Support in foster care ... looking for best practice

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We all know what we personally find supportive and unsupportive. However, transforming the everyday ordinariness of what we experience as support into professional practice is not quite as simple as it may seem.

This paper explores some of the theories of support, how support works (including dilemmas for givers and receivers of support), supportive relationships and non-support. The theoretical material is illustrated with findings from research undertaken at a small inner city Melbourne foster care agency, Share Care. Birth parents, caregivers and social workers talk about their experiences as givers and receivers of support.

The research findings, in association with the theoretical material, provide insights into what could be seen as 'best practice' in terms of foster care support.

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> She just made me feel comfortable – I don't know if it was anything she said, or the way she said it, I just felt comfortable (Caregiver).

> I've rung them after hours ... I could ring (worker) I'd say at 2 o'clock in the morning if there was something wrong with him (Caregiver).

> I suppose basically you give yourself and your time. And you listen first of all, totally. You try to hear what they're saying – and then the second step is to really act on it (Social worker).

Families involved in foster care (both birth families and caregiving families) have the same basic needs for support as other families. However, they will inevitably need extra support, both practical and emotional, which is based on an understanding of the profound consequences for all concerned when a child moves from one family to another for a short or longer term period.

The everyday ordinariness of support, and our personal understanding of what we ourselves find supportive (and unsupportive), inevitably leads to a question – if support is so simple, why does it not happen routinely?

This article covers some of the theories which illustrate our understanding of support, a discussion of how support works (including some of the dilemmas for givers and receivers of support), supportive relationships (including what is valued in professional support) and non-support.

The theoretical material is illustrated with some of the findings of a longitudinal, action research project currently being undertaken in Victoria on support in alternative family care for birth parents, young people, caregivers and professionals (referred to here as the larger project). This article presents the findings of a sub-sample of the larger project – birth parents, caregivers and social workers associated with a small, inner city Melbourne foster care

agency, Share Care[1], talking about their experiences as givers and receivers of support.

THE SHARE CARE DISCUSSIONS

Discussions with the Share Care participants[2] were held in two distinct phases – between 1996 and 1997 in the first phase of the research; and between 2003 and 2004 in the subsequent phase. Those who participated in the first phase have also participated in the second phase and will continue to take part in the research, within the broader sample, until the end of 2006. However, the second phase of the research has also involved a new group of participants.

The participants in these discussions have been: three birth parents (five discussions); ten carers, two of whom are kinship carers (17 discussions); two social workers (four discussions); and two social work students (two discussions).[3] Most discussions with carers and young people took place in the participants' homes and all discussions were audiotaped. Detailed, typed summaries of the tapes were given to participants with an invitation to modify or clarify the contents. The summaries were then analysed thematically and related to the literature on support.

THEORIES OF SUPPORT

Theories of what support is, and how it works, have arisen from various disciplines, including psychology, sociology and anthropology. Some of the key theories which give depth to our everyday understanding of what support is are summarised briefly here.

Attribution theory explains the way in which individuals formulate beliefs (attributions) to understand, predict and control their environment according to internal (person) factors and external (environment) factors. Attributions can be positive or negative. Support is seen as effective when responsibility for causing a problem can be attributed to the environment, while responsibility for solving a problem can be attributed to the individual. Support is also likely to be most effective when beliefs about causes and solutions by consumers, support network members and professionals are congruent (Stewart 1989).

Negative attributions arise because people may believe that individuals deserve what they get – i.e. responsibility for causing the problem has been attributed to the individual, rather than to the environment.

Coping theory explains efforts to manage external or internal demands which threaten to overwhelm an individual. Coping is determined by the relationship between person and environment and is a transactional process with problem-focussed and emotion-focussed functions. Seeking support is itself a coping strategy (Stewart 1989).

Support is essentially a communication process in which each participant attaches meaning to events and activities.

Social exchange (or equity) theory covers reciprocity and the costs and benefits associated with giving and receiving support. Support is likely to be seen as unhelpful if it undermines self-esteem and people may be unwilling to seek or receive help if they feel unable to return the benefit. The extent to which people feel indebted depends on their perception of the rewards and costs for both parties, the donor's motives and impetus for action, and comparison with other situations (Stewart 1989).

It is also useful to consider networks of communal reciprocity, in which people offer support simply because they themselves have been given support in the past (Giljohann 1995; Short 1996).

Reference group theory (Merton 1968) covers comparison with others in similar situations and is related to **social comparison theory** (Stewart 1989). Both inform our understanding of peer support.

Social network theory explores individual and group networks in terms of size, closeness, exchange/reciprocity and interactiveness (Milardo 1988; Vaux 1988).

HOW SUPPORT WORKS

Support is essentially a communication process in which each participant attaches meaning to events and activities. Both parties are givers and receivers 'caught up in a web that is ongoing and dynamic in character' (Albrecht & Adelman 1987a, p. 20), mutually influencing attitudes, beliefs, emotions and behaviours.

[1] Share Care, which was established in 1983 as a community-based and community-managed model, merged with Good Shepherd Youth and Family Services in early 2006. In 2005, Share Care offered the full range of foster care to children and young people 0-17 years – emergency, reception, short-term, long-term (12 children in reception, short-term, long-term), respite (average 30 children), post placement support for permanent care (6 families). A unique feature of the Good Shepherd/Share Care program is that local government (City of Yarra) continues to fund the respite component of the service.

[2] Discussions were held with all of the long-term carers (including those who have moved on to permanent care). Some of these have also been respite carers. The birth parents chosen were those who have had most contact with the service over a number of years. In contacting participants, staff were clear that anyone who was thought to have negative perceptions, should be included in the sample.

[3] The findings relating to discussions with young people, birth parents, permanent parents and teachers have already been published elsewhere (O'Neill 1999a; 1999b).

Clearly, support which is offered may not be perceived as supportive by the recipient (Eggert 1987). Indeed, research shows that providers of support tend to assume that they are giving more than receivers think they are being given (Sarason, Sarason & Pierce 1990). Just as importantly, support is not static and givers' and receivers' understanding of support needs change over time (Hupcey 1998a).

The functions of support are seen by Albrecht and Adelman (1987a) as:

- enhancing control, acceptance and social interaction; and
- reducing uncertainty – i.e. ambiguity, complexity, lack of information and unpredictability.

Hupcey's (1998b, pp. 308-9) review of the literature in this area cites research which variously conceptualises support as a thing – information, goods and services, resources; a process – interpersonal transactions, fulfilment of needs, nurturing relationships; and/or an outcome – the enhancement of well being. However, these different emphases don't acknowledge the dynamic interplay of relationship, the nature of the support itself and the meaning of what is given and received (for both givers and receivers).

Some of the themes which appear to be important to the process of support for recipients are:

- A sense of others simply 'being there' – a belief that others are able and willing to provide support regardless of what is required. Support which is perceived to be available is more consistently related to outcomes than support actually received (Burbidge 1998; Eggert 1987; Milardo 1988; Sarason et al. 1990).
- A sense of acceptance – the belief that others accept us as we are is strengthened when we see the support willingly given to us (Sarason et al. 1990). Perceptions of having, and being worthy of, social support are seen as an extension of childhood attachment experiences.
- Feeling heard – being able to express frustration (sometimes called ventilation), without being judged, allows people to articulate uncertainties and problems in ways which help them to be more objective and effective (Albrecht & Adelman 1987a).

PROFESSIONAL SUPPORT

Support in foster care needs to incorporate supervision and this can potentially add a varying degree of tension between workers and families. Government standards for home-based care in Victoria (Department of Human Services 2003) use the terms 'monitoring and review of caregivers' (Sn 3.4) and 'caregiver support and supervision' (Sn 3.7). In addition, in earlier Australian research, some carers reported feeling that they were under 'surveillance', rather than being supported or supervised (O'Neill 2001). Indeed, some professionals question whether true support is even possible within a placement agency (Macaskill 1985).

Much of what is written about what is valued in professional support[4] comes from the psychotherapy and family therapy literature, and implicit in all of it is the importance of relationship and a sense of partnership (Duncan, Hubble & Miller 1997; Quinn 1996; Sells, Smith & Moon 1996).

Marris (1991, p. 89) sees the 'qualities of good social relationships and good experiences of attachment' as essentially the same – 'predictability, responsiveness, intelligibility, supportiveness and reciprocity of commitment'. Other professionals write about mindfulness – 'the generous knowing of a person truly present both to one's own experience and the experience of others' (Layton 1995, p. 30); and the importance of personal and professional qualities, the development of the therapeutic relationship, focus on client empowerment, attending to the impact of self and applying appropriate therapeutic strategies (Coady & Wolgien 1996).

Other important elements of support which have been identified by consumers of therapy are:

- affirmation – a sense of being seen as worthwhile (Quinn 1996);
- therapists sharing parts of their own lives with consumers and being 'real' people (Quinn 1996; Sells et al. 1996);
- a sense of sincerity (Quinn 1996; Sells et al. 1996);
- a therapeutic bond – a feeling of being nurtured, which is not friendship, although has some elements of it (Quinn 1996; Sandmaier 1995; Sells et al. 1996);
- a sense of comfort (Quinn 1996; Sells et al. 1996);
- therapists extending themselves beyond the job (Quinn 1996);
- listening (Quinn 1996);
- feeling understood (Pocock 1997; Sells et al. 1996);
- discovery of new meanings – a process which does not necessarily involve advice (Quinn 1996);
- congruence between the receiver's needs and what the giver is offering (Quinn 1996);
- clarifying meaning – 'is this what you mean?' (Krueger 1997);
- being kept in mind between contacts (Quinn 1996).

The elements of what tends to be valued in professional support (which Froland [1980] calls 'formal care') –

[4] It is interesting to note that a recent study has shown that professional behaviours which parents find helpful correspond to behaviours that professionals themselves judge as ethical (Johnson, Cournoyer & Bond 1995).

partnership, affirmation, predictability, responsiveness, mindfulness and listening – were validated by the participants in my research (in the larger project as well as in the Share Care sub-sample) and they gave many practical examples of what this kind of relationship offered them.

Although there were differences between birth parents and caregivers in the kinds of support they wanted and/or received, in general they valued both professional support and peer support (as well as the support of their families and friends). While peer support was valued for the importance of shared stories and the empowering nature of experiential knowledge, professional support was seen as particularly helpful when it was offered by someone who had the characteristics of a 'professional friend'.

'Professional friends', who combined the warmth of a friend with the knowledge and authority of a professional, were experienced professionals who had few qualms about crossing the boundaries between their working and private lives (Quinn 1996; Sells et al. 1996). Many of these professionals gave support which was well beyond what their jobs required – e.g. many gave their home phone numbers to permanent parents to use in case of emergency and some of the teachers tutored, or minded, the children in the school holidays. Their years of experience allowed them to cross the public-private boundary in a way which was appropriate and which did not seem to impose any burden of obligation on those they were supporting in this way.

The Share Care discussions illustrate all of these themes well.

'BEING THERE'

One of the strongest themes from the Share Care discussions is the sense that the staff, as well as Share Care itself as an organisation, are solidly 'there' for children and their families. This is evident in many ways.

Firstly, all of the carers mentioned the sense of security they have in being able to access 24 hour support, either through the after hours mobile number or through the home phone numbers of staff (which they are routinely given). One carer said that knowing that staff were available 'is a bit of a comfort in itself' – even if she never rings them after hours.

Secondly, staff are seen to be accessible and available. Carers very much appreciated that staff actively anticipated when they might need support, as well as being responsive to carers' requests for advice and help. A birth parent said, 'They always ring back quickly' and a carer said, 'They are always there if you need them'.

Share Care as an organisation is also seen as 'being there' in terms of its central role in the local community. The Share Care parties (e.g. at Christmas and at Share Care's annual 'birthday', as well as other functions such as caregiver recognition dinners) are a symbol of this and were mentioned by birth parents, carers and young people. Some people see the organisation, and its staff, as more than being central in the community – one birth parent said 'they're part of my family and always will be ... I invited them to my 40th'.

Even though the older adolescents tend not to attend Share Care parties, they are nevertheless clear that they know staff are there for them, both in the present and future if they should need support.

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Finally, parents talked about Share Care staff supporting them even when they were not required to – for example, after the granting of a Permanent Care (PC) Order[5] (which involves a decrease in practical support from the Department of Human Services). One parent said, 'They (Share Care) assured me when the PC Order went through, that they would be there no matter what – and they have been'.

In summary, there is a sense that Share Care as an organisation is available and has 'been there' through thick and thin for most of the people I talked with. One carer described the staff as 'fairy godmothers' – and even carers who now have less to do with Share Care because their children are older, said that they know they can call on the staff at any time.

CONTINUITY

Continuity is also an important part of 'being there'.

Parents and carers frequently talked about the fact that Share Care staff have been consistent over many years[6] and said that it was reassuring to know all the staff so well. Staff were routinely described as experienced and positive.

[5] A Permanent Care Order is granted under the provisions of the Victorian Children and Young Persons Act 1989 and gives a child permanency without changing the legal relationship between child and birth family. The new Children, Youth and Families Act 2005 replaces the 1989 Act.

[6] Prior to Share Care (3 EFT staff) merging with Good Shepherd, the three most experienced foster care workers had been with the organisation for 15, 18 and 19 years respectively. Most children therefore experienced only one worker during the time they were associated with the organisation.

The importance of continuity was underlined for one carer when her worker was away and a crisis occurred. While the other workers were supportive, they didn't understand the situation quite as well, which emphasised how wonderful it was to have had the same worker over a number of years.

Share Care staff frequently knew the birth families before the children were born and are therefore a wonderful resource for young people as they reach adolescence and early adulthood.

The continuity of staff is also mirrored by the continuity of caregivers, which means that young adults often still have contact with families with whom they spent time in respite care as children.

Continuity of staff and caregivers also leads to flexibility – because the birth and caregiving families and the workers all know each other well, weekend respite can become longer term care if necessary in a natural way and without further disruption for the child.[7]

FEELING ACCEPTED AND HEARD

Share Care staff are seen as good listeners who will make the time to 'come around and have a chat and a cup of tea'.

In general, carers feel that they can say almost anything to staff and that they won't be blamed for being negative, but instead helped 'to get things back into perspective' and given advice if they ask for it. One carer likened the staff to 'a friend that will give you a good clip over the ear if you get out of line' and another carer was impressed that the workers were very supportive even when a respite placement broke down.

Staff are also seen to be sensitive to the needs of birth children in the carers' families – for example, in caregiving families where the needs of the children in placement were high, workers would take birth children out for a special outing.

PRACTICAL SUPPORT

The difficulty with trying to tease out different elements of support is that they are not necessarily discrete, even though the literature tends to describe them as such. Participants in this research talked about practical support and emotional support in a way which essentially describes them as intertwined concepts – i.e. receiving practical support was usually experienced as emotionally supportive, while receiving emotional support was likely to have practical benefits, such as improved coping and lowered stress. The Share Care findings on practical support should therefore be viewed with this in mind.

Share Care has had a policy of 'topping up' DHS-funded carer payments[8] – even after a Permanent Care Order has gone through Court. This was mentioned by all carers and is very much appreciated. Some carers also talked about the program's emphasis on carers not being out of pocket – e.g. the workers keep reminding carers to keep receipts so that they can be reimbursed.

Birth parents and carers all talked very positively about the funds which are available to help with school uniforms, holiday camps, circus training, tickets for social outings, tutoring, etc. One birth parent particularly appreciated being given a Cab Charge voucher to attend Share Care parties.

Carers are provided with a range of training opportunities and a psychologist for consultation. Although these sessions do not always give carers all of what they need in terms of strategies for managing challenging behaviours, carers said that they had been helpful and that being offered such support underlined Share Care's concern for their wellbeing.

A pamphlet which has been written for birth parents is seen as very positive. As one birth parent said,

> All of a sudden the child's gone ... sometimes you're so stressed with things that are happening, you need to sit down at another time and have something that you can focus on and read.

Birth families and caregiving families are routinely offered respite in a way which feels 'natural', i.e. the respite families become an intrinsic part of the children's extended families. In addition, adolescents who no longer have respite care, talk warmly of their respite families and tend to still have some contact with them.

ADVOCACY

Birth parents and carers all talked about Share Care's advocacy for them and their children. Staff were seen as strong advocates for the needs of families with the Department of Human Services, Centrelink, schools and health professionals. In particular, carers commented that staff worked hard to have children's psychological needs assessed quickly and then to have therapists allocated to them.

As an organisation, Share Care was also seen as advocating well beyond the boundaries of the program. For example, one birth parent thought it very positive that Share Care staff organised for her to have frequent access when her daughter joined a Permanent Care family.

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[7] Over time, respite families may become more like 'mirror families' (Centre for Excellence in Child and Family Welfare 2006).

[8] Instead of payments depending on the age of the child, Share Care has provided a payment rate which is at the top level for all ages of children (including those who have moved on to permanent care). In addition, extra material support has been provided for a range of child-centred activities. This commitment has involved fund raising and private philanthropy.

PERSONAL RELATIONSHIPS

Close personal relationships (with family and friends) are generally seen as the broadest source of support, both emotional and practical (Albrecht & Adelman 1987a; Eggert 1987). However, as Millward (1994, p. 13) writes,

> The disruption caused by difficult circumstances ... could mean that the availability, or suitability, of help from various family members becomes a problem, necessitating more public than private support.

As relinquishment of a child (voluntary or involuntary), or parenting a child with challenging behaviours, are both life situations involving 'difficult circumstances', it may well be that birth parents and foster parents need to look outside the family for support at times.

Research on friendships indicates that, compared with family relationships, they are more likely to be voluntary, based on equality, concerned with assistance and activity sharing and providing confidentiality and emotional support. Emotional support from friends may therefore be more acceptable than from family in some circumstances (Adelman, Parks & Albrecht 1987a).

When members of family and friendship networks act in a way which is perceived as unsupportive, then support may most easily be available from 'weak tie' relationships (Adelman, Parks & Albrecht 1987b), those which are separate from family and friends and which may include professionals. Paradoxically, these 'weak tie' relationships may offer accessibility, predictability and greater freedom to those seeking support, as well as a sense of community and the possibility of having 'low-risk' discussions on 'high-risk' topics (Giljohann 1995).

The efficacy of self help groups and peer support (which are initially thought to offer 'weak tie' support) has been associated with:

- gaining (and maintaining) a sense of control (Arntson & Droge 1987);
- experiential knowledge – not only the wisdom and information gained from lived experience, but also belief in its validity and authority (Schubert & Borkman 1994);
- the importance of shared stories, or 'narratives' (Rappaport 1994); and
- exposure to different interpretations of shared issues (Kennedy, Humphreys & Borkman 1994).

Balancing support in close relationships with support in less close relationships tended not to be an issue for the Share Care birth parents as they had relatively weak family and friendship ties and compensatory networks of professional supporters.

In contrast, most of the caregiving families had strong family and friendship ties. As many of these families had been caregivers for a considerable length of time with Share Care, these ties almost inevitably included relationships with other caregiving families. Peer support was therefore an intrinsic part of relationship networks.

Caregivers said that they appreciated being given opportunities to have contact with each other (both with and without staff) and to give each other support, especially in terms of managing children's complex behaviours. One carer said about her close friendship with another carer, 'We've cried with each other ... that's what your friends are for'.

GIVING AND RECEIVING SUPPORT

The relationship between receivers and givers of support is complex as there may be significant incongruity between what is expected (or hoped for) and what is offered (Bulmer 1987; Filer & Mahoney 1996; Hupcey 1998a; 1998b; Schilling 1987). There tends therefore to be a range of in-built dilemmas (Albrecht & Adelman 1987b) for both givers and receivers of support.

1. For givers of support, there are dilemmas associated with the drainage of personal resources in offering support; the stress of taking on others' feelings of distress and insecurity; uncertainty about what to say or do; and concern that what they are offering is not being received as helpful.
2. For receivers of support, dilemmas may involve concerns about being judged or rejected; feeling increasingly helpless; being unable to provide reciprocal support; and balancing support in close relationships with support in other (including peer and professional) relationships.

In the larger research, participants' experiences of the tensions around giving and receiving support were generally similar to those reviewed in the literature, particularly the frequent lack of correlation between what was offered and what was needed; uncertainty about what to say or do; and feelings of being judged.

In contrast, for the Share Care participants, the only dilemma mentioned was the drainage of personal resources involved in parenting children who have experienced neglect and abuse. This was reported by all of the Share Care carers, including two kinship carers, as well as the birth parents. As suggested by previous literature in this area (Delaney & Kunstal 1993; Irving 1998; O'Neill 1993), these people talked about the strain of being the primary caregiver for a troubled child, as well as their sense of being somehow 'targeted' by the child's challenging behaviours.

NON-SUPPORT – OMISSION AND COMMISSION

Curiously, the literature on support, per se, only alludes to non-support in passing – e.g. 'if the action is intended to be positive, but the outcome is negative ...' (Hupcey 1998b, p. 313) – and this does not cover the issues of omission and commission. However, within the broader literature relating to formal and informal systems of care, writers such as Froland (1980) and Bulmer (1987) discuss ambiguities of power, role, knowledge and boundary, all of which impact on whether support is seen as such by the recipient.

In contrast, the literature in the area of adoption and foster care, especially that relating to placement difficulties and disruption, covers non-support in some detail. For example, in an article written for mental health professionals, Nickman and Lewis (1994, p. 753) state, 'Adoptive parents often experience contact with professionals as more damaging than helpful'.

The elements of non-support are often simply the opposites of elements of support – such as 'lack of acknowledgement' and 'acknowledgement'. However, a simple dichotomy like this denies the power that non-support has in its own right, particularly for those who experience it.

Non-support can be seen as having two clear sub-categories – the absence of support (omission), as well as behaviour which is experienced as actively negative (commission).

In contrast to the larger research, in which both categories of non-support were represented in the findings, omission of support (which they did not view as intentional in any way) was the only category mentioned by Share Care participants – and then only by a small minority.

One carer found it difficult to ask for financial help from Share Care – and didn't always know what she could request. As she said, 'It's hard, because it feels like asking your Mum for money'. She said that it would be good to be told in writing exactly what Share Care or DHS would automatically provide and what could be negotiated on top of this.

One carer felt that she had asked for support many times early in a placement, but was not given it. She said, 'That made me angry at times ... I didn't ask for a huge amount'. She commented that Share Care staff 'didn't realise how needy I was', perhaps because she was seen as a strong person. She said that even people who seem to be coping well need to be regularly offered various kinds of support.

One carer wondered if the Share Care workers themselves could give respite in urgent situations – 'on the odd occasion when all else fails', but thought that it may be a policy for workers not to do this.

For birth parents, there were other issues of non-support. One mother sometimes felt that she was judged a bad mother by Share Care staff, despite the fact that she was ill.

Another mother felt that nobody acknowledged her grief when her son went into care. She said,

> Maybe if I'd started (the respite care) when the children were younger, it might have been easier ... because as they get older, do they really want to go, do they look at it as friendly time out, or do they just think you're shoving them out?

For other birth parents, changes in their children's respite carers were troubling.

> *... the intrinsic connections between emotional and practical support, in particular, are inescapable. Receiving practical support is usually experienced as emotionally supportive, while receiving emotional support is likely to have practical benefits.*

ARE THERE INTRINSIC NEGATIVES IN COMMUNITY-BASED PROGRAMS LIKE SHARE CARE?

One of the most positive aspects of Share Care, the fact that it is so much a part of its local community, paradoxically also gives rise to a negative aspect. Share Care was originally founded so that families who were struggling could be given respite child care in their own community – and if the children subsequently needed to leave their families on a longer term basis, this too could be organised within the same community. This has undoubtedly been one of Share Care's great strengths.

However, when birth parents are affected by drugs and alcohol, they can threaten the physical safety and psychological wellbeing of children and carers. While this is, of course, a potential issue for all foster carers, it is more of an issue when birth families know the carers and where they live, and when carers and birth parents naturally meet in local shops.

One carer felt that Share Care's philosophy of openness and community connectedness does not make allowances for birth parents who are disturbed or violent. In her situation, she sees lots of contact as overly idealistic and thinks that cultivating a relationship with a difficult birth parent may be unrealistic and inappropriate. As she said, 'I am here for the kids, not for the parent'.

Share Care carers have faced a range of dangerous situations, some of which have been exacerbated by the closeness of the Share Care community. For example, one carer gave respite care to a boy who is now a convicted sexual offender. She said, 'You know too much when you know the tragic history that that boy had – there are always some of those sort of risks ...'.

In other situations, carers have been rung continuously all night or birth parents have simply sat in a car outside their house for long periods of time.

Most of the carers mentioned this as an issue, whether or not they themselves had been affected negatively. In general, carers say that they learn to be careful – e.g. shopping and visiting doctors outside the area. Two caregiving families had moved out of the immediate area to gain more privacy and another family, who were moving for other reasons, had decided that their new address should be private. Other carers had requested that all placements be undisclosed – i.e. that their contact details should never be given to birth families.

WHAT IS SUPPORT?

In exploring how people experience support, the intrinsic connections between emotional and practical support, in particular, are inescapable. Receiving practical support is usually experienced as emotionally supportive, while receiving emotional support is likely to have practical benefits. Thus, while it may be useful to make distinctions between kinds of support, it needs to be recognised that these can be misleading.

The literature and the findings discussed in this paper give us clear guidelines on what the experience of support, from a receiver's point of view, is based on:

- the overall importance of relationship, a sense of partnership and reciprocity;
- affirmation, acknowledgement and empathy;
- open communication, feeling listened to and believed; and
- commitment, responsiveness and a sense of 'being there'.

In contrast, non-support, from a receiver's point of view, is characterised by situations in which there is:

- lack of control and lack of information;
- lack of open communication, lack of honesty and experience of deception;
- judgemental attitudes and expectations;
- isolation and rejection; and
- feelings of anxiety and fear.

However, listing what is important for support does not quite describe its essence.

In her discussion of the need for 'mindfulness', Layton (1995, p. 28) talks about the importance of a therapist's way of being – the spirit of how to be' – in a therapeutic relationship. While none of the participants in this research talked about a way of being per se, it was in fact alluded to often by receivers of support, who struggled to find the words which might describe what true support felt like to them. They used phrases such as 'I'm not sure what it was about her, but I just felt very comfortable' and 'it felt like she was my friend' and 'she was so genuine' and 'he was very generous and open with us' to convey their sense of feeling safe, honoured, of having been profoundly nurtured, and of being able to trust absolutely that the other person had their best interests at heart.

While all the other possibilities of support (e.g. advocacy, reliability, practical support, etc.) were also very important, the crucial part seemed to be this way of being, which in turn influenced the relationship and the support which evolved from it.

The simplicity of support is what we all know it to be – communication and actions which involve feelings of safety, trust, understanding and reliability. It is worth offering this wholeheartedly.

CONCLUSION

This paper has presented the findings of research undertaken in a small foster care agency in Melbourne and related these to the literature on support. Themes of 'being there'; continuity; feeling accepted and heard; giving and receiving support; supportive relationships; practical support; advocacy; and non-support have been explored in relation to the service offered by Share Care.

Themes like these can seem utopian when viewed from the vantage point of an overstretched foster care agency in an often under-resourced field of practice. However, despite this, there are many foster care agencies which offer a sensitive and practically supportive service to children and families. The findings of this research provide guidelines into what can be seen as 'best practice'[9] in terms of foster care support. ■

[9] Best practice is seen as incorporating continuity and stability of care for children; early intervention in a range of areas (e.g. counselling, education and facilitating community support); regular planned respite; enhanced caregiver payments and other practical support. In addition, best practice in the Good Shepherd/Share Care program includes active recruitment of caregivers within the gay and lesbian community.

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