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Somebody to Lean on: Peer Mentoring as a Support Mechanism for Foster Carers

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Abstract

The issue of support has long been discussed in fostering literature, and has been viewed as an important element in the retention of foster carers, and the success of fostering placements. The following piece is an exploration of the potential use of individual peer mentoring as a support mechanism in foster care. The research suggests that carers have developed their own networks of mutual support, and looks at how experienced foster carers could act as a support to new foster carers. This piece also addresses the potential role and responsibilities of the mentor, and the personal qualities and knowledge required to act as a mentor in foster care. In addition, the research looks at potential benefits of setting up a mentoring programme, to all parties involved. The potential problems that may arise have also been addressed, focussing on conflict within the mentoring relationship, between foster carers and the agency, and issues of confidentiality and child protection. Recommendations are then made for the implementation of peer mentoring programmes in foster care.

Keywords: fostering, foster care, peer mentoring, supporting foster carers

Introduction

I completed my first social work practice placement in a Health Service Executive fostering agency. A recurring theme that arose during conversations with foster carers was concerns about the level of support provided to them by the HSE. Two of the foster carers I spoke to independently suggested the concept of a peer mentoring programme, using experienced carers to provide additional support to new carers. The foster carers I spoke to while on placement felt it would be advantageous to have someone to contact in non-emergency situations, when they might require support, reassurance or advice. They felt that experienced foster carers would be best placed to offer this kind of support to less experienced carers, which led me back to the concept of peer mentoring. I was interested in the idea from the start, and decided to find out more about how such a programme could be utilised.

Methodology

In addressing the research question, the study utilises qualitative methods of data collection. Conducting qualitative research involves getting out into the field and finding out what people are thinking and doing, and allowing the theory to develop from the data (Strauss and Corbin 1998). The focus of the research will thus come from the concerns of the research participants. The methods of gathering data included a review of the relevant literature, and a series of semi-structured interviews with foster carers. Due to time constraints and the limited size of the project, the research was restricted to the views of six research participants, and as such cannot presume their views to represent the views of all foster carers. The research participants have been identified here as A, B, C, D, E, and F, for the purposes of maintaining confidentiality. The foster carers had between 2 and 20 years of experience and were all living in the Southern region of the Health Service Executive. The interviews were carried out in person, taped and transcribed. Interviewees were assured that all personal details would be kept confidential and that tapes and transcripts would be destroyed within a period of three months. The fieldwork data has been organised and coded according to the themes that arose in the interviews.

These themes tended to reflect the interview questions, although the semi-structured approach allowed additional data to emerge independently. A primary research question was identified, which shaped the interview questions and the direction of the research. This question was: “How could individual peer mentoring be used as a support mechanism for foster carers?”

Theoretical Perspective

I adopted an integrated theoretical approach to my research, drawing on elements of community work and the strengths-based perspective. Ife (1997) argues that the ideal perspective for social work practice, the area within which this research is located, is that of the community discourse. This perspective involves a ‘bottom-up’ process, which is essentially client-led and humanistic, and requires clients to identify issues and achieve change for themselves. The ideas and plans come from the service users (in this case foster carers), rather than being dictated by the needs and demands of the agency, and are then facilitated into action by the worker. Thus the social worker acts as an enabler and facilitator rather than a manager.

The strengths-based perspective (Saleebey 1997) involves working with the strengths and skills already possessed by the service user, and utilising these to implement change or action. Acknowledging the unique skills and strengths possessed by experienced foster carers, and utilising them to provide support, is a central feature of a peer mentoring scheme.

Supporting foster carers

The provision of effective support to foster carers has been linked in studies to improved recruitment and retention of foster carers, and the prevention of placement breakdowns (Tresiliotis et al. 2000, Sinclair et al. 2004). One study found that in time of crisis, 76% of foster carers surveyed tended not to use formal support systems. This study also found that the support of other carers was considered valuable in times of crisis (Nixon 1997).

Social Work Support

The research participants found that the level and value of support offered depended on a number of factors; the relationship with their social worker, the availability of the social worker, and the difficulties they experienced which led them to look for support.

The research participants were ambivalent about the support offered by fostering link workers and the children's social workers. Participant B stated that social workers were the main source of support "*if there were problems we would call upon them quite often*", but was unsure about the value or level of the support offered "*most of the time you're on your own really*". One foster carer praised her link worker as "*a great support*", and her child's social worker as "*very approachable*" (Participant D). Other foster carers were less enthusiastic about social workers, mentioning lack of availability "*I know the social workers are just up the walls*" (Participant C) and lack of understanding of the role of the foster carer "*social workers have more training of course (than foster carers) but no hands-on stuff*" (Participant A).

The factors influencing positive relationships with social workers, according to the research participants, appeared to be availability and understanding of the role of the foster carer. The research participants tended not to rely heavily on social workers, and instead were creative in their means of gaining support, including attending support groups, informally through family and friends, and forming links with other foster carers.

Informal Support and Support Groups

All of the foster carers cited friends and family as a major source of support. Participant D stated "*My husband and I support each other, and friends and family are great too*". The difficulty with relying on friends and family when fostering is that the role of the foster carer and the challenges involved are very difficult for an outsider to understand. Social networks can be affected, as confidentiality prevents foster carers from answering well-meaning questions from family and friends about

the children in their care, and can contribute to further social isolation (Nutt 2006).

Four of the research participants had been involved in support groups with the Irish Foster Care Association (IFCA). One foster carer, Participant A, was involved in running groups in her catchment area. She was reserved about the benefit of attending support groups, however, saying that occasionally the group, while providing valuable support, can feed into negative emotions rather than promoting positive growth *“People (foster carers) can be reactive and get angry-and not take responsibility for their actions”*. Participant B was uncertain about the provision of support by groups *“There was no official system of support-like someone you could call”*. Two of the other carers valued support groups, but especially appreciated the opportunity to link in with individual carers, and found that these friendships grew from attending support groups, and that this support continued on an individual basis.

A UK study found that only a third of foster carers with a group in their area attended support groups regularly. Seventy percent of foster carers in this study, however, indicated that they could turn to another foster carer for help and advice (Sinclair et al. 2004). These findings concur with my research in that the groups appeared to create links between individual carers who provided mutual support.

Mutual Support

Research has highlighted the benefit of mutual support for foster carers;

“The support of carers by carers is the method which most readily affirms the foster carers own experience. The evidence from the literature and from this study clearly points to the potency of mutual support for carers. There is nothing quite like it for arranging respite, for passing on practice wisdom, for establishing opportunities to offload safely, and for solving problems”

(Sellick 1992, p.113).

All of the foster carers interviewed valued the input and support of other carers. Participant F, who had been involved in support groups over many years, explained

“Other foster carers were the only ones who knew what you were going through”. One foster carer, whose closest support is another couple who foster, said *“...you can ring them up, leave off steam, saying what’ll I do in this situation”* (Participant E). Another foster carer, whose aunt was a foster carer for years, remembered *“My aunt was there at the end of the phone if I was unsure about anything and that was really helpful. Even just to know what’s normal, what’s not, that kind of thing”* (Participant D).

The literature supports my findings that foster carers tend to rely on a network of informal support, and that *“independent networking acts as a survival mechanism”* (Maclay et al. 2006, p.32). Foster carers in a study of British carers appeared to develop independent networks to provide them with a high level of support, and described calling other carers for help and advice with their foster children. One carer reported *“ I’ve got my own sort of network of support really. Plus then you’ve got other carers who you can be quite free to talk to in general”* (Maclay et al. 2006 p.33). Mutual support is not a new idea in fostering, but developing the concept to meet a gap in the provision of support by fostering services has not been explored sufficiently.

Mentoring in Foster Care

Mentoring is a relatively new concept, used primarily in the business world, matching pairs of experienced/inexperienced partners. The inexperienced partner can learn all the ‘tricks of the trade’, as well as skills and expertise, from the experienced person. Mentoring is beginning to be used in other areas, particularly schools and community projects (Fennell et al. 2003). In the area of fostering and adoption, mentoring is a very new concept, with very little research available. However, it is growing, and has been adopted in other countries, particularly in the United States, and in the United Kingdom. In the US, the “Parent 2 Parent Mentoring Program” piloted in Montana, provides support by pairing experienced foster carers/adoptive parents with novice carer (Delaney 2000). As the role of other carers in supporting foster carers appears from my research to have developed on an informal basis, I looked at what mentoring

offers to foster carers in Ireland.

The Role of the Mentor

I asked research participants what they would have liked to know as a new foster carer, and what they could have learned from a more experienced carer. Several participants mentioned advice and help with behavioural problems and understanding their foster children;

“children coming into care have stressful stories so they come with behaviours that are maybe normal for the situation they find themselves in, but challenging in parenting them” (Participant A).

Some of the participants mentioned specific behavioural issues with their foster children. Although all had received social work support around these issues, they felt that talking to someone who had been through it before would have helped in the circumstances. Tresiliotis et al. (2000) found that almost half the carers they surveyed found the behaviour of the children they were fostering presented them with more challenges than they had expected.

Some of the carers were concerned with more practical advice on services and liaising with professionals *“... finding out information, all the red tape that we had no idea about”* (Participant C), *“Finding out what services are really there...it would have been very important in that things we thought would happen didn’t”* (Participant E).

Most of the foster carers felt that a listening ear, support and reassurance could be offered by an experienced carer; *“Support, and recognising that fostering is hard work, that it is challenging”* (Participant A) *“A listening ear...a bit of encouragement when things are tough...a bit of advice”* (Participant C). *“Sometimes I just needed a bit of reassurance and I didn’t necessarily want to ring the social worker in case she thought I wasn’t coping”* (Participant D), *“...tapping into their experience when you’re having problems”* (Participant B).

This research then found that the role of the mentor could be both supportive and practical. The mentor could offer reassurance in a non-judgemental way, along with practical support and advice. The research participants also felt that the mentors could offer a safe space to let off steam and gain support without having to resort to calling social workers.

Who can mentor?

Mentoring requires experience, knowledge and personal qualities (Kay and Hinds, 2007). To be a mentor certain qualities are important such as the ability to get along with people and work together. Foster carers tend to develop a number of skills with experience that would be transferable to the mentoring role, such as liaising with professionals, accessing services and dealing with challenging behaviour.

Personal qualities mentioned by the research participants were that mentors should be non-judgemental, easy-going, easy to talk to, calm and good listeners. Mentors would also, according to participants, need to be able to acknowledge their own past mistakes and to be reflective on their own practice. Participants felt, variously, that mentors would need to have a good knowledge base, to be informed about policy and procedure, legal issues, available services, behaviour management and current developments in fostering.

The participants had a range of different views as to what it takes to be a good mentor. What stands out is that all participants agreed that mentors needed to be very experienced foster carers. The other qualities mentioned above, including ability to manage behaviour and knowledge of the system, appeared to develop along with experience in fostering. The participants view, overall, was that foster carers gain skills with experience, and they felt that recognition of the skills and strengths of experienced foster carers was important.

The Benefits of Mentoring

Social work benefits

The foster carers interviewed were very understanding of the pressures on social workers and felt that mentors could supplement departmental support and free up social workers for other tasks.

“It would probably be very good at preventing things from escalating you know if the foster carers were worried about something and the social worker is unavailable which is quite common. So it doesn’t turn into a big crisis.”

(Participant A).

Benefits for the Mentor

Mentoring offers many benefits to the mentor. These include opportunities for personal development and to update ideas and techniques (Kay and Hinds, 2007). Mentoring can also provide an opportunity to develop a close relationship with the mentee and gain mutual support, with the mentee bringing a fresh approach and prompting the mentor to question ways of working (Murray 1991).

The research participants agreed that there were clear benefits for the mentor in a fostering context. These included a sense of satisfaction in helping other foster parents, gaining experience in a new role, giving something back to the fostering community, and feeling that they would be helping foster children.

Benefits for new foster carers

Benefits to mentees in general that would be transferable to a specific programme for foster carers include: development of skills, increased likelihood of success, developing awareness of the organisation (i.e. fostering department and available services) and having an available and knowledgeable source of advice (Kay and Hinds 2007, Murray 1991).

Another obvious benefit to mentees is the potential of out-of-hours support. According to the research participants, crises often occurred when the social worker

was unavailable, particularly in the evenings and at weekends. *“Sometimes by the time you can ring the link worker on a Monday morning, it’s all been dealt with”* (Participant D). Participants felt that in an emergency, they could and should contact the duty social worker or the Gardai if necessary, but in cases where this was not warranted, a quick call to another foster carer could offer reassurance and practical advice.

Financial resources

The research participants were divided in opinion when it came to discussing financial incentives. Some felt that they would be happy to take on a voluntary mentoring role, to help new foster parents. Others felt that there would have to be some kind of payment involved. Participant A warned *“If mentors were doing it at a financial cost to themselves that wouldn’t work”*.

“It could probably be voluntary, but then that’s devaluing foster carers and they become a cheap option...there could be something set aside for them to do it because what you’re doing then is rewarding, instead of just using them” (Participant F).

Training

The training of mentors was a theme that arose during the interviews. Participant E thought that while a formal training programme might not be necessary, foster carers would need to be up to date with new developments in fostering and within the Health Service Executive. Participant F was adamant that training would need to be an element of the programme, covering aspects from legal issues, to mentoring itself, to refresher courses in child development and related issues. The ongoing training of foster carers has been identified as an important issue in foster care, with value placed on coherent and linked pre- and post-placement training (Tresiliotis et al 2000). Mentoring is a new role for foster carers, and it is the opinion of the researcher arising from the research that at the very least an induction training day for mentors would be

advantageous. However, as Participant E pointed out, it would have to be ensured that training did not replace or discount the experience and skills of the foster carers involved. The skills and strengths of foster carers need to be recognised as valuable and intrinsic to the mentoring role. As a study of training in foster care warns, *“emphasis on skill acquisition and qualifications may overshadow the less measurable but vital personal qualities of carers”* (Ogilvie et al. 2006, p.15).

Obstacles and Pitfalls

Several of the research participants were concerned that if the service was not valued by the Fostering Department of the HSE, this might cause resentment among foster carers and result in them feeling exploited. Conversely, difficulties may also arise with the implementation of the programme if the Fostering Department or higher management feel that resources would be misused by being dedicated to this project. The Fostering Department would have to show that mentoring would potentially be a valuable support to foster carers and possibly save on resources in the long term. Implementing a mentoring programme depends on long-term support and commitment from the organisation involved (Murray 1991).

Confidentiality and Child Protection

The research participants had very strong views on the importance of introducing a system of reporting of child protection concerns, should a mentoring programme be implemented. An example of their views was:

“You have to know when you need to talk to the social worker. But I think if the mentor had any common sense they would know when you need to report things to social work” (Participant D).

“Maybe the mentor might be overconfident in what they’re doing when they should pull back and say we should get the social worker involved in this” (Participant B).

The balance between maintaining the confidentiality of the mentoring relationship and

ensuring the safety of children in foster care arose as a significant issue in the research.

A key consideration in the development of a mentoring programme is that guidelines for child protection be put in place, based on the guidelines laid out in Children First, which states that the health board (HSE) has overall responsibility for the assessment and management of child protection concerns (Department of Health and Children 1999, 6.1.1). Particularly if mentors are working in collaboration with fostering agencies, they would have a responsibility to report child protection concerns.

Co-ordination

The overall view of the research participants was that while foster carers should be heavily involved and consulted in all aspects of the mentoring programme, for practical and legal reasons it would make sense for the Fostering Department to take responsibility for the running of the programme. All of the research participants were in agreement with this, as summed up eloquently by Participant E:

“Foster carers with social workers on board (should be involved in co-ordination). You would need the social worker on board as well or the whole thing could run riot”

Conclusion

In drawing conclusions from this research, I refer to the initial research questions, used in the interviews.

What are the systems of support, both formal and informal, currently used and valued by foster carers?

The foster carers interviewed had developed their own networks of support, of which social work support was seen as a small component. Informal networks were viewed as providing the most support, with particular value placed on the support of other foster carers on a one-to-one basis. These findings concurred with findings from the literature, in which other foster carers were also valued as a source of support.

What would be the benefits, to foster carers and to the agency, of implementing a peer mentoring scheme?

The potential benefits of peer mentoring to foster carers and the agency were many, and included the retention of foster carers and prevention of placement breakdown, the saving of resources, opportunities for personal development for the experienced carers acting as mentors, and support for new carers.

What resources would be required to implement the scheme, and what are the potential obstacles or pitfalls?

Resources identified to implement the scheme included financial incentives for mentors, training, and agency staff required to co-ordinate and supervise the programme. Potential problems were identified in the form of difficulties within the mentoring relationship, conflict between foster carers and social workers, and difficulties in balancing the confidentiality of the mentoring relationship and responsibilities for child protection.

The implementation of a mentoring scheme would provide valuable support to foster carers, and by definition, to the children in their care. The stresses experienced by foster carers, and difficulties in dealing with and understanding children's behaviour, affect foster children and their relationships with carers. By providing support to foster carers, and equipping them to work effectively with children, the agency is also providing a source of support to children in care.

Recommendations for future practice

1. Based on the literature and the views of research participants, a key recommendation of this research is that consideration be given to implementing a facilitated mentoring programme for new foster carers, to offer guidance and support.
2. Further research should be undertaken, consisting of a survey to all foster carers in the HSE area, to establish necessity of the programme and to gain input from as many carers as possible. A quantitative survey would also help to establish support for the



programme, and encourage foster carers to get involved.

3. A mentoring co-ordinator to be appointed through fostering services, with responsibility for recruitment, allocation and supervision of mentors. The co-ordinator could be an experienced foster carer, or a fostering social worker.
4. Funding to be allocated to implement the programme, including increased allowances for foster carers acting as mentors, expenses for mentors and a training programme.
5. Training to be provided for mentors, including an introduction to mentoring and training on Children First guidelines.
6. Continued involvement of foster carers in all aspects of the programme, perhaps in the form of a steering committee, including planning, attending meetings, developing guidelines and facilitating training.

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