 2008; McHugh, 2005). Recruitment and retention of foster caregivers is frequently challenging due to caregiver strain and the inadequate level of support caregivers derive from formal and informal networks (Maclay, Bunce, & Purves, 2006; McHugh, 2007). Fostering is often accompanied by considerable stress accruing from the everyday difficulties inherent in providing care for children who have complex physical and psychosocial issues. This strain has been linked to placement breakdown and lack of caregiver retention (Farmer, Lipscombe, & Moyers, 2005; Rhodes, Orme, Cox, & Buehler, 2003; Wilson, Sinclair, & Gibbs, 2000).

Extant research indicates that in addition to caregiver strain, the major factor influencing caregiver retention is the perceived level of support from formal networks, such as child welfare agencies and associated staff (Briggs & Broadhurst, 2005; Brown, 2008; Brown & Calder, 2000; Brown, Moraes, & Mayhew, 2005; Butler & Charles, 1999; Cole & Eamon, 2007; Denby, Rindfleisch, & Bean, 1999; Farmer et al., 2005; Wilson et al., 2000). Regular support from formal networks has been linked to positive outcomes such as greater caregiver satisfaction (Denby et al., 1999; Nixon, 1997; O'Neill, 2006), a greater probability of continuation in the fostering role (Wilson, Sinclair, & Gibbs, 2000; Smyth & McHugh, 2006; Hojer, 2007; Denby et al., 1999), and more positive long-term placement outcomes (Brown et al., 2007; Cuskelly, Hay, Winchcomb, Cervetto, Walker, & Chu, 2005; Fisher, Gibbs, Sinclair, 2000; Wilson, Sinclair, & Gibbs, 2000; James, 2004; Nixon, 1997).

However, research about foster caregivers' experiences to date indicates that this support is rarely adequate, if it is supplied at all (Briggs & Broadhurst, 2005; Cusack & Orr, 1999; Maclay et al., 2006; McHugh, 2005; Smyth & McHugh, 2006). This perceived lack of support is often experienced in several ways, including inadequate disclosure of information regarding the foster child, infrequent contact, exclusion from decisionmaking

processes, and being regarded by the foster care system as insignificant when compared to biological parents (Briggs & Broadhurst, 2005; Butler & Charles, 1999; Gilbertson & Barber, 2003; Maclay et al., 2006; McHugh, 2007; Nixon, 1997; Sanchirico, Lau, Jablonka, & Russell, 1998). Evidently, there is a significant deficiency in formal support. The majority of this research is quantitative and based on the British foster care system, but we know there is considerable variation in the out-of-home care systems of many countries; as this research was done located in Australia, which varies from both the British and North American systems (Colton et al., 2008; McHugh, 2005, 2007), we believed it would be beneficial to qualitatively investigate caregivers' experiences of formal support in the Australian setting, and compare our results to national and international research.

More recently, research has begun to examine the role of informal networks in supporting foster caregivers. Research indicates that although foster caregivers often feel unsupported by formal networks, they frequently develop informal support networks to overcome or reduce this deficiency (Maclay et al., 2006). It is well established that informal support networks, such as family and friends, have significant benefits for individuals. However, it is possible that this support is especially pertinent to and important for foster caregivers, because of the isolation they often feel.

Research has shown that informal support networks appear to have multiple benefits for caregivers. Benefits include increasing caregivers' satisfaction in the fostering role, reducing strain, and improving psychosocial well-being, all of which have been linked to an increased commitment to fostering (Brown, 2008; Cuskelly et al., 2005; Denuwelaere & Bracke, 2007; MacGregor, Rodger, Cummings, & Leschied, 2006). Despite frequent mention of the fact that informal support networks provide vital support for caregivers, those informal support networks have not heretofore been studied.

Hence, the present research aimed to extend previous research by exploring the following research questions:

1. What are the lived experiences of foster caregivers?

2. How do formal support networks influence the experiences of foster caregivers?

3. How do informal support networks influence the fostering experience?

Method

Research methodology

A phenomenological methodology was chosen for the present study, as it allowed us to gain insight into the private and subjective understandings and experiences of foster caregivers (Kopala & Suzuki, 1999; Lopez & Willis, 2004). Furthermore, as phenomenological researchers characteristically invite participants to share their subjective meanings unfettered by standardized measures, data were used to form an eidetic essence of fostering. As the formation of an essence extends beyond tangible concepts, it was anticipated that this research would extend previous conceptualizations of the fostering phenomenon.

Participants

As the first researcher was a registered foster caregiver, a snowball method of recruitment was used, starting with preexisting informal contacts with the researcher. Consequently, participants consisted of four caregivers who cared for unrelated children, two kinship caregivers who cared for biologically related children, and one respite caregiver who cared for children on a brief, time-limited placement basis. These caregivers were all supervised by a government child welfare agency.

Data collection

The interviews were conducted using a semi-structured interview schedule, which allowed a natural pattern of conversation, during which participants shared their

experiences of fostering with minimal questioning by the researcher. The interview schedule was based directly on themes highlighted in previous research, with five main questions, followed by probes if further elaboration or clarity was needed. These questions covered topics such as everyday experiences of caring, the main issues caregivers have, formal support, and informal support, again followed by probes for elaboration or clarification if necessary.

The interviews took between 45 and 60 minutes. All interviews were audio-recorded and later transcribed, allowing the researcher to focus on interview content rather than notetaking.

Transparency and integrity

To show transparency of the current study, the researchers used a technique known as bracketing, which allows the conscious acknowledgment and self-awareness of potential biases through an audit trail. The use of an audit trail reduces the possible distortion of the analysis and interpretation of findings, and hence improves the trustworthiness of the data (Caelli, 2001; Finlay, 2008).

Data analysis

The analysis of the present data follows a thematic analysis style similar to that of De Mol and Buysse (2008). Firstly, each interview transcript was read several times by the first researcher, and analyzed for salient quotations, which were then organized into subthemes. Once each transcript had been individually analyzed, the subthemes were collated into a single document, where subthemes were then clustered to form main themes. Following

Table 1

Summary of Themes and Subthemes of Foster Caregivers'

Experiences and Perceptions of Support

Theme	Subtheme
Experiences of Foster Caregivers	Positive aspects of fostering Negative aspects of fostering
Formal Support Networks	Disclosure of child information Contact and crisis response Decisionmaking processes Acknowledgment of attachments during placement termination
Informal Support Networks	Social restriction and isolation Responses from informal networks Contact with other caregivers

this clustering, each original transcript was revisited, and further amendments were made to the themes to ensure accurate reflection of the raw data. The process of continual modification and amendment of the themes was documented in the audit trail, which also describes the researchers' responses and reflections of modifications made to the analysis.

Recursive and repetitive examination of the raw data and subsequent interpretations was done with direct quotes embedded to increase the integrity of interpretation (Watson & Girard, 2004). Furthermore, to demonstrate authenticity and capture the complexity of the fostering experience, any divergence between participants was included in the analysis (Whittemore, Chase, & Mandle, 2001).

Findings and Interpretations: Caregiver Experiences of Fostering

The following section contains three major themes, each of which includes a number of subthemes. Each theme is described, with embedded quotes used for illustration, and compared to previous research. The conceptualization of themes and concepts is presented in Table 1.

Positive aspects of fostering

Deriving a sense of satisfaction from fostering has been reported in previous Australian (Delfabbro & Barber, 2003; McHugh, 2007), Canadian (MacGregor et al., 2006; Rodgers, Cummings, & Leschied, 2006), American (Denby et al., 1999; Tyebjee, 2003), and British research (Fisher et al., 2000; Maclay et al., 2006; Wilson, Fyson, & Newstone, 2007). Consistent with these findings, caregivers in the present study reportedly enjoyed the fostering role, as it allowed them to positively help others: "I feel like I'm adding to the community" and "I feel like I'm doing good for someone, like I'm saving someone from being on the streets." They also discussed the sense of satisfaction derived from positively helping children in a safe and nurturing environment:

[Y]ou sort of feel I've rescued those kids and they're going to have a better life because of it . . . . We sort of gave the kids a chance at normal life; if they stayed where they were, God knows what would have happened to them. So you know that was pretty rewarding.

In addition to helping others, caregivers also described the benefits that fostering had on their own lives: "I[I]t gives me a bit of purpose" and "it gives you a sense of achievement." They also described being quite amazed at the resilience of some of the foster children ("it's amazing just how resilient these kids are"), and also felt that foster children added to, and taught them about, life: "[These kids], although at a young age, can teach you something as well as add something to the rich tapestry that life is."

Negative aspects of fostering

The difficult and challenging behaviors often displayed by foster children can severely stress caregivers and have a negative impact on placement stability (Barber et al., 2001; Briggs & Broadhurst, 2005; Delfabbro & Barber, 2003; Denby et al., 1999; Farmer et al., 2005; Gilbertson & Barber, 2003; James, 2004; McHugh, 2007; Sallnas et al., , 2004; Wilson et al., 2000). This was evident in the present study. Although the caregivers reported the positive aspects of fostering, they also simultaneously had negative feelings, making the fostering role multifaceted. Caregivers reported negative aspects, such as difficult behaviors displayed by foster children ("swearing and abusing you, spitting at you and telling you all sorts of foul things"), which often caused caregiver strain: "I[I]t's hard and it's wearing, and people don't want to do that . . . "

They also described how the challenging behaviors displayed by foster children impeded their provision of a safe environment for other children: "[Y]ou often have to neglect the other children, because of the child who is being violent, aggressive and hurting themselves; so you have to control that situation, and sometimes the other children are neglected."

In addition to the stress accumulated from child behavior, the child's biological parents can also increase the caregiver's level of stress (Briggs & Broadhurst, 2005; Butler & Charles, 1999; Farmer et al., 2005; McHugh, 2007; Moyers et al., 2006; Wilson et al., 2000). Caregivers in the present study consistently described the stress derived from interactions with and the influence from the child's biological parents: "[T]he major problem you've got when you have foster kids is that you've got to deal with their parents . . . ." Contact with biological families also increased the level of stress, often having a detrimental effect on the placement: "[S]o it's not just settling them [foster children] in, but it's all the other baggage too, such as the parents . . . ." Furthermore, biological parents often appeared to have a direct negative influence on the child ("[The parent] often tells [the child], you don't have to listen to the caregiver, you don't have to do what they tell you") and their behavior following visitation ("[T]he kids are more destructive once they've seen their parents . . .").

The Influence of Formal Support Networks

Across research of Australian (AFCA, 2001; Briggs & Broadhurst, 2005; Gilbertson & Barber, 2003; McHugh, 2007), British (Butler & Charles, 1999; Maclay et al., 2006; McDonald, Burgess, & Smith, 2003; Wilson et al., 2000), and Canadian foster caregivers (Hudson & Levasseur, 2002; MacGregor et al., 2006), there appears to be a consistently inadequate level of support from formal networks, such as child welfare agencies and associated staff.

In the present study, the caregivers indicated that the main issue that negatively affected their role was a lack of support from formal networks: "[T]hey're [the child-welfare agency] not up to scratch . . . . I think they're completely useless. I just find the department let us [caregivers] down . . . ." When they began fostering, many caregivers expected support from formal networks, although they soon discovered that this support was unlikely to be supplied:

The main thing that has made fostering neg*ative for me is not having that support from the department, because when I went into fostering, I thought I would get that support, you know, you could ring somebody and they would help you, but it's not like that . . . .*

Throughout the interviews, it was evident that the caregivers felt generally unacknowledged and unappreciated by formal networks for their provision of a safe and nurturing home for children in care: "You don't get any sort of appreciation from DCD [child-welfare agency] . . . ." They also noted that when child welfare staff did make such gestures, they rarely communicated genuine appreciation: "[T]hey try to say that we really appreciate you and all that. But no, I don't really think that they do, not like they should . . . ." For example, one caregiver encapsulated the lack of acknowledgment when she described the inadequate understanding that formal networks had of the everyday struggles caregivers faced and the inadequate respect for this role:

[T]hey have no idea how unbelievably hard this job can be, and how it takes over your whole life, because from the minute you get up till the minute you go to bed, it's all about the kids, it's not like when you have an office job where you can switch off and go home. When you're a caregiver, you can't do that, you have to deal with it all the time, sometimes I don't feel people give you enough respect for the work you do . . . .

This finding lends further support to previous research on foster caregivers who felt unsupported, unacknowledged, and undervalued by formal networks (Briggs & Broadhurst, 2005; Butler & Charles, 1999; Denby et al., 1999; Fisher et al., 2000; Hudson & Levasseur, 2002; MacGregor et al., 2006; Maclay et al., 2006; Smyth & McHugh, 2006; Wilson et al, 2000).

Further analysis revealed that the problem of being unacknowledged also underpinned more tangible issues with formal networks. These issues often began before the foster placement, through

inadequate disclosure of information about the child; then continued during the placement with irregular contact, inadequate crisis response, and exclusion from decisionmaking processes. During placement termination, a lack of acknowledgment of the child's attachment to the foster family also appeared to provide the caregivers with tangible examples of the child welfare agency's lack of acknowledgment of and respect for the fostering role in general. Hence, these issues are discussed in detail in following subsections.

Disclosure of Child Information

A major problem reported by caregivers arises when formal networks provide inadequate information regarding foster children's histories of abuse, neglect, and behavior to caregivers, both before and during the placement (Briggs & Broadhurst, 2005; Brown & Calder, 2000; Butler & Charles, 1999; Fisher et al., 2000; Gilbertson & Barber, 2003; Hudson & Levasseur, 2002; MacGregor et al., 2006; Nixon, 1997; Wilson et al., 2000).

In contrast, the respite caregiver in this study described feeling satisfied with the provision of child information given:

[S]o I asked for some more information about them [foster children] because I was worried about a few things—you know, the influence they could have on [biological child]. So they're [child welfare agency] very open and honest about any concerns you have when it comes to information . . . .

This finding lends support to a study which found that many respite and short-term caregivers had positive perceptions of the information and support provided to them (O'Neill, 2006).

However, other caregivers in the present study, all of whom provided full-time care, felt that child welfare workers purposely did not disclose specific details about the foster child, for fear that the caregiver would not agree to accept the child into the home:

When the children arrive, you don't know anything about them, they [the child welfare agency] don't give you any information . . . . [S]ometimes I think they don't tell you certain things, like they hold back information because they're worried if they tell you [about the child], you won't take them . . . .

One caregiver described the frustration of not receiving sufficient information:

They should have told me he was developmentally delayed, because I was treating him like a 14-year-old and he just couldn't handle it . . . . I didn't have any information on him . . . . [T]hey really should have told me before I took him on . . . .

In addition to inadequate information provided both before and during the placement, caregivers also reported being uninformed about vital developments such as placement termination. This often left caregivers feeling angry and resentful toward child welfare staff:

[W]e had a little boy who was 18 months, and we had him for a month, and I rang up the case manager in the morning, and he said, oh we forgot to ring you, but he's going home today . . . . I always remember that they just came and took him, and my kids didn't get to say goodbye or anything. I think things like that, it makes you feel used.

From this quote, it is evident that many of the caregivers felt used and unappreciated due to a lack of or insufficient information disclosed about the foster children. This appeared to reinforce their feelings of being unacknowledged for their frequently challenging and difficult role, as discussed previously (Butler & Charles, 1999; Fisher et al., 2000; Gilbertson & Barber, 2003; Maclay et al., 2006; McHugh, 2007; Nixon, 1997; Wilson et al., 2000).

Unreliable Contact Given the Crisis in Australian Out–of–Home Care

Previous research has shown that the Australian out-of-home care system is in crisis, with a serious shortage of child

welfare workers; this case overload reduces any one child welfare worker's capacity to maintain regular contact with caregivers (Delfabbro & Barber, 2003). In turn, a lack of regular contact with child welfare workers has been associated with caregivers' perceptions of being unsupported and unappreciated (Briggs & Broadhurst, 2005; Fisher et al., 2000; Hudson & Levasseur, 2002; MacGregor et al., 2006; Maclay et al., 2006; McHugh, 2007; Nixon, 1997; O'Neill, 2001).

Consistent with this, the caregivers interviewed for this study recognized that agency resources are stretched, with child welfare workers having a large number of demanding cases: "I know they're busy and I know they're overworked." In response, although the caregivers then suspended their expectations of support or agency-initiated contact, they reported frustration at the inability of child welfare workers to respond to them within a reasonable time: "I'll ring them up and they won't return my messages for weeks."

For these caregivers, a lack of contact with child welfare workers indicated that the agency was generally unconcerned about the foster child or their level of care: "I felt like I was a built in babysitter sometimes, because they wouldn't return my calls . . . as long as they know that kid is in a warm house and is getting fed, they really couldn't care less . . . ." As seen in the following quote, this inadequate response and delay in response time were most damaging during placement crises:

I sent emails to our caseworker, and he never even responded. . . . In the end you have to sort it out yourself because you can't get ahold of anyone. You know you're not supposed to do anything without their consent but sometimes you just have to . . . because you can't get ahold of anyone . . . .

To illustrate, many caregivers also discussed the inadequacy of Crisis Care (a 24-hour crisis response phone line) to give emotional support to caregivers during difficult and challenging fostering experiences: "[T]hey [Crisis Care] didn't really care, they didn't give me much support at all" and "[W]henever I have rung them [Crisis Care,] they seem totally disinterested, it's like you're an inconvenience." Several caregivers expressed that Crisis Care was generally an inappropriate support service for foster caregivers ("I wouldn't ring them up for support"), and reported that this could be due to the perceived inexperience of Crisis Care staff ("The people at Crisis Care . . . have no understanding of what it feels like to be a foster caregiver in a very high stress situation"). This often led caregivers to feel unsupported during nonbusiness hours: "I mean on the weekends, it's extremely difficult, because there is no support."

However, the disillusionment with the care system was not global, as some caregivers in the present study reported that other child welfare staff, such as psychologists, demonstrated a greater appreciation for caregivers and their role than child welfare workers: "The psychologists were more appreciative and understanding of what I was trying to accomplish with the kids than my case manager . . . ." Psychologists were also perceived to provide more emotional and practical support to the foster family: "makes in-home visits regularly, which helps the kids, and it also makes me feel like somebody from the department [child welfare agency] cares about us . . . ." This form of regular in-home consultation and support was perceived to be beneficial in reducing caregiver strain and isolation: "I think that there needs to be ongoing in-home services available for caregivers to help them with their foster child. By providing those services, you make the caregiver feel more valued, and less isolated . . . ."

Regular contact with staff from child welfare agencies has been associated with greater satisfaction and improved placement stability (Brown & Calder, 2000; Farmer et al., 2005; Maclay et al., 2006; O'Neill, 2006). This may explain why some caregivers in the present study felt more supported and

appreciated by the visiting psychologists than by their child welfare workers. It suggests that, although frustration with agencies is not apparent globally across the foster care system, when support is offered (and is consistent and timely), it can provide many benefits for both caregiver and child, and can improve placement stability and caregiver retention.

Exclusion from Decisionmaking Processes

Research has shown that exclusion from decisionmaking processes about foster children damages the working relationship between child welfare workers and caregivers (Gilbertson & Barber, 2003), and often exacerbates caregivers' perceived lack of acknowledgment from formal networks (Bullard, 2007; Denby et al., 1999; Fisher et al., 2000; Gilbertson & Barber, 2003; Hudson & Levasseur, 2002; MacGregor et al., 2006; Maclay et al., 2006; Wilson et al., 2000).

This was evident in the present study, as caregivers reported feeling excluded from decisionmaking processes. It was this sense of exclusion that led caregivers to feel they were a "babysitting service," rather than an integral part of the child's life: "You're just there babysitting and they can come anytime and take them [the foster children] and you just don't have a say in anything that goes on . . . ." In addition to feeling like babysitters, many caregivers also reported feeling a lack of control over decisions made about the foster placement: "They would make decisions that affected us quite a bit, and we had no say at all, and they [child welfare agency] knew they could do it, because as I said, we would have lost the kids . . . ." This made some caregivers want to cease fostering:

Once their mother had gotten her act together and they were planning to send them [the foster children] back to her, they weren't really interested in anything we've got to say . . . . I[I]t made me feel like throwing in the towel on a number of occasions . . . .

Ironically, experienced caregivers reported that although they felt excluded

during decisionmaking, over time they became more assertive and confident when dealing with the welfare agency: "[B]ecause I've been doing fostering for a while now, I say a lot more things . . . ." They also asserted that because of their intimate knowledge of the child's physical and psychosocial health care, they were more confident in their ability to tell the child welfare agency about health care issues: "[I]t's me who does all the hard work and understands why he needs it done. If you wait for them [child welfare agency], it will never happen . . . ." They also discussed how changing their approach to working with the child welfare agency had benefits for both the foster child ("If it's long-term planning they can ask your opinion, because you know the child better than anybody else, how that decision might affect the child"), and the caregiver ("You feel more valued and supported when you know about the decisionmaking process"). This finding of increased assertiveness and improved working relationships with child welfare workers over time is consistent with international research (Fisher et al., 2000; Maclay et al., 2006; Rodgers et al., 2006).

When asked about what kind of relationship they would prefer to have with child welfare staff, caregivers in the present study wanted a greater level of inclusion during decisionmaking processes, and greater equality with child welfare workers. As reflected in the following quote, caregivers believed that a partnership with child welfare workers would improve their fostering experience.

I think they need to make it so you're in a partnership, you know, that I guess in a way you're a colleague rather than their client . . . . I[I]t would make me feel a lot better about doing it [fostering], yeah, you would think you're a part of it, rather than thinking that you're just babysitting a child for them . . . .

This finding is consistent with previous research (Fisher et al., 2000; Gilbertson & Barber, 2003; MacGregor et al., 2006; O'Neill, 2006; Rodgers et al., 2006; Sanchirico et al., 1998), which indicates that partnerships

Insufficient Acknowledgment of Attachments during Placement Termination

The caregivers also reported feeling that formal networks did not adequately acknowledge or appreciate the attachments and emotional ties the child shared with the foster family. Rather, they felt that formal networks were more focused on the bonds the foster child had with their biological parents:

They [child welfare agency] were more interested in, rightio, we've set a date they're [foster children] going back [to their biological parents] hell or high-water sort of thing . . . . [Y]eah, it was mixed emotions . . . because after four years, we got really, really close, so they were sort of like our children after that length of time . . . .

For example, one caregiver reported a difficult time when the emotional ties shared between the child and her family were not taken into consideration during placement termination: "[O]f course he [biological son] didn't have time to say goodbye [to the foster child] . . . . [W]e were quite attached to him, and yeah, they never got to say goodbye to him . . . ." Caregivers also described the anger and disappointment they felt when their attachments with foster children were not taken into account. This exclusion often left them feeling that this was enough for them to reconsider fostering:

[T]he foster kids are here all the time, and you build up quite an attachment to them, and when they don't really take that into consideration it makes you really upset and angry, you often think whether it is worth it . . . .

This lack of acknowledgment of the child's attachment to the foster family was perceived to be harmful to both the child and the foster family, and often reinforced the caregivers' feeling of being unappreciated by those within formal networks. These unacknowledged attachments precipitated some caregivers' reevaluation of fostering. A lack of consideration and recognition of the shared attachments, notably during placement termination, is evident in previous literature (Butler & Charles, 1999), which found that British caregivers often felt like "second-class" parents when compared to the child's biological parents.

The influence of informal support networks
Social Restriction and Isolation

Frequent contact with informal support networks, such as family and friends, has been linked to reduced caregiver stress/strain, greater placement stability (Farmer et al., 2005), and more adaptive parenting styles (Cuskelly et al., 2005). However, quantitative research about Australian (Cuskelly et al., 2005) and British caregivers (Farmer et al., 2005) has indicated that caregivers are often socially restricted and feel isolated.

Throughout our interviews, many of the caregivers reported a sense of social restriction since they began fostering. Many described feeling overwhelmed and exhausted because of this restriction, which often made them question whether they wanted to continue fostering: *"[Y]eah you are very restricted when you have foster children, and yeah I mean it does sometimes make you think do I really want to be doing this?"*

This restriction was further compounded if children displayed socially maladaptive behaviors, as it was difficult to obtain respite services: *"[T]he hardest thing is to get respite, especially for children who are difficult . . . ."* This further exacerbated the caregivers' exhaustion and social restriction, which often left them feeling isolated and reduced their perceived ability to provide a safe and nurturing foster home: *"[T]he isolation is huge when you are dealing with children who are out of your control . . . . [Y]eah, you get isolated, you feel insecure, inefficient, and you question why you're doing it . . . ."*

The present findings appear to be consistent with available literature about foster caregivers and social isolation (Cuskelly et al., 2005), which indicates that

social restriction is often the result of the continuous demands of the caregiver role. The present findings will extend the limited understanding of the importance of informal networks in providing support independent of formal networks.

Responses from Informal Networks

Previous research with caregivers has indicated that support from family and friends often substitutes for formal support, or makes up for formal networks' deficiencies (Farmer et al., 2005; Maclay et al., 2006). Furthermore, informal support can be beneficial to the retention of caregivers, as Australian research has found that caregivers who reported greater informal support were more likely to continue fostering (Cuskelly et al., 2005).

However, the present research found that many of the caregivers battled with negative responses and criticism they received from their own friends (*"most of my friends find it quite difficult to understand why I'm still doing it"*) and family members about their decision to foster:

[W]hy don't you just give them back, there wasn't that support there, like if it was your own [biological] child you would have people saying, "Oh, I'll give you a hand" and that, but their [family members'] attitude was quite negative about fostering.

As there has been little research on foster caregivers' informal support networks, these findings are preliminary. However, research about British caregivers (Farmer et al., 2005) also described negative responses from neighbors, which supports the current findings.

Conversely, the kinship caregivers in the present study both reported a positive response from their friends (*"mostly positive sort of response from 99% of people"*) and described their family as "very supportive" during fostering. This has been seen in other research on Australian kinship caregivers; such kinship caregivers are often perceived by society more positively, because as they cared for their "own flesh and blood," than those who cared

for unrelated children (Spence, 2004).

Moreover, some caregivers reported receiving practical support from their informal networks, particularly their close friends, who often included and engaged the foster children in social activities with other children: *"I've got friends with families, and they used to come around and play with them [foster children] and they were always invited to birthday parties and stuff, so yeah, they [friends] definitely got involved."* Contact with informal networks was also perceived to be beneficial for caregivers ("helped me relax, it made it a lot easier having that time with another adult"), and was often cited as a factor that reduced caregiver strain, which is consistent with previous research (Cuskelly et al., 2005).

Contact with Other Caregivers

The process of sharing experiences and stories of fostering with other caregivers was perceived to be beneficial by American (Denby et al., 1999), Australian (O'Neill, 2006), British (Maclay et al., 2006), and Canadian caregivers (MacGregor et al., 2006). Phenomenological research by Maclay and colleagues found that caregivers who did not receive sufficient formal support often developed stronger relationships with other caregivers to substitute for this deficiency.

In addition to contact with family and friends, caregivers in the present study emphasized the need to have greater contact with other foster caregivers (*"I feel sometimes like I'm isolated from other caregivers"*), and specifically to share stories and provide and receive practical and emotional support during difficult times: The caregivers also described the practical benefits of having contact with other caregivers who had knowledge of how to deal with children who have complex physical and psychosocial issues:

Yeah, I definitely got more advice from oth*er caregivers than from the department [child welfare agency], because they know what it's like to be a caregiver, because they live with it every day as well. You know, other people who aren't caregivers really have no idea, you know, and they often feel*

sorry for the kids, but they don't realize that it's not always like that, they don't have to deal with the tantrums and all of that . . . .

This provides further evidence for the growing body of research which has shown that having contact with other caregivers is important in reducing caregiver strain and improving caregiver psychosocial well-being (Cuskelly et al., 2005; Denby et al., 1999; O'Neill, 2006).

Discussion

As demonstrated in previous research, caregivers generally felt unsupported and unacknowledged for their role in relation to formal networks. This lack of acknowledgment was manifested through inadequate disclosure of child information, inadequate contact and crisis response, exclusion from decisionmaking processes, and inadequate recognition of attachments between the child and foster family during placement termination. It often led caregivers to feel like babysitters, and precipitated their reassessment of future fostering. This provides further support for research indicating that formal support is essential to retain caregivers; if such support is not adequately or timely provided, the effects on caregiver strain, placement stability, and caregiver retention can be extremely negative (Briggs & Broadhurst, 2005; Butler & Charles, 1999; Gilbertson & Barber, 2003; Maclay et al., 2006; McHugh, 2007; Nixon, 1997).

Caregivers often felt socially restricted and received negative responses from informal networks. These discouragements frequently led them to reevaluate their decisions to foster. However, caregivers also reported positive responses from informal networks, and described the benefits of such informal support for both themselves and the child. These findings support research by Cuskelly and colleagues (2005), who found that the presence of informal support networks provided benefits for both caregiver and child, and that the absence of such support can negatively affect caregiver strain, placement stability, and caregiver retention.

Limitations and future implications

The present research does have some potential limitations. First, the participants were comprised of unrelated, kinship, and respite caregivers. To date, there does not appear to be any research that examines the differences among these caregiver groups; hence, future research may benefit from comparisons between caregivers types to investigate whether there are differences in their fostering experiences and perceptions of formal and informal support networks. However, our focus was on the impact that informal support networks can have on fostering for those "supported" by a government child welfare agency, an area that has only recently received research attention. We believe it is crucial for future research to investigate the relationship between formal and informal support networks in this context. Future research may benefit from examining the differences between government- and nongovernment-supervised caregivers' experiences and perceptions of formal and informal support.

Second, the small sample of caregivers in the present study was obtained through snowballing. These facts could make the present findings somewhat specific to the participant group, particularly as they snowballed amongst their own informal networks and might therefore hold common views of informal support. However, we argue that this particularity also provides commonality that adds strength to the research. These participants shared an experience, in that they were all overseen by a government child welfare agency, and potentially looked to each other for support. Hence, their experiences, perceptions, and needs for support were likely to be similar. This specificity of sample allowed us to understand the experiences of participants in a connected informal network while they shared common experiences and apparently relied on this network. This "member" triangulation adds validity by allowing us to identify and examine how experiences deviated from each other or were consistent and in common. Future research investigating

the roles that both formal and informal support networks have in improving caregiver retention and placement stability will clarify current conceptualizations of the importance of support networks, and facilitate continued development of more inclusive support services for foster caregivers.

Implications for practice

The present study explored the experiences of foster caregivers in order to elicit their perceptions of formal and informal support networks. Caregivers' experiences of fostering included both positive and negative aspects. This is consistent with previous Australian (Delfabbro & Barber, 2003; Briggs & Broadhurst, 2005) and international research (MacGregor et al., 2006; Moyers et al., 2006; Rodgers et al., 2006; Tyebjee, 2003) showing that foster care is a complex role that has both numerous challenges and rewards. We hope this research adds further transcultural and transsystemic evidence to reported problems in foster care in both national and international systems. Although we acknowledge the use of a small sample, we assert that our findings give voice to a pattern of issues similar to those confronted in the United States. Collectively, the findings reinforce that the complexity of fostering interacts with lack of support from both formal and informal support networks, and that this interaction exacerbates caregiver strain, precipitates placement instability, and ultimately caregiver reassessment of whether they will continue fostering. We hope that by publication of similar studies, which demonstrate the presence of a common set of problems shared across cultures, researchers may converge toward influencing positive and necessary changes in local and national foster care systems.

Our suggestions for changes based on these findings are not grandiose, though. Rather, we have highlighted that one of the most important changes would be the presence of some quite simple acts of instrumental and emotional support. Primarily, it appears that caregivers need some basic acknowledgment and appreciation from formal networks. Thus, we urge researchers to design and implement basic interventions or acts to be undertaken or

facilitated by formal networks, and to pilot-test their ideas to assess their effectiveness in provision of greater and more comprehensive caregiver support. These interventions could include one or all of the following:

1. Increased provision of information regarding the foster child from child-welfare agencies.

2. More regular communication between child welfare staff and caregivers.

3. More consistent in-home support, especially for children displaying difficult behaviors requiring psychological intervention.

4. Greater facilitation and encouragement by formal networks of support from informal networks (such as family, friends, and schools), which might include online facilities to improve access to social support.

5. Greater recognition of the caregiver, and the importance of the caregiver role, during decisionmaking processes about foster children.

6. Greater acknowledgment by formal systems of the attachments shared between the child and foster family.

We invite and encourage service providers to implement and evaluate how effectively each strategy, both individually or in combination, can positively influence the fostering experience, with both emotional and practical support essential during the evidently demanding, and often challenging, fostering role. The last two suggestions in the preceding list may be the most elusive and challenging, as they pervade all the others. Our central point is encouragement. We emphasize that when formal and informal support is developed, it will reduce caregiver strain, improve placement stability, and enhance caregiver retention. Ultimately, any support initiatives will work to ensure foster caregivers' continued provision of safe, secure, and nurturing foster homes and to improve the short- and long-term psychosocial outcomes for children in out-of-home care.

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