CHAPTER 1.

General introduction
Introduction

All children have the right to grow up in a safe and supportive environment that contributes to their well-being (Convention on the Rights of the Child, United Nations, 1989). If, for any reason, children cannot be raised by their own parents, they can be placed in a foster family that aims to provide them with a nurturing home and stimulate their development and health (Pasztor, Hollinger, Inkelas, & Halfon, 2006). 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 (Berrick & Skivenes, 2012; Schofield & Beek, 2005; United Nations General Assembly, 2009). In the Netherlands, over 20,000 children are in foster care each year, either temporarily or for a longer period of time (Pleegzorg Nederland, 2017a).

Children placed in family foster care come from high-risk backgrounds. The majority of children are placed out-of-home because of harmful caregiving environments, therefore it is not surprising that these children are disproportionately exposed to physical and sexual abuse, neglect, caregiver mental health issues, domestic violence and substance abusing caregivers (Oswald, Heil, & Goldbeck, 2010; Turney & Wildeman, 2017). Research on the impact of child maltreatment and childhood trauma shows the long-lasting consequences this can have on children’s development, health and psychological well-being (R. Gilbert et al., 2009; Van Der Kolk, 2005). Moreover, being separated from their parents, even if their care was inadequate, is another traumatic event that children experience (Bowlby, 1980; Mitchell, 2017). This high-risk background of children can contribute to the problems and obstacles they encounter, such as problems with attachment, internalizing and externalizing behavior, school, traumatic stress and placement stability (Greeson et al., 2011; Piescher, Colburn, LaLiberte, & Hong, 2014; Schofield & Beek, 2005; Villodas et al., 2016). Children in family foster care are therefore often portrayed as vulnerable children with high care needs. That said, these problems are not universal and children in foster care can show resilience (P. A. Fisher, 2015).

Internationally, between 4 to 35 percent of the children in family foster care have experienced sexual abuse (Oswald et al., 2010), and children in the Netherlands seem to be at the upper bound of these estimates (Grietens, Van Oijen, & Ter Huizen, 2012). A history of sexual abuse can put children specifically at risk for negative outcomes. Studies have shown that these children are more likely to experience behavioral problems, placement instability, depression and that they drop out of school at higher rates (Dubner & Motta, 1999; Edmond, Auslander, Elze, McMillen, & Thompson, 2002; Eggertsen, 2008). Children who were sexually abused possibly have needs that are not as urgent for other children in care, for example related to giving and receiving affection, managing their personal boundaries, and learning about sexuality and appropriate sexual behavior (Farmer & Pollock, 2003; Pollock & Farmer,
Moreover, they are often poly-victimized, meaning they experienced other types of maltreatment, which increases their vulnerability even further (Edmond et al., 2002; Pollock & Farmer, 2005). These children require foster parents who are particularly trauma-sensitive and can help them to process their experiences. However, foster parents are rarely aware of the history of sexual abuse, making it more difficult to meet the specific needs of this group of children (Pollock & Farmer, 2005).

The above-mentioned studies show that children in foster care can indeed be perceived as vulnerable. However, a mere problem and risk orientation can result in a one-dimensional understanding of the development and health of these children. Furthermore, it can contribute to the stigma children feel is attached to being in care and increase feelings of helplessness (Gingerich & Eisengart, 2000; Madigan, Quayle, Cossar, & Paton, 2013). In order to understand how the well-being of children in family foster care can be supported and stimulated, this thesis focuses on their psychosocial needs. Meeting the needs of children is expected to enable them to make a positive developmental turn (Berrick & Skivenes, 2012; Nelson et al., 2007). Compared to the more one-dimensional vulnerability discourse, psychosocial needs cover multiple aspects of well-being, ranging from individual and safety aspects, to interpersonal and growth aspects (Maslow, 1943). Furthermore, need satisfaction can be scaled from satisfied to unsatisfied. A needs perspective is therefore not only concerned with problems regarding the health and development of children, but rather emphasizes necessities for the most optimal development and well-being of children in a more holistic way. An orientation towards these necessities can enhance children's sense of self-efficacy and help them to achieve the envisioned change (cf. Gingerich & Eisengart, 2000).

**Psychosocial needs**

Needs are motivating forces that direct the behavior, thoughts and emotions of a person, and meeting the basic human needs contributes to a healthy development (Deci & Ryan, 1985; Maslow, 1943). Maslow’s theory of human motivation (1943) describes five basic needs that are organized in a hierarchy in which lower order needs have to be adequately satisfied before higher order needs can be attended to. The lowest level in the hierarchy are the physiological needs, which aim to maintain an adequate homeostasis of the body with for example food, water and shelter. The next level is the need for safety; both physical safety, such as freedom from pain, and emotional safety, such as freedom from psychological stress. The third level is that of a sense of belonging. People need love and affectionate relationships with others and to feel connected to (groups of) people. When the needs for love and belongingness are satisfied, the desire for a stable and firm evaluation of the self emerges. People need to have self-esteem based on their capacities and to feel that others appreciate their capacities as well. Finally, on the highest level is the need for
self-actualization, which is the desire to become everything a person can become. The four upper layers of the hierarchy can be considered the psychosocial needs, which is the main focus of this thesis, while the physiological needs can be considered biological needs (see Figure 1.1).

![Maslow's hierarchy of needs](image)

Figure 1.1. *Maslow's hierarchy of needs* (1943).

Satisfying these needs is a continuous process; successful need satisfaction leads to (further) growth and well-being, while failing to meet needs can inhibit this. Unmet needs can be satisfied by changing environmental factors, or changing individual or interpersonal actions, thoughts or feelings (Deci & Ryan, 2012; Maslow, 1943). Out-of-home placement is an example of a change in the environment, while the upbringing by foster parents can be considered a set of changes in interpersonal actions. Sensitive caregiving by foster parents is specifically important in meeting children’s needs, as it may reverse the damage of previous adverse caregiving environments and can support children in acquiring the life-skills for adulthood (Schofield & Beek, 2005). Many other people and environments are involved in meeting the needs of children in family foster care and can contribute to their development and well-being. Examples of other actors are care workers, therapists, teachers, friends, extended family members and neighbors, while living in a new neighborhood, attending leisure activities and school are examples of other environmental changes that can occur in family foster care. Most importantly, it should not be forgotten that children themselves are important actors in their own lives (James & Prout, 1997). Within a supportive atmosphere, they are able to express their needs and how these should be satisfied. Furthermore, children have the ability to satisfy their own needs.
Voices of children in foster care

Despite that children in family foster care are often portrayed as vulnerable and in need of protection, they have the right and capacities to provide their own views in all matters that affect them (Dillon, Greenop, & Hills, 2016; United Nations, 1989; van Bijleveld, Dedding, & Bunders-Aelen, 2014). Children actively construct their own lives, the lives of those around them and the society in which they live, therefore the sociology of childhood underscores the importance of studying children in their own right (James & Prout, 1997). Participation not only pertains to their day-to-day lives, but children should also be able to voice their opinion in policy development and research that deals with matters affecting them (Lundy, 2007; Winter, 2010). In research, active participation of children can result in more socially and culturally valid outcomes, because academic knowledge is combined with real-world knowledge and expertise (Cargo & Mercer, 2008; R. Sinclair, 2004). Including the voices of children in research about their experiences in foster care can provide unique insights into how they perceive and make meaning of these experiences, and can address and respect the diversity of their opinions and situations (McLean, 2005; Warming, 2006). The stories they share reflect which life events they find most meaningful and illustrate the less tangible aspects of their experiences (Whiting, 2000). This knowledge can inform service planning, provide insights to improve outcomes, and assist care professionals to better understand and meet their needs (Warming, 2006; Whiting, 2000).

In order for children to participate in a meaningful way in matters that affect them, they should be able to provide their views on the subject under investigation and have their views given due weight (United Nations, 1989). Preconditions for meaningful participation are giving children thorough information about their right to participate and about the subject under investigation, and giving them space and opportunity to participate throughout the investigation (Lundy, 2007; Pölkki, Vornanen, Pursiainen, & Riikonen, 2012). In research, children can contribute to shaping the purpose and scope of the study, conducting the study, interpreting results and disseminating outcomes. Participation of children in research occurs across various degrees, ranging from equal co-researchers that are active in all phases of the study, to active advisors and contributors in parts of the research process (Cargo & Mercer, 2008; Kirk, 2007; Langhout, 2010).

Participation of children in decisions regarding their care is believed to have benefits for their well-being (Cashmore, 2003; Vis, Strandbu, Holtan, & Thomas, 2011), and similar benefits seem to exist when children participate in research (McClinton Appollis et al., 2017). Sharing their stories can help them make meaning of their experiences and can have therapeutic qualities (McLean, 2005; Orb, Eisenhauer, & Wynaden, 2001; Whiting, 2000). Moreover, having their views heard and contribute to scientific advancement provides children with a sense of value and empowerment (Cargo & Mercer, 2008; Warming, 2006). However, having children participate in research, especially regarding sensitive issues such as foster care and
traumatic experiences, can also bring risks to their well-being and thus requires particular ethical sensitivity of researchers (R. Sinclair, 2004). Asking children questions about difficult and traumatic experiences may trigger painful memories and cause distress or hyperarousal (Hanney & Kozlowska, 2002; Orb et al., 2001). Another ethical issue is that participating in research often does not directly affect children’s situation. Children and researchers should be aware that researchers are not always in the position to help children when current issues are brought forward. In addition, the dissemination and implementation of study results can be difficult to perceive for children, because these are often distributed among scientists and professionals, and because the timeframe for implementation in practice is too long for them to benefit from the results of a study (Kirk, 2007). Finally, researchers should be sensitive to the power difference between them and their participants, both with regard to their older age and their position as researchers (Hutchfield & Coren, 2011; Kirk, 2007; Whiting, 2000). Here, a dilemma arises: while considerations about the particular vulnerability of children in foster care might be appropriate, not letting them participate could add to this vulnerability and further limit their possibility to influence the matters affecting them (N. Lee, 1999). Since children provide unique insights into their lived experiences, and because children themselves have indicated to value participation (Warming, 2006; Whiting, 2000), we decided in this study to focus on the voices of children and have them participate despite the possible challenges. In addition to applying good ethical practices within the study design, such as gaining ongoing informed consent and ensuring participants anonymity, confidentiality and opportunities for after-care (Hutchfield & Coren, 2011; Kirk, 2007), researcher reflexivity and sensitivity are key when addressing the ethical issues that come with this decision. This means that researchers should keep negotiating their ethical practices throughout the study and be sensitive to how their beliefs and position influences the acquired knowledge (Phelan & Kinsella, 2013).

Methodological considerations
Children in foster care are not a homogenous group. They can differ greatly in their pre-care experiences, age of entering care, placement trajectories, the quality and frequency of contact with their birth parents, school engagement, behavioral and mental health problems, and so forth (e.g., Atwool, 2013; Oswald et al., 2010; Petrenko, Culhane, Garrido, & Taussig, 2011). Consequently, children are expected to differ regarding how they view their needs: both with regard to which needs are satisfied and which still require satisfaction, and also with regard to how they prefer their needs to be satisfied. These individual differences in views and attitudes between children can be difficult to grasp using quantitative methods (Ellingsen et al., 2010; Watts & Stenner, 2005). Therefore we employed qualitative methods to gain an in-depth understanding of the needs as experienced by children (Flick, 2014). Since we wanted to cover a broad range of experiences children can have in family foster
care, also those experiences when children are nearing the end of the placement, we asked older adolescents and young care leavers (from here on referred to as ‘youth’) to retrospectively reflect on their needs during family foster care.

A constructivist paradigm follows from the assumption that children in foster care differ in how they view their needs. Constructivism assumes that people actively make meaning of their world through interactions and cognitive and affective operations. This thesis does not aim to observe one objective truth, but instead to understand how people interpret and make sense of their experiences (Denzin & Lincoln, 2005; Watts & Stenner, 2012). In cooperation with the researcher, participants reconstruct their subjective understanding in the (participatory) research process. Bruner (2004) in this respect differentiates ‘life as it is’, ‘life as experienced’ and ‘life as told’. The first relates to the objective facts of a person’s life, which are then given meaning to by people in the ‘life as experienced’. Although constructivist research aims to understand the latter, there is always a difference between the experiences of someone and what is told and revealed during the research process. The ‘life as told’ in research differs from ‘life as experienced’ because people are selective in their memory and in what they share with researchers. The voices of children in family foster care were elicited in this thesis by conducting two complementary studies: a Q methodology study and an episodic interview study (Flick, 1997; Watts & Stenner, 2012).

In order to explore the different viewpoints of youth in foster care regarding their psychosocial needs, a Q methodological study was conducted. The aim of Q methodology is to reveal patterns of subjectivity among groups of people, such as views, beliefs and opinions (McKeown & Thomas, 1988). Subjectivity is not only a way of thinking about a certain subject, but also a range of behavioral activities that communicates a person’s point of view (Watts & Stenner, 2012). In order to elicit their viewpoints, participants sort a set of statement cards regarding the topic of interest in a grid with a quasi-normal distribution. These statement cards should be self-referenced instead of factual, because they need to be scaled from most like to most unlike a person’s viewpoint (Stephenson, 1980). Individual Q sorts are subsequently correlated and factor analyzed in order to reveal groups of participants with similar viewpoints (McKeown & Thomas, 1988). Which factors emerge depends how the participants sort the cards; all that is required to identify a factor are two individuals whose Q sorts bear a degree of similarity (Brown, 2006). Each factor displays the statements that are typically viewed positively and negatively by participants loading on that factor (Ellingsen et al., 2010). The overall configurations of the factors are subsequently interpreted and compared to identify which viewpoints about the subject under investigation are present among the participants (Watts & Stenner, 2005). Q methodology can therefore be considered a qualitative method applying quantitative techniques (Shemmings & Ellingsen, 2012).
One of the advantages of Q methodology is that it both showcases common viewpoints held by many people and viewpoints held by only some people (Brown, 2006). The statement cards should therefore be representative of all the possible opinions and viewpoints regarding the subject under investigation, also known as the concourse (Ellingsen et al., 2010; McKeown & Thomas, 1988). In order to most accurately represent the possible viewpoints on the subject, interviews and focus groups can be conducted to identify the concourse, and to choose the final selection of statements (Cross, 2005). The statements should be understandable and familiar to everyone performing the Q sort (Stephenson, 1980), but by actively ranking the statements the participants decide which statements are meaningful from their own perspective (Corr, 2001; Watts & Stenner, 2005). The sorting task can therefore be viewed as a built-in participatory feature of Q methodology. Statement cards can even mean something different for each person sorting the card, even if they agree on the importance of the statement (Watts & Stenner, 2005), which illustrates the constructivist aspects associated with this methodology (Watts & Stenner, 2012).

Another advantage is that the sorting task can be conducted about almost any subject and is particularly suitable for studies including children and studies regarding sensitive issues (Ellingsen et al., 2010; Stephenson, 1980). When there is a representative selection of statements, participants do not have to rely on their verbal abilities to provide their viewpoints, whether their viewpoint is common or uncommon. Moreover, participants do not have to elaborate on their viewpoints to the researcher as they would for example do in an interview, which can reduce the emotional burden when investigating sensitive issues (Ellingsen et al., 2010). That said, participants may wish to elaborate on their sorting, which offers additional insights into the emerging perspectives. The sorting task is often viewed as an engaging activity, because the statement cards provide participants with an accessible way to share their views (Ellingsen et al., 2010; Stephenson, 1980). Moreover, it can stimulate self-awareness and self-reflection, because sorting the statements in the quasi-normal distributed grid requires participants to identify their level of agreement on each statement in relation to all the other statements (Corr, 2001). These characteristics of Q methodology make it very suitable for this study.

Prior to the Q methodology study, a narrative interview study among youth (formerly) in foster care was conducted using episodic interviewing (Flick, 1997). The aim of an episodic interview is to ask participants about what the concept under investigation means to them, how this relates to their biography and how everyday experiences relate to this concept. In this study, interviews focused on the psychosocial needs of youth while in family foster care and the actions of themselves and others with respect to satisfying these needs. Three broad themes were discussed by participants, namely what did it mean to be a child living in a foster family, what were your needs while in care, and what was the impact of traumatic experiences on you? Participants were asked to talk about everyday experiences
and memories of the foster care period. In order to reduce the emotional burden of the interview, participants were not questioned about maltreatment and abuse prior to their foster care placement. Moreover, the interview had an open structure, allowing participants to determine which stories they shared and how deeply these were discussed.

The episodic interviews served two purposes. First, the interviews were used to identify the concourse for the following Q methodological study. By asking youth in foster care directly and indirectly about their needs while in foster care, all relevant information about this subject was collected (Cross, 2005; Ellingsen et al., 2010). The youth interviews were also supplemented with interviews among care workers, but the views of the youth were central in selecting the statement cards. Together with participants, the final selection of statements for the Q sort was made. Secondly, the episodic interviews were conducted to gain an in-depth understanding of some specific needs related to the traumatic background of children in family foster care. Where the results of a Q methodological study provide an overview of different perspectives of youth regarding the overall configuration of their psychosocial needs (Corr, 2001; Watts & Stenner, 2005), the episodic interviews provide insight into how specific aspects of these needs are experienced in every-day life (Flick, 2014). The interviews are retrospective, therefore participants had time to reflect on their experiences, on the meaning they attach to their experiences, and on how they changed their perception of these experiences over time. Although ‘life as told’ in a research setting differs from ‘life as experienced’ by the participants (Bruner, 2004), the interviews provide an insight into the realities of participants and what experiences were most meaningful to them (Flick, 2014). It is important that we understand the meanings children in foster care attach to their experiences, because as the Thomas Theorem states, when a person defines a situation as real, this situation is real in its consequences (Flick, 2014). By using thematic analysis, recurring themes across the interviews can be found that illustrate how youth make meaning of specific needs throughout the foster care placement related to traumatic experiences prior to care (Braun & Clarke, 2006).

**Objectives**

Children in family foster care have the right to grow up in a safe and supportive environment that contributes to their well-being. In order to help them grow and cope with their traumatic experiences, it is important that their psychosocial needs are met in a way that aligns with their individual circumstances. This thesis aims to describe what these needs are according to adolescents and young care leavers, as experts of their own stories. Because children in care are a very diverse group, we used two participatory qualitative approaches aimed, firstly, at identifying groups of youth with similar configurations of needs (Q methodology), and secondly at understanding in detail how specific needs related to traumatic events are experienced in every-day life (episodic interviews). These approaches are chosen to
understand the lived experiences of children in family foster care while respecting their different experiences, personalities and situations, which provide results that can easily be disseminated to practice. Furthermore, this thesis aims to explore what the impact is of the traumatic and adverse backgrounds of youth on their needs, with a specific focus on sexual abuse experiences prior to care. Children in foster care with a history of sexual abuse may have specific needs, which are possibly not as urgent for non-sexually abused children, for example related to giving and receiving affection (Pollock & Farmer, 2005). The voices of youth are central in achieving these aims, which leads to the following main research question: ‘What are the psychosocial needs of youth (formerly) in foster care and what is the impact of their traumatic background on these needs?’

**Thesis outline**

Based on the research question and aims stated above, the thesis is organized in the following chapters.

**Chapter 2** presents the results of a systematic literature review on the needs of children in family foster care based on Maslow’s need hierarchy. The review 1) systematically describes the needs of children in foster care and the ways to satisfy them and 2) examines how the literature conceptualizes those needs. This coherent overview of the needs of children in foster care can guide future research on their needs and assist practitioners when trying to meet these needs.

**Chapter 3** describes the psychosocial needs youth in family foster care experience and how they prioritize these needs. Furthermore, the differences between youth with and without a history of sexual abuse are explored. Through Q methodological analysis, different viewpoints held by these two groups of youth are explored and subsequently compared, which provides insight into differential approaches to satisfying the needs of youth in foster care.

**Chapter 4** assesses whether foster parents and care workers recognize the needs of youth. Since they play an important role in satisfying the needs of youth and often advocate for youth and their needs in decision-making, it is important to know how closely they understand the viewpoints of youth and what differences exist. We focus on the needs of youth with a history of sexual abuse, because this experience is often not disclosed and difficult to discuss.

**Chapter 5** presents the results of a qualitative inquiry into what youth experience as the impact of traumatic events prior to living in foster care. Youth in foster care have been disproportionately exposed to traumatic events, but this is often researched through a clinical lens. Youth’s views on the impact of these experiences can inform both their direct environment and the larger system around them about how to meet the needs stemming from these experiences.
Chapter 1

Chapter 6 focuses on if and when youth want to talk about their experiences prior to care and about being in care. Sharing these stories can benefit youth, because it enables them to make meaning of their experiences and to connect with their conversation partner. Understanding when and to whom youth want to share these stories can assist the people around them to be sensitive to the conditions under which they want to talk about their experiences.

Chapter 7 provides a general discussion in which the results of the preceding chapters are critically examined and the methods of this thesis are reflected upon. In addition, it addresses avenues for future research and details the implications for practitioners in the field of family foster care.