On the bright side: Young people's most positive memories of family foster care

Summary

This study explored what contributes to successful family foster care from the perspective of young people by asking them about their most positive memory of family foster care. Forty-four Dutch adolescents and young adults (aged 16 to 28) participated in this study and shared their most positive memory in a short interview. Their answers were qualitatively analyzed using reflexive thematic analysis, supplemented with an analysis of the structure of their memories. The thematic analysis resulted in the themes Belongingness, Receiving support, Normal family life, It is better than before, and Seeing yourself grow. The structural analysis showed that young people both shared memories related to specific events, as well as memories that portrayed how they felt for a prolonged period of time. In addition, young people were inclined to share negative memories alongside the positive memories. These results highlight that, in order to build a sense of belonging, it is important that of foster parents create a normal family environment for foster children and provide continuous support. Moreover, the negative memories shared by participants are discussed in light of a bias resulting from earlier traumatic experiences.

Keywords: family foster care, lived-experiences, success factors, qualitative research, voices of youth

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According to the United Nations Convention on the Rights of the Child, children have the right to grow up in a safe and supportive environment that contributes to their well-being (United Nations, 1989). When parents cannot provide this safe and supportive environment, children can be placed in out-of-home care where substitute caregivers aim to provide a nurturing home and stimulate the development and health of children (Pasztor, Hollinger, Inkelas, & Halfon, 2006). In many countries, family foster care is the preferred type of out-of-home care, because this setting most closely resembles a 'normal' family environment with stability of caregivers (Schofield & Beek, 2005). Contrary to residential care, children in family foster care are cared for within a family setting, either with a family unfamiliar to the child or a family familiar to them (kinship care). The success of a foster family placement depends on whether a supportive environment is created that meets the needs of the child. Moreover, other indicators of successful family foster care are stability and permanency (Buehler, Rhodes, Orme, & Cuddeback, 2006).

Many children in family foster care have been exposed to adverse caregiving environments, maltreatment and violence (Turney & Wildeman, 2017). Research has shown the long-lasting consequences of traumatic experiences on children's development, health and psychological well-being (Gilbert et al., 2009; Van Der Kolk, 2005). Although many studies indeed report a high incidence of physical, emotional, behavioral and attachment-related difficulties children in family foster care experience (e.g., Goemans, van Geel, & Vedder, 2015), this certainly is not the case for all children. Children coming into care can catch up to their non-fostered peers, especially in the case of stable and long-term placements (Barber & Delfabbro, 2005; Fernandez, 2009). Furthermore, research has shown that children in foster care can report high levels of subjective well-being (Long et al., 2017; Montserrat & Casas, 2006). Nevertheless, many studies regarding the needs of children in family foster care center on the problems these children experience instead of the opportunities to meet their needs

(Steenbakkers, van der Steen, & Grietens, 2018). In order to understand the components of successful family foster care placements according to young people, this study explores the most positive memories of adolescents and young adults about their lives in family foster care.

Factors contributing to the well-being of children in family foster care

Studies on resilience focus on which children under what circumstances function relatively well in foster care. Resilience, meaning that children return to their previous state of functioning after experiencing adversities (Luthar & Cicchetti, 2000), has been linked to various characteristics of the child, the foster family and the care system. Factors that promote resilience are good contact with birth parents (Sen & Broadhurst, 2011), kinship placement (Barber & Delfabbro, 2004), professional treatment (Bell, Romano, & Flynn, 2015) and the child's developmental assets (e.g., social competence, positive identity, and empowerment) (e.g., Bell, Romano, & Flynn, 2013; Filbert & Flynn, 2010). Moreover, positive parenting of foster parents and supportive interpersonal relationships have been linked to resilience (e.g., Bell et al., 2013; Legault, Anawati, & Flynn, 2006), as well as a limited number of children in the foster family (Bell et al., 2015; Chamberlain et al., 2006).

Due to the nature of family foster care, it is not surprising that positive parenting is an important factor contributing to children's well-being in family foster care. Schofield and Beek (2005) describe five dimensions of parenting children in foster care, derived from attachment theory: Promoting trust in availability, promoting reflective function, promoting self-esteem, promoting autonomy, and promoting belongingness. Together, these parenting dimensions facilitate the development of a secure base, which enables a child to explore and develop internal working models that allow them to regulate affect, manage behavior, achieve autonomy, and develop a sense of self. The last dimension, belongingness, reflects the need for children to experience the security that comes from a sense of identity and family membership. This can be particularly challenging to achieve, since family foster care is often a temporary

arrangement, not bound by legal or biological ties, while children also have a sense of belongingness toward their birth family.

The voices of children in foster care

Studies including the voices of children in family foster care can provide a nuanced impression of their needs, experiences and factors that contribute to successful family foster care (Warming, 2006), which might not always be captured by questionnaires (Wood & Selwyn, 2017). Qualitative studies can show the heterogeneity of their opinions and living situations and contribute to more successful placements by informing service planning, assisting care professionals to better meet the needs of young people, and expanding training and support to foster parents (Warming, 2006; Whiting, 2000). Some important findings of these types of studies are that children value being perceived as 'normal' (e.g., Madigan, Quayle, Cossar, & Paton, 2013), that many feel happy in their foster family (Whiting & Lee Ill, 2003), and that they value shared decision-making with their foster parents but experience a lack of participation in decision-making (Bessell, 2011).

This study

The studies mentioned above show that despite the focus on problems reported among children in family foster care, some research specifically focuses on which children are doing well in care and what contributes to this success. Young people can provide valuable insights into successful family foster care by providing first-hand accounts of their experiences. In this study, the most positive memories young people have of family foster care are used as a proxy for factors that contribute to successful family foster care. The main research question is: What are the most positive memories young people have of family foster care? Knowledge about factors that contribute to positive experiences can provide valuable insights for professionals with regard to supporting foster parents and promoting the well-being of young people in care.

Method

Participants

The participants of this study were 44 Dutch adolescents and young adults (formerly) living in a foster family, who were part of a larger study on their psychosocial needs and the impact of sexual abuse (see Steenbakkers, Ellingsen, van der Steen, & Grietens, 2017). We purposively selected older adolescents and young adults for this study because they could retrospectively reflect upon their needs and experiences while in care. Moreover, young people who had a stable placement of at least one year were selected in order to increase the likelihood of a bond between them and their foster parents. The majority of the participants were female (*n* = 35, 79.5%), while only a eight participants reported another cultural or ethnic background in addition to their Dutch nationality (18,2%). The average age of the young people was 20.95 years old, ranging from 16 to 28. Most participants lived independently at the time of the study (64%), around one-third still lived with their foster family and two lived with their birth parents. The placement histories of the participants varied in terms of the age they were placed in care (range 4 months to 17 years, *M* = 8.35 years), the number of foster families they had lived with (range 1 to 9 families, *M* = 2.36), and the longest stay with one foster family (range 1 to 20 years, *M* = 7.86). The questionnaires used in the larger study showed heterogeneity in terms of current psychological functioning and trauma symptoms of the participants. Moreover, adverse childhood experiences (ACEs, Felitti et al., 1998) prior to family foster care were very prevalent among the young people in this study (average of four ACEs). Fifteen participants reported experiencing sexual abuse during their childhood. Fictional names for the participants will be used throughout this paper.

Procedure

Written information about the study was distributed to potential participants by four local foster care agencies, one foster children's support group and one foster parent support group. Young people were requested to contact the researchers if they were interested in participating. In addition to these

sampling strategies, snowball sampling was used. After the potential participants contacted the researchers, they were informed in more detail about the aims and method of the study. If they met the inclusion criteria and agreed to participate, an appointment was made either at their home, or at a location they felt comfortable meeting. Informed consent was obtained and all participants agreed to have the interview audio recorded. Participants received the contact information of the researcher, as well as of two independent organizations that could provide after-care if needed. The research procedure was approved by the Ethics Committee of the host institution.

Instruments

Participants were firstly asked to fill out a short demographic questionnaire about their age, ethnicity, foster care experiences and current living situation. In addition, participants reported their current psychological functioning (Brief Symptom Inventory, Derogatis, 1975), currently experienced trauma symptoms (Davidson Trauma Scale, Davidson, 2002) and adverse childhood experiences (ACE questionnaire, Felitti et al., 1998).

Participants were thereafter instructed to perform a Q sort about their needs while in care (see Steenbakkers et al., 2017). Q methodology aims to reveal patterns of subjectivity among participants, by having them sort a set of statements from most like to most unlike their point of view, the Q sort. Through factor analyses the Q sorts are grouped to reveal shared viewpoints (Watts & Stenner, 2012). In our study we invited participants to comment on their Q sort in a short interview. In order to finish the study on a positive note, the final question of the interview was 'what is the most positive memory you have of when you were in family foster care?'. This paper will solely focus on the answers participants gave to that final question, which could be as long as a two pages of transcript and as short as a few sentences.

Data analysis

The interviews were literally transcribed, checked for accuracy and then the answers to the question about the most positive memory were uploaded in the software program NVivo 10. The transcripts were analyzed by a team of three researchers using reflexive thematic analysis (Braun & Clarke, 2006; Braun & Clarke, 2019), supplemented with an analysis of the structure of the memories. The memories of the young people were analyzed within a constructivist paradigm, therefore the aim was to understand the reality and meaning-making of young people (Denzin & Lincoln, 2005).

After reading the data corpus as a whole three times, initial coding was performed by the first author. The transcripts were coded with descriptive words that captured the essence of the memories. Each positive memory could have up to five codes, depending on the complexity and extensiveness of what the young people shared. These initial codes were collated to form (potential) themes, after which the coding of the transcripts was discussed with the co-authors. The analysis was a recursive process and the researchers frequently discussed the coding process until consensus was reached. Five major themes covering the most positive memories of young people could be identified: Belongingness, Receiving support, Normal family life, It is better than before, and Seeing yourself grow. A few references were made to birth parents and siblings, but these were not frequent enough to be a theme.

During the thematic analysis, structural aspects of the memories young people shared stood out. Additional coding was performed in order to gain insight into these aspects. Firstly, we noticed that the memories were discussed along different timescales. While some shared memories of a very specific moment in time, for example they day they came into care, others shared memories that captured a feeling or experience throughout a prolonged period of time, for example feeling supported by their foster parents. This timescale aspect was captured in three codes: Specific memory, Specific memory linked to a long-lasting feeling/experience, and Long-lasting feeling/experience. Secondly, we noticed that the most positive memories of participants were sometimes linked to negative experiences. We

158 therefore coded whether a memory consisted of only positive experiences, or also included negative
159 experiences. The negative experiences were coded along the following sub-codes: Negative before foster
160 care linked to positive during foster care, Foster care both negative and positive, Foster care from
161 negative to positive, Negative experience with family during foster care, and Foster care positive but
162 after leaving care negative. Figure 1 contains an overview of the thematic and structural analysis.
163
164 [please insert Figure 1 here]
165 *Figure 1.* Overview of the thematic and structural analysis
166
167 After finishing both the thematic analysis and the analysis of the structure, the second author
168 conducted a second round of coding in order to deepen the analysis and obtain the inter-coder
169 agreement. While the second author partook in the discussions about the themes, she had not read the
170 complete transcripts before, therefore was knowledgeable about the reasoning behind the themes but
171 novice to the exact content they were based on. The inter-coder agreement was calculated on all
172 memories of young people for the thematic analysis, timescale analysis, and positive or negative
173 experience analysis (Table 1). The percentage of agreement varied between 84% and 87% (K = .66 to .72)
174 and could be considered as good (Altman, 1991). For the negative experience sub-codes, only those
175 memories that both coders coded as negative were analyzed. The agreement was slightly lower (81%, K
176 = .47), which could be considered a moderate agreement (Altman, 1991). Coding differences among all
177 coding rounds were discussed between the two researchers in order to strengthen the analysis and the
178 coherence of themes and codes.
179
180 *Table 1.* Inter-coder agreement of the four coding rounds.

	% agreement	Kappa

Thematic analysis	87%	.68
Timescale analysis	84%	.66
Positive or negative memory analysis	86%	.72
Negative memory subscale analysis*	81%	.47

Note. *Calculated only on the memories both coders coded as negative.

Results

Thematic analysis of the most positive memories

Table 2 shows an overview of the themes and their frequency of the thematic analysis of the most positive memories. The memories young people shared were often multi-layered, therefore many memories were coded in multiple themes.

Table 2. Overview of the themes and their frequency.

Themes	*n**
Belongingness	21
Receiving support	18
Normal family life	16
It is better than before	11
Seeing yourself grow	11

Note. *Participants' memories could be linked to multiple themes. N = 44.

Belongingness. Young people shared memories that illustrated a sense of belongingness that they developed within their foster family. The foster family was not just a place to live, but became a home with new family members. They were treated as regular family members and were not treated differently because they were foster children. An exemplary quote is given by Zaineb*: "It just feels as if this is my home. I belong with them and I don't really feel like I am a foster child."* Being part of the family was showcased by both every-day and big gestures. Every-day gestures of belongingness were a foster

mother leaving notes inquiring about a young person's day , while more profound gestures were foster parents rebuilding the attic for a young person. Furthermore, being part of the family meant being allowed to be yourself and not having to change in order to fit in. Finally, belongingness was considered as a long-term commitment of foster parents to the young person. Not only did young people indicate they felt they could stay with their foster family until the age of 18, many also reported continued family visits after leaving the foster family. As Liza put it: *"They are still there, and that is very nice, because I still have them with me."*

Receiving support. Support, help and assistance young people received from the people around them were recalled in their most positive memories. The young people were thankful for the support and parenting of foster parents, who were able to see what they needed and able to meet their needs. Daliah: *"Up until today [foster parents] supported me and helped me with everything."* Young people also recalled specific situations in which the support of foster parents was valued. For example during their sports activities, with difficult visits with their family, and with reunifying with their family. Lynn: *"Visits to my birth mother were never fun. But my [foster] mother made it the 'moms day'. Afterwards we played games, went shopping or went for dinner, so it was a nice day even though there was also that difficult moment."* Young people attributed their achievements and growth to the support they received from their foster parents. Milou: *"If I had not been in foster care, I would have been somewhere else, on drugs or in a shelter for example. So I am very happy that foster care always tried their best to get me somewhere."* In addition to support from foster parents, some young people recalled the support they received from their birth parents and friends, and the support provided to foster parents by social workers as their most positive memory.

Normal family life. The positive memories young people shared often contained situations encountered in any given family. Not the extraordinary moments, but rather the ordinary family moments were greatly valued by young people. These signify that foster families are as normal as other

families, such as having dinner, sharing their experiences of the day and spending the holidays together. Young people had very fond memories of these moments, for example Jennifer: *"During Christmas, everyone bought presents for each other and wrote a poem to go with the present. My foster mom gave me a beautiful poem about a butterfly, and that butterfly was me."* Moreover, young people liked that they could have friends over and did not have to worry about anything. It was nice just being in a safe and normal family environment. *"I was looking at the clock and calculating how much time I had left to play. The amount of playtime was the only thing I had to worry about"* (Araja).

It is better than before. Young people shared memories that showed a significant improvement of their situation during their stay in the foster family. Some shared that coming into foster care was their most positive memory, because they no longer were in an institution, did not have to care for younger siblings anymore, or were removed from a disruptive environment. Furthermore, young people shared how they got opportunities they did not have with their birth parents. Young people also recollected changes while in foster care that contributed to an improvement. Four young people shared that a placement change was their most positive memory, since the new foster family was a better fit for these young people. Finally, some young people's most positive memory was a change in the foster family they had lived in for a while. Nicole for example shared: *"It was really great when other foster children were placed in the foster family. I am the oldest of five siblings in my family, and in the beginning [of the placement] I was alone, getting all the attention."*

Seeing yourself grow. The most positive memories in this theme illustrate how young people experienced personal growth throughout family foster care. They are proud of what they accomplished and learned as adolescents or young adults, such as finishing high school or going to college. As Shanti said: *"I am also kind of proud of what I have accomplished, given my past."* Young people felt they had grown up and were now able to live without further support of the foster care system. *"My most positive memory, I would say is the closure [of the support from the foster care organization]. Not that I am not*

thankful for their support, but now I can do it without them" (Peter). In addition to these more general areas of growth, some young people recollected important specific milestones, such as processing the loss of their birth parents, dealing with an attachment disorder and being less depressed.

Structure of the most positive memories

The participants were asked about a *memory* they had when they were in family foster care. To this question, 18 very specific memories were recalled by the young people (Table 3). Examples are the moment they met their new foster family, a specific holiday, and the moment they received the foster parents' last name. Other memories that were shared did not pertain to a specific moment, but rather to what young people felt like in the foster family for a prolonged period of time (*n* = 27). They shared having a sense of home with their foster family, being able to talk with their foster parents, and feeling supported. A few memories that were shared combined these two types (*n* = 5). These young people mentioned a specific memory as an illustration of a long-lasting experience in foster care. For example a graduation ceremony that was mentioned as an example of what the young person had accomplished with the support of the foster family.

Table 3. Timescale of the memories and their frequency.

Timescale of the memory recalled	*n**
Specific memory	18
Specific memory linked to long lasting feeling/experience	5
Long lasting feeling/experience	27

Note. *Participants could have recalled multiple memories. N = 44.

We asked young people specifically about their most *positive* memory while in family foster care. Although all shared positive and enjoyable experiences, 27 young people linked these memories to negative experiences (Table 4). Some discussed negative experiences prior to coming into foster care

alongside the positive memory while in care, such as being removed from an adverse environment. Young people also felt inclined to share that while they have very positive memories of being in care, living with a foster family was also difficult and hard at times. Moreover, young people illustrated that foster care started out difficult, but became more enjoyable after some time had passed or a change had happened. Finally, young people recalled negative experiences with their birth parents while in care, and the difficulties they had after leaving the foster care system.

Table 4. Overview of positive memories and types of negative experiences

	*n**
Positive memory only	17
Positive memory with negative experiences	27
Negative before foster care, but positive during foster care	5
Foster care both negative and positive	11
Foster care from negative to positive	10
Negative experience with family during foster care	6
Foster care positive, but after leaving care negative	2

Note. *Participants could have recalled multiple negative experiences.

Discussion

The aim of this study was to provide insight into factors that contribute to successful family foster care from the perspectives of young people. Although the young people in our study provide examples of the other four dimensions of foster parenting described by Schofield and Beek (2005), a sense of belongingness seemed to be a defining aspect of successful family foster care. This sense of belongingness appeared to be built over time through an accumulation of ordinary family experiences.

Restoring the normal everyday life within the foster family contributes to creating that sense of family and belongingness. After a tumultuous past, the most positive memories of young people often seem mundane, such as playing with friends or having family dinners. Having a family like any other

family, having opportunities to grow, and receiving support from their foster parents, contributed to this sense of belongingness. Most memories related to this were not tied to a specific event, but rather illustrated a process throughout time. A sense of family was not present when young people entered care and was not created in one or two defining moments. Rather, through continued support and efforts of foster parents and an accumulation of positive experiences, this sense of family was built. It would be interesting to compare the most positive memories of young people together with those of their foster family, birth parents and siblings in future research, in order to get a system perspective on the success factors of family foster care.

Although it might sound simple, the effort foster parents exert into creating this normal family environment for children in their care should not be underestimated. The types of memories young people shared underscore this. Young people recalled negative experiences while in foster care as well as important turning points. Moreover, many young people did not recall one specific moment in the foster family, but rather recalled the continuous efforts and affection of foster parents throughout their placement. The ability of foster parents to continuously provide love and support plays a vital role in the well-being of young people (c.f., Selwyn, Wood, & Newman, 2017; Whiting & Lee Ill, 2003). A secure base provides opportunities to discover their environment and to learn how to regulate their behavior and emotions (Schofield & Beek, 2005). However, the problems young people experienced prior to family foster care can have a negative impact on foster parents' ability to provide this supportive environment, also because these increase the chance of higher levels of parental stress (e.g., Goemans, Geel, & Vedder, 2018). Foster parents should therefore receive adequate training and support from their foster care agency, not only focused on dealing with problematic behavior, but also on accumulating positive family experiences as a mechanism to build a sense of family, and consequently a secure base.

An interesting finding of this study was that many young people were triggered to recount negative memories when asked about their most positive one. Young people may have been more

inclined to view their experiences in a negative and pessimistic manner, even when asked about their most positive memory, due to negative memory bias. This bias has been described as one of the alterations in cognitive processing that may occur as a consequence of childhood trauma (Mathews & MacLeod, 2005). According to research, children form dysfunctional assumptions about themselves and their environment when exposed to traumatic experiences, and consequently process information in accordance with these assumptions (Beck, 2008; Beck & Haigh, 2014). Viewing the world more negative and pessimistic as a consequence of early traumatic experiences increases the chance to develop emotional and mental health problems (De Raedt & Koster, 2010; Vrijsen et al., 2017). It is therefore important to do further research on the possible presence of negative memory bias among children in family foster care.

Strengths and limitations

There are several limitations of this study that should be mentioned. Firstly, the negative experiences mentioned by young people could also be explained by their efforts to nuance that not all their experiences are positive, or could be considered as an artefact of our interview procedure, in which young people were first asked to reflect on their most important and unimportant needs while in foster care. Secondly, the study included a purposeful sample of young people, who often remained in family foster care for multiple years and were able and willing to participate in the study. Although they reported various foster care experiences, young people with (severe) mental or physical problems were possibly not reached by our recruitment methods. Finally, few young people shared positive memories regarding their birth parents and siblings. Since our questioning possibly steered young people toward sharing memories of the foster family, the importance of birth parents and siblings with regard to successful family foster care cannot be distilled.

Despite these limitations, the strengths of this study can be found in the three-step in depth analyses of the positive memories of young people in family foster care. These memories were not only

thematically analyzed, but also the timescale of the memories and the negative experiences shared by young people were analyzed. These structural components provided additional insight into the mechanisms that contribute to successful family foster care from the perspectives of young people.

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