

# BMJ Open Qualitative studies of the lived experiences of being in foster care: A scoping review protocol

Claire Hayes ,<sup>1</sup> Christian Tongs,<sup>2</sup> Adella Bhaskara,<sup>3,4</sup> Niels Buus<sup>1,5</sup>

**To cite:** Hayes C, Tongs C, Bhaskara A, *et al.* Qualitative studies of the lived experiences of being in foster care: A scoping review protocol. *BMJ Open* 2023;**13**:e069623. doi:10.1136/bmjopen-2022-069623

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2022-069623>).

Received 28 October 2022  
Accepted 13 February 2023



© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

<sup>1</sup>Nursing, Monash University, Clayton, Victoria, Australia

<sup>2</sup>Psychology, Victoria University, Melbourne, Victoria, Australia

<sup>3</sup>Lighthouse Foundation, Melbourne, Victoria, Australia

<sup>4</sup>Psychology, The University of Adelaide, Adelaide, South Australia, Australia

<sup>5</sup>Department of Regional Health, University of Southern Denmark, Odense, Denmark

## Correspondence to

Dr Claire Hayes;  
[Claire.Hayes@monash.edu](mailto:Claire.Hayes@monash.edu)

## ABSTRACT

The aim of this scoping review is to provide an overview of the existing qualitative research concerning the lived experiences of children and young people currently in foster care.

**Introduction** Lived experience of foster care is an area of limited research. Studies tend to focus on foster caregiver retention rates, education performance outcomes, evaluations and policy development. Although these studies are important, they provide little insight into the everyday lives of those currently in foster care, which is likely to influence these previous areas of research.

**Methods and analysis** The scoping review will be guided by Arksey and O'Malley's approach to scoping studies. A systematic database search of PubMed, CINAHL and PsycINFO will be conducted followed by a systematic chain search of referenced and referencing literature. English-language peer-reviewed qualitative studies of children and young people currently in foster care will be included. We will exclude studies linked to transitioning out of foster care and studies with samples mixed with other types of out-of-home care. Mixed-methods studies will be excluded in addition to programme, treatment or policy evaluations. Following removal of duplicates, titles and abstracts will be screened, followed by a full-text review. Two researchers will independently screen references against inclusion and exclusion criteria using Covidence software. The quality of the included studies will be assessed by two independent reviewers using the appropriate Critical Appraisal Skills Programme checklist.

**Ethics and dissemination** Information gathered in this research will be published in peer-reviewed journals and presented at national and international conferences relevant to foster care services and quality improvement. Reports will be disseminated to relevant foster care agencies, where relevant. Ethical approval and informed consent are not required as this protocol is a review of existing literature. Findings from the included studies will be charted and summarised thematically in a separate manuscript.

## INTRODUCTION

Foster care is an essential social service for children and young people with a need to be placed out of home, which is an unfortunate, but perpetually growing necessity in our society.<sup>1</sup> The scale of the problem is immense; according to Australian government figures,

## STRENGTHS AND LIMITATIONS OF THIS REVIEW

- ⇒ This will be the first review exploring the lived experiences of foster care from the children and young people's perspectives only.
- ⇒ The primary aim will be to examine the perspectives of those currently in foster care to understand the day-to-day experiences, which can guide priorities in foster care programmes and policy development.
- ⇒ The review will focus on foster care only as other disadvantaged groups in out-of-home care, such as those in kinship care, have been excluded which can enhance transferability of findings.
- ⇒ Only peer-reviewed studies published in English will be included, and the review may miss relevant grey literature or literature published in other languages.

in June 2021, over 46 000 children aged 0–18 years were living in out-of-home care across Australia, rising from 43 000 in 2017.<sup>2</sup> Of these children and young people, approximately 17 000 were living in non-kinship foster care. Family foster care is prioritised as a better option for children's well-being as opposed to residential care.<sup>3</sup> In the United States of America (USA), there were 407 493 young people in foster care in September 2020.<sup>4</sup> These young people are at risk of ongoing health concerns across their lifespan,<sup>5–6</sup> making this a global health concern.

Children and young people in foster care belong to a disadvantaged population, with many having experienced some form of neglect or trauma.<sup>7,8</sup> Young people in foster care are at an increased risk of mental health problems, as high as 59% in some samples.<sup>9–11</sup> Despite the likelihood of developing mental health problems, as many as two-thirds of young people in foster care identified as in need of mental health support do not receive services.<sup>9</sup> This can be related to a range of factors other than symptomatology, which can impact service use decisions (eg, demographic variables, caregiver perception of problems and type of maltreatment

experience).<sup>9</sup> One study conducted in the USA found that cisgender females in foster care are at greater risk of poorer sexual health outcomes.<sup>12</sup> For young people in foster care, adverse educational outcomes are also more likely.<sup>13</sup> Furthermore, a history of having been in foster care is associated with predicted higher rates of a chronic offending trajectory.<sup>14</sup> Although these negative outcomes might not apply to all young people in foster care, they are at a higher risk than the general population.<sup>8</sup>

Although Moran *et al*<sup>15</sup> report that there is extensive literature on children and young people's experiences in care, much of this literature revolves around quantitative research designs.<sup>16</sup> Although quantitative methods of inquiry are important, they minimise opportunities to explore the unique situated lived experiences of those in foster care. The unique perspectives of day-to-day life in foster care are unlikely to be captured through quantitative methods. There continues to be ongoing support for youth involvement in service design, delivery and policy initiatives.<sup>17-20</sup> Yet, few studies include them.<sup>21-23</sup> Simmons-Horton<sup>23</sup> examined age-appropriate activities for young people in foster care. Some of the recommendations of the study included: accountability for foster caregivers, training for child welfare workers and other stakeholders and support from child-placing agency staff. Alternative perspectives, such as foster caregivers and workers, appear to dominate the literature.<sup>24 25</sup> Although these perspectives are undoubtedly important, it appears as though the most important perspectives are absent, which are those at the receiving end of the service.

Some researchers have sought to explore the perspectives of children and young people who have left foster care, frequently referred to as 'foster care alumni'.<sup>26-28</sup> One literature review identified foster care alumni recommendations for young people in foster care.<sup>17</sup> Recommendations from those who experienced it were: 'hang in there and stay strong', 'the best thing is behave proper', 'don't be afraid to say how you feel' and 'connect with the staff or friends'.<sup>17</sup> Although foster care alumni offer retrospective insight to the experiences of foster care, the everyday life perspectives of those *currently* living in foster care are limited. This could be due to the expected challenges of conducting research with vulnerable populations. Nonetheless, this is a pivotal area to explore and appropriately respond to the needs of one of the most vulnerable groups in society at the right time.<sup>29</sup> Fylkesnes *et al*<sup>29</sup> (p.1984) acknowledge that timely support and follow-up are important issues for service providers and a pitfall is to lose sight of 'young people's agency and competency'. With this in mind, the aims of this scoping review are to identify the scope of qualitative research of children and young people currently living in foster and identify knowledge gaps to prompt further research.

## METHODS AND ANALYSIS

We will conduct a scoping review<sup>30 31</sup> of peer-reviewed qualitative research on lived experiences of foster care.

The review process will be guided by the methodological framework for scoping reviews by Arksey and O'Malley.<sup>30</sup> This will involve five stages of the scoping review: (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, and (5) collating, summarising and reporting the results. The proposed review will adhere to the 'Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) extension for Scoping Reviews checklist'<sup>32</sup> for transparent reporting of results and identifying a literature gap prompting further research (online supplemental material). Ethical approval and informed consent are not required as this protocol is a review of existing literature.

### Identifying the research question

The aim of this scoping review is to identify studies from the perspectives of youth only in foster care to understand their day-to-day experiences. To address this aim, the research questions are:

What is the scope of qualitative research on children and young people currently living day to day in foster care? Are there any identifiable knowledge gaps in this field of research?

### Identifying relevant studies

We will include peer-reviewed original qualitative studies of children and young people currently living in foster care published in English.

A systematic and comprehensive search of peer-reviewed articles will be conducted using the electronic databases PubMed, CINAHL and PsycINFO. This literature search will include search terms related to "foster care". Where possible, we will use controlled search terms from the databases' thesauruses. For example, the search terms in CINAHL will be: "qualitative research". mp [mp=title, abstract, heading word, table of contents, key concepts, original title, tests and measures, MeSH] AND (MH 'foster care' or 'foster children' or 'foster care system' or 'foster youth'). Results of the search will be imported into EndNote<sup>33</sup> for storage and organisation of references.

The population of included literature will be youth currently living in foster care to gain a better understanding of the day-to-day lives of those experiencing foster care. Peer-reviewed studies will be included. In the interest of minimal resources for translation, only studies published in English will be included. There will be no restrictions in terms of time frame restrictions with all years included. Studies with mixed methods or mixed samples from different out-of-home care settings will be excluded in addition to programme, treatment or policy evaluations.

### Study selection

The identified references will be imported into Covidence to assist with management of the studies during the review.<sup>34</sup> Covidence is a web-based platform which was developed by Cochrane Collaboration to assist with

the production of reviews.<sup>34</sup> To ensure high recall, a thorough database search will be conducted with relatively low precision, combining it with a reference chain search with high precision using Covidence. To reduce the risk of missing relevant references, Covidence software will be used with two independent reviewers. Reviewers will screen the studies against the inclusion and exclusion criteria. The exclusion criteria will be: (1) studies including mixed samples (children and young people in different types of foster care) or mixed out-of-home care settings as this hampers comparison; (2) programme or treatment evaluations that focus on specific interventions, as we are interested in day-to-day life; (3) studies of transitioning out of foster care as this event is markedly different from day-to-day foster care; (4) studies of unaccompanied refugee children and young people in foster care as this situation triggers additional social responses; (5) mixed-methods research as the qualitative components are rarely sufficiently contextualised. Disagreements, which arise from screening, will be discussed and resolved at weekly meetings. The study selection process will be summarised in a PRISMA diagram. To increase the level of recall by identifying any study that might have been missed during the database searches or were not indexed in one of the three databases, we will conduct a systematic chain search in the Scopus citation index of referenced and referencing literature of all the included publications.

### Charting the data

Data charting will be conducted by all authors. The data will be aligned with the objectives of the scoping review. Discrepancies will be discussed at weekly meetings. Characteristics of the included studies will be extracted. These will include: authors, aim of the study, population, gender, age range, methodological framework, data collection and analysis method. Participant quotes in addition to researchers' interpretations, statements and assumptions will be extracted.

To assess the quality of included studies, the National Institute for Health and Care Excellence's<sup>35</sup> 'Quality Appraisal Checklist-Qualitative studies' will be used. This appraisal was developed based on previous checklists.<sup>36–38</sup> The 14-item checklist will inquire into: appropriateness of the chosen research approach, clarity of research objectives, rigour and reliability of research design and process, trustworthiness related to the role of the researcher, sufficient contextualisation, reliability and relevance of research findings. The checklist will also explore interpretation of the data in the conclusion and discussion. Finally, transparency in the reporting of ethics will be included. The quality assessment will not result in the exclusion of papers. Instead, the quality assessment will provide further structure for our evaluation. At least two reviewers will independently evaluate each paper and these will be discussed at weekly meetings.

### Collating, summarising and reporting the results

The selected papers will be analysed to address the research questions. Summaries of findings will be inductively coded with the support of computer software NVivo, V.12.<sup>39</sup> The first author will code the papers with an open-coding process. Weekly meetings will be employed for all authors to discuss key themes and their significance, adhering to the quality assessment and the charted data. This study is planned to commence in July 2022 and be completed by March 2023.

### Patient and public involvement

There will be no patient involvement in this protocol.

### Ethics and dissemination

Information gathered in this research will be published in peer-reviewed journals and presented at national and international conferences relevant to foster care services and quality improvement. Reports will be disseminated to relevant foster care agencies, where relevant. Ethical approval and informed consent are not required as this protocol is a review of existing literature. Findings from the included studies will be charted and summarised thematically in a separate manuscript.

**Contributors** CH, CT, AB and NB designed the protocol for this study. All authors supervised the design, planning, conduct and reporting of the work. CH, CT, AB and NB read and approved the final version of the manuscript.

**Funding** [lighthouseinstitute@lighthousefoundation.org](mailto:lighthouseinstitute@lighthousefoundation.org); [aulighthouseinstitute@lighthousefoundation.org.au](mailto:aulighthouseinstitute@lighthousefoundation.org.au)

**Competing interests** None declared.

**Patient and public involvement** Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

**Patient consent for publication** Not required.

**Provenance and peer review** Not commissioned; externally peer reviewed.

**Supplemental material** This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

**Open access** This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

### ORCID iD

Claire Hayes <http://orcid.org/0000-0003-2908-9304>

### REFERENCES

- 1 Font SA, Gershoff ET. Foster care: how we can, and should, do more for maltreated children. *Soc Policy Rep* 2020;33:1–40.
- 2 Australian Institute of Health and Welfare. *Child protection australia 2019–2020*. 2021.
- 3 Salas MD, Bernedo IM, García-Martín MA, et al. Behavioral observation and analysis of participants in foster care visits. *Fam Relat* 2021;70:540–56.



- 4 The Children's Bureau. *The adoption and foster care analysis and reporting system FY 2020 data*. n.d.: 28.
- 5 Smales M, Savaglio M, Morris H, et al. "surviving not thriving": experiences of health among young people with a lived experience in out-of-home care. *International Journal of Adolescence and Youth* 2020;25:809–23.
- 6 Conn A-M, Szilagyi MA, Jee SH, et al. Mental health outcomes among child welfare investigated children: in-home versus out-of-home care. *Children and Youth Services Review* 2015;57:106–11.
- 7 Johnson RM, Strayhorn TL, Parler B. I just want to be A regular kid:" A qualitative study of sense of belonging among high school youth in foster care. *Child Youth Serv Rev* 2020;111:104832.
- 8 Dubois-Comtois K, Bussi eres E-L, Cyr C, et al. Are children and adolescents in foster care at greater risk of mental health problems than their counterparts? A meta-analysis. *Children and Youth Services Review* 2021;127:106100.
- 9 Johnson E, Menna R. Help seeking among adolescents in foster care: a qualitative study. *Children and Youth Services Review* 2017;76:92–9.
- 10 Scozzaro C, Janikowski TP. Mental health diagnosis, medication, treatment and placement milieu of children in foster care. *J Child Fam Stud* 2015;24:2560–7.
- 11 Okpych NJ, Courtney ME. Characteristics of foster care history as risk factors for psychiatric disorders among youth in care. *Am J Orthopsychiatry* 2018;88:269–81.
- 12 Salerno JP, Kachingwe ON, Fish JN, et al. "even if you think you can trust them, do'n't trust them": an exploratory analysis of the lived experiences of sexual health among sexual minority girls in foster care. *Child Youth Serv Rev* 2020;116:105161.
- 13 Chun L. A multi-level analysis of the effects of independent living programs on educational attainment, employment, and housing outcomes of youth aging out of foster care. *Child Welfare* 2020;98:97–120.
- 14 Yang J, McCuish E, Corrado R. Is the foster care-crime relationship a consequence of exposure? examining potential Moderating factors. *Youth Violence and Juvenile Justice* 2021;19:94–112.
- 15 Moran L, McGregor C, Devaney C. Exploring the multi-dimensionality of permanence and stability: emotions, experiences and temporality in young people's discourses about long-term foster care in Ireland. *Qualitative Social Work* 2020;19:1111–29.
- 16 Selwyn J, Saunders H, Farmer E. The views of children and young people on being cared for by an independent foster-care provider. *British Journal of Social Work* 2010;40:696–713.
- 17 Chambers RMet al. Be supportive and understanding of the stress that youth are going through:" foster care alumni recommendations for youth, caregivers and caseworkers on placement transitions. *Child Youth Serv Rev* 2020;108:104644.
- 18 Forenza B. Awareness, analysis, engagement: critical consciousness through foster youth Advisory board participation. *Child Adolesc Soc Work J* 2018;35:119–26.
- 19 Macauley T, Rolker HB, Scherer M, et al. Youth participation in policy-making processes in the United Kingdom: a scoping review of the literature. *Journal of Community Practice* 2022;30:203–24.
- 20 Simmel C. Highlighting adolescents' involvement with the child welfare system: a review of recent trends, policy developments, and related research. *Children and Youth Services Review* 2012;34:1197–207.
- 21 Hyde JK, Mackie TI, Palinkas LA, et al. Evidence use in mental health policy making for children in foster care. *Adm Policy Ment Health* 2016;43:52–66.
- 22 Rog DJ, Henderson KA, Lunn LM, et al. The interplay between housing stability and child separation: implications for practice and policy. *Am J Community Psychol* 2017;60:114–24.
- 23 Simmons-Horton SY. Providing age-appropriate activities for youth in foster care: policy implementation process in three states. *Children and Youth Services Review* 2017;82:383–91.
- 24 Leinonen E. Tensions and resilience: the experiences of adult foster-care workers in Finland. *Int J Care Caring* 2018;2:181–96.
- 25 Lotty M, Dunn-Galvin A, Bantry-White E. Effectiveness of a trauma-informed care psychoeducational program for foster carers-evaluation of the fostering connections program. *Child Abuse Negl* 2020;102:104390.
- 26 Affronti M, Rittner B, Semanchin Jones AM. Functional adaptation to foster care: foster care alumni speak out. *Journal of Public Child Welfare* 2015;9:1–21.
- 27 Jones LP. The educational experiences of former foster youth three years after discharge. *Child Welfare* 2010;89:7–22.
- 28 Meakings S, Selwyn J. "she was a foster mother who said she did'n't give cuddles": the adverse early foster care experiences of children who later struggle with adoptive family life. *Clin Child Psychol Psychiatry* 2016;21:509–19.
- 29 Fylkesnes M, Larsen M, Havnen K, et al. Listening to advice from young people in foster care—from participation to belonging. *The British Journal of Social Work* 2021;51:1983–2000.
- 30 Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology* 2005;8:19–32.
- 31 Peters MDJ, Marnie C, Tricco AC, et al. Updated methodological guidance for the conduct of scoping reviews. *JBI Evid Synth* 2020;18:2119–26.
- 32 Tricco AC, Lillie E, Zarin W, et al. PRISMA extension for scoping reviews (PRISMA-scr): checklist and explanation. *Ann Intern Med* 2018;169:467–73.
- 33 The EndNote Team,. EndNote 2013. Clarivate;
- 34 Veritas Health Innovation. Covidence systematic review software.
- 35 National Institute for Health and Care Excellence [NICE]. Methods for the development of NICE public health guidance. Appendix H; 2012.
- 36 *Critical appraisal skills programme*. CASP Checklists-Qualitative Research,
- 37 North Thames Research Appraisal Group. NTRAG, critical review form for reading a paper describing qualitative research; 1998.
- 38 Spencer L. Quality in qualitative research: a framework for assessing research evidence. In: . 2004: 7. 360–1.
- 39 QSR International Pty Ltd. NVivo qualitative data analysis software.