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# **QUALITATIVE METHODS IN RESEARCH OF FOSTER CARE – WHAT CAN WE LEARN FROM QUALITATIVE RESEARCH?**

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## **RESEARCH OF FOSTER CARE:**

- Specialized foster care for children with disabilities - experience of foster parents
- Foster care for persons with mental disorders - experience of foster caregivers
- Foster care models in Europe

# SPECIALIZED FOSTER CARE FOR CHILDREN WITH DISABILITIES - EXPERIENCE OF FOSTER PARENTS

- In order to improve the quality of foster care for children with disabilities research goal was to get insight into the experiences of foster parents who provide their care (N=6).
- Data were collected using focus group methodology.
- The study was designed as a pilot phase of a wider research on the population of foster parents for children with disabilities in order to generate specificity of this foster care type and adapt existing standardized instruments that are in large part focused on the traditional foster care.
- Data were collected using focus group methodology.

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- The results show that the **motives of foster parents** to involve in foster care include: altruism, previous experience of contact with a child in need, a sense of "empty nest" and the economic motives.
  - **The difficulties in providing care to children with disabilities** are associated with the process of adjustment of the child and foster parents, inadequate professional assistance and support, relations with the family of the child, child's specific difficulties and distrustful attitude of the environment.

- **Foster parents' recommendations** for improving the welfare state is to ensure the availability of social workers at Social welfare centers, placing the child in the focus of intervention and better preparatory phase of foster care children.
- In conclusion, the research results indicate the need to improve foster care for children with disabilities through targeted measures of supporting foster parents, developing of individual plan for the child based on multidisciplinary team approach.
- It is necessary to improve the model of foster family's selection, to make additional efforts to inform foster parents about the child and to the quality preparation and ongoing training of foster parents.

# FOSTER CARE FOR PERSONS WITH MENTAL DISORDERS

- In other quantitative research in order to improve the quality of foster care for persons with mental disorders data were collected using semi-structured interviews(N=8) .
- **The aim** of this research is to gain insight into the experiences of foster families which provide foster care to persons with a mental disorders in order to improve foster care for this category of beneficiaries.
- The aim is to gain a comprehensive understanding of foster caregivers' motivations to provide a better insight into why they continue to foster.
- The study also investigates strengths and weaknesses/challenges in support reported by foster caregivers in order to understand what foster caregivers need to perform quality care and how to improve foster caregivers retention.

**The factors that led to the decision to start fostering are:** altruistic motivation; the positive experience of foster care in their close environment; the experience of care for a family member; “self-knowledge” and ability to help others; the socio-economic life circumstances; the excess of free space within the family home.

- **Difficulties in providing foster care are:** difficulties upon arrival and adaptation to the life with users; difficulties in communicating with users; poor cooperation with professionals in users socio/rehabilitation proces; no understanding by the other people in their environment; unrealistic attitudes regarding the financial gain, and demands of fostering; a sense of underpayment for work/care they perform; dealing with mental disease/illnes and specific users problems; the users death; their is no person-centered planning

- **Strengths in providing foster care are:** adequate cooperation with experts; support from family members; communication with users and family; acceptance by neighbors; their personal experience; food production for their own use.
- **Recommendations for improving the quality of foster care:** higher material compensation; additional material assistance; promptly filling up empty accommodations capacity; paid pension and health insurance for FC; secured stable legal framework for action; to arrange more additional training; need for support groups and supervision; better assessment of users need.
- **Results can be used to** implement policy change in order to retain the foster caregivers who are already in the social welfare system.
- Foster caregivers experiences suggest that there is a room for promotion and development of foster care for people with mental disorders - to meet the specific needs of users, to improve the quality of life, to support and strengthen their independence.



# “FOSTER CARE MODELS IN EUROPE”

- Qualitative survey of foster care models in Europe was designed in cooperation with the Forum for Quality Foster Care;
- a qualitative approach to data collection and processing was selected.
- **Questionnaires was developed in order** to get insight into the foster care models, legislation and practices concerning foster care, and obtain some recommendations for improving foster care practices.
- The questionnaire consisted of a series of open-ended questions covering some aspects of foster care practices.
- Out of the 30 sent requests, we received questionnaires from 12 countries.





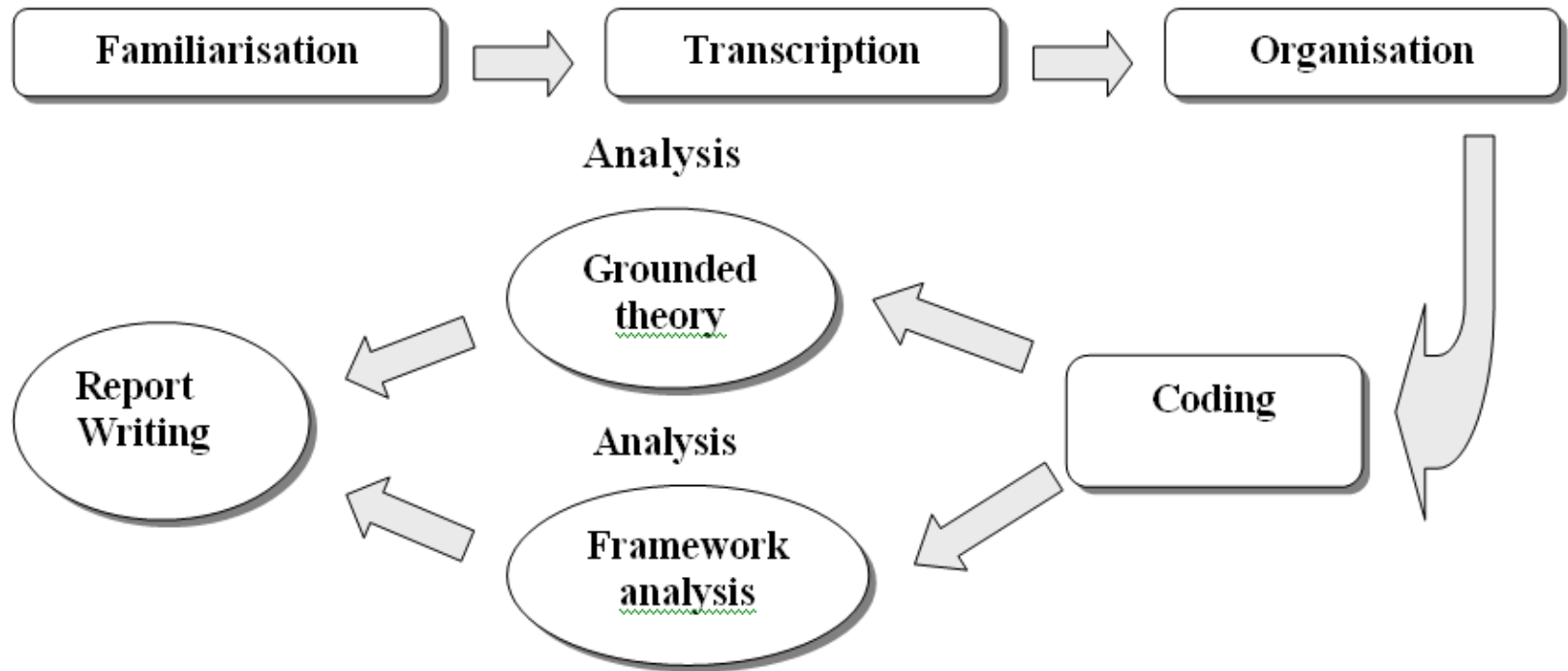
- During research as researcher we had some dilemmas related to methodological limitations of the qualitative approach.

Qualitative Research	Quantitative Research
<b>Subjective</b>	<b>Objective</b>
<b>Holistic</b>	<b>Reductionist</b>
<b>Phenomenological</b>	<b>Scientific</b>
<b>Descriptive</b>	<b>Experimental</b>
<b>Inductive</b>	<b>Deductive</b>

- Each of the various features of qualitative research may be viewed as a strength or as a weakness.

## Some of the methodological limitations of the survey (I. & II.):

- the **results of a study may not be generalise** to a larger population because the sample group was small and the subjects were not chosen randomly - the original **research question may have sought insight into a specific subgroup of the population**, because the subgroup is “special” or different from the general population and that specialness is the focus of the research - In such studies, generalisability of the findings to a wider population is not an aim.
- Because **qualitative research heavily depends on the researcher's knowledge and interpretation**, it is questionable that another researcher (replicating a qualitative study) would achieve the same results -- he might make different decisions about interpretation, might ask interview questions in a different way, or might even change the design halfway through the study, based on perceptions of the participants' needs. This variation can radically change the results of a study and can make study results inconsistent.

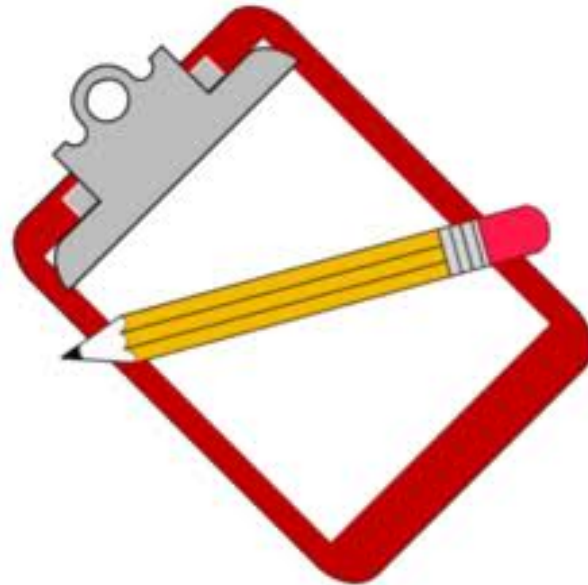


**Stages in qualitative data analysis**

## Some of the methodological limitations of the survey (III.):

- Since this was a qualitative survey that could not have been carried out by means of the interview method due to objective circumstances (distance and finance), and given that the subjects filled out the questionnaire themselves, it is possible that some of the observed aspects of foster care were not given sufficient importance or were not even mentioned and sufficiently elaborated because they were implied.
- In addition, survey participants are a heterogeneous group in terms of their roles, status and power to influence social policies in their home countries (e.g. representatives of ministries, local and regional self-governments, civil society organisations, etc.).
- This status difference and the position of the employee who was authorised to complete the questionnaire could have affected their willingness and ability to examine the existing foster care practices in their home country in a critical manner.
- At a later stage of analysis that might have led to the formation of wrong results and conclusions based on the obtained data.

- Future steps:



- Although it is sometimes not as well understood and accepted as quantitative research within the scientific community or policy makers - quantitative research are important - Issues can be examined in detail and in depth.

## Research areas that need to be addressed:

- Experiences and life-course of children/youth after foster-care placement
- Experiences of placement disruptions in foster care (child, foster parent)
- Reasons for foster parents leaving foster care
- Birth families of foster children
- Experiences of reunification of foster children *with their families*
- Children with EBD in foster care: facts, experiences, challenges
- Children with disabilities in foster care: facts, experiences, challenges
- The Matching Process - is it and how used to place foster children with licensed foster parents
- The care placements evaluation
- Evaluation of foster parents education

## Types of qualitative data that can be used:

- Audio recordings and transcripts from in-depth or semi-structured interviews
- Structured interview questionnaires containing substantial open comments
- Audio recordings and transcripts from focus group sessions.
- Field notes (notes taken by the researcher while in the field [setting] being studied)
- Case study notes
- Images
- Documents (reports, meeting minutes, e-mails)
- Diaries, video diaries
- Observation notes
- Press clippings
- Photographs





**Thank you for your attention!**