

**The emotional experience of short-term foster carers when
foster children leave their care**

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Master of Social Work at the Potchefstroom Campus of the North-West
University**

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April 2012

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I declare that **The emotional experience of short-term foster carers when foster children leave their care** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

SIGNATURE

DATE

DECLARATION OF PROOFREADER

I hereby declare that I proofread the dissertation

The emotional experience of short-term foster carers when foster children
leave their care

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SUMMARY

The researcher has worked in the field of foster care in social work for a few years in Ireland and England and during this time has seen that foster carers experience some kind of grief and loss when children leave their care. The researcher wanted to explore the emotional experience of foster carers when foster children leave their care.

The aim of this study was to explore the emotional experience of short-term foster carers when foster children leave their care. This research aim resulted in the following research question: “*What is the emotional experience of short-term foster carers when foster children leave their care?*” The researcher used a conceptual framework that focused on the Gestalt approach and foster care as background to the empirical study. A qualitative approach was used to address the research question.

A case study strategy was used to explore and describe the experience of short-term foster carers when foster children leave their care. A non-probability purposive sampling technique was used and the population consisted of short-term foster carers in Oxfordshire, England, working with children in foster care. A total of nine participants took part in the study. Semi-structured one-to-one interviews were used to obtain accurate and reliable evidence of the emotional experience of foster carers when foster children leave their care. An interview schedule was used for the semi-structured interviews, which was derived from the literature review. The interview data was then transcribed and analysed. The six themes that were identified are (1) the general emotions of foster carers when children leave their care, (2) the difficulty foster carers experience to cope when a child leaves their care, (3) the experience of contact with a foster child when the child has moved on, (4) concerns that foster carers have when a foster child leaves their care, (5) the support experienced when a foster child moves on, and (6) the foster carers’ own children’s emotional experience when children

in care leave their care. From the data analysis sub-themes were identified under the main themes and were discussed according to the literature review.

Conclusions were drawn for each of the six themes and sub-themes that were identified. The researcher concluded and recommended that more support, guidance, advice and input are needed for foster carers after a child leaves their care. The foster carer needs to have more of a voice and must be seen as an invaluable part of the multi-disciplinary fostering team. Improvements in the fostering system are needed to improve the emotional experience of the foster carers, but also to ultimately improve the retention of foster carers within the foster care system.

Key Terms: Gestalt approach, Short-term Foster Care, Foster carers, Emotional Experience, Loss, Grief

OPSOMMING

Die navorser het vir 'n paar jaar in die veld van pleegsorg in maatskaplike werk in Engeland en Ierland gewerk en gedurende die tyd ondervind dat pleegouers 'n mate van hartseer en verlies ervaar wanneer kinders hul sorg verlaat. Die navorser wou die emosionele ervaring van korttermyn pleegsorg ouers verken wanneer kinders hul sorg verlaat.

Die doel van die studie was om die emosionele ervaring van die korttermyn pleegouers wanneer pleegkinders hul sorg verlaat, te ondersoek. Die navorsingsdoel het gelei tot die volgende navorsingsvraag: *“Wat is die emosionele ervaring van die korttermyn pleegouer wanneer pleegkinders hul sorg verlaat?”* Die navorser het gebruik gemaak van 'n konseptuele raamwerk wat fokus op die Gestalt benadering en pleegsorg as agtergrond vir die empiriese studie. 'n Kwalitatiewe benadering is gebruik om die navorsingsvraag aan te spreek.

'n Gevallestudie-strategie is gebruik om die ervaring van korttermyn pleegouers wanneer pleegkinders hul sorg verlaat, te verken en te beskryf. 'n Nie-waarskynlikheid-doelgerigte steekproeftrekking-tegniek is gebruik en die populasie het bestaan uit korttermyn pleegouers in Oxfordshire, Engeland, met kinders in pleegsorg. 'n Totaal van nege persone het aan die studie deelgeneem. Semi-gestruktureerde een-tot-een onderhoude is gebruik om akkurate en betroubare inligting te verkry oor die emosionele ervaring van pleegouers wanneer pleegkinders hulle sorg verlaat. 'n Onderhoudskedule is gebruik vir die semi-gestruktureerde onderhoude, waarvan die vrae uit die literatuuroorsig afgelei is. Die onderhoud-data is daarna getranskribeer en geanaliseer. Die ses temas wat geïdentifiseer is, was (1) die algemene emosies van pleegouers wanneer pleegkinders hul sorg verlaat, (2) die probleme wat pleegouers ervaar wanneer 'n pleegkind hul sorg verlaat, (3) die ervaring van kontak met 'n pleegkind nadat die kind aanbeweeg het, (4) bekommernisse wat pleegouers het wanneer 'n pleegkind aanbeweeg het, (5) die ondersteuning wat 'n pleegouer ervaar wanneer 'n pleegkind aanbeweeg en (6) die pleegouers se eie kinders se emosionele ervaring wanneer 'n

pleegkind aanbeweeg. Uit die data-analise is subtemas onder die hoofemas geïdentifiseer en bespreek na aanleiding tot die literaturoorsig.

Gevolgtrekkings is gemaak vir elk van die ses temas en subtemas wat geïdentifiseer is. Die navorser het tot die gevolgtrekking gekom en het aanbeveel dat meer ondersteuning, leiding, advies en insette nodig is vir pleegouers nadat 'n pleegkind hul sorg verlaat het. Die pleegouer moet meer van 'n stem hê en moet gesien word as 'n waardevolle deel van die multi-dissiplinêre pleegsorg-span. Verbeterings in die pleegsorg-sisteem is nodig om die emosionele ervaring van pleegouers te verbeter, maar ook om uiteindelik die behoud van pleegouers in die pleegsorg-sisteem te bevorder.

Sleutelterme: *Gestalt-benadering, Korttermyn-pleegsorg, Pleegouers, Emosionele ervaring, Verlies, Rou*

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NOTICE WITH REGARD TO THE USE OF *RESEARCH AT GRASS ROOTS* (2005)

The researcher started working on her dissertation in 2007 and made use of the book: “*Research at Grass Roots*” of De Vos, Stydom, Fouché and Delport (2005), which was the latest version of the book at the time. However, in the meantime a newer version of the book has been published, which is the 2011 edition. As the researcher lives in London, England, it was difficult to get hold of the latest edition. Therefore, with the dissertation almost completed, the references used in this study are of the 2005 edition.

ETHICAL CLEARANCE

The researcher was a student at the University of South Africa and obtained her ethical clearance for this study in 2007. During March 2011 the researcher transferred with the Centre for Child, Youth and Family Studies from the University of South Africa to the North-West University and is currently completing her degree with this university.

CHAPTER 1

INTRODUCTION TO STUDY

1.1. INTRODUCTION

In April 2007 there were 413 children in Oxfordshire being cared for by the local authority, of whom 311 were placed with foster carers (Oxfordshire County Council, 2007). Research during 2010 by the British Association of Adoption and Fostering (BAAF) estimated that by March 2010 there were 64,400 children in care of the local authorities in England. At this time 73% of children in care were living with foster carers.

Bond (2004:10) suggests that there are many reasons why a child or a young person needs foster care. It is often due to their family experiencing problems and needing assistance to sort these out. A child's parent may be unable to look after the child because of illness or mental health problems. The parent may have a drug or alcohol-related problem, which seriously impacts the safety or care of the child. Finally, a child may enter into foster care as a result of serious neglect or physical or sexual abuse.

According to Statham (2002:5), children from one parent families, who live in a poor household, live in overcrowded accommodation or are from mixed heritage background are more likely to enter the care system. The author further distinguishes between a child entering into foster care voluntarily and those who are referred by a court order. Kassem and Garratt (2009:133) state that most children enter the care system on a voluntary basis because they need care and protection due to family breakdown, neglect and emotional abuse. They may have experienced the death of a parent or they may enter care because of social reasons within the family.

Barth, Courtney, Berrick and Albert (2011:126) hypothesised that the aim of these voluntary placements is to stabilise a child's behaviour and is often the results of an agreement between a family and the welfare agency. The agreement can normally be ended by the parents at any time. However, this

contrasts with court order placements, which is normally a result of more serious issues and where there is a lower probability of family union. According to Lancaster (2009:102), children that are placed into foster care are normally a result of a court order, rather than a voluntary placement. The rights of the parents are normally terminated as union where the biological parents have failed and it is not the best option for the children to remain with their parents. In social work theory the main goal is always family reunification and preservation, but child safety is paramount and a priority.

According to Bond (2004:77-78), the reasons why people foster vary. Some foster carers state that fostering is something they have wanted to do for as long as they can remember, but others find out about fostering later in life. Some people do not think about becoming foster carers until their own child or grand-children have grown up and they realise that they miss having a child in their homes. Other people start to foster because their friends or family did it or they heard about it through a television or radio programme and felt they had something special to offer. Guishard-Pine, McCall and Hamilton (2007:22) believe that the main reasons why people foster are; people want to share their lives with children and to support children in need of care. A lot of these children may be related to the foster carers. Foster carers can be single, co-habiting, same sex couples, couples who have no children or foster carers from diverse social and cultural backgrounds. The main requirements for foster carers are that they are able to listen and talk to children, that they are confident in caring for children, they are healthy, can manage their finances and that they are willing to learn more and go on various training courses which will assist them in their fostering duties.

Buehler, Rhodes, Orme and Cuddesback (2006:1) state that successful foster care results in children whose physical, emotional, psychological, intellectual, social, and familial needs are met and that their growth in these areas is promoted within a safe and secure family environment. Successful care is also indicated by the actualisation of permanency plans and the lack of unneeded or unplanned changes in placements. Finally, successful care is indicated by foster families who adequately manage the challenges

associated with fostering, so that care provision does not diminish the psychological well-being of foster family members or the quality of their interpersonal relationships. Goodearle (2006:42) states that successful foster care always ends with a safe child.

Nutt (2006:27) emphasises that foster carers have an ambiguous parent/worker role with the child in their care. Of all the individuals concerned with the child they are the ones most vulnerable to becoming emotionally involved. Guishard-Pine *et al.* (2007:133) support this by stating that it is very difficult not to get emotionally involved with a child that lives with the family. It is the role of the foster carers to love and to lose. Any care involves both labour and love. The author states that: “... *labour and love cannot be analysed separately because of the reciprocal interdependence*”. This means that caring for a child as a job, for example foster care and loving that child as your own, cannot be separated. Children in foster care need a foster carer to make sure they are fed and clothed, but also need them to provide love and understanding too.

- Edelstein, Burge and Waterman (2001a:2) are of the opinion that foster carers are expected to foster a child who has been abused, neglected, emotionally deprived, or who has, at the minimum, suffered significant separations. When a child in foster care needs to move on, foster carers are expected to separate gracefully, in a way that is helpful to the child and not disruptive to the natural parents, adoptive parents or placement agency. Sinclair, Wilson and Gibbs (2005:126) hypothesised that social workers expect foster carers to invest emotionally and physically in children, nurture them and cope with and help them through their behavioural and emotional difficulties. All parents must face loss as they help their child move through childhood to emancipation. However, for the foster parent, the knowledge that full separation is likely to occur before the foster child grows up is a critical issue. Brown and Lisa (2006:1497) state that despite emotions involved, little attention is given to foster carers' emotional experience when a child in their care moves on.

According to Edelstein *et al.* (2001b:5), foster carers are likely to experience a significant grief reaction when faced with the loss of a foster child due to the child being removed from their home. While most people expect to feel severely distressed if someone close to them dies, foster parents are expected not to feel grief after the loss of a foster child due to the child being removed from their home. The authors explain that the foster carer's experience "*disenfranchised grief*". Disenfranchised grief can be explained when someone experiences a significant attachment and then goes through the loss of the attachment. James (2008:375) states that this type of grief becomes disenfranchised when the person cannot openly grieve the loss of the attachment or cannot have the loss confirmed by others. Edelstein *et al.* (2001b:5) assume that a foster parent-child relationship is not strong enough to warrant grief upon its dissolution, or that since the foster parent knew all along that the relationship was temporary, giving the child up should not elicit grief. The foster carer has invested in the child in a multitude of ways and as the child moves on, the foster carer loses the unique relationship that has been formed with that child. Combrinck-Graham and Mcconville (2006:202) are of the opinion that foster carers have an emotional experience both during and at the end of a placement.

According to Sumner-Mayer and Uruhard (as cited in Combrinck-Graham & Mcconville, 2006:202), during the ending of the placement, the foster carers have an emotional experience due to the placement ending, including who initiated the placement ending. Other factors such as the preparation of foster carers by social workers for the ending of a placement, the reasons why a placement is ending, the attachment between the foster carer and foster child, the relationship between the foster carer and the child's birth family, the length of the placement and when foster carers do not have any future contact with the foster child due to being cut off by the birth family, can all contribute to the emotions experienced by foster carers and can make the placement ending harder or easier for a foster carer. From the above research it seems evident that foster carers experience emotions when children in their care leave their home. This study will explore and describe the emotional experience of short-

term foster carers when foster children leave their care. Corby (2006:70) states that short-term foster care can be defined as foster care where a child is expected to return to birth parents and this type of foster care can offer support for families, for example those with disabled children. According to Ambrosino, Hefferman and Shuttlesworth (2011:307), short-term foster care is normally where the duration of care is six months or less.

1.2. MOTIVATION AND PROBLEM FORMULATION

The researcher worked as a social worker in the Fostering and Adoption Team in Dublin, Republic of Ireland, for approximately three years and for the Fostering Team at Oxfordshire City Council, Oxford, England, for approximately one and a half years. In both settings, the researcher became increasingly aware of the experiences and difficulties faced by short-term foster carers when a child who is in their care is either returns home, is placed in long-term foster care or is placed for adoption.

The professional experience of the researcher, as well as her interest in the study, is further encouraged by a survey carried out in Delaware State, USA, where about 30% of the foster carers in Delaware stated that they wished they had been better prepared for the difficulties that arose when a child leaves their homes. Buehler *et al.* (2006:11) state that concerns over sending a child back to a poor care situation have been associated with quitting fostering and reflecting the foster carers' difficulties in dealing with loss.

Buehler *et al.* (2006:3) are of the opinion that the duties of fostering include the following: providing a safe, secure and nurturing environment, meeting physical and mental health care needs, promoting social and emotional development, valuing diversity and supporting a child's cultural needs. In addition to making sure a foster child's physical, emotional, psychological and educational needs are being met, foster carer duties also include having to support permanency plans, managing ambiguity and loss for the foster child and family, managing the demands of fostering on personal and familial well-

being, supporting relationships between children and their families and working as a team member.

Leicestershire County Council (2008) views the role of foster carers as to provide care for a foster child, which involves day to day care. This involves providing love, comfort, listening, patience, food, clothing and warmth. Foster carers need to promote positive health care, which includes taking a child to various hospital and dentist appointments, encouraging a child to exercise and to eat healthy and educating a child about the negative impact of smoking, drinking and using drugs. Foster carers need to provide a positive view of a child's family and background. Even though foster carers may not agree with the child's family, it is still important to encourage contact between foster children and their birth parents. Foster carers need to promote a child's race, ethnicity, culture and religion and need to promote and encourage a child's education. If there is a serious incident or accident involving the foster child, the foster carer needs to inform the social work department immediately and they need to make sure a foster child is safe from any harm while in their care. Foster carers need to keep a foster child's information confidential and to provide any relevant information regarding the child to the court if requested.

Nutt (2006:50) highlights that foster carers feel that getting emotionally involved with a child who is placed for a short-term period carries too much emotional risk for the adults who therefore safeguard their position by considering themselves as "*carers*" and not "*parents*". Foster carers feel that behaving as a foster carer consists of a particular set of self-protecting attitudes and emotions. Many foster carers experience a deep loss when a foster child leaves their home. Fellmeth (2006:385) states that foster children often stay in foster care too long and the foster carers become too emotionally involved with the child.

Foster carers have often had to deal with their ambiguous and often temporary role in children's lives with very little support from social workers. According to Edelstein *et al.* (2001a:2), the strong ties to the children in their care are often underestimated, ignored or misinterpreted by social workers

and could lead to social workers not understanding the impact of loss and separation when a foster child is removed from their care.

Nutt (2006:108) states that for the child in care who in most cases has not been able to experience a secure attachment or an emotional bond with a parent figure, the foster carer is sometimes the only parent the child is able to bond with. The fact of someone 'being there' are crucial to social support. It is by being rooted and attached to someone who is concerned that an individual child finds his own identity through connectedness. However, foster carers are continually reminded that a foster child is not their child and of the importance to keep the emotional distance between them and the foster child. Thus the foster carer's love, via particularistic tie, may sometimes be in conflict with the legitimate role, which is to look after a child for a finite length of time and to let him go when he does move on from the foster home. Gopal (2011:34) supports this and states that developing a secure attachment with the foster child can lead to more stable foster children.

Further research by Nutt (2006:55) suggests that foster carers consider their attitudes and concerns for a foster child to be as anxious and as loving as for their own birth child. In order to cope, foster carers must make continuous changes for and around the foster child. Looking after the child in care has a significant impact upon their time, space and work life, whilst also affecting extended families and social friendships. Foster care shapes carers' individualities. There is an uncertainty around the identity of being a foster carer and being a birth parent, and giving the foster child the same love and attention as birth children can cause problems. Importantly there are complexities around emotional boundaries and the dilemmas of attachment or detachment. Iwaniec (2006:51) supports this by stating that foster carers need to make personal sacrifices for a foster child.

The above-mentioned literature indicates the struggle of the foster carer between emotional investment and maintaining a degree of objectivity. Despite knowing that their role in the child's life is time-limited, many foster carers, in the experience of the researcher and as indicated in the literature, are ill-prepared for the emotional pain of losing a child due to the child being

removed from their home. **The problem for the study can therefore be formulated as follows:** Despite research into exploring and describing the complex role of a foster carer in the life of a child in care, the emotional experiences of short-term foster carers when foster children leave their care are not well understood. Their emotional experience towards the removal of the child from their foster home holds implications for their ability to act effectively as foster parents. When the emotional experience is known, when a child is moved from foster carers and social workers are informed of the emotional experience, they will be better able to support the foster carer and a better service can be provided. It is therefore important for social workers who render services to these foster parents to be aware of their emotional experiences in order to provide the best possible foster environment.

The Gestalt approach forms the theoretical framework of the study. According to Corey (2012:110) the Gestalt approach is to improve awareness of the here-and-now experience.

1.3. RESEARCH QUESTION

According to Strydom and Delport (2005:321), to formulate a research question, vague thoughts are formulated as a specific question about the subject. The research question should be related to the goal, objectives and hypotheses of the investigation. For the purpose of this study the research question can be formulated as follows:

What is the emotional experience of short-term foster carers when foster children leave their care?

1.4. AIM AND OBJECTIVES

Fouché and De Vos (2005:104) state that the term aim: “...*implies the broader, more abstract conception of the end toward which effort or ambition is directed*”. Moule and Goodman (2009:86) support this by stating that the research aim describes the overall purpose of a study and that the research

objectives explain the tasks that need to be completed to meet the aim. The aim of this study is to explore and describe the emotional experience of short-term foster carers when foster children leave their care. The objectives are the steps the researcher needs to take at grassroots and within a specific time span to achieve the aim of the study. The objectives the researcher has set out below are all specific, clear and achievable, which according to Fouché (2005:116), are “...*vital in forming the aim and objectives in a research proposal*”. The objectives of this study are the following:

- To perform a conceptual framework on the topic of the Gestalt approach and foster care, in order to serve as background for the empirical study.
- To conduct an empirical study by means of semi-structured interviews with short-term foster carers with the aim to determine their emotional experience when foster children leave their care.
- To analyse the data by means of a framework suitable for the analysis of qualitative data and to verify it against existing literature.
- To provide conclusions and recommendations to assist social workers to support foster carers in order to provide a better fostering environment.

1.5. RESEARCH APPROACH

The research is qualitative in nature. Qualitative research is concerned with objectively measurable 'facts' or 'events' and the ways that people construct, interpret and give meaning to these experiences. Qualitative research is concerned with the generation of new ideas and insights into previous problems and to enhance knowledge (Mcleod, 2011:12).

The main methods of qualitative research are group discussions and interviews. Qualitative research aims to establish people's attitudes, values, behaviour and beliefs. It attempts to understand people in a way that traditional methods of interviewing people when using questionnaires cannot.

Qualitative research wants to understand the 'why' and 'how' of people's behaviour (May, 2002:199). The researcher made use of the qualitative research method, as the researcher wanted to understand, through interviewing, what the emotional experiences are of foster carers when foster children leave their care.

1.6. TYPE OF RESEARCH

The researcher implemented applied research of a descriptive and exploratory nature in order to achieve the aim of this study. The function of applied research is to offer more practical solutions to an existing problem or to specifically focus on the needs of practitioners or clinicians (Neuman, 2006:25). The researcher made use of applied research to help professionals and foster carers understand the emotional experience foster carers have when foster children leave their care. This will assist social workers to assist and support foster carers more effectively.

The purpose of exploratory research is to gain a better understanding into a situation, phenomenon, community and individual (Fouché & De Vos, 2005:106). The researcher wanted to gain a better understanding of the emotional experience of foster carers when foster children leave their care and will therefore use exploratory research to obtain a clearer picture.

Fouché and De Vos (2005:106) state that: "...*descriptive research presents a picture of the specific details of a situation, social setting or relationship, and focuses on 'how' and 'why' questions*". The descriptive nature of research in a qualitative study refers to a more intensive examination of phenomena and their deeper meanings, thus leading to a more thorough description of the study. The researcher made use of descriptive research for this study in order to describe exactly what foster carers experience when foster children leave their care.

1.7. DESIGN

Creswell (as cited in Fouché, 2005:272) states that a case study is an in-depth analysis (exploration) of a particular case(s) in order to gain a depth of understanding of the issues being investigated. A case study is a research strategy that entails the study of a specific experience or phenomenon within its real-life context, using several sources of evidence (Saunders, Lewis & Thornhill, 2007:592). The researcher made use of a case study in order to explore and describe the experience of short-term foster carers when foster children leave their care.

1.8. RESEARCH METHODOLOGY

The researcher made use of the qualitative research approach in this study as the purpose was to make detailed observations and determine the emotional experiences of the short-term foster carers. In this section the conceptual framework is discussed, together with the universe, sampling and the sampling technique. Furthermore, the data collection methods and the data analysis methods used in this study are explored.

1.8.1. Conceptual framework

A conceptual framework is used in research to outline possible approaches/courses of action and formulating a hypothesis of the possible outcomes of a study (Tashakkori & Teddlie, 2003:2). According to Rubin and Babbie (2009:317), the conceptual framework forms the rationale of the research and needs to be explained together with the reason for the research.

The researcher used literature for the formation of the conceptual framework. The researcher made use of textbooks, articles and journals on the topics of the Gestalt approach and foster care. The research study was conducted from a Gestalt approach. The conceptual framework focused on the Gestalt approach and foster care. Throughout this research the Gestalt approach and

foster care concepts are discussed. The conceptual framework includes a review of the Gestalt approach, its origins and the history of the approach. The meaning of Gestalt was discussed together with the main principles involved in the Gestalt approach. The researcher then looked at foster care and the principles behind foster care, explaining various types of foster care and the duties of short-term foster carers. The explanation of foster carers is continually integrated with the Gestalt approach throughout this study.

1.8.2. Universe, population, sample and sampling technique

The research universe includes all of the people that have some characteristic that the researcher is interested in. The universe must be characterised for each research project and this defined universe becomes the group from which the sample is drawn. The list of all universe elements is sometimes referred to as the sampling frame (Loudon, Stevens, Wrenn & Mansfield, 2005:53). The universe of this study includes all short-term foster carers in South East England, who have had foster children leave their care. The population in this study are short-term foster carers in Oxfordshire, England, who have had foster children leave their care.

Purposive sampling represents a target group or individual who is believed to be “*typical*” of the population being studied (Davies, 2007:57). The researcher used a non-probability purposive sampling technique in this study. To obtain the population to be studied, the researcher requested from social workers who supervised foster carers to identify short-term foster carers on their case load who meet the sample criteria. The researcher then approached the foster carers that were identified by the social workers. The researcher interviewed nine participants and when it was clear that information started repeating itself and the research question was answered, the research reached saturation point.

A sample is a division of measurements taken from a population in which the researcher is interested. In order to understand the population the researcher draws a sample which will then be studied (Strydom, 2005a:194). The sample

was obtained through an existing welfare organisation in Oxfordshire, who work with children and foster carers.

The sample criteria for the foster carers are:

- Short-term foster carers of Oxfordshire that are listed as clients of a specific welfare organisation:
- Short-term foster carers who have been approved foster carers for two or more years. Foster carers who have 2 or more years experience have had more placements and are more experienced in the fostering task and are therefore more able to make a contribution to the study.
- Short-term foster carers who have had foster children removed from their care.
- No distinction was made in terms of the age of the foster child or foster children that have been placed in the past with the foster carer.
- The foster carers are multi-racial, either male or female, with English being either their first or second language.

1.8.3. Data collection

The interview method, which is the predominant mode of data collection in qualitative research, is used to gain an understanding of people's stories about a specific topic. A semi-structured interview is used to gain a more in-depth picture of the participant's beliefs, perceptions and accounts of a particular topic (Greeff, 2005:296). The researcher made use of a semi-structured one-to-one interview to collect data.

During the semi-structured one-to-one interview the researcher made use of a collection of well thought out predetermined questions on an interview schedule (Appendix A). The researcher was guided by the research schedule, but allowed participants to expand and explore on questions asked. Greeff (2005:269) states that the interviewer can allow participants to further explore a question, before moving on to the next question.

As a semi-structured interview could last for a considerable amount of time and can be intense and involved (Greeff, 2005:297), the researcher met the participant in a comfortable setting on a one-to-one basis. The researcher found out beforehand if the participants preferred meeting at the social work office or in the comfort of their own home. All participants preferred meeting in the comfort of their own home. Meeting with the participants on a face-to-face basis allowed the interview to be more personal and enabled the researcher to receive verbal and non-verbal feedback. The interview lasted around one and a half to two hours, depending on how much information the participants gave. The interviews were based on the interview schedule in accordance to the literature review and ensured repeatability and consistency (Appendix A). The interview schedule was reviewed by the manager and supervising social workers to increase validity.

Information was gathered using semi-structured interviews and recorded by using a tape recorder. The researcher obtained consent from the participants to participate in the research and additionally the participants agreed that the interviews could be recorded (Appendix B). There are certain advantages in using audio recording. The researcher could concentrate on questioning and listening while the interview was conducted, questions could be accurately recorded for use in later interviews when appropriate. It also gave the researcher the opportunity to listen to the interview again (Saunders, Lewis & Thornhill, 2007:334). Before conducting the interview, the researcher made sure that the participant knew exactly what the interview was all about. The researcher made sure that the participants knew what their role and purpose was in the interview and that if they did not wish to go ahead they could inform the researcher immediately and withdraw from the research process. This was extensively explained in the research overview provided to participants and supervising social workers (Appendix B).

During the interview the researcher observed the participants' body language and non-verbal communication patterns when asking questions. Immediately after every interview the researcher wrote down field notes on the interview, which gave the researcher a chance to write down any observations made

during the interview. Field and Morse (as cited in Greeff, 2005:298) indicate important points when writing down field notes. These points include the following: writing the field notes immediately after the interview; not discussing the observation with other people before writing it down; writing the field notes in a quiet place with no distractions; setting aside enough time to complete the field notes; writing down the events in the order they happened and writing down the conversations and events the way the researcher can remember them. The researcher used the field notes in the study by writing notes after interviewing the participants so that the information which was given during the interview could be remembered correctly. The researcher did not discuss the interviews with anyone.

Teddlie and Yu (2007:87) view saturation of information as the point where similar information starts repeating itself with no new information gained. The number of participants depended on the information gathered during the interview. When the researcher reached the saturation of information and the same information was repeated, the researcher came to a point where no new information was learned and no further interviews were necessary. The researcher interviewed nine participants in total. Interviews were tape recorded and transcribed as typed notes, which allowed the researcher to view any similar themes, topics and information. This part of the research process is discussed under data analysis.

1.8.4. Data analysis

Data analysis is the systematic arrangement of information into meaningful patterns. The term data means information of fact and figures from which conclusions can be inferred. Analysis refers to the dissection of a whole into its component parts for the specific purpose of ascertaining its nature (Aneshensel, 2002:2). Creswell (1998:142) sees the process of data analysis as a spiral image, namely the data analysis spiral. Although there are nine steps in Creswell's spiral, the researcher will only discuss the steps applicable to this study.

- Data collection and preliminary analysis

De Vos (2005:335-336) sees data analysis as a twofold approach. Firstly, the researcher analysed the data at the research site during data collection and secondly the researcher analysed the data away from the site. The preliminary analysis was done during and shortly after the interviews and Krysik and Finn (2010:125) the preliminary analysis includes thoughts regarding the meaning of the data, potential concepts and themes. Furthermore, the data was analysed away from the site at the researcher's residence.

The researcher started analysing data when interviewing the participants, and additionally analysed the data away from the site. The first part of analysing the data is very basic and consisted of the researcher analysing the participants' body language, tone of voice and other non-verbal responses. At a later stage the data is analysed more in-depth by listening to the interviews and making additional notes. Analysing the data on site and away from the site gave the researcher a better understanding of what the emotional experience of foster carers is when children leave their care. The onsite analysis allowed the researcher to add finer details about the foster carers' feelings and emotional experience.

- Managing or organising data

The first step in data analysis away from the site is organising the data (Creswell, as cited in De Vos, 2005:336). The researcher made use of a tape recorder when interviewing the participants and all the interviews were transcribed. According to Singh (2007:85), the transcription of the raw data forms the basis of good data analysis. The transcription notes were typed on a computer and finally it was saved in computer files. Backup copies of all the data were made by the researcher to prevent any loss of data.

- Reading and writing memos

Creswell (as cited in De Vos, 2005:337) and Lindlof and Taylor (2011:377) state the importance of reading through notes several times to get a sense of the interview as a whole before breaking it into parts. The researcher read

through field notes several times and this with the non-verbal observations gave the researcher a sense of the interviews and the researcher become familiar with the data.

- Generating categories, themes and patterns

Creswell (as cited in De Vos, 2005:338) views classifying as taking the information apart and looking for categories, themes or dimensions of the information. Spaulding and Voegtle (2010:185) state that the goal of data analysis is to identify themes from the raw data. The researcher took the data collected and searched for and identified similar themes and ideas relating to the emotional experience that foster carers had when foster children leave their care. Six themes and sub-themes were derived from the data analysis process and are discussed in detail in Chapter Three.

- Coding the data

Coding data is used to mark categories and themes and may take many forms, for example, abbreviation of key words, coloured dots or numbers (De Vos, 2005:338). According to Holloway and Wheeler (2010:179), coding of data is the method used to identify themes. The researcher used coding to categorise themes and sub-themes by making use of abbreviation of key words.

The themes and sub-themes that were identified are the following:

Summary of Themes

<p>Theme 1: The general emotions of foster carers when children leave their care.</p>	<p><i>Sub-theme 1.1:</i> Emotions of loss and grief experienced by foster carers when foster children leave their care.</p> <p><i>Sub-theme 1.2:</i> Guilt feelings of foster carers when a foster child moves on from their care.</p> <p><i>Sub-theme 1.3:</i> The emotion of love foster carers have for children in their care.</p>
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<p>Theme 2: The difficulty fosters carers experience to cope when a child leaves their care.</p>	<p><i>Sub-theme 2.1:</i> Requesting another placement as a way of coping.</p> <p><i>Sub-theme 2.2:</i> Other ways of coping that foster carers use when a child leaves their care.</p>
<p>Theme 3: The experience of contact with a foster child when the child has moved on.</p>	<p><i>Sub-theme 3.1:</i> Ways of making contact with a foster child.</p> <p><i>Sub-theme 3.2:</i> Emotions of foster carers when there is no future contact.</p>
<p>Theme 4: Concerns that foster carers have when a foster child leaves their care.</p>	<p><i>Sub-theme 4.1:</i> Concerns of foster carers when foster children are placed for adoption.</p> <p><i>Sub-theme 4.2:</i> Concerns of foster carers when foster children are placed back home.</p>
<p>Theme 5: The support experienced when a foster child moves on.</p>	<p><i>Sub-theme 5.1:</i> The importance of formal support networks.</p> <p><i>Sub-theme 5.2:</i> The support that foster carers need from social workers.</p>
<p>Theme 6: The foster carers' own children's emotional experience when children in care leave their care.</p>	<p><i>Sub-theme 6.1:</i> The emotions of foster carers' own children and extended family.</p> <p><i>Sub-theme 6.2:</i> The importance of the role that foster carers' own children play within the fostering role.</p>

- Testing emergent understandings

Testing emergent understandings implies searching through the data and challenging understandings, searching through negative occurrence of patterns and integrating these into larger concepts, as necessary (De Vos,

2005:338). Kealoha (2006:71) states that testing emergent understandings involves testing the data and understanding the participant's response correctly. Firstly, the researcher determined how useful and relevant the data was in exploring the research topic and, secondly, the researcher determined how the data supported the study.

- Searching for alternative explanations

According to Klenke (2008:68), searching for alternative explanations also means looking at the data from a different perspective. The researcher searched for alternative explanations from the data that could support the research study. Explanations of data were made to the backdrop of a literature control. These explanations were then identified and described and the researcher showed why the proposed explanation is the most plausible.

1.9. ETHICAL ASPECTS

Ethics is a system of fundamental principles or values accepted by an individual or group. In research these ethical standards form guidelines which must be followed by the researcher when working with the participants in a particular research project (Strydom, 2005b:57). According to Hofstee (2006:210), ethical constraints are introduced to protect the individuals from harm in any way during data collection. The following ethical aspects that were applicable to the research study are discussed.

1.9.1. Avoidance of harm

Strydom (2005b:58) suggests that participants could be harmed in a physical and/or emotional manner. The researcher had an ethical obligation to protect participants against any form of physical discomfort that may arise from the research project. Mertens and Ginsberg (2009:605) are of the opinion that: *"...every person must be treated with dignity and respect and that the avoidance of harm must be the primary principle."* Emotional harm to participants is often more difficult to predict and determine, but often has far-reaching consequences for participants. To avoid any harm the researcher

informed all participants beforehand of the research overview and of the purpose of the study, explaining to them what impact the investigation may have on them (Appendix B). This allowed the participants to withdraw from the process if they did not wish to go ahead.

1.9.2. Informed consent

The researcher gained informed consent from the welfare organisation that is responsible for and works with the participants as clients. The researcher did this by approaching her manager and asking permission and then her manager approached her head of department who gave verbal consent that the research could be conducted. The researcher obtained informed consent by making sure that all the participants received sufficient information on the goal of the investigation, the procedures which were followed during the investigation, the possible advantages, disadvantages and dangers to which participants may be exposed during the research (Hofstee, 2006:211). The participants gave their consent before the interviews were conducted. The consent letter for participants can be found in Appendix B. This allowed all participants to make a decision whether or not they would like to participate in the research (Strydom, 2005b:60). The researcher wrote a research overview and consent form explaining to participants what the research was about, which the participants read through and signed if they agreed to participate in the study (Appendix B).

1.9.3. Deception of participants

Corey, Corey and Callanan (as cited in Strydom, 2005b:60) are of the opinion that deception involves withholding information or giving participants inaccurate information in order to guarantee their participation, when they would have otherwise refused to participate. This is confirmed by Elmes, Kantowitz and Roediger (2011:87) who state that participants should not be deceived and if harm is a possibility, the participants should be made aware of it as soon as possible. The researcher ensured that all participants clearly understood and that they were fully informed of the aim of the study and of

what was expected of them (Appendix B). No information was withheld from participants.

1.9.4. Violation of privacy/anonymity/confidentiality

Privacy indicates a person's personal privacy, while confidentiality is defined as managing all information in a confidential manner. The privacy of participants can be violated and therefore there was no hidden apparatus such as video cameras, one-way mirrors and microphones used during the interviews (Strydom, 2005b:61). The participants had a chance to read through the written consent form and sign it if they agreed to the use of the tape recorder during the interview (Appendix B). To ensure the confidentiality and anonymity of the participants the researcher referred to participants as participant one, participant two and so forth without using their real names.

1.9.5. Actions and competence of researcher

The researcher needs to be capable and sufficiently skilled to undertake the research (Strydom, 2005b:63). Furthermore, Shakoor (2009:133) states that competence of researchers means that they have expertise in the area of research. The researcher prepared for the research conducted by reading various articles on current research available on the topic. This helped the researcher to be prepared and capable and sufficiently skilled to undertake the research. Under the guidance of a supervisor the researcher made sure that she thoroughly studied the research topic. The researcher read recent research papers on other research studies in order to further her knowledge on the research process.

1.9.6. Release or publications on findings

The findings of the research are released in written format. The report is written as clearly as possible, containing all information necessary for readers to understand what is written. It was the researcher's ethical obligation to

ensure that at all times the investigation proceeded accurately and that no one was deceived by the findings (Strydom, 2005b:65).

The researcher made sure that the final written report is precise, objective, understandable and unambiguous and that it contains all the essential information. The researcher ensured that all due recognition is given to sources consulted and acknowledged authors used in the report. The researcher admits all shortcomings and errors.

1.9.7. Debriefing of participants

Judd, Smith and Kidder (as cited in Strydom, 2005b:66) are of the opinion that the researcher can assist participants and minimise harm by offering debriefing sessions, during which participants will get the opportunity to work through experiences and their consequences. Jackson (2009:48) states that debriefing of the participants is necessary in all research studies. The researcher offered debriefing sessions directly after the interview and discussed with the participants their feelings about the research. There was, however, no debriefing necessary for any of the participants.

1.9.8. Trustworthiness

According to De Vos (2005:345), trustworthiness is a crucial element in both qualitative and quantitative research. Lincoln and Guba (as cited in De Vos, 2005:345) indicate four concepts that are used to accurately indicate the trustworthiness of the qualitative paradigm. These four concepts are transferability, dependability, credibility and confirmability and were used to ensure the trustworthiness of this study. According to Lee Viar (2007:49), these concepts can be defined as follows:

- **Credibility:** A study's credibility is often connected to the concept of "truth value" and occurs when the research closely relates to the experience. All the interviews were fully transcribed and the researcher

read through the transcriptions and notes on the interviews several times to establish the true experience of the foster carer.

- **Dependability:** when a study meets the auditability criteria set against that study. It can be defined as the process when the researcher provides a clear process that can be followed to the conclusions and the findings of the study. A clear research methodology was followed and was set out in Chapter One. This enabled the researcher to follow a clear process for this study.
- **Transferability:** is when detailed descriptions and quotations are used from the research participants, which allows the readers to draw their own conclusions from the study. The researcher used direct quotations and descriptions from the interviews which are presented in the different themes of this study.
- **Confirmability:** is when the data, findings, interpretations, and recommendations are internally consistent so that the conclusions may be accepted. In this study the dissertation sets out the data, findings and recommendations which are consistent with each other.

The researcher ensured trustworthiness by asking the foster carers a question and then repeating the foster carers' answers to the foster carers to make sure that the researcher understood exactly what the foster carers said and that the correct information was written down. This procedure was followed throughout the interview with all the interview questions.

1.10 DEFINITIONS OF KEY CONCEPTS

For the purpose of this study, the following terms are defined.

1.10.1 Foster care

Frost (2004:156) suggests that foster care is the care provided either on temporary or on a permanent basis at a foster carer's home through the mediation of a recognised authority. The care provider could be a stranger

carer or relative foster carer. Plionis (2007:264) defines foster care as the 24-hour substitute care for children outside their homes. Foster care settings can be in a foster family home, a relative foster care home, group homes, emergency shelters, residential facilities, childcare institutions and pre-adoptive homes. For the purpose of this study the researcher defines foster care as the temporary care that is provided by foster carers in Oxfordshire for children who are not able to live with their own families.

1.10.2 Foster carers

Jewell and Blackmore (2004:152) define foster carers as people in the community who offer their homes to care for children on a temporary or permanent basis, with training and support offered by the local authority. The Oxford Dictionary of Law (2006:239) describes a foster carer as a person who is looking after a foster child. Foster carers do not have parental responsibility of a foster child, unless legal steps are taken to get parental responsibility. All foster carers are subject to legal controls and a foster child is placed with them by a local authority. For the purpose of this research the researcher will view foster carers as short-term carers in Oxfordshire who have been fostering for two or more years and have had the experience of children in care moving on to either long-term fostering, adoption or returning home to their own families.

1.10.3 Foster child

According to Posner (2007:108), a foster child can be defined as any child placed by judgement, decree, an authorised placement agency or a court. Furthermore, adoption can be defined as actively and legally taking on a parental role to a non-biological child or passively being taken in by non-biological parents (Jackson, 2005:xiii). The Oxford Dictionary of Law (2006:239) describes a foster child as a child that is cared for by somebody other than its natural or adopted parents or by a person having parental responsibility. Children who are in foster care remain with foster carers until they are reunited with their parents, or until their parents voluntarily consent to

their adoption by another family, or until the court involuntarily terminates the parental right of their parents, which allows another family to adopt them. This means that the parental rights of the parents of children in foster care may or may not be terminated and these children may or may not be legally available for adoption.

A foster child is a child who is placed by a government agency or a court and is in care of foster carers. According to Dannerbeck (2005:199-213), the reasons why children are removed from their home may be because of parental abuse or neglect. There are times when biological parents place their children in care voluntarily. For the purpose of this study the researcher views a foster child as a child who is placed in short-term foster care and who is either going back home, being placed for adoption or being placed in long-term foster care placement.

1.10.4 Short-term fostering

Frost (2004:139) sees short-term fostering as a type of care that could last from a few days to a few weeks. Hindle and Shulman, (2008:101) state that the term “*short-term*” fostering can sometimes be misleading as some short-term foster carers may provide care for a child over several years while family finders search for an adoptive family or while legal proceedings continue.

Children are placed in short-term care for various reasons, for example as pre-adoption babies, when parents are placed in hospital and there is no other family to look after them, for a passing crisis in a family or for assessment purposes. Buchanan (2005:17) is of the opinion that since most foster children return home to their families within a short period, short-term foster carers provide a temporary home whilst maintaining as much normality for the foster child as possible. Short-term fostering is about trying to provide stability and security for children in the midst of considerable disruption and uncertainty. For the purpose of this research short-term foster carers are carers that provide short-term care, from a few weeks to a few years, before children are placed for adoption, or for long-term fostering, or return home.

1.11. LAYOUT OF CHAPTERS

In Chapter 1 an introduction to this study is presented of the emotional experience of foster carers in Oxfordshire when foster children leave their care. This chapter outlines the motivation, problem formulation, the research question, aims and objectives of the study, the research approach and type of research, the research methodology, ethical aspects and definitions of key concepts.

In Chapter 2 the conceptual framework focuses on the Gestalt approach and foster care to determine the emotional experience of short-term foster carers when foster children leave their care. Foster care, types of foster care and reasons for foster care are also discussed.

Chapter 3 is the empirical chapter where findings of interviews are reproduced and the data is presented. The different themes and sub-themes that were derived from the interviews are extensively discussed. Findings are controlled with relevant literature.

In Chapter 4 a brief overview of the research process and the conclusions and recommendations for each of the themes and sub-themes are discussed.

1.12 SUMMARY

In this chapter the researcher discusses the motivation and the problem formulation of the research. The research question, aims and objectives, research approach, type of research and design of the research are explored and discussed. This chapter also explores the research methodology, including the conceptual framework, universe and sampling technique. This is followed by an examination of the ethical aspects of the study. The various ways of data collection, data analysis and the key concepts (foster care, foster carers, foster child and short-term fostering) are also explored. The researcher looked at the reason why children come into care, the reasons people foster and the emotional involvement of foster carers in fostering. The

researcher looked at what research says regarding the emotional experience of foster carers and how foster carers are affected by fostering a child.

The researcher has identified that when foster children leave the care of short-term foster carers they have an emotional experience. It is the goal of this study to explore the emotional experience that foster carers encounter.

Chapter 2 covers the conceptual framework used in this study and focuses firstly on the Gestalt approach and secondly on foster care. The conceptual framework serves as a basis for the empirical study. Firstly, in the Gestalt approach the researcher discusses the following concepts: phenomenology, field theory, dialogue, contact and resistance to contact, figure and ground, awareness, holism, organismic self-regulation, here and now and, finally, unfinished business. Following from that, the researcher focuses on foster care, its principles and definitions. Furthermore, the reasons why foster children come into care and the different types of foster care are discussed. Finally, the reasons why children move from foster care are examined.

CHAPTER 2

CONCEPTUAL FRAMEWORK OF THE GESTALT APPROACH AND FOSTER CARE

2.1. INTRODUCTION

According to Riley (as cited in De Vos, 2005:34), research normally starts with a conceptual framework, which is a set of ideas about the research that the researcher will use to decide what questions to ask and the way in which empirical procedures are used to find answers to the questions. The conceptual framework focused on the Gestalt approach and foster carers. The Gestalt approach forms the theoretical framework of the research that will be discussed as part of the conceptual framework.

Firstly, the researcher will look at the Gestalt approach, how it originated and where it all began, followed by a discussion of the founders of the Gestalt approach and the history regarding the approach. The meaning of Gestalt is examined and lastly the discussion focuses on the various principles of the Gestalt approach.

After this discussion of the Gestalt approach, the researcher discusses foster care and looks into the meaning of foster care. The researcher then considers the various types of foster care, including short-term, temporary, long-term and permanent foster care. The various tasks of short-term foster carers are discussed, as well as the reasons why children come into foster care. Lastly, the researcher discusses the reasons why children in care leave short-term foster care.

2.2. THE GESTALT APPROACH

In this section the Gestalt approach, its origins and meaning and the different Gestalt concepts are discussed.

2.2.1 Historical development of the Gestalt approach

According to Corey (2009:198), the late Frederick (Fritz) Perls was the founder and developer of the Gestalt approach. Initially he studied and later practiced as a neuropsychiatrist, but became more and more interested in psychology. While training and practicing as a psychoanalyst the work of Max Wertheimer, Wolfgang Kohler and Kurt Koffka influenced his way of thinking as they all believed that the psychological framework of humans was made up from a whole, rather than collections of small parts. Another great influence in his ideas was the work of Kurt Goldstein, whose theory of holism and conceptualisation on figure-ground formations supports the main focus of Gestalt theory and therapy. Chan, Berven and Thomas (2004:98) state that the focus of the Gestalt approach is on present experiences and awareness of self.

Chan, Berven and Thomas (2004:99) state that from 1947 until his death in 1970 Fritz Perls lived in the United States of America. It was during this time that the Gestalt approach earned recognition as a new psychotherapy. It was after the Second World War and a period that people were seeking understanding of meaning and values for their lives. Carl Rogers and Abraham Maslow were important contributors to this movement. The growth of the Gestalt approach was also facilitated by the overall presence of psychotherapy as well as psychology as an academic discipline in the United States after World War II (Sommers-Flanagan & Sommers-Flanagan 2004:99).

2.2.2 The Gestalt approach

Masquelier and Cojean (2006:9) state that “*Gestalt is a German word and comes from the verb Gestalten which means to give form or structure to.*” The Gestalt approach focuses on making contact, how to make contact with ourselves, with others and with the environment. Corey (2009:198) views the Gestalt approach as an “*...existential, phenomenological, and process-based approach*” which was formed and understood with an individual’s ongoing

relationship with the environment. He further summarises the Gestalt approach as the gaining awareness of experiences, and how it is done is the focus of this therapy. As a person becomes aware, change automatically takes place. This is a phenomenological approach because it focuses on a person's perceptions of reality. It is existential because it is rooted in the perception that people are in the process of rediscovering themselves. The Gestalt approach as an existential approach gives attention to how persons experience their existence and the capacity of a person to grow and heal through interpersonal contact and insight. The Gestalt approach focuses on the here-and-now; what and how and the I/Thou of relating.

As mentioned before, the main goal of the Gestalt approach is to gain awareness and only when persons become aware can they make the choices needed. Other goals, however, include the following:

- Taking ownership of one's own experiences.
- Developing skills in order to meet one's needs.
- Developing an increased awareness of one's senses.
- Accepting and owning the responsibility and the consequences ones deeds may have.
- Relying on internal supports rather than internal support

(Gregoire & Jungers, 2007:188).

The objective of the Gestalt approach is therefore to gain awareness of the here-and-now and taking responsibility and ownership of one's own experiences, developing new skills and accepting ownership of the consequences your deeds may have. In the study the researcher used the Gestalt approach as a theoretical framework and the empirical findings were then integrated and interpreted from a Gestalt approach.

2.2.3 Gestalt principles

There are various principles in the Gestalt approach and the researcher will explain these principles in this section.

2.2.3.1 Phenomenology

Corey (2009:108) states that phenomenology can be understood as understanding the first person's point of view rather than relying on interpretation or meaning by others. A person will describe what he or she is experiencing without anyone analyzing or interpreting it. According to Corsini, Wedding and Dumont (2010:366), phenomenology is the reality established in the relationship between the observed and the observer. They further state that reality is therefore interpreted.

2.2.3.2 Field Theory

Swanson and Holton (2009:79) assert that in field theory the opinion of a person's field surrounds and interlinks with other people's fields and this makes up the social field. Through this the organisation in the individual can be studied and the whole organisation can be known.

Fall, Holden and Marquis (2004:219) see Lewin's field theory as a "*phenomenological holistic theory*", where the field exists in the here-and-now and acts as the interaction between the person and the environment. The field consists of the ground and the phenomenologically perceived information, while the figure consists of the part of the ground that comes from the person, which the person often experiences as a need. When a figure appears from the ground, a person will use energy to fulfil that need and move on to the next need that needs fulfilment. This "*need fulfilment process*" forms the basis for the Gestalt approach to the "*developing human being*".

Corey (2009:201) puts forward the view that the Gestalt approach is based on the field theory. This means that the person must be present in the

environment or the “*context*” as part of the ever changing field. In the Gestalt approach everything is “*relational, in flux, interrelated, and in process.*”

2.2.3.3 Dialogue

According to Yontef (1993:126), the relationship between the therapist and client is of utmost importance in the Gestalt approach. Existential dialogue is an important part in the Gestalt approach methodology and is an indication of the existential perspective on relationship. Contact forms out of relationship and people develop identities through contact. Yontef (1993:126) states that: “*Contact is the experience of boundary between “me” and “not me.”* This means that a client would have an experience interacting with the “*not me*” while keeping up a self-identity which is not part of the “*not-me*”. According to Martin Burber (in Crocker, 2005:72; Friedman, 2002), a person (“I”) only has value or meaning in relation to other people, in the I-Thou dialogue or in the I-It manipulative contact. A Gestalt therapist would rather experience the client in dialogue than using therapeutic manipulation (I-It) (Yontef, 1993:126).

Through the Gestalt approach clients will develop their own support. In the Gestalt approach a client is never manipulated to reach a specific therapeutic goal, but a therapist rather engages with a client in dialogue, through caring and warm acceptance. Through this dialogue a therapist sees and experiences the client as the true self shares the awareness of the client (Yontef, 1993:126). There are four characteristics of dialogue in the Gestalt approach, which are the following (Yontef, 1993:127; Bowman, 2005:12):

- **Inclusion:** Understanding as much as possible what the client is experiencing without judging, analysing or interpreting, while still keeping a sense of identity. In an environment of inclusion clients will experience a safe environment in which to explore their feelings and emotions.
- **Presence:** The Gestalt therapist is patient and shares observations, feeling, thoughts and personal experiences. The therapist helps the

client to become more aware and the clients feel more able to trust the therapist.

- Commitment to dialogue: Through the interaction between two people, contact is established. A Gestalt therapist will allow contact to happen and not manipulate or control the outcome.
- Dialogue is lived: Dialogue can be through song, words, dancing or anything that moves energy between two or more people. Through Gestalt therapy a client is given an opportunity to express feeling and emotions through these nonverbal expressions.

According to Sapp (2009:168), inclusion is substituting one in the experience of another without assessing the experience, but still keeping self-awareness. He further states that inclusion offers a safe environment for phenomenological work and the individual self-awareness. The Gestalt approach differs from the psychoanalytic approach where the Gestalt therapist would communicate with the patient. The Gestalt approach uses phenomenological treatment to direct the client to develop trust and awareness with the existential process. Contact can be defined as the interaction between two people and it is not influenced or interrupted. This leads to commitment to dialogue, where dialogue happens naturally rather than being discussed, limited only by ethical considerations and suitability and what is considered as dialogue is lived.

2.2.3.4 *Contact and resistance to contact*

Corey (2009:204) sees contact in the Gestalt approach as vital for change and growth to take place. We make contact by seeing, hearing, smelling, touching and moving. To adequately make contact a person needs to interact with the environment and with other people without losing one's sense of self. A person needs to be fully aware, full of energy and to be able to express oneself for effective contact to take place. After contact has been made, persons will usually withdraw to take in and make part of themselves what has been learned. There are usually two functions of the boundaries, which are to

connect and to separate. Making contact and withdrawal are both important in healthy daily operating. Resistance to contact arises as a coping mechanism but usually hinders a person from fully experiencing the present. Resistance comes from our awareness and when this functions in a chronic way, it can contribute to dysfunctional behaviour. Ginger (2007:36) states that resistance mechanisms are very frequent and are unconscious most of the time. There are usually positive and negative qualities associated with resistance to contact.

According to Mann (2010:71), good contact is the ability to be completely aware of oneself. He further states that these include our sensing, intellectual, sexual, spiritual, behavioural and emotional being, and that it is not something that can be demanded by an act of will. He explains that to be in good contact a person needs to have an open attitude and a consciousness about one's ability for resistance. The way we make contact with the world is through tasting, smelling, feeling, sound, gestures, language, movement and seeing. However, the Gestalt approach has an emphasis on contact, which can lead to misinterpretations and reduce resistance. Contact and resistance are on the same scale and both can assist one. One is always in contact but we can change our degree of contact by creative adjustment. However, resistance is self-supporting and needs to be viewed in the context of one's position. According to Corey (2009:204-205), and Fromme (2011:226-227) the four different kinds of contact boundary disturbances that interrupt the cycle of experience are the following.

- Introjection: Taking on other beliefs or standards without discriminating or assimilating it. Introjected values and behaviours are imposed on oneself.
- Projection: Disowning certain aspects of oneself and assigning it to the environment. Those characteristics of a personality that are contradictory to the self-image are disowned and put onto other people, which means blaming others for the problems one is experiencing.

People, who projected as pattern, do not take any responsibility and usually blame their circumstances for problems they are experiencing.

- Retroflection: Doing to others what one would like them to do to oneself and doing to oneself what one would like to do to others. Fear of embarrassment, guilt and resentment are factors that stop people who use retroflection to take action. These are people who injure themselves out of fear in directing their anger and pain towards others.
- Deflection: Using humour, over generalisation, usually avoid conflict, do not get angry quickly and believe that all people have the same feelings and thoughts that they have.

2.2.3.5 Figure and Ground

A person sees the environment as a whole unit and responds to the whole of what is seen (The Gestalt Center of Gainesville, Inc., 2009). The figure appears in the foreground and that which is not the focus is the background. Together the figure and background make up the Gestalt. There is a natural, spontaneous flow between the forming and destroying of the figure in a healthy functioning person. A person's history is his background. If a person is experiencing disturbances in the background, it needs to become foreground in order for the person to deal with it. Mann (2010:11) asserts that in every figure-ground formation, new figures are formed continuously and the person is an active participant.

2.2.3.6 Awareness

Coombs and Howatt (2005:105) state that "*Awareness is achieved by exploring current behaviours, feelings and thoughts*". Sharf (2011:241) further states that the general goal of the Gestalt approach is to establish an awareness of self, others and the environment that brings developments and integration to a person. According to Joyce and Sills (2009:31), awareness can be broadly defined as the non-verbal knowing or sensing of what is occurring in the here and now. It is generally positive and a vital quality for a

first-class life. Awareness is the integration of energy and growth during contact involving choice, creativity and self-knowledge.

Perls (1969) mentions that there are three zones of awareness: inner zone, outer zone and the middle zone. He further states that awareness is holistic and that the zones are interrelated. Joyce and Sills (2009:34) explain that the inner zone of awareness includes the emotions and other occurrences such as muscular tension, relaxation, heartbeat and breathing and visceral sensations. The outer zone is the awareness of contact with the outside world and includes speech, one's behaviour and actions. These contact functions also include hearing, seeing, tasting, smelling, touching and moving.

According to Coombs and Howatt (2005:105), and Jones-Smith (2011:279) the five layers of awareness are the following:

1. **Phony:** Not responding to others in a genuine manner and being stereotypical in one's response.
2. **Phobic:** Not taking responsibility for one's actions and avoiding examining oneself.
3. **Impasse:** Not progressing to the next level of mature growth.
4. **Implusive:** Getting in touch with one's true self by examining one's existing defence mechanisms.
5. **Explosive:** To let go of fake roles and pretences.

2.2.3.7 Holism

The word Gestalt is from German origin and means a whole, which is a form that cannot be separated into parts without losing its meaning. Gestalt focuses on the person as a whole, which takes into account the person's thoughts, feelings, behaviour, body, memories and dreams and is rooted in such holism (Corey, 2009:201).

The principal idea of holism is that the organism is a self-regulating entity. Perls (1969) saw the Gestalt approach, organismic theory, field theory and holism as a unity. According to Corsini and Wedding (2010:344), the Gestalt

approach under the umbrella of Gestalt psychology integrates the various influences of life. Tan (2011:158) further states that the Gestalt approach focuses on the whole individual and the whole is more than the sum of its parts. Therefore, any experiences under the Gestalt approach cannot be seen as more important than another. Feelings, thoughts, bodily sensations, experiences and dreams should all be considered to be equal.

Perls (1969) stated that holism means that all facets of a person are connected and that there are intimate connections between a person and things that are outside a person, such as family, community and the world. According to Perls (1969), all parts of an individual respond as one. The psychological, physiological, spiritual and mental parts of a person are inseparable and are connected to external forces (Neukrug, 2011:188,189).

2.2.3.8 Organismic self-regulation

Clemmens (2005:5) states that “*Organismic self-regulation in Gestalt therapy is the process of recognising what is most useful to us in any situation and choosing to act or not to act on it*”. Persons organise their experiences into meaningful wholes or figures, which lead us to the experiences that are most useful to us.

Blom (2006:23) is of the opinion that during the process of self-regulation a person maintains his or her balance under different circumstances. It requires identifying what one senses, feels, emotionally observes, needs, wants and believes and owning it. This is a process in which a person satisfies his or her needs both within and from the environment. The environment continuously creates new needs. New needs create discomforts until a person finds a way to satisfy them which allows him or her to grow. A person can have physical, emotional, social, spiritual and intellectual needs. A person experiences discomfort until a specific need is satisfied and balance restored.

The Gestalt approach assumes that individuals are self-regulating and they are therefore capable of solving their own problems. Jones-Smith (2011:262)

is of the opinion that organismic self-regulation symbolises our creative adjustment to our surroundings. She further states that our balance with the environment is unhinged by different sensations and needs. Therefore organismic behaviour is purposeful and goal orientated. We organise our fields according to the principle and figure situation. Once a need becomes specific and comes to the forefront of our environment it becomes figural. Once the needs are met, the next need comes to our attention. Jones-Smith (2011:262) asserts that in healthy organismic self-regulation we are aware of these changing needs and that it helps us to be in contact with what is happening in person-field environment. This means that when good contact is established with our surroundings we are connected to our experience associated to the field. Yontef and Jacobs (2000:342) maintain that when this does not occur and our figure is disturbed, contact and awareness is distressed, which can lead to maladaptive behaviour

There are several different ways in which self-regulation can occur. According to Blom (2006:24-25), self-regulation can take place externally or internally. Internal regulation is a characteristic of an individual, which occurs spontaneously and is specifically aimed at satisfying organismic needs. External regulation interferes with the process of internal regulation and causes the spontaneous process of Gestalt formation to be lost. This causes the individual no longer to function as a holistic whole. Internal regulation is a spontaneous process, and every person has his or her own internal regulation which is unique to that individual. External regulation is enforced on a person from outside, which delays the Gestalt completion.

2.2.3.9 *Here and Now*

Gestalt therapy's main focus of awareness of behavioural and emotional experiences which occur in the present is seen as very important to the client's interaction with the world and the process of healing (Yontef & Jacobs, 2000). The focus is always on the present, the here-and-now and not on the past or the future. When clients focus on past problems or future anxiety it

prevents them from dealing with the present; this is known as unfinished business.

In the Gestalt approach the view is that humans can feel whole when they experience life in the here and now, which is best accomplished through awareness (Sue & Sue, 2008:152-153). The goal of the Gestalt approach is to help the clients gain awareness of their behaviour in the present and the way this behaviour impacts them and to gain an understanding of the way the behaviour interacts. This allows a client to interact in a more genuine way and to be efficient in the present and this is accomplished emotionally rather than intellectually.

2.2.3.10 *Unfinished business*

According to Chan, Berven and Thomas (2004:102-103), unfinished business is feelings of the past that have not been dealt with. Unfinished business is feelings that are not expressed, needs and other important events that have not been met and which are important to a person. A person's unfinished business often dominates the person's attention and awareness and makes it difficult for the person to attend to present life needs.

In the Gestalt approach the idea of unfinished business is the desire to complete the incomplete. This is clearly summed up by Perls (1969:15) who states that our life is a series number of unfinished and incomplete Gestalts. This is confirmed by Mann (2010:65) who states that the Gestalt approach focuses on closing these incomplete Gestalts. Mann (2010:57) also states that these incomplete Gestalts can vary from the minor to more important events. Occasionally it is not possible or it is inappropriate to conclude unfinished business. These unfinished businesses without resolution therefore mount up and cause psychological suffering or even physical sickness. Unfinished business that stays unresolved forms fixed Gestalts where withdrawal is avoided, awareness is stopped and psychological space is blocked and these practices can become routine, further complicated if supported by culture.

Sharf (2011:251) states that the notion of unfinished business can also be used to test how the past affects the present. These past feelings that were unexpressed are handled in the present and are feelings or memories that are still with one, including feelings like guilt, loss, grief, anger and fear. Unfinished business can take various forms and can lead to an obsession with sex or money. Therefore the idea is to work through unfinished business and finishing a Gestalt, which will result in a completion of a worry, anxiety, loss or grief.

2.3 FOSTER CARE

In this section the researcher will discuss the foster carer and look into the different kinds of foster care in England, the tasks and duties of foster carers and the reasons why children come into care and why they move on from short-term foster care. Since 2006 the researcher has lived in England and worked as supervising social worker in the Fostering Department with various foster carers, hence the reason why the research was conducted in England.

2.3.1 Understanding foster care

The definition of foster care according to Kliegman (2006:121), “... *is providing protection for children outside their own homes because of homelessness, parental inability to care for a child, parental substance abuse or child neglect or sexual or emotional abuse*”. Care is often needed for months or years, depending on the severity of the vulnerable parents (Sadock, Kaplan & Sadock, 2007:1333). The child would usually be placed with people or foster carers who act as substitute parents in one of the following settings: family foster home, a relative foster home, group homes, emergency shelters, residential facilities and childcare institutions (Plionis, 2007:264).

Through these various definitions it is clear that the foster carer makes contact with a foster child and becomes aware of the child’s situation. According to Webb and Drisko (2011:242), foster children experience unfinished business

which sometimes consists of anger and sadness that are caused by abuse, unfair treatment or an experience of loss. It is the role of the foster carer with the assistance of the social worker to help the foster children to deal with these issues by not judging or analyzing their parents or situations. Sinclair, Wilson and Gibbs (2005:26) state that the social workers mentioned six main reasons why a foster placement was successful or satisfactory. The reasons are the following:

- Culture of the foster carer. The social worker wanted a child to be placed with foster carers who have the same ethnicity, culture and language.
- The foster carer's skills and experience with working with specific kinds of children, teenagers, babies, disabled children and traumatised children.
- The social worker viewed the willingness of the foster carers to work with the care plan of a child as important, which meant that they had to work with the birth parents and foster carers who were supporting the plan of preparation for adoption of a child.
- The family characteristics of the foster family, for example would the foster child need to share a bedroom, would it be best for the fostered child to be on his or her own in a foster family or placed with other children and whether the foster carer would be at home during the day and not in other employment.
- The geographical location of the foster carer, which would allow the child to continue to go to his school, or where they would be able to see the birth parents regularly.
- The choice made by foster children of where they would like to be placed and the commitment of the foster carer. Children have identified placements with relatives, friends of previous foster carers or foster carers who provided short-term care for them. When a child has formed an attachment to or a bond with a short-term carer this could lead to a permanent placement for the child.

2.3.2 Reasons why children come into care

There are various reasons why children come into care (Wulczyn, Hislop & Harden, 2002:63). Some parents or guardians are experiencing difficulties and are not able to care for their child or children. They will usually voluntarily agree that their child or children go into care. These parents or guardians may ask for temporary help because of difficulties, for example illness, marital or relationship problems or parent/child relationships that are experiencing difficulties or strain, while they may not have the support of close family or friends. A parent may request specialised care for a child who has a mental or physical disability or emotional or behavioural problems and the family is struggling to deal with the behaviour or disability. According to British Columbia (2009), some children or young people may find themselves in trouble with the law and their families feel unable to cope with their behaviour, and the courts may decide that such children need to be placed away from their families.

The Cambridge County Council's Foster Carers Handbook (2007:5-7) states that most children are in care because of the neglect, physical, sexual or emotional abuse they suffered from their parents or guardians and they need protection from them. Wulczyn, Hislop and Harden (2002:454-475) state that children are typically taken into care after considerable allegations of abuse or neglect. These children usually come into care by court order, as their parents are not willing to voluntarily agree for them to be cared for. These days most children are in care as a result of a voluntary agreement between the Child Services Department and their parents and a few of them are in care because of court proceedings. According to British Columbia (2009), children can be in care for a few weeks, a few months or for a few years. The majority of children will find it very difficult to separate from their birth families, no matter how severe the situation is at home. They will need encouragement, support and at times professional help to heal and grow. Children in care will not forget their own family and should be given the opportunity to stay in touch with them.

2.3.3 Different types of care

There are different types of both short-term care or temporary care and long-term care or permanent care. The researcher will discuss the following types of care in more detail:

- Short-term foster care
- Long-term foster care
- Emergency foster care
- Respite foster care
- Adoption

2.3.3.1 *Short-term foster care*

Short-term foster carers provide care for a child for a few days up to a few months. These placements are used when the anticipation is that children are likely to return to their parents, or for pre-adoption babies, when a parent has to go into hospital and there is no one else to take care of the child or children, for a crisis faced by a family, for assessment purposes, or it can also be used as a respite placement, especially for children with disabilities (Frost, 2005:139).

The term “*short-term*” fostering can sometimes be misleading as some short-term foster carers may provide care for a child over several years while family finders search for an adoptive family or while legal proceedings continue. If children remain in one short-term foster placement for a length of time, they are likely to develop strong attachments to the foster family and prefer to stay where they are and therefore could resent or fear future adopters. Other children will be moved from one short-term foster placement to the next and these children will experience loss, confusion and discontinuity. They may protect themselves with idealised expectations of a future adoptive family which are unrealistic, which an adoptive family may be unable to live up to

(Hindle & Shulman, 2008:101). The foster carer differs from most adoptive parents in the following ways:

- Foster carers generally accept that children that are going to be fostered by them will be troubled children.
- They accept that they will need the input and assistance from social workers and mental health professionals.
- They do not see the foster child as a replacement for a baby born to their family.
- Whereas an adopter longs to make a child his or her own, foster carers are more able to take on the full implications of a child's past experiences.
- Foster carers can help a child to make the transition from birth family into care.
- Many short-term carers are able to have a good relationship with the child's birth parents and will help a child to understand and make sense of the difficulties the birth parents are experiencing.

(Hindle & Shulman, 2008:101)

A successful short-term placement is one where a child was placed with carers and it lasted until the child moved back home, was placed in long-term fostering or for adoption. Other ways of determining whether a short-term placement was successful was the child's well-being, meeting rehabilitation goals, the satisfaction of both foster carers and birth parents, the maintenance of good contact arrangements with birth parents, ongoing social work support for short-term foster carers, careful planning of placements and clear agreements of the responsibilities of all parties involved in the child's life (Corby, 2006:70).

Hindle and Shulman (2008:101) assert that through the definition of short-term foster care it is clear that, as this is usually the first place a foster child will go when placed in care, foster carers need to accept that they will need help from social workers and mental health professionals. Therefore a foster carer

needs to see the child as a whole and assist the child to make sense of the difficulties the birth parents are experiencing. According to Wilson and James (2007:503), the short-term foster carers' tasks and duties are temporary and they provide care for a child or children in their family setting where a child is able to grow mentally, emotionally, physically, educationally, spiritually and culturally. This care can last anything from a few weeks up to two years.

Hindle and Shulman (2008:101) state that babies who have been in a loving short-term foster family for a few months and are then adopted will enter their adoption family with a personality affected by the quality of the early attachment of these short-term foster carers. This may cause them to be scared and to experience loss from their first carers, and adopters will have to provide more expert parenting than an ordinary good parent can provide. Ashford, LeCroy and Lortie (2009:265) support this, stating that care in the early years needs to be consistent and continuous.

Barth, Courtney, Berrick and Albert (2010:193) state that foster care is difficult work and that support is always welcome. Hindle and Shulman (2008:101) mention that foster carers, even experienced foster carers, have difficulty and struggle with their task of caring for children who have been traumatised, even with the support of social workers and mental health professionals there to help them. It is an extremely difficult task for foster carers to help children who have suffered extreme abuse and neglect and to assist them in learning new ways of relating to people and form trusting and secure attachments with people around them.

The tasks of short-term foster carer include the following (Lambeth Council, 2009 & Foster care, Department of Health and Community Services, Northern Territory, 2006):

- To provide a safe, stable and caring home, for children in care which will help them with their physical, social and emotional development.

- To respect the confidentiality of the child in care and his or her birth family and to help the child understand the need for information sharing and boundaries of sharing confidential information with other people.
- To help foster children understand the reasons why they are in care and assist them in dealing with and expressing their feelings about this.
- To support the contact a child has with his or her birth family.
- To encourage children to take part in the involvement in activities of their religion and cultural beliefs.
- To provide guidance, boundaries and a good example for a child in care as this will assist a child in learning appropriate behaviour.
- To encourage a child to go to school, to help the child with school work and activities and to attend various school meetings.
- To accompany a foster child to all regular or special medical, optical and dental appointments.
- To be able to work as a team with social workers and other professionals and to contribute to the plans, reviews and case conferences and to share information with other professionals when necessary.
- To seek any help or assistance when the child's behaviour is of such a nature that it becomes very difficult handle or deal with.
- To keep records and confidential information locked away in a safe place.
- To listen to a child and to help him or her to make decisions.
- Short-term foster carers need to be resilient and adaptable, which will help them to overcome any setback and to try again.
- To keep a record of any behaviour difficulties or strange behaviour and to inform the child's social worker of this behaviour.
- Short-term foster carers need to attend regular training and support groups.
- The short-term foster carer needs to keep all school records, achievement records and photographs of the child in care and give it to the child's social worker when the child returns home, moves to another foster carer or is placed for adoption.

- The short-term foster carer needs to encourage and support the foster child to participate in school activities, leisure time activities, community activities and his or her own hobbies.
- To notify the child's social worker of any changes in the family composition, of any holidays or other travel plans, of any serious illnesses, if the foster child has been taken up in hospital and any accidents with either the foster child or any child in the care of the foster carer.
- The foster carer needs to help prepare the child in care when he or she moves to another foster family and help them deal with any loss or separation they are experiencing.
- The foster carer needs to respect the final decision of the court or social work agency if that decision is in the best interest of the child.

The focus of this study is on short-term foster carers but to clearly understand the different foster carers, the researcher explained and defined what the rest involved, to give a clear picture of fostering as a whole.

2.3.3.2 Long-term foster care

Frost (2005:139-140) asserts that long-term fostering is fostering that usually lasts from two years up until a child reaches adulthood. The numbers of children in foster care have become increasingly more and when it does become clear that their birth parents are not able or not willing to look after their children, social work agencies will usually look into the long-term goals for a child which would either be to find an adoptive home or to place a child with long-term foster carers.

According to O'Halloran (2009:62), when it seems that a child in care will not be able to successfully bond with an adoptive family, a long-term foster family will usually be the placement of choice. In many of these cases, the children are usually older, have been placed in many different foster homes, or where a child has many siblings, where a child has complex health or special needs

or where a child is from a minority cultural background. In some cases a child in care has a very close relationship with his or her birth family and the social service department wants to maintain that relationship. In this scenario a long-term foster family, where open ended contact arrangement can be arranged with a child's birth family, is a better placement for a child than being placed with adopters. The courts may rule in favour of a long-term foster family for a child when the child has a close relationship and regular contact with his birth family and adoption is inappropriate seeing that the child is a secure family member of both the foster family and his birth family.

O'Halloran (2009:62) further mentions that there are also times when a child has been placed with short-term foster carers and this placement has been very successful, that any change or move could threaten the welfare and interest of the child that these carers will or could become long-term foster carers or adopters to the child. Schofield and Ward (2011:60) support this by stating that long-term care is extremely important for children to develop consistency, attachments and permanence. They state that for about a third of children foster care is not temporary, but a long-term arrangement.

The disadvantages of long-term foster care are the following:

- There is an intrusion of social workers and other professionals in the foster child's life. When a child is placed in long-term care, social workers and other professionals will be involved in the foster child's life until the age of at least eighteen years.
- A drift can happen with a child who moves from one placement to another and a breakdown is more likely to happen.
- There is no permanence with long-term foster care.
- When a child gets older his or her self-image is very important and things like having a different surname from his or her foster family can be difficult for a child.
- Children could re-enact the abuse they had suffered, with other foster children.

- Long-term foster placements are more likely to break down than an adoption placement will.

(O`Halloran, 2006:65)

A child who moves to long-term foster carers and has had many short-term placements will be more likely to be involved in placement breakdown and cause abuse on other foster children (O`Halloran, 2006:65). An individual can be helped to resolve these unfinished Gestalts by talking to the person he or she has the unfinished business with (Blom, 2006:145).

2.3.3.3 *Emergency foster care*

When a child needs to be removed immediately from his or her family home because of an extreme or dangerous situation or when there is no one to take care of them an emergency foster family will be notified and will usually take children on very short notice, while another short-term placement is being looked for. Emergency foster families are specialists in taking children at very short notice. These children who come into emergency care will usually be traumatised by the dangerous or abusive situation they were removed from, so that they would need specialised and intensive help (Gil & Briere, 2011:112). The duration of emergency care should not be longer than six weeks, which will allow social workers to look for a short-term or long-term placement or for the children to return back home (Social Welfare Department, 2009). As emergency care is a very short-term care arrangement, foster carers may not have the time to help children deal with many of their issues and a foster carer could feel that this is only temporary and may not want to get involved at all (Rodger, Cummings & Leschied, 2006:1133). The following reasons are given by the Child Welfare Manual (2007) why children are placed in emergency foster care:

- Children are in danger of severe harm or injury if they were to stay at their family home.

- A relative placement is being looked into but an emergency placement is needed while police checks and background checks are being carried out on the relatives.
- The only available foster carer is an emergency foster home.
- The out-of-home placement the child was in has been disrupted or broken down or is in crisis and an alternative emergency placement is needed.

2.3.3.4 *Respite foster care*

Foster Care Victoria (2008) distinguishes the following types of respite:

- Respite for a child or children’s birth families. This respite care is usually used to avoid a family breakdown and is usually for one weekend a month or a week during the school holidays. The child or children get a break from a stressful or difficult situation in their family homes. Respite can also be used when a parent suffers from a mental illness, for example schizophrenia or clinical depression and children need care for short periods.
- Respite for a full-time carer. This allows the foster carers to spend some time with their own family, to have a break from a challenging foster child or to go on a holiday. The respite could be on a regular basis, when the foster carer requests it, or when the foster carer is experiencing an especially stressful or difficult time personally or with the foster child. This allows the foster child to spend some time on his or her own and to have a break from other children in the foster family.

Respite should be planned in advance for a child or foster carers (Stretch, 2007:46) and should not be seen as weakness on the part of the foster carer or the foster carers giving up on a child in their care. Respite care can be arranged with another carer or a relative of the foster carer, after a police check is done. This could provide a foster child with a “*normal*” way of staying overnight with (extended family) (Guishard-Pine *et. al.*, 2007:1532007:153).

According to Stretch (2007:46), respite can often also provide a break for a family who have a child or young person with learning difficulties and / or disabilities. This can give both family and child or young person a well-needed break. Respite care overall is viewed as being very positive for the foster carer, birth family and child/children. It allows everyone to take a break or to recharge, especially where the situation is very stressful or at crisis point.

2.3.3.5 Adoption

Adoption is the legal process whereby a child or children, who are unable to live with their birth families and are not able to return home to live with them in the future, become full and permanent members of a new family. Adoptive parents will take on the full responsibility of a child once an adoption order has been made. The adoptive family will help an adoptive child with a sense of belonging and security and the child will take on his new family's surname. All legal ties which the child has with his birth family will end. The birth family is unable to take the child or children back once a court order has been made (City of York Council, 2009).

Adoptions are arranged through adoption services. The process of adoption could last from six months to a year, which gives a social worker a thorough view of the prospective adopters. Once an assessment is done, the courts will make it legal, if they are satisfied that the adopters will serve the best interests of the child (Islington Council, 2009).

The terminology of "*birth mother and father*" is used to describe the parents who give birth to the child or children, and "*adoptive parents*" is the term used to describe the parents adopting or raising the child (Pavao, 2005:5). Many different kinds of adoption are mentioned:

- Infant adoption is the adoption of a baby. Usually birth parents voluntarily put their baby up for adoption if they do not feel able to care for him or her.

- Foster-adoption is the adoption of a child or children who can no longer live with the birth family due to severe neglect or abuse suffered from his or her birth parents.
- International or trans-racial adoption is the adoption of an infant or young child who was born in a different country or has a different race than his adoptive parents.
- Kinship adoption is the adoption of a child by the grandparents. Usually the clarification of roles in this adoption is very important as the grandparents take on the parenting role and the mother takes on the role of “*sister*” or “*aunt*”.

Adoption is often centred on the crisis of adults, and children are adopted because of an untimely pregnancy, the removal of a child due to abuse or neglect, infertility or the desire to increase one’s family through adoption. The trauma to a child or baby and what happens in the process that ends in adoption, is not often thought of (Pavao, 2005:5).

According to Newman and Newman (2011:455), an adopter usually wants to expand or start a family and because of various reasons decides to adopt a child. Moe (2007:271) states that when adopting a child who has been in care, there are many issues or unfinished business that can arise when a child has been adopted.

2.3.4 The reasons why children move from short-term foster care

A large number of children are placed with temporary carers while a more appropriate or long-term placement is being sought for them. There are, however, concerns about the length of time a child is in short-term or temporary care while a permanent placement is being sought for him. When a baby or young child experiences any delay in permanence by being placed with temporary or short-term carers, it can cause a negative impact on them. Early permanent placement has a lower risk of future problems in a child (Ward, Munro & Dearden, 2006:20). According to Sinclair *et. al.*, (2005:32),

when a child leaves short-term care the child would usually go to one of the following placements:

- A plan for the child to return home after the rehabilitation of the parents. Usually in these circumstances the plan is for the child to return home within six months time.
- Other long-term or permanent placement which includes long-term fostering or adoption. The average age for children who are adopted without contact is 2.9 years; for children who are adopted with contact it is 4.6 years and for children who are placed with long-term foster carers the average age is 9.3 years.
- Independent living, if a child was 15 years or older, which means within hostels, supported lodgings and in flats.

The reasons why a child moves from a short-term foster carer can also be difficult for the carer, and it is important for the foster carers to be aware of feelings of loss when a child moves on from their care (Thomson, McArthur, Layton-Thomson & Evans 2007:46). It is important for them to speak with their social worker and to discuss any issues regarding the child who stayed with them during the time or any past feeling that the foster carers may experience.

The aim of this study is therefore to explore and describe the emotional experience of short-term foster carers when foster children leave their care.

2.4 SUMMARY

In Chapter 2 the conceptual framework of the Gestalt approach and foster care are discussed. The history and meaning of the Gestalt approach are discussed and explored. There are various Gestalt principles in the Gestalt approach and the researcher briefly described the following principles: Contact; Figure and Ground; Awareness; Holism; Organic Self-regulation; Here-and-Now; Unfinished Business and Phenomenology. The reason why

the researcher described all these principles was to explain the meaning before linking it with the concepts of foster carers, foster children and adopters.

This is followed by an explanation of foster care and the main reasons why children enter care. The different types of foster care as discussed with a more in-depth focus on short-term foster care. The duties and tasks of foster carers were looked at as well as the reasons why children enter the care system and the reasons why they move on from short-term foster care. As adoption is closely linked to foster care, it is also discussed.

The next chapter, Chapter 3, deals with the findings and literature control of this study. The research methodology, including the research approach, universe, sampling, data collection and data analysis are also discussed. The findings are then explored and explained in the themes and sub-themes that were identified in the study.

CHAPTER 3

EMPIRICAL FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

In this chapter, the researcher discusses and considers the findings of her study. Interviews were used to collect data from participants in the study. The data was then analysed, categorised and structured into themes to better answer the research question. The research methodology will be briefly discussed before the various themes and subthemes of the study are discussed. In total six themes were identified from the data collection. The research was also subjected to literature control.

3.2 RESEARCH METHODOLOGY

This section, will describe the research process and the way the research question was formulated. It will further explain the research approach and research strategy used in this study. A discussion on the universe and sampling will then follow. Finally, the data collection method and data analysis are examined and discussed.

3.2.1 Research process

A short summary of the research process is given in this section. As a supervising social worker in both Dublin, Republic of Ireland, and Oxford, England, the researcher had the opportunity to work with various foster carers. Through this work, the researcher saw the difficulty foster carers experience when children move on from their homes. The researcher found it interesting that so much research is done with foster children and the loss and grief they experience, but that very little is done on the emotional experience of foster carers. This led to the research topic and research question. The research can be beneficial to improve support systems, criteria selection and frameworks for foster carers. Social workers can benefit from the research in

the ways they approach and support foster carers who experience loss and grief.

The study was conducted with short-term foster carers to determine how it affects them when foster children in their care returns home, is placed with adoptive parents or placed with a long-term foster carer. For the purpose of this study, the research question is formulated as follows:

What is the emotional experience of short-term foster carers when foster children leave their care?

Chapter 2 consists of a conceptual framework. In this chapter, the researcher looked at the Gestalt approach and foster carer. In the Gestalt approach the origin of Gestalt, the meaning of Gestalt and the various concepts of Gestalt were discussed. The researcher then discussed foster carers by giving a definition of foster care, the reasons why children come into care, different types of foster care, tasks and duties of foster carers and reasons why children move on from short-term foster care. The conceptual framework gave the researcher a better understanding of what the Gestalt approach and foster care entails and was used as the basis of the empirical study. In addition, the conceptual framework assisted the researcher with background information for interviewing the short-term foster carers.

3.2.2 Research approach

A qualitative research approach was used in order to obtain data to answer the research question. The researcher used semi-structured interviews to interview nine participants, after which data saturation was achieved, to establish the emotional experience of foster carers when foster children leave their care.

3.2.3 Universe, population and sample

The research proposal was presented to the Manager and Director of Social Services in the Oxfordshire County Council for ethical approval and the researcher received approval to proceed during September 2008 with her research and interview the foster carers of Oxfordshire County Council.

A non-probability purposive sampling technique was used where the sample was obtained through an existing welfare organisation in Oxfordshire, England, working with children in foster care. The universe of this study included all short-term foster carers in South West England who have had foster children leave their care. The population in this study are short-term foster carers in Oxfordshire, England, who have had foster children leave their care. The sample criteria for the foster carers were:

- Short-term foster carers of Oxfordshire that are listed as clients of a specific welfare organisation:
- Short-term foster carers who have been approved foster carers for two or more years.
- Short-term foster carers who have had foster children removed from their care.
- No distinction is made in terms of the age of the foster child or foster children that were placed with the foster carer in the past.
- The foster carers are multi-racial, either male or female, with English being either their first or second language.

To obtain the population studied, the researcher requested names of short-term foster carers who met the sample criteria from social workers who have been supervising foster carers on their caseload. The foster carers who were identified by the social workers and matched the sample criteria were then approached.

3.2.4 Data collection

Foster carers who indicated that they would like to participate in the research were contacted by phone and an appointment was made to see them in the comfort of their own homes. All participants had the choice of being interviewed at home or in the social work office and all of them chose to be interviewed in the comfort of their homes. Nine foster carers were interviewed according to an interview schedule until the saturation of data was achieved. Saturation of data was reached when specific themes emerged and data started repeating itself. The repetition of themes was identified during the semi-structured interviews. According to Munhall and Chenail (2008:38), no new information can be gained if repetition and redundancy occur in the data that were gathered from a group or an individual.

Face to face, semi-structured interviews were used for the collection of data. An interview schedule was used to ensure that the semi-structured interviews were consistent and repeatable. The interview schedule was derived from the research literature in Chapter 2 and can be found in Appendix A. Semi-structured interviews were used in order to increase the researcher's understanding of the research topic. The participants were asked mostly open ended questions which allowed the researcher to further explore the research topic.

At the beginning of each interview, the research process was explained to the participant. In addition, the participant's role and the researcher's role in the interview were also explained. All ethical aspects were explained to the participants and they all signed a consent form (Appendix B). The consent form stated that they understood the process and agreed to be interviewed and to be part of the research. The participants were also informed of the tape recorder and that the interview was being recorded.

All the interviews were conducted face-to-face in a quiet setting at the participant's home, as this is where they all chose for the interview to be conducted. The interviews were then recorded by tape recorder. This

allowed the researcher to focus on the questions and the interview process. Open-ended questions were used as this allows the participants to explain experiences and emotions in more detail. All the participants in the study were asked identical questions, but the order of questions varied to keep the flow of the interviews. Interview lengths were all between one and a half and two hours.

3.2.5 Data analysis and organising

De Vos (2005:335-336) sees data analysis as a twofold approach. Firstly, the researcher analyses the data at the research site during data collection. Secondly, the researcher analyses the data away from the site. Therefore the researcher started analysing data while interviewing the participant. This was a very basic way of analysing in which the participant's body language was observed. Brief notes or field notes were made during the interview process.

Secondly, the data was analysed away from the site. A tape recorder was used to record the interviews, which were then digitally saved and backed-up to prevent any loss of data. All the interviews were then fully transcribed. Creswell (as cited in De Vos, 2005:337) states that after transcription it is important to read through the transcription notes several times to get a sense of the interview as a whole before breaking it into parts. The researcher listened to the interviews, read through the field notes and read the transcriptions several times. This resulted in a full understanding of the information collected and allowed the researcher to become more familiar with the collected data.

The transcription notes were then analysed in order to identify developing themes and ideas relating to the emotional experience that foster carers have when foster children leave their care. The researcher then coded the data to generate themes and sub-themes by making use of abbreviations of key words. Next, the researcher determined how useful the data was by exploring the research topic and by determining how data can answer the research question.

Themes and sub-themes, which are supported by the literature, are discussed in this study. As a theoretical framework, the Gestalt framework is linked throughout the discussion of the themes and sub-themes and is also used as part of the literature control.

The following table presents all the participants in the study, their gender and year's of experience as a foster carers.

Table 3.1 Participant Information Table

Participants	Gender	Years a Foster Carer
Participant 1	Female	10 years
Participant 2	Female	3 years
Participant 3	Female	24 half years
Participant 4	Female	35 years
Participant 5	Female	10 years
Participant 6	Female	10 years
Participant 7 and 8	Female and Male (couple)	8 years
Participant 9	Female	15 years

The researcher interviewed nine participants; however, participant nine did not feel that she fits into the research as she is only a respite carer. A respite carer is a foster carer who offers care for a child who lives with another foster carer. The respite is usually for the foster family and usually occurs one weekend a month or during a holiday break when the foster carers need to spend some time with their own family (Kent Social Services, 2011).

This foster carer did however state that she provided short-term care for a mother and baby placement and that the foster carer and her family became very attached to the baby. When the placement broke down, they missed the baby terribly, which indicates an emotional experience. The researcher felt that the foster carer gave important information because of the loss she had

experienced when a foster child moved on and therefore she was included as one of the participants of the study. The following section discusses the main themes and sub-themes identified from the data collection.

3.3 RESULTS IDENTIFIED FROM THE STUDY

In table 3.2 a summary of the main themes and sub-themes identified from the data collection is presented with an indication of the relevant section and subsection where they are discussed.

Table 3.2 Summary of Themes

<p>Theme 1: The general emotions of foster carers when children leave their care. (3.3.1)</p>	<p><i>Sub-theme 1.1:</i> Emotions of loss and grief experienced by foster carers when foster children leave their care. (3.3.1.1)</p> <p><i>Sub-theme 1.2:</i> Guilt feelings of foster carers when a foster child moves on from their care. (3.3.1.2)</p> <p><i>Sub-theme 1.3:</i> The emotion of love foster carers have for children in their care. (3.3.1.3)</p>
<p>Theme 2: The difficulty fosters carers experience to cope when a child leaves their care. (3.3.2)</p>	<p><i>Sub-theme 2.1:</i> Requesting another placement as a way of coping. (3.3.2.1)</p> <p><i>Sub-theme 2.2:</i> Other ways of coping that foster carers use when a child leaves their care. (3.3.2.2)</p>
<p>Theme 3: The experience of contact with a foster child when the child has moved on. (3.3.3)</p>	<p><i>Sub-theme 3.1:</i> Ways of making contact with a foster child. (3.3.3.1)</p> <p><i>Sub-theme 3.2:</i> Emotions of foster carers when there is no future contact. (3.3.3.2)</p>
<p>Theme 4: Concerns that foster carers</p>	<p><i>Sub-theme 4.1:</i> Concerns of foster</p>

have when a foster child leaves their care. (3.3.4)	carers when foster children are placed for adoption. (3.3.4.1) <i>Sub-theme 4.2:</i> Concerns of foster carers when foster children are placed back home. (3.3.4.2)
Theme 5: The support experienced when a foster child moves on. (3.3.5)	<i>Sub-theme 5.1:</i> The importance of formal support networks. (3.3.5.1) <i>Sub-theme 5.2:</i> The support that foster carers need from social workers. (3.3.5.2)
Theme 6: The foster carers' own children's emotional experience when children in care leave their care. (3.3.6)	<i>Sub-theme 6.1:</i> The emotions of foster carers' own children and extended family. (3.3.6.1) <i>Sub-theme 6.2:</i> The importance of the role that foster carers' own children play within the fostering role. (3.3.6.2)

All the themes and sub themes will be discussed in relation to the Gestalt approach as the theoretical framework of this study. In order to improve insight and understanding into the discussion, direct quotes from the transcriptions are added.

3.3.1 Theme 1: The general emotions of foster carers when children leave their care

Under the theme “*The general emotions of foster carers when children move on*” three sub-themes are discussed. Firstly, the emotions of loss and grief experienced by foster carers when foster children move on are discussed. Secondly, the guilt feelings of foster carers when a foster child moves on from their care are discussed and lastly sub-theme three, which is the emotion of love that foster carers have for children in their care.

3.3.1.1 Sub-theme 1.1 Emotions of loss and grief experienced by foster carers when foster children leave their care

This section explains the emotions of loss and grief that foster carers experience when foster children move on. The table lists quotes from the participants regarding the emotions of loss and grief.

Table 3.3 Emotions of loss and grief experienced by foster carers when foster children leave their care

Theme 1: The general emotions of foster carers when children move on	
<u>Sub-theme 1.1</u>	
Emotions of loss and grief experienced by foster carers when foster children leave their care	<p><i>“...felt quiet <u>bereaved</u> afterwards and that there is a <u>bereavement process</u>”</i></p> <p><i>“...big hole and <u>loss</u>”</i></p> <p><i>“...for myself there is certainly a <u>sense of loss</u>”</i></p> <p><i>“I do recognise there’s been a period of <u>grief</u> over I would say, 99% of the placement”</i></p> <p><i>“I just spend a few minutes feeling that tears were coming and I just felt this enormous <u>sense of loss</u>”</i></p> <p><i>“It is a <u>loss</u>, definitely a <u>loss</u>”</i></p> <p><i>“...for about two weeks I was <u>pretty depressed</u>.”</i></p> <p><i>“...she was with me until she was one year old and then she was adopted and I <u>struggled</u> a lot with that.”</i></p> <p><i>“...but then <u>we would miss them</u> and then you begin to think, perhaps if I handled it this way or that way”.</i></p>

Nine foster carers stated that the emotions they experienced when a foster child moved on were feelings of loss and grief. They stated that they felt “*bereaved*”, “*loss*”, “*struggle*” and “*pretty depressed*” which indicates emotions resulting from strong attachments to the foster child. One of the foster carers mentions “*bereavement*” which would be similar to losing a loved one. One of the foster carers initially felt “*relief*” when the children in her care moved on to another foster home, as this was a very challenging placement. However, after a while they missed the children, as stated by the foster carer: “*...but then we would miss them and then you begin to think, perhaps if I handled it this way or that way*”. Through these statements, the researcher could see that although initially a foster carer may feel relief that challenging foster children have moved on, after a while they do feel loss and even guilt.

Foster carers will possibly experience a significant grief reaction of loss when a foster child moves on (Edelstein, Burge & Waterman, 2001a:5). Nutt (2006:27) states that foster carers have a mixed parent and worker role with the foster child in their care. The foster carer is the most vulnerable to become emotionally involved with the foster child out of all the professional people involved in foster care. Due to the sensitivity and personal nature of foster care, foster carers find it hard not to get emotionally involved with children in their care. Often the time frame involved in looking after children in care can stretch from a few weeks up to two years and occasionally even longer. The time frame children are looked after also has an enormous impact on foster carers, and obviously the longer the time frame the stronger the emotional attachment that will be formed. Foster carers are expected to love and to lose and foster care involves both labour and love. However, keeping the two actions labour and love separate is complicated. According to Lynch (as cited in Nutt, 2006:27), “*...solitary labour explains that labour and love cannot be analysed separately because of the reciprocal interdependence*”. This quote indicates that foster carers cannot distinguish or separate their emotions towards a biological child and a foster child.

A further complicating factor is that foster carers often need to deal with very little support from social workers. The bond between foster carer and foster child is often underestimated, misunderstood or ignored by social workers and can result in social workers not understanding the loss and grief experienced by foster carers (Edelstein *et al.*, 2001b:2). What is loss and grief? Weinstein (2007:2) describes loss as any separation from someone or something which causes an impact on the physical or emotional status of oneself. The emotional state of loss is a wider response than death and the occurrence of loss can be more or less severe depending on several other important variables.

Bereavement can be defined as the response to a loss. It is a central part of the human experience and occurs in different and all cultures. Grief is described as a psychological reaction and manifestation of bereavement. Mourning is the expression of a group and occurs in a social context, deriving its attributes from cultural, religious and historical norms (Weinstein, 2007:3). According to Thase and Lang (2006:25), when working with loss, death and bereavement the usual response in dealing with loss is to work through the following stages of loss in any order with recurring starts and stops:

- Shock, numbness, disbelief, incomprehension
- Weeping, suffering the rawness of deep, fresh pain
- Anger at the world, at oneself, at God.
- Guilt: Ask yourself what you could have done; blame yourself for what you should have done.
- Bargaining “*If only it could have been ...if only I have done that.*”
- Repay the loss and doubt yourself.
- Depression, despair
- Acceptance: Life has to go on despite profound loss, although anniversaries of renewed tears are normal
- Adaptation

According to Boss (2004:551-556), the loss of a foster child can be mentally visualised as a form of ambiguous loss and it is hard to identify if the lost person or foster child is still part of the family. The ambiguity exists in foster families and is hard to determine, as there is no death. It is also seen as an ambiguous fostering role where foster carers are seen as fundamentally important in the care of a child, but are not part of or are not seen as a professional member of the team. The foster carers take on the role of parent when a foster child is in their care and form attachments to the foster child and experience loss and grief when a child moves on. The feelings of loss were amplified when foster children moved on suddenly or when the foster carer was in disagreement with a decision. The feeling of loss also occurred when foster carers needed to transfer the care to someone else. The feelings of loss further deteriorate when foster carers are not allowed to know the current state of welfare of the foster child after they have moved on. The confidentiality procedure did not make sense to these foster carers after caring for a child. Thomson *et al.* (2007:46) added that foster carers mentioned that their hearts were “*broken*” after a child moved on, as they had formed an attachment with the child.

According to Corey (2009:200), in the Gestalt approach, important awareness processes and goals, which are based on the here and now experience, are self-acceptance, knowledge of the environment, responsibility for choices, and the ability to make contact with the field and the people in it. It is being aware of what a person is thinking, feeling and doing in the here and now. In the above-mentioned section the foster carers are experiencing awareness of their feelings and emotions in the here and now of the loss and bereavement when a foster child moves on.

Contact in the Gestalt approach is vital for change and growth to take place. We make contact by seeing, hearing, smelling, touching and moving. To adequately make contact a person needs to interact with the environment and with other people without losing one’s sense of self. A person needs to be fully aware, full of energy and be able to express oneself for effective contact to take place. After contact has been made persons will usually withdraw to take in and make part of themselves what has been learned. There are

usually two functions of the boundaries, which are to connect and to separate. Making contact and withdrawal are both important in healthy daily operating. Resistance to contact arises as a coping mechanism but usually hinders a person from fully experiencing the present. Resistance comes from our awareness and when this functions in a chronic way, can contribute to dysfunctional behaviour. There are usually positive and negative qualities associated with resistance to contact (Corey 2009:204). Foster carers are also making contact with themselves in that they understand that they are experiencing loss and grief when a child moves on from their care.

3.3.1.2 Sub-theme 1.2: Guilt feelings of foster carers when a foster child moves on from their care

This sub-theme deals with the guilt that foster carers feel when a foster child moves from their care. The table shows examples of the guilt emotions experienced by foster carers when foster children leave their care.

Table 3.4 Guilt feelings of foster carers when a foster child moves on from their care

Theme 1: The general emotions of foster carers when children move on	
Sub-theme 1.2	
Guilt feelings of foster carers when a foster child moves their care.	<p><i>“The other two stayed with us for four months and I really felt <u>guilty</u> when they went because we were just absolutely exhausted...”</i></p> <p><i>“It was the <u>guilt</u> with not being able to cope with the siblings...”</i></p>

Three foster carers stated that they felt guilt feelings when a placement broke down. They stated that they “*felt guilty*” and “*really felt guilty when they left*”. Through these statements the researcher was made aware that there was a lot of guilt involved when a foster child moves on, either when the placement breaks down or when the child moves on to another placement. These

feelings contribute to feelings of loss as foster carers feel that they could have done things differently.

It can clearly be seen from the interviews that foster carers form an expectation of themselves to deal with most placements, even challenging placements. When placements break down, guilt is felt as they expected themselves to cope adequately with the situation. Guilt is also experienced when placements went well as foster carers felt that they could have done better. Foster carers deal with this in a variety of ways of which one is to get another placement as soon as possible. This is most likely to prove to themselves that they are able to cope with placements. It is therefore important for social workers to provide foster carers with adequate information and to set expectations of both of them as professionals and of the children in care.

When a placement breaks down and foster carers experience guilt about the placement there may be feelings of unfinished business as the placement did not take its usual route, which is to end through a child moving on to long-term care, adoption, or returning home. Unfinished business as a Gestalt principle can be seen as a traumatic or stressful situation in the past that people keep thinking about, which has not achieved the satisfactory outcome (Joyce & Sills, 2009:119).

Very often foster children are not suited to family life, resulting in a mismatch between foster carer expectation and experience, causing an impossible burden on the foster carer family. Some foster carers can cope with high levels of disturbance, but for most foster carers this leads to placement breakdown, emotional stress and burnout. Both the foster carer and the child feel guilt and anger as the placement breaks down (Kenrick, Lindsey & Tollemache, 2006:257-258). This is further highlighted by Guishard-Pine *et al.* (2007:153) who state that the failure and guilt can overshadow the efforts of foster carers and reduce their capacity to continue as before, especially within their own family when they continually try to deal with the demands of a

foster child. These feelings remain and impair the foster carers' perception of their own ability and could lead to emotional exhaustion or burnout.

As seen from the research data presented above, foster carers can experience guilt feelings when placements break down and children have to move to another foster carer. Foster carers also experience guilt when a child has gone and it was felt that they did not part on good terms. These unresolved feelings can contribute to feelings of loss and grief, especially when foster carers experience emotional exhaustion or burnout.

3.3.1.3 Sub-theme 1.3: The emotion of love foster carers have for children in their care

This sub-theme deals with the emotion and response of love foster carers experience regarding children in their care. The table shows examples of emotions and actions towards children in care of foster carers.

Table 3.5 The emotion of love that foster carers have for children in their care

Theme 1: The general emotions of foster carers when children leave their care	
Sub-theme 1.3	
The emotion of love foster carers have for children in their care.	<p><i>"...the foster carer is the foster child's <u>only voice</u>, you (foster carer) have to fight for everything (for the foster child)."</i></p> <p><i>"When we go on holidays, we take the foster children with us. As far as I am concerned, they (foster children) are <u>part of the family</u> until they either go home or are adopted and all my (extended) family treat them all exactly the same".</i></p> <p><i>"I treat foster children as I would treat my own</i></p>

	<p><i>children, because <u>you love these children (foster children) as if they were your own</u></i>”.</p> <p><i>“It is like I said they are my children <u>when they are here, they are my babies</u>”.</i></p> <p><i>“I think it is because the <u>child is dependent on you</u> (foster carer) for absolutely everything as it would its birth mother but I do still believe that there is something deep down that remains separated, other wise at the moment of loss it would almost be too hard to bear and perhaps you would not want to foster again... So deeply psychologically there is a little bit of separation remains but certainly those months that you caring for the child, <u>you are so in twined with his or her life and his or her needs.</u>”</i></p>
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The emotion of love foster carers have for children in their care is very strong as seen in the quotes of five foster carers. They stated that they are the foster child’s “only voice”; “...they are part of the family”; “...you love these children as if they were your own”; “...when they are here they are my babies” and “...because a child is dependent on you” and “...you are in twined with his or her life and his or her needs”. Through these quotes it is evident how deeply the foster carers become attached to a foster child and how strong the feeling of love can be that a foster carer has for a child. One of the foster carers did not differentiate between being a foster carer and being a mother: “...being a foster carer is just like being a mum, there’s no difference. The only difference is you actually did not give birth to that child”. This is supported by Brannen, Statham, Mooney and Brockman (2007:110-117) who state that foster carers did not make a distinction between their own children and foster children.

The foster carers have very strong feelings about the foster children in their care and they experience real love for them, as if they were their own children.

They treat these children the same as they would their own children. They see foster children as being part of the family, and themselves as being the foster child's only voice and they were willing to fight for the foster child.

3.3.2 Theme 2: The difficulty that foster carers experience to cope when a child leaves their care

Theme 2 deals with the difficulty foster carers experience to cope when a child leaves their care. In sub-theme 2.1 the researcher looks at requesting another placement as soon as the previous placement has left, as a way of coping. Sub-theme 2.2 deals with the use of support networks as a way of coping when a placement has left, and in sub-theme 2.3 the foster carers' experience of contact with foster children who have moved on from a foster carer is considered.

3.3.2.1 Sub-theme 2.1: Requesting another placement as a way of coping

Foster carers often prefer to request another placement after children in care move on. This sub-theme focuses on the reasons for this from a foster carers perspective. The table presents quotes regarding requesting additional foster placements after a child has moved on. The quotes indicate a coping mechanism used by foster carers when a foster child moves on.

Table 3.6 Requesting another placement as a way of coping

Theme 2: The difficulty that foster carers experience to cope when a child leaves their care	
Sub-theme 2.1	
Requesting another placement as a way of coping.	<i>"The best thing to do is to give us a few days and then to put <u>another placement in because there is a bereavement process</u> but if you have got another placement to get your teeth into there is not that big hole"</i>

	<p><i>“...but I do think it is important to put <u>another placement in as soon as possible</u>”.</i></p> <p><i>“I have always said that <u>I want a child in place before that one leaves.</u> So as one little one goes, although I am really upset, I get busy with another child and the new family and a new routine and that’s what keeps me going”.</i></p> <p><i>“The way I cope with it (loss) is with <u>another placement, I like to have another placement lined up</u>”.</i></p> <p><i>When you get a child (foster child) you get caught up in their hospital appointments, medical appointments and contact arrangements, which can in itself be very draining. <u>When the foster child goes, it is like, well that is it now, get me another one (foster child), I need to do something else and that is a horrible way of looking at it but it is a coping mechanism and I am not saying it is easy because the day that the foster child leaves is horrendous, it is awful</u>”.</i></p> <p><i>“I get over my loss through <u>focussing on my next placement</u> and that is what I tell my link worker...” and further in the interview she mentioned that: “...before the baby left, I knew that 2 other foster children were coming, which <u>cushioned the loss again</u>”.</i></p>
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The majority of foster carers state that the best way they cope when a child has left their care, is by getting another placement immediately after the previous one has left. This allows them to get busy and to focus on the new placement and all the needs of a new placement, including appointments, which are either medical, school, or social work appointments etc. According

to a foster carer, this “*cushions*” the hurt and/or loss that they feel for the previous placement that left.

From this section it is obvious that foster carers create coping mechanisms to help them deal with the situation when a child in their care moves on. A person may adopt a coping or defence mechanism in order to relieve anxiety. The following are common coping strategies used:

- Denial – the act of refusing the truth or that it is not reality.
- Displacement – is an unconscious defence to redirect an emotion from one project to a substitute.
- Fantasy – the creation of unrealistic and unrestricted scenarios and images in order to relieve daily pressures and responsibilities.
- Identification – the unconscious use of someone else’s personal traits, characteristics, behaviours and attitudes.
- Projection – shifting of negative feelings onto another person.
- Rationalisation – where the true motivating behaviour acts as the replacement of the actual reason with an acceptable reason.
- Reaction formation – acting in an opposite manner to the way one feels.
- Regression – returning to an earlier more comfortable behaviour.
- Repression – the prevention of letting unacceptable thoughts and feelings become conscious.

(Williams & Wilkins, 2009:63)

According to Nutt (2006:50), foster carers reduce emotional risk to themselves in short-term foster placements by altering their perception from “*parents*” to “*carers*”. Foster carers also “*protect*” themselves by having a set of appropriate attitudes and emotions.

Coping mechanisms are seen by Gestalt principles as unfinished business, as traumatic or difficult situations in the past which have not achieved the desired outcome or resolution for the person (Joyce & Sills, 2009:119). Foster carers

cope with the loss of a child by immediately requesting another foster placement.

According to Corey (2009:208), from a Gestalt perspective, individuals look at the coping mechanisms that they have and choose a coping mechanism to deal with situations that cause interruptions, disruptions and resistance to contact. This often leads to a person not experiencing the present in a full way. Resistances to contact are usually developed as ways of coping with life situations and will have positive and negative qualities.

A further Gestalt principle is creative adjustment, which adds and completes the idea of the self and is a way of adapting in the best way possible to needs and the ever-changing environment. In the case where tension arises (resistance) and notice is taken of it (awareness), a new balance (homeostasis) is aimed at and searched for. Hopefully, creative adjustment is used to reach homeostasis (balance), which will allow for growth (Masquelier & Cojean, 2006:76). This difference allows the favour of creative adjustment. The foster carers cope with a child moving or leaving their care in a way they feel is the best way possible for them to deal with their feelings of loss and grief, even though there are still unresolved feelings about the previous child who left. Most foster carers feel that the best way to deal with the loss of a child is by getting another placement as soon as possible. Another placement allows them to focus on the various needs of the new foster child and helps them to form creative adjustment and to form homeostasis or normality in their household, when a previous child has moved on.

3.3.2.2 *Sub-theme 2.2: Other ways of coping that foster carers use when a child leaves their care*

This section focuses on the use of informal support networks, changing foster care status and wanting time and space as ways of coping when a child has left a foster carer's home. The table shows quotes and comments relating to different coping mechanisms foster carers use when a child moves on.

Table 3.7 Other ways of coping that foster carers use when a child leaves their care

Theme 2: The difficulty foster carers experience to cope when a child leaves their care	
Sub-theme 2.2	
Other ways of coping that foster carers use when a child leaves their care.	<p><i>“...<u>the family getting together and talking about it and supporting each other</u>”.</i></p> <p><i>“<u>Well, this is a loss, I am grieving this, so I need to give myself space</u>”. She continues to say that: “...I have to be honest here, <u>my faith plays a big role in that, that I just feel sort of supported and rooted in something other than just caring for this baby.</u>”</i></p> <p><i>“...when we <u>decided to do the mum and baby together, which means that I was just once removed, I am not doing all the hands on. <u>The mother is there and the baby doesn’t get under my skin, in the way that baby (previous foster child whom foster carer cared for without mother) got under my skin</u>”.</u></i></p>

Some foster carers cope with a child leaving their care through other methods. According to Valliant (2000:89), one of the coping mechanisms is social support from relevant others. A foster carer stated that they cope with loss and grief by “...*the family getting together and talking about it and supporting each other*”. Another foster carer states that the best way she deals with loss is by time and space and that her faith plays an important role. Valliant (2000:89) stated that individuals can use mental strategies to improve the way they feel about a particular bad situation. A foster carer states that her coping mechanism meant that she changed from only caring for babies to having mother and baby placement.

It is clear in this section that there are coping mechanisms that foster carers use when a foster child moves on, either going home or to another foster placement or an adoption placement. Some foster carers want some space and time before having another placement, while one foster carer changed the placement from caring for only babies to having the mother and baby placements together. Some foster carers preferred time and space with their own immediate family as a coping mechanism.

According to the Gestalt approach a person is intrinsically self-regulating and motivated to deal with and solve one's own problems. Problems, needs and desires are organised hierarchically with the most urgent need or desire taking priority until the desire or need is met. Once this occurs, the next need or desire arises (Corsini *et al.*, 2010:338). As seen from this section on coping mechanisms, foster carers resolve their feelings of loss and grief by:

- getting another placement
- talking as a family through their feelings of loss and grief or
- changing their status as foster carers.

Foster carers then focus on the next problem or issue, which in this case is the need of the next foster child who is placed with them. The researcher is also of the opinion that the foster carer forms a "*Gestalten*", which describes how a person's perceptions are formed from the present stimuli and the current synthesis of one's past experience (Burley & Freier, 2004:321). The researcher is of the opinion that foster carers' experience forms a "*Gestalten*" in that they use coping mechanisms to deal with feelings of loss and grief.

3.3.3 Theme 3: The experience of contact with a foster child when the child has moved on

During the research it emerged that foster carers sometimes make contact with a foster child who has moved on. In this theme the experience of foster carers of such contact is considered, while the different ways in which foster carers make contact with a foster child are discussed in sub theme 3.1 and

sub-theme 3.2 focuses on the emotions of foster carers when there is no or very little contact with foster children.

3.3.3.1 Sub-theme 3.1: Ways of making contact with a foster child

The following table shows examples from interviews with foster carers of the different ways in which foster carers make contact with a foster child that has moved on.

Table 3.8 Ways of making contact with a foster child

Theme 3: The experience of contact with a foster child when the child has moved on	
Sub-theme 3.1	
Ways of making contact with a foster child.	<p>“.... <u>I am still in contact with them</u> (foster children). So we will go off on holiday and I’ll send them a post card, they would send me one”.</p> <p><u>I would like to stay in contact</u>, perhaps get to see them (the foster children) during birthdays and Christmas and I have been able to do that with all my placements”.</p> <p>“We (foster carers) <u>love the ongoing contact</u> and our girls (foster carers’ own children) love it too”.</p>

As seen from the above, contact in any form is very important. This is highlighted by the following statements: “*I am still in contact with them (foster children)*”, “*I would like to stay in contact*” and “*we (foster carers) love the ongoing contact*”. When a child has left foster carers, this contact can help in dealing with the feeling of loss, not only for the foster carers, but also for the child who has left their care. Most foster carers interviewed are still in some kind of contact with the foster child who has left their care. The foster carers

send post cards, birthday and Christmas cards and arrange meetings to stay in contact with the children.

A contact or visiting is broadly defined as a planned face-to-face meeting or contact between a child or children in foster care and their biological or foster family. This contact can play an important role in keeping the child or children connected to other important family members or to the immediate neighbourhood. These visits or contacts emphasise a child's sense of belonging and offers continued reassurance and reinforcement of the environment and social networks. Contact can refer to and include all the links between a child and friends and families, which can also include foster carers, regardless of the frequency and shape of these links. The contact can include telephone calls, letters and any indirect links through other people. The contact can range from frequent face-to-face contact to the infrequent exchange of information. Social workers should therefore include contact with all these links and not just with immediate family. Contact refers mainly to the contact between a foster child and the biological family, but can also include friends, school clubs and other school activities (Medway Fostering Service, 2007:2).

According to Sinclair *et al.* (2005:41), the time period in which foster children were in foster care is an important variable and is related to the strength of the relationship formed with a particular foster carer. Future contact with foster children after placement is very important for foster carers and this helps them to deal with feelings of loss and grief. Foster carers want to know what has happened to the children who left their care, not only for themselves but for their family as well. In some cases where adopters have not maintained contact with foster carers and there is no contact with foster children foster carers keep on wondering what has happened to the children and whether the children are doing well.

The main reason for future contact between foster carer and child after placement is that it is a form of support for both parties. However, although there was some contact it was very infrequent and was too seldom to count as

“ongoing support”. The following is a breakdown from a previous study on future contact:

- in 5% of cases children saw the foster carers at least once per week
- in 9% of cases children saw foster carers every two to three weeks
- in 22% of cases children saw foster carers occasionally
- 27% had contact either by phone or a letter
- in 36% of cases there was no contact

(Sinclair *et al.*, 2005:41-42).

The most important variable determining future contact was where the child went. When the child went to another placement, future contact dropped to almost zero (adoption 77%, residential care 66%, and foster care 63%). However, regular contact was normally associated with a child having gone to independent living (31%), the birth family (19%) and ‘other destinations’ (20%) (Sinclair *et al.*, 2005:41-42).

As seen from the statements of the above-mentioned foster carers, they really enjoy keeping contact with the foster children who have moved on from their care, and so do their own children. This helps in the foster carers’ feelings of loss and grief by knowing that the foster children are doing well and are well-cared for. However, in all the examples in this study, the foster children did well and as previously seen it is an important factor for foster carers dealing with loss.

In Gestalt, organismic self-regulation signals the process of a person recognising what is most beneficial to him in any situation and deciding whether to act or not to act on the recognition (Clemmens, 2005:5). As seen from the results foster carers who are able to have contact with foster children when they move on to either adoption, long-term fostering or back home have used organismic self-regulation and that it is beneficial for them to deal with feelings of loss and grief.

3.3.3.2 Sub-theme 3.2: Emotions of foster carers when there is no future contact

This section focuses on the emotional responses of foster carers when there is little or no contact after a child has moved on. The table presents comments and excerpts from foster carers relating to their experiences.

Table 3.9 Emotions of foster carers when there is no future contact

Theme 3: The experience of contact with a foster child when the child has moved on	
Sub-theme 3.2	
Emotions of foster carers when there is no future contact.	<p><i>“How come adoptive parents are not made to keep in contact? You know <u>we don’t know what has happened to the child, it would be nice just to have a letter to say that they are settling in really well and that they had a nice birthday, but to be left empty...</u>”</i></p> <p><i>“<u>One day she was there, the next day she had gone forever and you could never go and see her to see if she was okay, they (the foster carers’ own children) need to know that when foster children leave here, they are safe, they are still loved, it is very important actually</u>”.</i></p> <p><i>“I’ve come to a point where <u>I tell any prospective adopters that come into the house to please don’t say that they are going to keep in contact just for the sake of kindness, if you are not going to, then don’t do</u>”.</i></p>

There are foster carers who care for children who never have contact with them again and they always wonder what has happened to these children. There is uncertainty about what has happened to the foster children and a desire to determine how they are doing in their new placement. They wonder

if the (foster) child was “*settling in well*” and the foster carers’ own children think about how the foster child is doing. They are also protecting themselves against disappointment with one foster carer telling adopters not to say they will keep in contact, if there are no plans to keep contact with the foster carers and their children.

The obvious question relating to future contact is whether future contact is advisable. This is again dependent on the foster carer and foster child and an individual assessment is needed to determine the correct outcome. When a foster child moves on it can result in an emotional feeling of loss and this emphasises the fact for the foster children that relationships are chaotic and start and stop outside of their control and are not predictable or continuous (Sinclair *et al.*, 2005:41).

Foster carers who do not have contact with foster children would often think of the foster children and wonder how they were doing in their new placement. This signals the loss and grief the foster carers feel in that they are not allowed to contact the children and find out how they are doing in their new home or back home with their parents.

3.3.4 Theme 4: Concerns that foster carers have when a foster child leaves their care

Foster carers sometimes feel concerned over children who leave their care and are either placed in long-term care or with their families or are adopted. The following sections focus on concerns that foster carers have when foster children are placed with an adoptive family (sub-theme 4.1.) and when children are placed back home (sub-theme 4.2).

3.3.4.1 Sub-theme 4.1: Concerns of foster carers when foster children are placed for adoption

The concerns and emotions that foster carers experience when children that have moved on are placed for adoption are discussed in this section. The table shows statements from interviews of foster carers voicing their concerns.

Table 3.10 Concerns of foster carers when foster children are placed for adoption

Theme 4: Concerns that foster carers have when a foster child leaves their care	
Sub-theme 4.1	
Concerns of foster carers when foster children are placed for adoption.	<p><i>“I was <u>worried how the adoptive mother was going to bond with the child...but I was worried when he left, I was concerned that he was going to come to some harm or that something is going to happen that was just pushed under the carpet and it did break down 11 months later and it was a serious breakdown.</u>”</i></p> <p><i>“I don’t know, <u>I am not sure about these adopters and he (husband) said he was not sure either.</u>” After a few weeks the placement did break down and the two foster children were placed back in care with the original foster carer.</i></p> <p><i>“<u>I am worried</u> about how it is going to go, I am worried that I am not going to be listened to when I voice my concerns.”</i></p>

According to the interview data there have been cases where foster carers were extremely worried and anxious when children in their care either moved on to adopters or back home. These foster carers in many cases knew that it was not the right decision to have children adopted by certain adopters.

Eventually many of their fears were founded and the placement did break down, causing the children to come back into care. The above statements from foster carers indicate that they were concerned about the foster children moving to certain adopters. One foster carer stated that she was “*very worried*” when a child in her care moved to an adoptive family and that she was concerned that the foster child would come to harm. Another foster carer stated that she was “*scared*” that she would not be listened to when voicing her concerns.

There are currently no official figures stating the breakdown percentage of adoptions. However, some studies do give an indication of breakdown rates. One study indicated that an average of 9% of placements broke down before adoption and that rate dropped to 8% after adoption. The breakdown rate is highly dependent on age of adoption, with one study indicating a 20% failure rate. This dropped to only 5% when the child was aged six months and under, and rose to 50% when the child was aged ten years and more. The effect of a failed adoption is dramatic, causing a negative impact on both the adopted child and adoptive parents. The effects of failed adoption cause more harm than when adoption was not tried (Herring, 2007:657).

3.3.4.2 Sub-theme 4.2: Concerns of foster carers when foster children are placed back home

This section deals with the concerns that foster carers experience when children in care are placed back home. The table shows further statements of foster carers stating their concerns and worries during interviews.

Table 3.11 Concerns of foster carers when foster children are placed back home

Theme 4: Concerns that foster carers have when a foster child leaves their care	
Sub-theme 4.2	
Concerns of foster	<i>“There was one child who I was <u>very, very concerned</u>”</i>

<p>carers when children are placed back home.</p>	<p><i>about and I had advised that I felt this child should not go home and the child did go home. It was about six years later that the whole thing broke down, after many difficulties in the family”.</i></p> <p><i>“We have experienced a situation where we had a couple of brothers and sisters and the final decision had been to send them back home. So that does not leave you with a good feeling, it is so <u>sad</u> and it <u>could have been avoided</u>.”</i></p> <p><i>“I still worry about it... this little boy is growing up in really <u>cramped, overcrowded environment</u>...”</i></p> <p><i>“I wouldn’t say I worry, <u>I’m curious as how it affects their life style</u> because a lot of them are professional people (adopters) and they have had no children and the impact on their life ...suddenly a child who needs attention 24 hours a day ...”</i></p> <p><i>“This (pointing to the foster child) could potentially be the first one that I would be really concerned about. If the current foster child were to go back home, I would struggle with that, I would find it <u>quite upsetting</u> and <u>quite distressing</u> and I would be concerned for her...”</i></p>
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Five of the foster carers stated that they had concerns about foster children being placed back home. One foster carer stated that she was “...very, very concerned” and another stated that she was still worried about a little boy who went to live in a “...cramped, overcrowded environment...” Another stated that she would feel “quite upsetting” and “quite distressing” if the foster child in her care went home. One of the foster carers stated that it was “sad” and that “it could have been avoided” when a child came back into care after the placement at home broke down. These statements reflect the genuine

concern that foster carers feel when a child is placed back home while they felt that the circumstances were not right, and in many of these instances the children did return to care.

According to Zeanah (2009:511), social workers find it difficult when foster children need to move to “*good enough*” parents after a loving, reliable and consistent placement. Foster carers are reassured by the fact the child in their care will be safe and looked after by their biological parents. When the future of foster children with their biological parents is uncertain, the situation is taxing on both the foster parents and the social worker.

According to Ehrle and Green (as cited in Zeanah, 2009:15), foster carers form an essential intervention, but they need increased psychological and educational support, especially for kin placements. Another issue is that these foster carers also need to take into account how placements affect their own biological children at home. It is important to support foster carers in the grieving process when a young foster child returns to his biological parents. Foster carers of infants and toddlers often become emotionally attached to them, although they understand their role as foster carers and understand the impact on them. Foster carers realise the possible emotional risk that they face when loving and caring for a young foster child. If this occurs, which is often the case, the foster carers need emotional support and must be able to voice their concerns to enable them to continue fostering children.

As can be seen from the research, foster carers have no means of knowing how the foster children are doing either back home or in their new adoption home. There is also a sense of opposition to the decision made by authorities regarding the placement of a child, either in an adoption setting that the foster carer knew was not the right placement for the child, or when sending a child back home to his parents was not the best situation.

3.3.5 Theme 5: The support experienced when a foster child moves on

In this section the researcher considers the experience of support available to foster carers when a child moves on. Firstly, the importance of formal support networks for foster carers is discussed, followed by a discussion of the support that foster carers feel is important to receive from their social workers. This table sets out the experiences and perceptions of foster carers regarding the support received when a child has moved on.

3.3.5.1 Sub-theme 5.1: The importance of formal support networks

Table 3.13 The importance of formal support networks

Theme 5: The support experienced when a foster child moves on	
Sub-theme 5.1	
The importance of formal support networks.	<p><i><u>"In a way yes (do receive support from social workers) but also no, they are not very forthcoming with us (foster carers) at all and I found I got a lot of support from the family finder or the adoption social worker..."</u></i></p> <p><i><u>"I don't know what they (social workers) mean about support really. They will ring up and they will say: "Are you alright?" and I will say: "No, get me another placement"</u></i></p> <p><i><u>"My one link worker (social worker) we had, we had for 12 years and she was brilliant, I have had 3 link workers (social workers) which are not good really".</u></i></p> <p><i><u>"I think I have been lucky, because I have had very good support. I have had good support during the years."</u></i></p> <p><i><u>I have cards, which I kept, which have said: "...thank you very much for supporting the foster child while</u></i></p>

	<p><i>they were in your care”, from the child’s social worker”.</i></p> <p><i>“Social services were very <u>supportive</u>, we had lots of support workers and people involved”</i></p> <p><i>“At the present I have a <u>very good</u> link worker (social worker), so whenever there are major changes she always keeps in touch, whether I have a placement or not”.</i></p> <p><i>“In terms of support for us, in the majority of cases, well in all cases, our link workers (social worker) have been <u>fantastic</u>. We’ve been <u>very, very lucky</u>.”</i></p>
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Three of the foster carers interviewed did not feel that they received the support they needed and stated that “...in a way yes but also no, they are not forthcoming with us at all” and “I have had three link workers (social workers) which are not good really”. However, the majority of foster carers do feel that they are receiving adequate support from their social workers, as shown by the following statements made by the foster carers. One of the foster carers stated that she has been “...very lucky, because I have had good support” and another one stated that she received a thank you card, which is a way of acknowledging the work she does as a foster carer. The foster carers talk about social workers who are very “supportive” and much more supportive and another foster carer stated that years ago she did not receive the support she receives now and stated that at present she has a “...very good social worker”. One foster carer states that the social workers have been “fantastic” and that they have been “very, very lucky”. These statements indicate that it is important for foster carers to receive good support from their social workers or formal support networks and to receive acknowledgement for the work they do with children in foster care.

The support offered for foster carers has been extensively discussed in literature (Corby, 2006:70), from which it is evident that a good support

system can improve foster carer retention and foster placements. Triseliotis (2002:23-33) supports this notion by stating that effective support leads to improved recruitment and retention of foster carers. However, in times of crisis 76% of foster carers do not use the formal support system offered to them. According to Nixon (1997:913-930), the support received from other foster carers is more valuable. However, only a third of foster carers attend support groups, according to a recent UK study. Sinclair *et al.* (2005:41-42) stated that 70% of foster carers in the same UK study would ask for advice from other foster carers. The foster carers that were interviewed formed their own support networks of which social work support formed a relatively small part. According to McInerney (2009:250), foster carers stated that informal networks provided the most support, particularly the support of other foster carers.

The data from the interviews demonstrates that support from formal support networks around the foster carer is very important when a child moves on. Foster carers like to be appreciated and acknowledged for the work that they have done and need to be supported when a child in their care moves on to adoption or long term fostering. Most foster carers feel that they are adequately supported by their social worker and they also feel that they are able to speak to their social worker when they go through difficult times. However, there are also some foster carers who do not feel that they receive adequate support, as they wish they received more support.

According to Triseliotis (2002:23-33), the biggest factor in foster care retention is the lack of support. Increasing support for foster carers makes a direct improvement on foster carer retention. Ogilvie, Kirton and Beechman (2006:11) further emphasised the importance of foster carer support where only a small percentage of foster carers would prefer higher pay rates at the cost of support. Another issue according to Triseliotis (2002:23-33), is that improvement is still needed regarding foster carer appreciation and respect.

In the study it was found that the majority of foster carers relied on a variety of formal and informal support networks when they needed support or advice.

The foster carers who feel that they are well-supported have discovered what they needed. They stated that support from family and friends are crucial and they use this to help them deal with feelings of loss and grief.

3.3.5.2 Sub-theme 5.2: The support that foster carers need from social workers.

This section deals with the kind of support from social workers that foster carers consider to be important. The table presents statements by foster carers regarding the support experienced from social workers.

Table 3.14 The support that foster carers need from social workers

Theme 5: The support experienced when a foster child moves on	
Sub-theme 5.2	
The support that foster carers need from social workers.	<p><i><u>“Sometimes the social workers do not treat me as a professional”</u></i></p> <p><i>“I really felt <u>I wasn’t listened</u>....., I want to be listened to and want to see them (social worker) literally doing everything to care for the child (foster child) ”</i></p> <p><i>“... foster carers should be <u>more involved in the family finding</u> (adopters for a foster child) because we are not involved”</i></p> <p><i>“... sometimes I think we are <u>not involved enough in decision making</u>”.</i></p> <p><i><u>“I like to be kept informed.</u> I like to meet whom they are going to (adopters or long term foster carers).”</i></p> <p><i>“It is about <u>foster carers knowing or being fairly reassured</u> that the move particularly for young people</i></p>

	<p><i>has been carefully planned and that there are people (social workers) there at the time of the move”.</i></p> <p><i>“They <u>don’t think that we (foster carers) are part of the team”.</u></i></p> <p><i>“...<u>we were not told the full truth from social workers”.</u></i></p>
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This section focuses on the importance of support for foster carers and on the kind of support that is important for them, in other words, what foster carers feel is good and important support for them; as one of the foster carers stated: “...*sometimes social workers do not treat me as a professional*”, and mentioned that she felt she was “...*not listened to*” by her social worker. Foster carers would also like to be more involved in the family finding as they feel that they know the needs of the child better than the social worker does and therefore would like to be included in the decision making regarding future adoption of foster children. The foster carers also mention that they would “...*like to be kept informed*” and would like to meet the adopters or foster carers to whom the children are going. Foster carers in some instances need reassurance about the moving of a young person and they need to be reassured that he is going to be adequately supported, that the move has been “*carefully planned*” and that there are social workers who will support him. One foster carer mentioned the importance of counselling for a foster carer who “... *really needs to talk things through without feeling this is with social services because there is this feeling it comes back to you*”.

Foster care is an important service where children who are unable to live at home are looked after by foster carers for shorter or longer periods. The term foster care comprises of a range of activities whereby children are cared for by others and not by their natural family and where the state normally acts as an intermediary. Ruegger and Rayfield (as cited in Lowes & Hulatt, 2005:67-68) state that foster carers provide a valuable service to children and families, for which they are trained and receive reimbursement. Foster care can therefore be seen as a professional vocation. However, foster carers are

often seen as service users and are excluded from decision-making. They are not seen as partners by social workers, service managers and courts and are usually expected to implement decisions made by these parties.

3.3.6 Theme 6: The foster carers’ own children’s emotional experience when children in care leave their care

Although the research focuses on the emotional experience of the foster carer, it is also important to mention the children and extended family members of the foster carers and the emotions they experience when a foster child moves on (sub-theme 6.1). In sub-theme 6.2 the focus is on the important role that the foster carers’ own children play in foster care.

3.3.6.1 Sub-theme 6.1: The emotions of foster carers’ own children and extended family

This section deals with the emotions that foster carers’ own children experience when a child in care moves on. The table indicates statements from interviews that reflect perceptions regarding this issue.

Table 3.15 The emotions of foster carers’ own children and extended family

Theme 6: The foster carers’ own children’s emotional experience when children in care leave their care	
Sub-theme 6.1	
The emotions of foster carers’ own children and extended family.	<p><i>“... they don’t seem to take into account that your <u>own children feel that loss</u>”</i></p> <p><i>“It would <u>help if there was someone who would actually talk to your children about what’s happened, where the child (foster child) is going to go, maybe show pictures of the family (adoptive), rather than leaving down to me, you know I think it would help</u>”.</i></p>

	<p><i>“because as adults it is hard (when a foster child moves on) <u>but the children (foster carers’ own children) can’t take it”</u>.</i></p> <p><i>“It always helps <u>to take our own children to the prospective adopter’s house</u>, so if our own children wonder how a foster child is doing”.</i></p> <p><i>“... (foster child) and <u>she (own daughter) is going to struggle when they leave</u>. She calls the foster child her “little sister”.</i></p> <p><i>“So when the last foster child left... she (grand-daughter) was so involved with foster child, <u>it broke her heart when he left</u> and she said to me: “I love him so much, Nan...”</i></p>
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The statements above strongly indicate the emotional response the foster carers’ own children experience when foster children move on. One statement reflects the sense of loss that foster carers’ children experience when foster children move on and how difficult it is when her children cannot visit them at their new home. In addition, foster carers cannot understand why adoptive parents are not obliged to keep in contact, as this affects not only them, but also their children. As seen from the above-mentioned statements foster carers’ own children experience loss and grief when a foster child moves on and there are unresolved feelings of loss when they are not allowed to see the foster children with whom they have formed strong attachments.

Foster carers are also concerned about the way her own children will cope once the foster children have moved to her new family. They can see the attachment their own children have formed with the foster children and are not sure how they will deal with their own children’s feelings of loss. The research also shows that it is not only the immediate family members that experience

loss and grief but also the extended family members and even close friends of the foster family. Foster carers are aware of their own children's sense of loss and grief and the role their own children play in foster placements. Therefore, there is an awareness of their feelings and emotions when foster children either move back home, are adopted or are placed in long-term fostering.

According to Nutt (2006:55), foster carers align their concerns and attitudes towards a foster child with that of their own birth child. Weymont and Rae (2006:2) state that children and young adolescents cope with the experience of loss differently from adults. Adults have developed a more experienced coping mechanism as they can draw on previous experiences of coping with loss. Children and young adolescents often feel overwhelmed by their feelings. The situation is amplified as children and young adolescents have less control over their situation and are more dependent on adults to notice that they are experiencing loss. Several authors indicate that the temporary nature of foster care makes anxiety and separation part of an ambiguous family situation. They need to make the foster child part of the family and their home, whilst it is only a temporary situation. The loss felt by foster parents is therefore also experienced by their own children. According to Pugh (1996:35-41), the foster family's own children also need to grieve when a foster child moves on. Foster placement agencies and Social Care Services realise that foster families experience loss and grief when a child moves on, but with the high demand for foster care homes and families, there is little time for them to mourn the loss. Grief is normally experienced when a foster child moves on or when the foster carer experiences a sense of failure. Twigg and Swan (2007:53) state that it is important that all members of a foster family get the chance to mourn and reconnect as a family again, regardless of the reason for feelings of loss and grief.

It is clear that the foster carers' own children experience loss and grief when foster children leave their care. They share their mothers, fathers and houses etc. over a long period with these children and become very attached to them and when they go and there is no contact with the child that moved, the foster carer's own children wonder what has happened to them and why they are not

allowed to see them. The feelings of loss and grief are not only experienced by the young children of the household but also by older children and grandchildren of the foster carers and it is important for the foster carers that this is acknowledged and that there is some support for their children as well.

Corey (2009:200) states that in the Gestalt approach, the awareness process and the goals are based on the here and now experience. Linking the above results with the Gestalt approach it is clear to see the foster carers own children experience awareness of their feelings and emotions in the here and now of the loss and bereavement when a foster child leaves their care.

3.3.6.2 Sub-theme 6.2: The importance of the role that foster carers' own children play within the fostering role

This section focuses on the importance of the role that foster carers' own children play within the fostering role. The table indicates statements from interviews on how foster carers feel about the contributing role their children play regarding placements.

Table 3.16 The importance of the role that foster carers' own children play within the fostering role

Theme 6: The foster carers' own children's emotional experience when children in care leave their care	
Sub-theme 6.2 The importance of the role that foster carers' own children play within the fostering role.	<p><i>"...<u>incredible valuable</u>, much more valuable than they are given credit for"</i></p> <p><i>"...<u>firing line</u>, not in a negative way but in the firing line for disclosure of really private things. The teenagers will go to them so they have been of <u>immense value and given them wise counsel and being a fun friend</u>. The youngest child (foster carer's own child) feels things very deeply..."</i></p>

	<p><i>“... I think the department are looking at birth children. <u>They are doing a lot of caring as well</u> indirectly and a lot of the ice breaking work is with them and they are now doing the “you matter” groups for the birth children, sessions with them”.</i></p>
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It is clear from the above statements that foster carers’ own children can add tremendous value to the fostering role. Foster carer’s own children play a significant role in the successful outcome of placements, as they often make the foster child feel welcome. Conversely, the foster carer’s own child can find it difficult with the sudden change of a new foster child in their home that contributes to challenges for a foster family. Therefore, when a foster carer’s own children do not get the support they need, the likelihood of a failed placement increases, causing more insecurity for foster children (Fostering Network, 2010).

According to Fostering Network (2009) the relationship between foster carers’ own children and a child in their placement can have a huge effect on the success of the placement. The foster carers’ own children take on a lot of responsibility and need the appropriate support to prevent placement breakdown or foster carers withdrawing from fostering.

Ros Craig from Fostering network (2010) in Scotland stated that foster carers’ own children play a big part in fostering. The effect of a foster child entering a family is considerable, as the foster carers’ own children need to share their toys and parents and can be very challenging. Therefore, it is important to offer support not just for the foster parents, but also for their children and to make them ready to be part of a foster family.

3.4 SUMMARY

In this empirical study the researcher presented the findings of the interviews conducted with the foster carers. From the research data it was possible to identify six themes with various sub-themes.

In theme 1 it was found that most foster carers do experience loss and grief when a child moves on and at times they experience guilt feelings when a child has moved on and there are still unresolved issues for them. The researcher also discussed the great love that foster carers have for children who are placed in their care and how they love them as if they are their own children. The whole family and extended family become attached to a child who is in their care.

In theme 2 the focus was on various ways in which foster carers cope when a child in their care moves on. The fact that most foster carers would cope by requesting a new placement straight away can also be seen as unresolved business. Some foster carers may use other ways of coping, for example requesting some time and space after a placement, speaking with family about the child, changing their status as foster carers and relying on informal support networks. In theme 3 contact arrangements between foster carers and foster children were discussed, as well as different ways in which contact is kept and the effects for foster carers and their children if contact is not maintained between them and the foster child.

In theme 4 the focus was on the concerns that foster carers have when children are placed with some adopters or when they return home, and how out of such concerns when a placement breaks down, the foster carers end up adopting the foster child. In theme 5 attention is given to the support experienced when a foster child moves on. In this regard the focus was on the importance of formal support networks and what support from social workers foster carers consider to be important. Lastly, theme 6 focuses on the emotional experience of the foster carer's own children when a child moves on and the important role of foster carers' own children in the fostering role were considered.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

Foster carers have many emotional experiences when foster children leave their care to be placed back home, placed for adoption or placed in long term care. The researcher was made aware of this when she worked as fostering social worker in various places. During this research the researcher set out to identify the emotional experiences of foster carers when foster children leave their care. The research will be beneficial in contributing to better criteria for foster care selection.

The aim of this study was to explore and describe the emotional experience of short-term foster carers when foster children leave their care. This was achieved by pursuing the following objectives:

In Chapter 2 the researcher presented a conceptual framework from a Gestalt approach to foster care. The Gestalt approach was discussed in addition to the different types of foster care. The tasks and duties of foster carers were also described and discussed.

This was followed by Chapter 3, where the researcher discussed the findings of the study by means of semi structured interviews with short-term foster carer with the aim to determine their emotional experience when foster children leave their care. The data was analysed by means of a qualitative approach to verify it against existing literature. Through this research the researcher explored the emotional experience of foster carers when foster children leave their care.

4.2 OVERVIEW OF THE RESEARCH PROCESS

A total of nine participants took part in the study in order to explore the emotional experience of foster carers when foster children leave their care. A

qualitative research approach was used to answer the research question. The data collected for the research was obtained by using face to face semi-structured interviews. All the interviews were then transcribed, the transcription notes analysed and categorised, resulting in the main themes and sub-themes for this study. The main themes and sub-themes were further discussed and supported by a literature review. After following the research process, conclusions were reached for this study. The conclusions and recommendations follow in this chapter.

4.3 CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

The conclusions and recommendations were derived from the main themes and sub-themes as discussed in chapter three.

4.3.1 The general emotions of foster carers when foster children leave their care

In this regard there are three sub-themes from which the researcher will draw conclusions.

- Sub-theme 1.1: Emotions of loss and grief experienced by foster carers when foster children leave their care. The conclusion made from this sub-theme is that foster carers experience feelings of loss and grief when foster children moved on. They stated that they felt “*bereaved*”, “*loss*”, “*struggle*” and “*pretty depressed*”, which indicates emotions resulting from strong attachments to the foster child.
- Sub-theme 1.2: Guilt feelings of foster carers when a foster child moves on from their care. The conclusion drawn from this sub-theme is that foster carers can experience guilt feelings when placement breaks down and children have to move to another foster carer. Foster carers also experience guilt feelings when a child has gone and it was felt that they did not part on good terms. These feelings of guilt can

contribute to the feelings of loss and grief that a foster carer experiences when a child moves on.

- Sub-theme 1.3: The emotion of love that foster carers have for children in their care. The conclusion drawn from this sub-theme is that the foster carers feel a genuine love for the child when the child moves on either to long-term care, adoption or back home, and the foster carer experiences feelings of loss and grief.

The following recommendations are made:

- More emotional support is needed for foster carers from social workers, which can take the form of preparing foster carers before the foster child moves either home, to long-term fostering or adoption. Support after the foster child has moved can be provided through regular visits and phone calls to enquire how the foster carers are coping with the loss of the foster child and, if necessary, counselling if the foster carers are struggling to come to terms with the fact that the foster child has moved on.
- More experienced foster carers can provide support for new foster carers. Foster carers who have been through the emotions of loss and grief and have experienced the loss of a foster child many times could perhaps offer newer foster carers support after the foster child has moved on. This support can take the form of meeting with each other, phoning each other or meeting in a group setting where newer foster carers are able to express their feelings and find out how experienced foster carers have coped with emotional feelings when foster children have moved on.
- Social workers who assess foster care applicants need to explain the whole fostering process to them, explain what fostering involves and the love and loss they would experience when fostering. During the assessment process, applicants are not always aware of what to expect during the fostering process and many of them mention that it

would be hard to part with a foster child who has been part of the family. This could be a good time to prepare them and tell them that it would be hard and that they could experience emotions of loss and grief when a child has moved on.

- Social workers need to debrief foster carers when a placement has broken down and, if needed, counselling can be offered. As seen in the conclusions, foster carers do experience feelings of guilt when a placement has broken down, and in order to assist these carers, debriefing of the placement is very important. If the carer is still struggling with feelings of guilt it could be helpful to offer counselling for the carer.

4.3.2 The difficulty foster carers experience to cope when a child leaves their care.

Within this theme there are two sub-themes from which the researcher will draw conclusions:

- Sub-theme 2.1: Requesting another placement as a way of coping. The conclusion drawn from this sub-theme is that foster carers create coping mechanisms when foster children leave their care. The majority of foster carers state that the best way they cope when a child has left their care, is by getting another placement immediately after the previous one has left. This allows them to stay busy and to focus on the new placement and all the needs of a new placement, including appointments, which are either medical, school or social work appointments etc.
- Sub-theme 2.2: Other ways of coping that foster carers use when a child leaves their care. The conclusions made from this sub-theme are that other foster carers cope differently: one copes by spending time with her family, another foster carer's faith plays a big role in her life and she takes time off to grieve the child that has left, while another

foster carer changed her foster care status and no longer looks after babies and small children.

The following recommendations are made:

- Information leaflets, training or seminars can be presented to foster carers, prospective foster carers and social workers on coping mechanism and the best way to cope when a child has left.
- Supervision from social workers to find out how foster carers are coping after a child has left their care and whether any additional support is needed.

4.3.3 The experience of contact with a foster child when the child has moved on.

There are two sub-themes from which the researcher will draw conclusions.

- Sub-theme 3.1: Ways of making contact with a foster child. The conclusion drawn from this sub-theme is that contact in any form is very important and that when a child has left, contact can help to work through feelings of loss not only by the foster carer but also by the child who has left their care. Most foster carers interviewed still maintain some form of contact with the foster child, either through direct contact, or by sending and receiving post cards and Christmas cards.
- Sub-theme 3.2: Emotions of foster carers when there is no future contact. The conclusion drawn from this sub-theme is that there are some foster carers who never have contact with the children who were in their care and these foster carers always wonder what has happened to the children and consequently there is a feeling of unfinished business.

The following recommendations are made:

- It is important for foster carers and the foster children to have some sort of contact with each other, when the foster child has left. The adopters could be requested to send a post card or make a phone call informing the foster carer how the child is doing.
- The social worker can at times inform the foster carer whether the foster child has settled in and is doing well at the new placement.

4.3.4 Concerns that foster carers have when a foster child leaves their care.

There are three sub-themes that the researcher will draw conclusions from.

- Sub-theme 4.1: Concerns of foster carers when foster children are placed for adoption. There have been times when foster carers have felt concern and worry when a foster child has moved to certain adopters and where the foster carers felt that the children should not have been placed with the various adopters. In many cases their concerns were founded and adoption placements broke down.
- Sub-theme 4.2: Concerns of foster carers when foster children are placed back home. Foster carers have had concerns when children have moved back home to their biological parents or family members and in many cases the placements have broken down and children have been returned to foster care. Foster carers felt that this could have been avoided if the children were not placed back home.

The following recommendations are made:

- Social workers should listen to the concerns raised by foster carers and investigate the situation at the new adopters or back with the parents before a child is placed with them.
- Foster carers should be given more of a voice by social workers and other professionals regarding the child's needs and the placement that is best for them. Foster carers could compile a list of the likes and dislike of a child in their care and characteristics which may be suited to certain adopters or long term foster carers.

4.3.5 The support experienced when a foster child moves on

There are two sub-themes from which the researcher will draw conclusions regarding this theme.

- Sub-theme 5.1: The importance of formal support networks. The conclusion drawn from this sub-theme is that the support received from social workers and/or support networks is very important for foster carers and will help foster carers to deal with feelings of loss and grief regarding a foster placement. Although there are foster carers who feel that they receive good support from their social workers, there are those who do not feel that they receive adequate support, and this is especially important when foster carers are experiencing feelings of loss and grief.
- Sub-theme 5.2: The support that foster carers need from social workers. Foster carers feel that support is important to them and that they need to be treated as professionals as they know the child best. Foster carers need to be involved in family finding and need to be well-informed regarding the child they are caring for.

The following recommendations are made:

- Social workers should offer more support, especially after a child has left a foster carer's care and the carer is experiencing feelings of loss and grief.
- Foster carers should be encouraged to attend foster carer support groups or training groups which will enable them to meet other more experienced foster carers who are able to support and assist them when a placement leaves.
- A buddy system could be set up, where there is one experienced foster carer who is appointed as a "*buddy*" with a newly qualified foster carer and where the experienced foster carer can phone the foster carer and offer support in this way.
- The important work that foster carers do should be acknowledged and they should be given more of a voice and need to be listened to by social workers.

4.3.6 The foster carers' own children's emotional experience when children in care leave their care

There are two sub-themes from which the researcher will draw conclusions.

- Sub-theme 6.1: The emotions of foster carers' own children and extended family. Foster carers' own children and extended family form a strong attachment with foster children and experience loss and grief when a foster child moves on and there are unresolved feelings of loss when they are not allowed to see or hear from the foster children.
- Sub-theme 6.2: The importance of the role that foster carers' own children play within the fostering role. It is very important to recognise this role and to acknowledge that they can add tremendous value to the

fostering role. The foster carers' own children form close friendships with foster children and play a significant role in the successful outcome of placements, as they often make the foster child feel welcome.

The following recommendations are made:

- Foster carers' own children and extended family need to be assisted when they experience feelings of loss when a foster child has moved on.
- Social workers and foster carers should set up support groups for the foster carers' children.
- Training programs and fun weekends away in which to show the appreciation for the contribution in the fostering role should be arranged for the foster carers' children.

4.4 LIMITATIONS OF THE STUDY

The following limitations were identified in the study.

- All the participants in the study were under the same welfare organisation. Foster carers under different welfare organisations might have a different outcome.
- There was no way to verify whether the participants gave a true reflection of their emotional experience.
- The study was based on the emotional experiences of foster carers, and some of these experiences occurred in the past, which could potentially be different from their true emotional experiences at the time.
- The focus of the study was only on short-term foster carers and might not be applicable to other types of foster carers.

4.5 RECOMMENDATIONS AND FURTHER RESEARCH

It is difficult to determine the true emotional experiences and emotional effects on a foster carer's well-being with so many variables affecting their emotional state. Specific causes, circumstances and events all affect the emotional response of the foster carer. Therefore a narrower and deeper study of the specific emotional response types needs to be conducted. Additionally, further research needs to be conducted on a larger sample group to increase the validity of the study. Research on foster care is normally focused on foster children, but extra research is needed on how to improve the emotional experiences of foster carers. An improved emotional experience for foster carers will lead to an improved outcome for foster children.

4.6 SUMMARY

In this study the emotional experience of short-term foster carers after children in foster care leave their care was studied. The study explored the research question: The emotional experience of short-term foster carers when foster children leave their care. The reasons why children come into care and the reasons why people foster were also discussed, together with the way foster carers are affected by fostering a child. The conceptual framework of the study, together with the Gestalt approach and various aspects of foster care and foster carers were discussed. The Gestalt approach and foster care were linked to form the conceptual framework, which served as the basis for the analysis of the empirical data. The interviews with the foster carers led to the findings of the study. The six themes and sub-themes were then explored and discussed to better answer the research question. Finally, the recommendations and conclusions to the research questions were formulated and presented.

It is clear from the research that more support, guidance, advice and input is needed for foster carers after a child leaves their care. The research also shows the importance of preparing foster carers for their role and the importance of setting their expectations in terms of future emotional

experiences when a child leaves their care. More information needs to be given to foster carers before and after a placement. Additionally, foster carers can make a valuable input and provide information on a foster child, and if they are part of the multi-disciplinary team, outcomes can be improved. The recommendations in this study may not only help to improve the emotional experience of the foster carers, but may ultimately improve the retention of foster carers within the foster care system. This study emphasises the important role that foster carers play within the system and their input can add value for all parties concerned. This will ultimately result in a better outcome for foster children, the welfare and foster carers.

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APPENDICES

APPENDIX A: INTERVIEW SCHEDULE FOR FOSTER CARERS

1. How long have you been a foster carer?
2. How many placements have you had?
3. What is the time period you keep a foster child?
4. What is the longest period you had a foster child?
5. What is the youngest age you had a foster child?
6. Do you enjoy looking after the babies?
7. Will you be a long term carer?
8. What has your experience been as a foster carer?
9. What has your experience been when a child in your care has either returned home, or been placed for long term or adoption?
10. What feeling or emotions do you have when a child in your care has either returned home, or been placed for long term or adoption?
11. Do you as foster carer worry about the foster children when they leave your care?
12. What feelings or emotions have you experienced when that has happened?
13. Have you experienced any sort of loss or grief when a child has gone?
14. How do you deal with your emotions when a child leaves your care?
15. Do you feel that you deal with the grief or loss you experience?
16. Do you feel you received support during these periods?
17. What type of support do you receive?
18. Have you found you have had good support from social workers?
19. Do you feel the struggle more when children leave?
20. Do you keep in contact when a child leaves your care?
21. Has there been a situation where a child in your care has moved back home?
22. How did you feel about it when a child has moved back home?
23. Are you worried about the foster children after they leave your care?
24. Are you worried about the process of the foster child moving on?

APPENDIX B: RESEARCH OVERVIEW BRIEF FOR FOSTER CARERS AND SUPERVISING SOCIAL WORKERS

Dear Foster Carer and Supervising Social worker

I am currently completing a master's degree in Play Therapy through the University of South Africa*. I was given permission by senior management of the Fostering Department of Oxfordshire County Council to conduct research with the foster carers of the County.

As part of this degree I need to complete research for a dissertation.

As I have previously worked as supervising social worker in Oxford and before that in Dublin, Republic of Ireland, I understand the important work foster carers do to ensure children in care are taken care of and their physical, psychological and educational needs are met. I know the hard work that goes into being a foster carer and the joys and heartbreak foster carers experience. The experience as supervising social worker and work with foster carers has encouraged me to write a dissertation and focus on the role as foster carer especially their emotional experience when a foster child leaves their care. Therefore as you as foster carer meet the criteria for my study, I would like to ask your permission to interview you for my research.

Please read through my description of what my study entails and questions you might have regarding this study. If you have any further questions after reading through this letter, please see my contact details at the end of this letter.

What is the research about?

The topic of my research is the following:

The emotional experience of short-term foster carers when foster children leave their care. In my experience as supervising social worker I became increasingly aware of the experiences and difficulties faced by short-term foster carers when a child who is in their care either return home, is placed in long-term foster care or is placed for adoption.

The purpose of this study would be to determine what the experiences of foster carers are when a child in their care leaves.

How and why was your name given to be interviewed?

Your name was given to me by management as you meet the criteria for my study.

To meet the criteria you need to be a:

- Short-term foster carers of Oxfordshire that are listed as clients of a specific welfare organisation:
- Short-term foster carers who have been approved foster carers for two or more years.
- Short-term foster carers who have had foster children removed from their care.
- No distinction is made in terms of the age of the foster child or foster children that have been placed in the past with the foster carer.
- The foster carers are multi-racial, either male or female, with English being either their first or second language

How will this research be conducted

If you do agree to be interviewed, I will give you the option of either conducting the interview at your own home or a venue, at a time and date that suits us both.

The duration of the interview would be between one and a half to two hours.

A tape recorder will be used during the interview to gather information and there will be no other recording apparatus present. The use of the tape recorder is to capture the data for my research. After my data is completed the tapes will be destroyed.

Your name, address and all other personal information will not be disclosed at any time during the interview.

For research purposes I will refer to you as Participant 1, Participant 2 etc. and no personal information will be disclosed.

What happens if I no longer wish for my interview to be used?

If at any time you do not wish to continue you may withdraw immediately and your interview will not be used for research purposes.

Will I know what the conclusion of the research study is?

At the end of my research you will be handed a copy of my findings and you will be able to see what conclusions and recommendations were made.

What if any difficulties or issues arise from the interview regarding unresolved feelings of a child being removed? In this case your supervising social worker will be notified and will make an appointment with you to speak with you about unresolved feelings or emotions.

Who will supervise my research?

I have a supervisor, Mrs. Carlien van Wyk, who will supervise all research done by me and who is always available via email or phone.

If you do need to contact her, she can be emailed at the following address:

wvykc@hugenote.co.za

Senior management of the Fostering team in Oxfordshire County Council will also supervise my research and I will keep them updated regularly.

When will your research be completed?

My research will be completed by the end of this year, November 2011 and you will receive a copy of my research early 2012. If you have any further queries or questions regarding my research please contact me at the following contact details,

Kind Regards

Michelle Herbst

Please mark x in the boxes provided

I have read the letter and understand what the research entails.

I hereby give my consent to be interviewed by Mrs. Michelle Herbst for her research study.

I hereby do not give my consent to be interviewed by Mrs. Michelle Herbst for her research study.

Name in print:

*** The researcher was previously a student of the University of South Africa, when this letter was formatted and send to foster carers, however the Department of Play therapy, transferred from the University of South Africa to the North-West University in 2011 and the researcher transferred with the department.**