



THE COST OF CARING

THE PROFESSIONAL QUALITY OF LIFE OF BELGIAN FOSTER CARERS

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BACKGROUND

FOSTER CARE IN BELGIUM: FLANDERS AND FEDERATION WALLONIE-BRUXELLES

- In Belgium, foster parents and foster carers are volunteers
- Receive an allowance for expenses (25,60-27,64 euro/day)
- Belgium is federal country with regions and communities
- Foster care is community matter: different rules and laws for Flanders and Fédération Wallonie-Bruxelles
- Differences in scale and organisation:
 - Number of foster children (2023): FL 9730; FWB 3823
 - Number of foster care agencies: FL 5 (provincial) FWB 17
 - Number foster families: FL about 6000 FWB 1290

WELL-BEING OF FOSTER CARERS

- Foster parents face a multitude of stressors due to the nature of their role: (Adams et al., 2018; De Maeyer et al., 2015; Engler et al., 2022; Geiger et al., 2013; Hannah & Woolgar, 2018; Miller et al., 2019; Ottaway & Selwyn, 2016; Vanschoonlandt & Vanderfaeillie, 2013):
 - (negative) effect of fostering on the foster family (involvement of many persons in private life, ...)
 - difficult interactions with foster child's biological parents
 - caring for foster children with trauma, behavioural, social and emotional problems, ...
- Risk of **burnout** and **secondary traumatic stress** (Bridger et al., 2020; Hannah & Woolgar, 2018; Ottaway & Selwyn, 2016) may result in:
 - Less adequate care
 - Increased risk of breakdown
 - Ending the foster care engagement

WELL-BEING OF FOSTER CARERS: SOME CONCEPTS

- **Compassion Fatigue** (CF) is seen as an absence of the positive aspects of professionals' experience, such as the pleasure derived from helping others (Bridger et al., 2020)
- **Secondary traumatic stress** (STS) has been defined as stress responses including PTSD like symptoms (such as anxiety and sleep problems) in response to indirect client trauma material (Bridger et al., 2020). STS can lead to psychological distress, avoidance behaviours, ...
- **Burnout** in turn is defined as work-related exhaustion, frustration and disengagement without trauma-specific causation (Bridger et al., 2020). It results from prolonged exposure of stress at work. Burnout is likely problematic due to heavy caseloads (i.c. children with many problems)

WELL-BEING OF FOSTER CARERS: SOME CONCEPTS

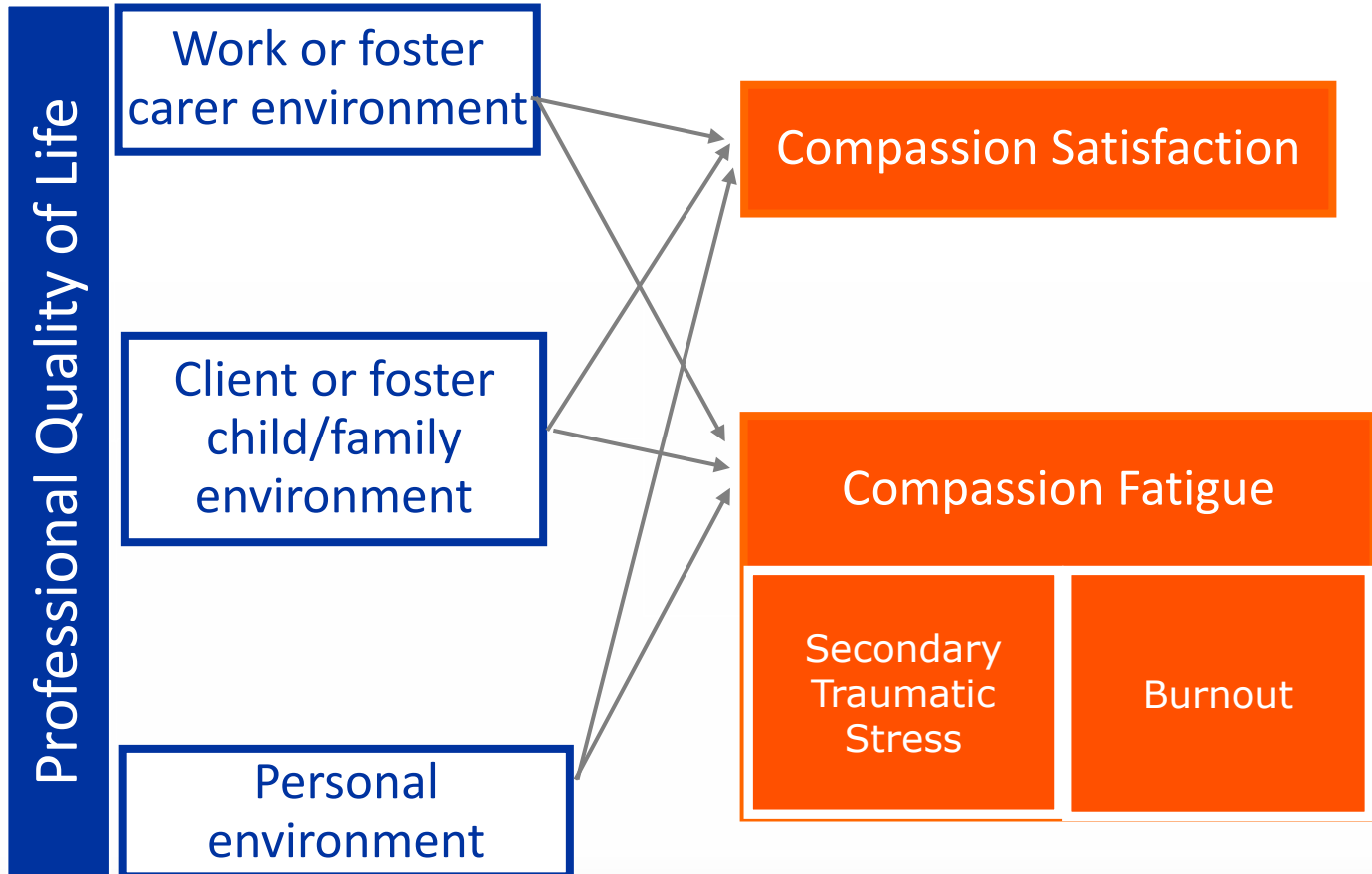
- Burnout, STS and CF all indicate negative ability to cope with stressors
- Strong associations between burnout and STS is found, suggesting that both constructs sharing the same risk factors (Cieslak et al. 2014)
- Some scholars (e.g., Bridger et al., 2020) question the added value of the CF-concept on and above STS and Burnout. STS and burnout have been separated at the level of theory and measurement by explicit inclusion or exclusion of trauma-related symptoms. Consequently, CF could be omitted to avoid creating conceptual redundancy.

WELL-BEING OF FOSTER CARERS

- **Compassion satisfaction** (CS) reflects positive professional experiences such as professional pleasure and experiencing benefit derived from helping others
- CS can be considered a protective factor:
 - CS can mitigate negative experiences that lead to STS (Hinderer et al. 2014; Lee et al. 2015; Stamm 2010)
 - CS can be conceptualised as a positive pathway to STS resilience (Ludick and Figley, 2017)
 - Both pathways could be relevant simultaneously
 - CS might be cultivated by training such as interventions promoting resilience and mindfulness (Harker et al., 2016)

PROFESSIONAL QUALITY OF LIFE (STAMM, 2010)

- Professional Quality of Life = satisfaction in being a caregiver
 - Compassion Satisfaction (positive aspects)
 - Compassion Fatigue (negative aspects)
 - Burnout: gradual, exhaustion, frustration, hopelessness, ...
 - Secondary Traumatic Stress: anxiety, symptoms of PTSD



RISK & PROTECTIVE FACTORS

Work environment

↑ STS

- ↓ Social support (Baugerud & Vangbaek, 2018; Bride et al., 2007; Hamama 2012; Lizano & Mor Barak, 2012)
- Caseload: mixed results (Bride et al., 2007; Meyers & Cornille, 2002; Rienks, 2020)

↑ Burnout

- ↓ Social support (Baugerud & Vangbaek, 2018; Bride et al., 2007; Hamama 2012; Lizano & Mor Barak, 2012)
- ↑ Caseload (Baugerud & Vangbaek, 2018; Maslach et al., 2001)

↓ CS

- ↓ Social support, ↑ employment rate (Baugerud & Vangbaek, 2018; Bride et al., 2007; Hamama 2012; Robins et al., 2009)

Client environment

↑ STS

- ↑ Exposure to trauma of clients (Dagan et al., 2016; Meyers & Cornille, 2002; Sprang et al., 2007)
- ↑ Excessive involvement (Koeske & Kelly, 1995)

↑ Burnout

- ↑ Exposure to trauma of clients (Dagan et al., 2016; Meyers & Cornille, 2002; Sprang et al., 2007)

↓ CS

- ↑ Excessive involvement (Koeske & Kelly, 1995)

Personal environment

↑ STS & Burnout

- ↓ Age (Hamama, 2012; Lizano & Mor Barak, 2012)
- Gender: mixed results (Bride et al., 2007; Bridger et al., 2020; Dagan et al., 2016; Salloum et al., 2015)
- Personal history of trauma (Sprang et al., 2011; Van Hook et al., 2008)
- ↓ Social support (Meyers & Cornille, 2002; Rienks, 2020; Salloum et al., 2015)
- Professional experience: mixed results (Boyas & Wind, 2010; Dagan et al., 2016; Hamama, 2012; Meyer & Cornille, 2002; Salloum et al., 2015)

↑ Burnout

- ↓ Emotional stability, ↓ agreeableness, ↓ conscientiousness, ↓ self-care, having a partner (Barford & Whelton, 2010; Bridger et al., 2020; Hamama, 2012; Salloum et al., 2015)

↓ CS

- ↓ Age, ↓ social support, ↓ self-care, male (Bridger et al., 2020; Salloum et al., 2015)

RESEARCH QUESTIONS

RESEARCH QUESTIONS

- 1) What is the prevalence of STS, burnout and CS among Belgian foster parents?
- 2) What factors are risk and protective factors for their professional quality of life?

METHODS

PROCEDURE

An online survey was sent out to foster care agencies in Belgium

- All 5 Dutch-speaking foster care agencies: March – October 2022
- 14 out of 17 French-speaking foster care agencies: April – August 2023

Responses were collected in:

- Flanders and Brussels (Dutch speaking part of Belgium): **945 foster parents** ($\pm 15.71\%$)
- Fédération Wallonie-Bruxelles (French speaking part of Belgium): **316 foster parents** ($\pm 24.6\%$)

ONLINE QUESTIONNAIRE

PERSONAL ENVIRONMENT

Financial need scale

(Ponnet et al., 2013): 3 items (scale 1 to 7)

Socio-demographic information

- age
- gender
- family composition (single or two-parent household)
- number of children

Personal trauma history (yes/no)

Ten Item **Personality** Inventory scales (Hofmans et al., 2018) (scale 1 to 7): extraversion, agreeableness, emotional stability, openness, conscientiousness

Social support (Kliem et al., 2015): 6 items (scale 1 to 5)

ONLINE QUESTIONNAIRE

FOSTER PARENT ENVIRONMENT

General information

- Number of foster children
- Experience as a foster carer (in years)

Professional self-care scale (Bridger et al., 2020): 15 items (scale 1 to 7) (work-life balance, cognitive strategies, daily balance, professional support)

Excessive involvement with foster child (Koeske & Kelly, 1995) : 8 items (scale 1 to 5)

General Nordic Questionnaire for **psychological and social factors at work** (Lindström et al., 2000): 7 items (scale 1 to 5)

- Quantitative job demands with regards to their tasks as a foster carer (2 items)
- Support from foster care worker (3 items)
- Balance between family life and demands with regards to the role as a foster carer (2 items)

ONLINE QUESTIONNAIRE

FOSTER CHILD ENVIRONMENT

**Difficulty foster child
and biological parents**
(scale 1 to 7)

General information on foster child

- Age
- Gender
- Type of stay (continuous or intermittent)
- Duration of stay (in years)

Specific trauma's of foster child

- Aware of trauma (no/yes)
- Most common type of trauma
- Way informed (through professional/context/child)

ONLINE QUESTIONNAIRE

OUTCOME MEASURE

ProQOL (Professional Quality of Life Scale; Stamm, 2010)

30 items scored on a 5-points Likert scale (1 = never; 5 = very often).

Brings together three theoretical concepts

- 1) Secondary traumatic stress (10 items, $\alpha = .76$)
 - vb: I avoid certain activities or situations because they remind me of frightening experiences of the foster child I care for.
- 2) Burnout (10 items, $\alpha = .76$)
 - vb: I feel exhausted in my role as a foster parent.
- 3) Compassion satisfaction (10 items, $\alpha = .91$)
 - vb: It gives me satisfaction to care for foster children.

Interpretation scores (cut-offs largely based on American data):

- Low: ≤ 22 ; Moderate: 23 – 41; High: ≥ 42

STATISTICAL ANALYSES

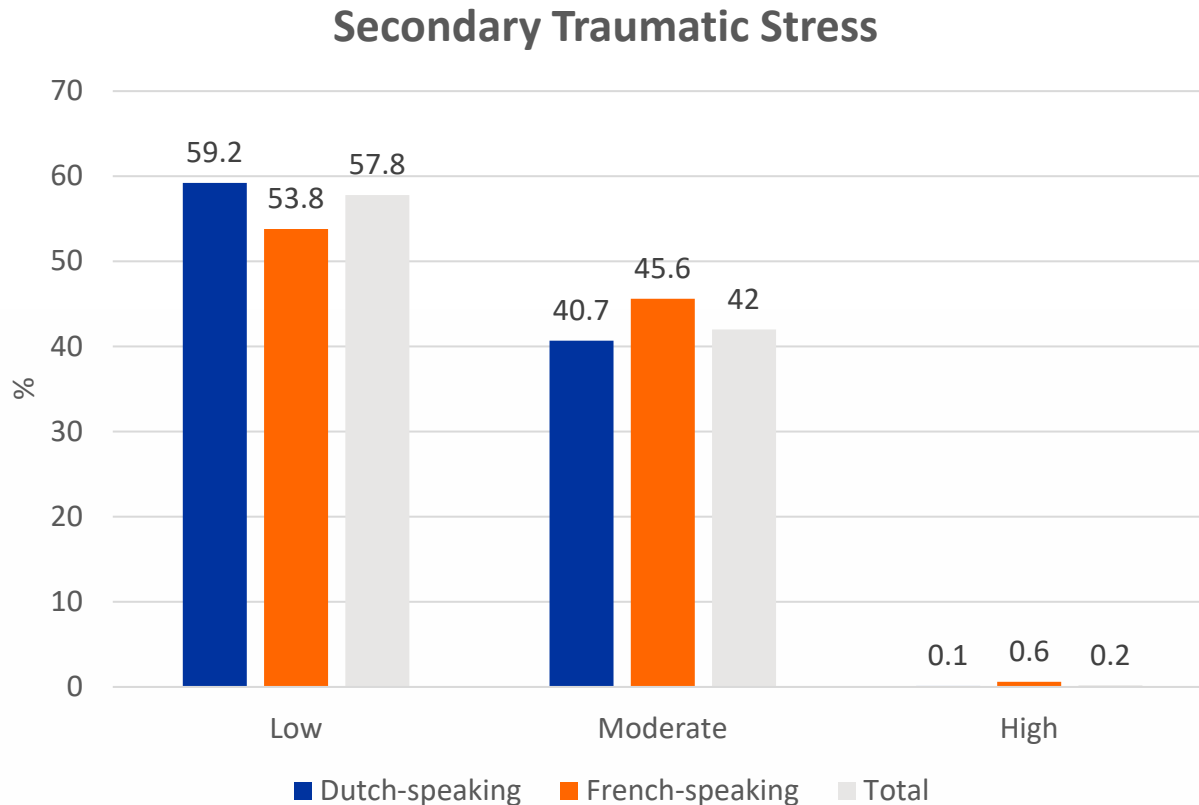
- Descriptives to map levels of STS, burn-out and CS
- Independent samples *t*-test to look at differences between Dutch-speaking and French-speaking foster parents (not corrected for differences between both groups)
- Multiple linear regression analysis with STS, burnout and CS as dependent variables
 - All independent variables that were marginally significant on a univariate level ($p \leq .10$) and with no more than 15% missings were included

RESULTS

DEMOGRAPHIC CHARACTERISTICS

		M(SD) / n(%)		
		Dutch-speaking (N = 945)	French-speaking (N = 316)	Total (N = 1261)
Age	19-79	49.56 (11.40)	48.35 (9.95)	49.26 (11.06)
Gender	Male	248 (26.3%)	83 (26.5%)	331 (26.4%)
	Female	694 (73.7%)	230 (73.5%)	924 (73.6%)
Single households	No	697 (73.8%)	224 (70.9%)	921 (73%)
	Yes	248 (26.2%)	92 (29.1%)	340 (27%)
Trauma	Yes	434 (45.9%)	182 (57.6%)	616 (48.9%)
	No	511 (54.1%)	134 (42.4%)	645 (51.1%)
Number of foster children**	1-7	1.35 (.71)	1.22 (.62)	1.32 (.69)
Age foster child (years)***	0-25	10.48 (5.71)	8.57 (5.05)	9.99 (5.61)
Duration of stay (years)	0-23	5.45 (4.84)	5.86 (4.66)	5.55 (4.80)

OUTCOME: SECONDARY TRAUMATIC STRESS



Cut-off's: Low: ≤ 22 ; Moderate: 23 – 41; High: ≥ 42

Dutch-speaking foster parents

➤ **M = 21.75**, SD = 5.90 (or low)

French-speaking foster parents

➤ **M = 22.75**, SD = 6.40 (or moderate)

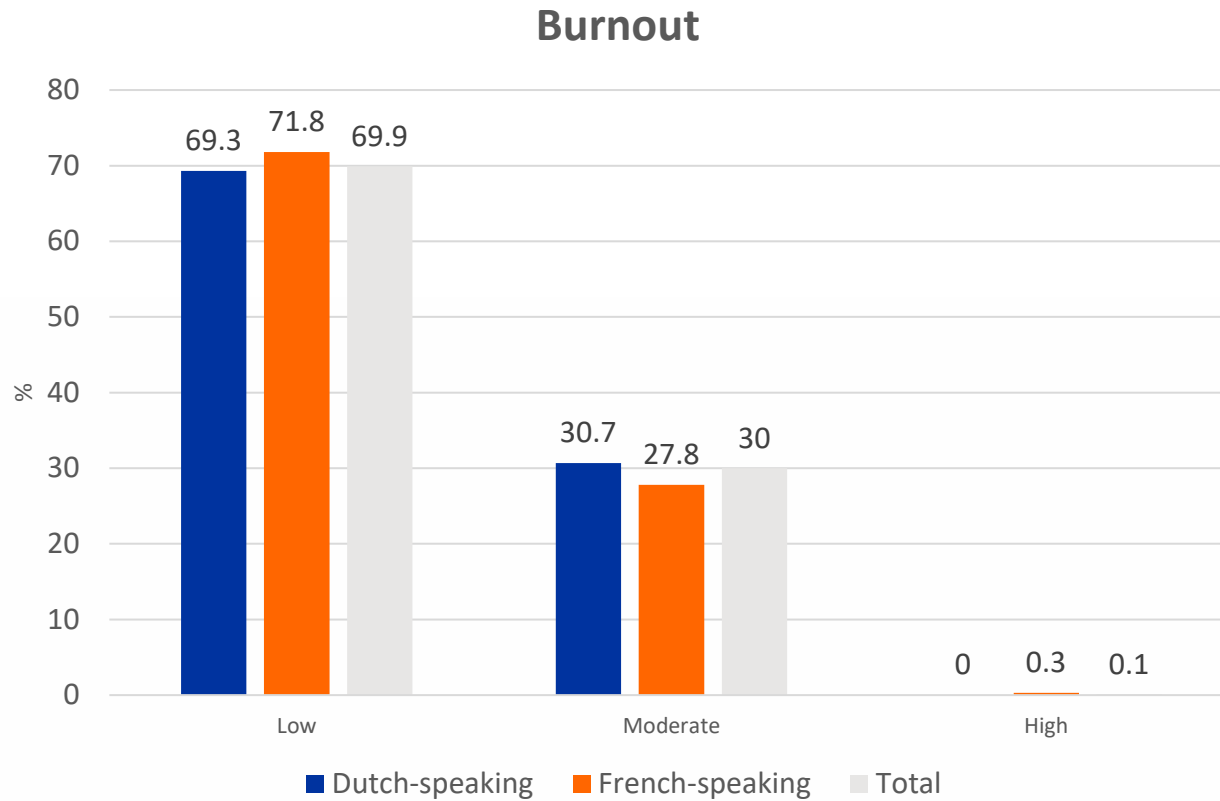
Total

➤ M = 22.00, SD = 6.04 (or low)

➔ $t(1259) = -2.56$, **p = .014**, $d = -.17$

Not controlled for differences between regions

OUTCOME: BURNOUT



Cut-off's: Low: ≤ 22 ; Moderate: 23 – 41; High: ≥ 42

Dutch-speaking foster parents
➤ M = 20.21, SD = 5.34 (or low)

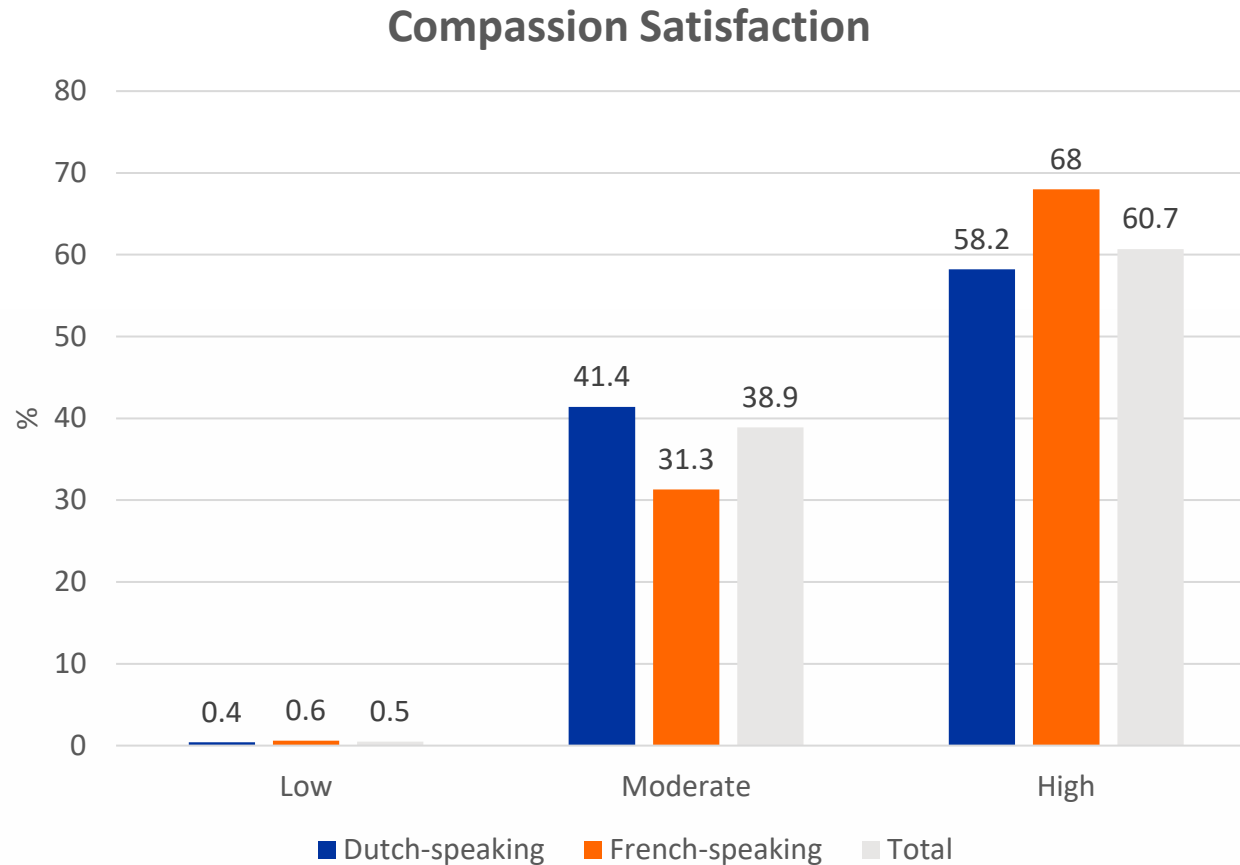
French-speaking foster parents
➤ M = 19.66, SD = 5.64 (or low)

Total
➤ M = 20.07, SD = 5.42 (or low)

➔ $t(1259) = 1.56, p = .13, d = .10$

Not controlled for differences
between regions

OUTCOME: COMPASSION SATISFACTION



Cut-off's: Low: ≤ 22 ; Moderate: 23 – 41; High: ≥ 42

Dutch-speaking foster parents

➤ **M = 41.91**, SD = 5.90 (or moderate)

French-speaking foster parents

➤ **M = 43.42**, SD = 5.54 (or high)

Total

➤ M = 42.29, SD = 5.85 (or high)

➔ $t(1259) = -3.99$, **$p < .001$** , $d = -.26$

Not controlled for differences between regions

	Beta		
	STS <i>F</i> (20,1167) = 65.44, <i>p</i> <.001 <i>R</i> ² = .52	Burnout <i>F</i> (15,1170) = 130.45, <i>p</i> <.001, <i>R</i> ² = .62	CS <i>F</i> (20,1162) = 33.09, <i>p</i> <.001, <i>R</i> ² = .35
Quantitative demands regarding tasks/responsibilities	.220***	.276***	-.198**
Tasks/responsibilities as a foster carer interfering with family life	.218***	.284***	-
Support foster care worker	-.032	-.119***	.128**
Number of foster children	.028	-	.100**
Professional self-care	.055*	-.077***	.060*
Overinvolvement with foster child	.339***	.167***	-.109**
Region (1 = Dutch-speaking, 2 = French-speaking)	.031	-	.101**
Aware of specific trauma foster child	.094***	-	-
Type of stay foster child (1 = discontinued, 2 =fulltime)	.001	-	.090**
Age foster child	-	-	-.115**
Gender (0 = female, 1 = male)	-.111***	-	-
Number of biological children	-	-	-.083**
Personal trauma	.047*	-	.077**
Family demands interfering with responsabilitites as a foster carer	.047	.027	-.098**
Personality			
Emotional stability	-.093***	-.068***	.080**
Agreeableness	-.016	-.079***	.141**
Extraversion	-.003	-.032	.067**
Openness for new experiences	-.022	-.050*	.046
Conscientiousness	-.038	-.045*	-.002
Social support	-.064*	-.126***	.146**
Financial need	.014	.051*	-

DISCUSSION

PROFESSIONAL QUALITY OF LIFE OF BELGIAN FOSTER PARENTS

- **Low** mean levels of **CF** and **high** mean levels of **CS** were reported by Belgian (Dutch and French speaking) foster parents
 - **Burnout & STS**: no differences between Dutch- and French-speaking foster parents when adjusting for other influencing factors
 - **CS**: higher levels reported by French-speaking foster parent, when adjusting for other influencing factors
- ➔ Expecting higher levels based on prior research in child welfare workers (Lizano & Mor Barak, 2012; Middleton & Potter, 2015; Rienks, 2020; Salloum et al., 2015)
 - ➔ Possible attrition bias: foster parents with high distress may have ended their commitment, or not participated in the research
 - ➔ Cut-off values may not be representative for this specific population or region (Stamm, 2010)
 - ➔ Large proportion scores in 'moderate' range for STS (42%) and burnout (30%), at risk for developing clinical/problematic scores

PROFESSIONAL QUALITY OF LIFE OF BELGIAN FOSTER PARENTS

- **CS:** higher levels reported by French-speaking foster parent, when adjusting for other influencing factors
 - Region is a not well-defined variable, may include many aspects
 - Differences in organisation (smaller services 17 in Fédération Wallonie-Bruxelles versus 5 in Flanders)?
 - Differences regarding way supporting foster carers?
 - Differences in culture and looking at problem behaviour, contact with biological parents, ...

KEY RISK FACTORS

Key factors negatively influencing foster parents' professional quality of life **globally** are:

- Foster parent environment
 - A **higher perceived workload** with regards to tasks and responsibilities as a foster parent. These workload/demands might be considered too high taking in account the volunteering aspect of foster care and the paucity of preparation
 - **Excessive involvement** with the foster child → it is important to be involved, but detrimental for the foster carer when too much
 - **Taking not enough care of yourself** regarding your duties as a foster parent → active self-care boosts resilience and fulfilment regarding your role as a foster parent.
 - The positive relationship with STS might indicate that foster parents are aware of the STS and use strategies to decrease the level of STS
- **Consequently:**
 - Monitor the workload regarding tasks and responsibilities
 - Provide practical support
 - Preparation of foster parents should depict a realistic picture of the 'job' of foster carer
 - Foster care workers should enough be aware of the demandingness of the foster care 'job' and value efforts done by foster parents

KEY RISK FACTORS

Key factors negatively influencing foster parents' professional quality of life **globally** are:

➤ Personal environment

- Viewing oneself as **less emotionally stable** → a crucial personality trait to cope with challenges as a foster parent
- Experiencing **less social support** in your private environment → may act as a buffer for challenges encountered as a foster parent

➤ **Consequently:**

- *Emotional stability* should be fostered by trait-relevant situational cues coming
 - Task level: foster care specific duties and responsibility (e.g., limiting responsibilities in situation of crisis)
 - Social level: norms and expectations from other foster carers and the foster care worker (rewarding acting calmly, organising helplines 24/7, ..)
 - Organisational level: foster care system and the culture in foster care agencies (crisis is totally handled by the service, foster carer is not considered responsible, ..)

KEY RISK FACTORS

Key factors negatively influencing foster parents' professional quality of life **globally** are:

- Personal environment
 - Viewing oneself as **less emotionally stable** → a crucial personality trait to cope with challenges as a foster parent
 - Experiencing **less social support** in your private environment → may act as a buffer for challenges encountered as a foster parent

- **Consequently:**
 - *Social support in the private sphere* should be fostered
 - During recruitment relationships with friends and family should be explored
 - Activities to boost these relationship should be organised (foster care day with friends, birthday of foster child with friends, ...)
 - Providing technology (computers, subscriptions for digital platforms, ...) can help maintaining relationships
 - Organise foster care days resulting in: foster carers becoming friends, opportunity to express gratitude, engagement in shared activities

KEY RISK FACTORS

Key factors **additionally** negatively influencing foster parents' CS:

- Foster children staying discontinued
- Older and less foster children (more foster children is rewarding)
- Bigger families (number of biological children)
- Family demands interfering with responsibilities as foster carer
- Being less agreeable and extraverted
- Not having a history of personal trauma (although positively associated with STS)
- Not feeling supported by foster care worker

- **Consequently:**
 - Promote continued stay (fosters the bond and thus pleasure of fostering)
 - Make it foster carers as easy as possible (provide transport, administrative help, ...)
 - Take in account the size of the family when recruiting families and placing children
 - Try to foster agreeableness and extraversion with trait-relevant situational cues (extraversion predicts success in social "jobs")
 - Personal trauma is not necessarily a risk factor. Helping traumatized children, being self-traumatised, can be rewarding

KEY RISK FACTORS

Key factors **additionally** influencing Burnout:

- Lack of support of foster care worker
- Responsibilities as foster carer interfering with family demands
- Being less agreeable, less open for new experiences, less conscientiousness
- Having higher financial needs

- **Consequently**
 - Make it foster carers as easy as possible (provide transport, administrative help, ...)
 - Provide all kinds of support (emotional, practical, ...) also financial
 - Try to foster agreeableness and openness and conscientiousness with trait-relevant situational cues. Indeed, low agreeableness and low conscientiousness are consistent (also in other situations) predictors of burnout

KEY RISK FACTORS

Key factors **additionally** influencing STS:

- Responsibilities as foster carer interfering family demands
- Being aware of the trauma of the foster child
- Having a history of personal trauma
- Female

- **Consequently**
 - Make it foster carers as easy as possible (provide transport, administrative help, ...)
 - Provide support, if necessary cognitive processing therapy (CPT), and social support from family and friends and foster care workers
 - Take in account that women seem more susceptible for STS

Thank you!



HET DENKEN MAG ZICH
NOOIT ONDERWERPEN.

