



Speech and language development: knowledge and experiences of foster carers

Part 1: Questionnaire results

Shannon Golding, Cori Williams and Suze Leitão

KEYWORDS
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THIS ARTICLE HAS BEEN PEER-REVIEWED

This study aimed to investigate foster carers' knowledge and experience of speech and language development. Foster carers in Western Australia who provided long-term care for children under the age of 5 were selected to participate. This paper reports on data obtained from 20 foster carers using written postal questionnaires. The questionnaire asked foster carers about their daily routine with their foster child, their knowledge of speech and language development and topics related to speech and language development on which they would like further information. Semi-structured interviews were carried out with a subset of 12 foster carers and the results are presented in Part 2. The findings of this study provide speech pathologists with information regarding the needs of this population in terms of therapy services for children and in terms of educational topics of interest for foster carers.

Owens, 2005; Paul, 2007). Children in foster care and alternative care arrangements may be developmentally delayed in a number of areas, particularly in language (Leslie, Gordon, Ganger, & Gist, 2002; Stock & Fisher, 2006). These children come from a range of different backgrounds and may have experienced abuse, neglect, inconsistent home environments, prenatal exposure to alcohol and drugs, maternal mental illness and a variety of other difficult conditions (Amster, 1999; Craven & Lee, 2006). Limited or harmful communicative exchanges between parents and children in addition to the effects of a less than optimum environment can impair the child's neurological and developmental capabilities (Child Welfare Information Gateway, 2001).

The language skills of children in care can fall from 6 to 9 months behind that of their age matched peers (Culp et al., 1991). A screening study of 122 foster children conducted in New South Wales found that 45% of the children under 5 years of age had speech delay, and 20% of children aged 5 to 10 years had delayed language skills (Nathanson & Tzioumi, 2007). These figures are far greater than the speech and language impairment prevalence rates of 5.95% in typically developing children (Law, Boyle, Harris, Harkness, & Nye, 2000) and 14.7% in a representative sample of 4,983 Australian children, aged 4 to 5 years (McLeod & Harrison, 2009). Children within the foster care systems also show poorer cognitive development and school performance than their age-matched peers (Trickett & McBride-Chang, 1995) and can be expected to demonstrate developmental, behavioural and emotional disorders at 2.5 times the rate of children within the general population (Craven & Lee, 2006).

In summary, previous research highlights that children in foster care are at increased risk for speech and language delay, and subsequent associated cognitive, academic, behavioural and social difficulties (Craven & Lee, 2006; Trickett & McBride-Chang, 1995). It is, therefore, crucial that foster carers are supported so they are able to monitor and promote the speech and language development of children within their care.

Aims of the present study

This article reports on a study that aimed to investigate foster carers' knowledge and experiences of speech and language development, within the Western Australian context. The following research questions are addressed:

1. What are the demographic details of the foster carers?
2. What kind of home environment and experiences do the foster carers provide for the children in their care?

A large number of Australian children are unable to live with their parents. On 30 June 2008, there were 31,166 children reported to be living in out-of-home care in Australia. Of these, 48% were living in a foster care placement (Australian Institute of Health and Welfare, 2008). The foster care system is struggling with a limited supply of foster carers to meet this growing number of children with increasingly complex needs (Bath, 2008; Burry, 1999). In Western Australia, children who are unable to remain in the care of their parents come under the responsibility of the state's Department of Child Protection (DCP) (Government of Western Australia Department of Child Protection, 2009). These children remain under the legal responsibility of DCP; however foster carers are responsible for meeting the child's daily needs.

Children in foster care need to be cared for by foster carers who are able to provide a secure relationship that supports the child, particularly in the critical early years of development when cognitive, communication, physical and social-emotional skills are developing rapidly. Appropriate and stimulating input is required to ensure that the child's speech and language skills can develop appropriately (see



Shannon Golding (top), Cori Williams (centre) and Suze Leitão

3. What strategies and techniques do foster carers use with children at home to facilitate their speech and language development?
4. What do foster carers know about speech and language development in children?
5. What experience have foster carers had with speech pathologists and children receiving services for speech and language difficulties?
6. What topics related to speech and language development would foster carers like more information on and how can this be presented most effectively?

Method

Participants and procedure

Following approval for the study from DCP and the Curtin University Human Research Ethics Committee, DCP posted written questionnaires to 140 foster carers. These foster carers were randomly selected from a DCP database of 203 foster carers who met the following selection criteria.

- non-Indigenous foster carers registered with DCP on or before 1 May 2008 (i.e., had been registered for at least a year);
- foster carers who had at least one child currently placed, or a child who had left their placement in the last six months;
- foster carers whose most recent foster child was aged less than 5 years at the time they were placed with the foster carer;
- foster carers who were living in the Perth metropolitan area.

Of the 140 foster carers contacted, 20 returned the written questionnaires. Foster carers were asked to provide their contact details if they were interested in participating in an

interview with the researcher, 12 agreed to and participated in this stage (see Part 2 of this study).

Materials

The written questionnaire was designed by the first author to collect demographic information about the foster carers who participated in the study. In addition, the questionnaire was designed to obtain information on daily routine, home activities, book reading and experiences with speech pathology, using closed questions, rating scales, and open-ended questions.¹

Results

The questionnaire collected data about the foster carers as well as the home environment they provide, their knowledge of speech and language development and the skills required for school, their experience with speech pathologists and their recommendations for future training initiatives. The quantitative data collected was analysed using descriptive statistics and is presented using frequency tables.

Demographic profile of the foster carers

The foster carers had a range of past experiences caring for children. Ninety percent of foster carers (n = 18) had experience as parents; however, two foster carers had not had children of their own. Sixty percent (n = 12) had between 6 and 15 years experience as a foster carer and 50% (n = 10) of the foster carers had cared for more than 5 foster children. There was a range of educational backgrounds among the participants. Studies in higher education were completed by 45% (n = 9) of the foster carers. This included 6 foster carers who completed a TAFE qualification and 3 who completed a university degree. One foster carer had completed only primary school. A summary of the participants' demographic information is provided in Table 1.

Table 1. Demographic details of participants

Code	Age range (years)	Gender	Previous highest education	Interview	Relative carer	Number of birth children	Number of current foster children	Years as a foster carer	Total number of foster children cared for
P001	51+	Male	University	Yes	Yes	3	1	2	1
P002	51+	Female	Year 10	No	–	2	2	3	6
P003	51+	Female	Year 10	No	–	3	0	35	165
P004	51+	Female	University	Yes	Yes	3	2	9.5	2
P005	51+	Female	TAFE	Yes	No	2	4	15	12
P006	51+	Female	Year 10	Yes	No	2	3	6.5	18
P007	51+	Female	High school	No	–	0	1	8	1
P008	51+	Female	High school	No	–	2	1	3.5	1
P009	41–50	Female	TAFE	No	–	2	4	9	20
P010	41–50	Female	Year 10	Yes	No	0	2	14	12
P011	31–40	Female	High school	Yes	No	1	1	2	2
P012	51+	Female	Year 10	Yes	No	2	2	20	21
P013	51+	Female	Primary school	Yes	No	3	2	14	60+
P014	51+	Female	University	Yes	Yes	4	1	11	1
P015	41–50	Male	High school	No	–	4	1	6	1
P016	41–50	Female	TAFE	No	–	3	1	1.5	1
P017	51+	Female	TAFE	Yes	Yes	2	2	10	2
P018	41–50	Female	High school	Yes	No	2	3	12	29
P019	51+	Female	TAFE	Yes	No	3	1	25	15–20
P020	51+	Female	TAFE	No	–	1	1	17	3

Note. Relative carer is a relative or close family friend so the child can remain in close contact with their birth family (Government of Western Australia Department of Child Protection, 2009).

Table 2. Foster carers and the activities they share with their foster children

Behaviour	Frequency				
	Occ.	Once a month	Weekly	Several times/ week	Daily
Read books	1	–	–	3	11
Watch TV	1	–	–	4	10
Tell them stories	1	–	–	4	9
Talk about pictures in a book	–	–	1	5	8
Encourage them to draw	–	–	–	7	7
Listen to music	1	–	1	6	7
Ask questions while reading	–	–	1	7	6
Have them tell you stories	1	–	2	6	5
Dance to music	2	–	1	8	4
Play games, puzzles or playdough	1	–	3	7	4
Encourage them to paint	3	–	2	5	4
Craft activities	3	1	2	4	4
Point out signs and words (e.g., McDonald's arches, Pepsi logo)	2	–	1	4	4
Organise playtime with children of a similar age	4	3	1	4	3
Play rhyming games	–	1	2	8	2
Water play	4	1	2	7	1
Involve them in cooking	2	–	4	7	–

Note. Occ. = occasionally

Home environment and foster carers' interactions with children

Data depicting the lifestyle, daily activities and interactions of foster carers and the children in their care are set out in Table 2. Of the 20 foster carers who completed the written questionnaire, 95% responded that they take the foster child with them while completing errands. Foster carers identified a range of outings they participated in with the children in their care. These included visits to the shops, playground, park, zoo, local library, playgroup, music group and toddler gym. Foster carers also identified activities they completed with their foster children, as reported in Table 2. Four foster carers did not respond to this question as they reported that their foster children were older and these activities would not be age appropriate. However, they reported that they completed many of these activities when the children were younger. Reading books and watching TV daily were the most commonly identified behaviours.

Foster carers' knowledge of speech and language development in children

The foster carers' beliefs about (a) the speech and language skills children should have prior to commencing preschool, (b) the skills children should be developing, and (c) the skills that are not required are outlined in Table 3. Ninety percent (n = 18) of foster carers believed that children should know concepts such as colours and shapes and should be able to communicate with other children before commencing school. Seventy-five percent (n = 15) of foster carers believed that a child should be developing the ability to write and 65% (n = 13) believed that a child should be developing the ability to read before commencing school.

Foster carers seeking advice from speech pathologists and other professionals

The foster carers were asked to identify a number of professionals that they would access if they were concerned about a foster child's speech and/or language development from a provided list. Seventy-five percent (n = 15) of the

Table 3. Foster carer's knowledge of the skills required for preschool

	Yes	Developing	Not
Knows colours and shapes	18	2	–
Can communicate with children	18	2	–
Understand instructions	17	3	–
Knows alphabet	8	12	–
Can write their name	8	11	1
Produce rhyming words	5	14	1
Can write	–	15	5
Can read	–	13	7

Note. The number of respondents who believed the child should have acquired the skill, should be developing the skill, and should not have acquired the skill are provided.

foster carers indicated they would consult a child development centre and 65% (n = 13) indicated they would consult a private speech pathologist. Sixty percent (n = 12) indicated they would see a doctor if concerned about a child's speech and language. Fifty percent (n = 10) of the foster carers would seek advice from a government speech pathologist or school teacher and 35% (n = 35) indicated they would contact their community nurse.

Fifty-five percent (n = 11) of the 20 foster carers reported they had previously taken a foster child to see a speech pathologist, and all rated the experience as very positive on a Likert scale. Of these, five had accessed a public service and five had consulted a private speech pathologist. One foster carer did not identify the type of service that was accessed. All 11 foster carers reported that they observed the speech pathologist's assessment session and that the assessment had been explained to them. Of the foster carers who attended speech pathology, 91% (n = 10) reported that they were provided with information sheets and that the therapy goals were clearly explained. All 11 foster carers who had taken a foster child to see a speech pathologist identified the need for ongoing guidance from a speech pathologist and the importance of continuing the therapy at home.

Foster carers' recommendations for future training initiatives

Foster carers were provided with a list of topics related to speech and language development and asked to select multiple topics that were of interest to them. Table 4 outlines responses in order of preference. Forty-five percent (n = 9) of foster carers were interested in receiving information on activities and strategies they could use to promote language at home, the speech and language skills needed for school and the link between disability and language development.

Table 4. Topics foster carers are interested in developing their knowledge

	Yes	Maybe	No
Things to do to promote language at home	9	4	1
Speech and language needed for school	9	3	1
Disability and language development	9	2	3
Language delay and what to look for	8	5	1
Language and social development	8	5	1
Speech pathology services available	8	2	1
Learning to read	7	5	3
Learning to write	7	5	3
Articulation/ speech	7	4	1
Caring for children with a disability	7	3	4
Developmental milestones	6	3	4
Stuttering	3	5	3

Note. The number of respondents for each topic is presented. There were three foster carers who did not respond to this question.

Discussion

This explorative study provided a unique insight into foster carers' knowledge and experience of speech and language development. Foster carers from a range of different backgrounds participated in the study, as shown by the demographic details of the participant group. Although their experience with foster care children varied, their desire for more knowledge on speech and language development was clear. The results will be discussed in terms of the foster carers' knowledge of speech and language development in children, their experience with speech pathologists and their recommendations for future initiatives.

Home environment and foster carers' interactions with children

Foster carers provided a range of activities for the children in their care, including reading, watching TV, telling stories and talking about pictures in a book, which provided the child with multiple learning opportunities. The results of this study indicate that foster carers have an understanding of the importance of providing children with opportunities to engage, learn and communicate with others. Involvement in a stimulating environment together with sensitive parenting has been linked to improved language development (Murray & Yingling, 2000). An awareness of the activities that foster carers already complete with their children will allow speech pathologists to provide foster carers with strategies and techniques that enrich these interactions and support the child's speech and language development.

Foster carers' knowledge of speech and language development in children

The results from the questionnaires indicated that foster carers demonstrated a sound understanding of language

development and the skills required for children entering into school, including knowing colours and shapes, communicating with other children, re-telling stories, understanding instructions and developing the ability to produce rhyming words and the alphabet (see Paul, 2007). Most foster carers felt that they were able to identify when a child did not have adequate skills for commencing school and when they required intervention. Despite their knowledge, 45% (n = 9) of foster carers requested more information.

Foster carers seeking advice from speech pathologists and other professionals

Foster carers identified a range of professionals they would contact if they were concerned about a child's speech and language development. Child development centres and private speech pathologists were the most common responses. It is essential that services and advice are available to foster carers to ensure they are provided with the appropriate information and support for the children that are placed in their care.

Foster carers demonstrated an understanding of the importance of early intervention. Eleven foster carers had taken a child to see a speech pathologist and one reported that speech pathology was necessary for almost all of the children that she had cared for in the past. The high referral rate for speech pathology among children in foster care was similarly identified in a study in New South Wales where in a sample of 122 foster children, speech pathology was the second most frequently referred to service following dental referrals (Nathanson & Tzioumi, 2007).

Foster carers' recommendations for future training initiatives

Foster carers identified topics from a provided list that were of interest to them and that met their current needs. Topics of greater interest identified by 45% (n = 9) of foster carers were activities to do to promote language at home, speech and language skills needed for school, and disability and language development.

Foster carers reported that training and resources to target speech and language development are often not provided. Foster carers do not necessarily have any formal qualifications or further study that provide them with the skills to care for children with delayed or impaired speech and language. In the current study, only 40% (n = 8) of foster carers had completed further study after school. Training of those involved in children's care in Australia has been identified as a concern. Although training is desirable it is often limited in its availability (Bath, 2008). This need for training and support was identified as a recommendation from an investigation into children in out-of-home care in Australia (The Royal Australasian College of Physicians, 2006).

When training of foster carers has been provided, it has been found to be an effective form of intervention leading to improved outcomes for the children (Silver et al., 1999). A US foster carer training program targeted at managing challenging behaviours reported a high attendance rate and was successful in changing foster carer behaviours. The program provided childcare during the sessions, reimbursed travel, and involved group discussion (Price et al., 2008). The findings of Price et al. (2008) and the current research provide suggested guidelines for the further implementation of training programs in Western Australia. They highlight the importance of knowledge of speech and language

development and the need for foster carers to be educated and supported to meet the needs of children in their care.

Limitations of the study

The findings of this study are constrained by the return rate of the written questionnaires. The low return rate (14%) means that results should be interpreted in this context. It may be that foster carers who did not respond were less experienced with supporting children with speech and language difficulties. It is possible that the foster carers who did respond were those who had experience with a foster child with speech and language difficulties, as 55% (n = 11) of the respondents had taken a child to see a speech pathologist. This is a greater percentage than the study in NSW that found 45% of foster children under the age of 5 years had delayed speech, and 20% aged 5 to 10 had delayed language skills (Nathanson & Tzioumi, 2007). Such differences could suggest there is an over representation of foster carers with children with speech and language difficulties in this group of participants.

Some foster carers gave limited responses to the open-ended questions in the written questionnaire. The semi-structured interview elicited detailed responses from the foster carers regarding their experience of speech and language development. These responses, presented in Part 2, add to the sometimes limited information provided in the written questionnaire.

Conclusion

This article presented the findings from a questionnaire completed by 20 foster carers in Western Australia. Although the foster carers identified speech and language as an area on which they would like more information, those who participated in the study had experience caring for a number of children, some knowledge of the speech and language skills required for school, and had accessed speech pathology services when necessary. As foster carers care for children who are particularly vulnerable, it is essential that research and health professionals identify how foster carers can be supported so they are able to meet the needs of children in their care. The findings of this study were provided to DCP to increase its awareness of the specific needs and recommendations of its foster carers.

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1. Interested readers are able to contact the first author for a copy of the questionnaire used in the study.

Shannon Golding graduated from Curtin University in 2009 with a Bachelor of Science (Speech Pathology) with First Class Honours. She has continued her interest in research by enrolling in a PhD to investigate the speech and language development of intercountry adopted children. **Dr Cori Williams** and **Dr Suze Leitão** lecture and supervise research at Curtin University in WA. They have always been interested in the needs of children with speech and language difficulties and this project has allowed them to extend their interest area into foster carers and the needs of children in out-of-home care.

Correspondence to:
Shannon Golding
School of Psychology and Speech Pathology,
Curtin University, Perth, Western Australia
email s.golding@curtin.edu.au



Speech and language development: knowledge and experiences of foster carers

Part 2: Interview results

Shannon Golding, Suze Leitão and Cori Williams

This paper reports on the qualitative data from a study that investigated foster carers' knowledge and experiences of speech and language development. Foster carers within Western Australia who provided long-term care for children under the age of 5 were contacted through collaboration with the Department of Child Protection. Part 1 of this paper reported on the questionnaire results from 20 foster carers. This paper presents the results from semi-structured interviews with 12 of these foster carers. The interviewed foster carers demonstrated insight into their foster children's speech and language difficulties and were motivated to support the children and seek speech pathology intervention. They did not have specific strategies to promote speech and language development and identified the need for further training and support. These findings provide information for speech pathologists regarding the needs of foster carers so they are educated and supported to facilitate their child's speech and language development at home.

Aims of the present study

Part 1 of this paper reviewed the literature, discussed the demographics of the participant group, and addressed some of the research questions through analysis of the quantitative data from the written questionnaires. The current paper aimed to clarify the responses from the written questionnaires (as reported in Part 1 of this study) by conducting semi-structured interviews with 60% of the original respondents who had indicated on the questionnaire that they were happy to be interviewed. The following research questions are addressed:

1. What experience have foster carers had with speech pathologists?
2. What do foster carers know about speech and language development?
3. What experiences have foster carers had caring for children with complex needs?

4. What strategies and techniques do foster carers use with children at home to facilitate their speech and language development?
5. What areas would foster carers like more information on and how can this be presented most effectively?

Method

Participants

Participants were asked to provide their contact details on the written questionnaire if they were interested in participating in an interview. Twelve of the 20 foster carers consented to and participated in an interview. The demographic details of the 12 foster carers who participated in the interviews were representative of the group of 20 foster carers who completed the questionnaire (see Table 1, Part 1).

Procedure and materials

The semi-structured interviews were used as a medium for clarifying the responses provided in the foster carers' written questionnaires. The interview allowed for greater insight into the knowledge, experiences and recommendations of the foster carers. The interview was structured with open-ended questions that addressed the research questions for the researcher to follow to ensure that all participants experienced the same interview format.¹ These interviews were carried out by the first author, took place predominately in the participants' homes and lasted approximately one hour. All interviews were digitally recorded and then transcribed verbatim on the day they were conducted.

Qualitative data analysis procedure

The semi-structured interviews were transcribed by the first author and emailed to the participant to read, edit and confirm, unless the participant had stated otherwise at the completion of the interview. This procedure provided participants with the opportunity to modify the transcript, if required, to ensure that it was an accurate representation of their thoughts and experiences. This procedure thus endeavoured to verify the validity of the qualitative data collected (Barr, McLeod, & Daniel, 2008). One foster carer made minor revisions to the transcript and two foster carers added further information to their responses. These two foster carers reported that reading the transcript prompted them to recall further experiences and ideas they forgot to mention at the time of the interview.

Phenomenological research explores the lived experiences of individuals in relation to their being in the world (Annells, 1999; Standing, 2009). This study took a phenomenological

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Shannon Golding (top), Suze Leitão (centre) and Cori Williams

approach as the participants were asked to describe their experiences which were interpreted with the aim of identifying common and unique themes among their responses (Annells, 1999). The interview transcripts were read by the researcher and the following broad headings were identified using thematic analysis: foster carers and DCP, foster carers and children, foster carers and speech and language, and foster carers' recommendations. Further sub-themes from the participants' interviews were identified and arranged according to these headings. NVivo, a computer software program, was used to assist in the thematic analysis and organisation of the extracted ideas (QSR International, 2009; Richards, 1999). The data and themes were reviewed and discussed with the research team prior to ascertaining the final themes.

Results

The following findings reflect experiences and themes that arose from the transcripts and are relevant to the focus of the research. The three main themes addressed in this article are: foster carers and their experiences with speech pathology intervention; foster carers' experiences with children with complex needs; and foster carers' recommendations. Quotes taken from the foster carers' interviews are presented in italics.

Foster carers and their experience with speech pathology intervention

When asked to describe their experience with the speech pathologist, all 10 foster carers who commented on speech pathology services identified the importance of continuing the therapy at home.

P014: The speech pathologist at the time actually taught us how to do it. S would go to speech and of course I went too and was able to watch how the speech pathologist did it, the sorts of things she did and then we would go away with the homework for the week.

P012: But it is still the carers that need to do it, one speech pathology session a week is not going to make the difference as it's not being reinforced in the home situation.

The foster carers reported on activities that speech pathologists had encouraged them to continue at home, including articulation games, reading with the child and vocabulary development tasks.

P010: We got all these cards and play all different games so they learn the sounds. We'll put them down and learn colours... Even with her spelling, I say "Pick out some words" and she tells me them and I ask her to spell them back.

Five of eight foster carers who reported on public speech pathology service mentioned extensive wait lists. Their concern was that the foster children were only in their care for a limited amount of time and, therefore, were unable to wait for services.

P019: Given that a lot of the children came into my care I knew I only had them for a limited time.

P006: It was at least 8 to 9 months. That is a lot when the child is 18 months or 2 years and they really need it.

Six of the 12 foster carers interviewed were unwilling to wait for public services and so purchased private speech pathology services as they were aware of the significance of early intervention.

P012: I think early intervention is important with all areas... with speech and language if it's dealt with early than a lot of other problems are avoided later.

Foster carers caring for children with complex needs and the foster carers' methods of supporting the children

Foster carers were aware of how a child's ability to learn could be affected by previous experiences.

P012: A lot of them have been affected by their parents' drug and alcohol use which impacts on their ability to learn. Just being taken from one environment to another is an impact enough.

Nine foster carers reported on caring for children with complex needs. Many foster children were reported to have multiple diagnoses including: traumatic brain injury, spina bifida, enteral feeding, intellectual disability, epilepsy, attachment disorders, obsessive compulsive disorder, depression, autism, attention deficit hyperactive disorder, anxiety, and post traumatic stress disorder. These foster carers reported on the challenges of caring for children with complex needs. In particular, the difficulties in caring for children with impaired communication skills.

P019: Certainly children who are language delayed are definitely harder to care for.

Despite these challenges, all 12 foster carers reported an altruistic willingness to support their foster children through a number of different methods. This desire was founded in a strong emotional attachment that many developed with their children. They reported extensive reading and researching for information, purchasing resources for the child and regularly visiting the child's school to support them in the classroom or meet with teachers.

P017: You have to remember that a carer becomes emotionally attached to a child, which you should. You're giving the child an emotional base to attach and develop from... Of course you are going to want the best for the child and want the skills to support them better.

Eleven of the foster carers identified the role of an engaging learning environment with books, songs and explicitly teaching new words, as well as the innate capacity to learn to be required for speech and language development. They were aware of the need to encourage the children in their development and all 12 foster carers identified the need for more training and support to help them do so.

Foster carers' recommendations for future initiatives

All 12 foster carers gave recommendations on how they could learn and develop skills so that they could be better equipped to support the children in their care.

P005: As a parent we need more training otherwise it's all self taught. Otherwise who is going to teach you?

P014: They (foster carers) are the people who strive to do the best for the child, read as much as they can and take on any advice to effect a difference.

One recommendation that addressed waiting lists was to develop an interim resource that foster carers could use while waiting for speech pathology intervention.

P019: If someone could develop that kind of resource as a bit of an interim kit that can be used before the

child is seen by the system. It's something that you could start looking at before you see the speech pathologist... Information on what you should expect, some ideas of what to do at home, half a dozen resources, ideas of things you could purchase or ways you can use the things at home.

Discussion

The foster carers' responses in the interviews provided insight into their knowledge and experience of speech and language development of the children in their care and will be discussed along with findings from the literature.

Foster carers and their experience with speech pathology intervention

Ten foster carers reported engaging their foster children in simple games (for example, labelling picture cards and articulation picture cards) that were provided by speech pathologists. The foster carers reported that they believed these activities would assist the children, however, they were unaware of how these specifically targeted a child's speech and language development. Other than these simple games and worksheets, they had limited resources, techniques and strategies that would benefit children with impaired speech and language skills. This has implications for clinical practice. If foster carers or parents do not understand the goals or purposes of activities then they may be unable to carry on therapy at home beyond playing the games with their children. Further, they will be unable to embed the goals and strategies into their everyday interactions with the child.

Foster carers demonstrated an understanding of the importance of speech pathology intervention for this group of children. Five of eight foster carers reported concerns with the public waitlists for intervention and six were unwilling to wait and therefore purchased private speech pathology services. All 11 foster carers who visited a speech pathologist with a foster child rated the experience as positive. It is encouraging to know they were satisfied with the service that was provided; however, it is possible that the foster carers who completed the questionnaire were not a representative group and therefore caution must be taken when interpreting these findings.

Foster carers caring for children with complex needs and the foster carers' methods of supporting the children

The results from this study indicate that foster carers were aware of the role of nature and nurture on the development of a child's speech and language. They understood that a child was able to develop their skills when opportunities were presented for them to do so. They were aware of the neural consequences of harmful experiences such as abuse and/or neglect (Culp et al., 1991).

Foster carers demonstrated an understanding of children's need to communicate their experiences, particularly those that lead the child into care. This was evident in six of the foster carers' interviews where they mentioned the importance of a child being able to communicate how they felt so that the child could process their experience and relate to the foster carer. Leslie, Gordon, Ganger and Gist (2002) reported there is increasing evidence of a correlation between language delay and behaviour problems and that these can affect the foster carer – child relationship. The responses of foster carers supported this contention. They associated communication difficulties with behavioural

problems and the child being more difficult to care for and linked the child's communication abilities with the success of the placement. Despite this, all 12 foster carers had an altruistic willingness and attachment to the child that saw them go to great lengths to ensure that they were well informed as carers and that their children were well supported at school.

Foster carers' recommendations for future initiatives

Three foster carers reported the need for children entering foster care to have a full medical, developmental and psychological assessment. The Royal Australasian College of Physicians recommended that it was important to ensure "that physical, developmental and mental health assessments are performed on all children who enter into out-of-home care" (The Royal Australasian College of Physicians, 2006, p. 5). However, this does not currently occur in Western Australia.

There is evidence of successful assessment services provided in the US; however, these services vary and are not provided in all child welfare agencies (Stahmer, Leslie, Landsverk, Zhang, & Rolls, 2006). In one clinic, children are assessed within 60 days of placement by a multidisciplinary team. The assessment involves an interview with the foster parent, a full medical examination and an assessment of the child's development, psychological state, speech and language development and motor abilities. When children in foster care receive formal assessment, those who present with delay or impairment are identified and directed to the required services (Bruhn, Duval, & Louderman, 2008; McCue Horowitz, Owens, & Simms, 2000). Examples of successful multidisciplinary service delivery models could be used to structure and develop similar services for children in care in Australia.

Eight foster carers reported the need for more information to be available, and identified an online resource as the most useful modality for accessing information and support. Three foster carers suggested that an online discussion forum would allow foster carers with similar children and issues to network and share ideas. A website would provide readily available and easily accessed information on speech, language and disability, downloadable resources, links to further information and access to support groups. A resource of this type could provide foster carers with simple strategies to implement at home and therefore, reduce their concern and frustration while attempting to access services, and to deal with the increasing number of children who are difficult to care for (Bath, 2008). An online resource would help reduce the strain on the available services by providing foster carers with information and advice on what and when services are required. The needs of foster carers are dynamic and ongoing and would therefore be well serviced with such technology that could be regularly updated.

Limitations of the study

Of the 20 foster carers who participated in the study reported in Part 1, only 12 participated in the interview phase of the study. This may have had an impact on the themes that emerged. These themes may be unique to these foster carers and their experience and therefore results must be interpreted in this context.

Future directions

This study could be extended by the inclusion of a greater number of participants and of Aboriginal and Torres Strait

Island kinship foster carers. There are a large number of children in this form of care (Bath, 2008) and there is a need to identify the experiences and address the recommendations of this population of foster carers. The recommendations from this study could be used to pilot the development of resources and/or training to support foster carers in the assessment and treatment of speech and language of the children in their care. The involvement of other health professionals would be valuable in determining if there are similar issues present across the disciplines. For example, Nathanson and Tzioumi (2007) found that children in foster care required dental, counselling and paediatric referrals. Having a range of health professionals involved would allow for greater co-ordination of services across disciplines to ensure that the holistic needs of the children in care are met.

Implications of this research

This research has provided a unique and valuable insight into Western Australian foster carers and their knowledge, beliefs and experience of speech and language development. The findings were provided to DCP to increase its awareness of the specific needs and recommendations of its foster carers.

As speech pathologists with an increasing number of children in foster care on our caseloads, we need to ensure that we are involving foster carers and guardians in the sessions, that they are aware of how therapy is targeting the development of a child's skills and that they are well equipped to continue therapy at home. We need to offer training and support to ensure that they are providing the best levels of care for their children. We need to consider the unique needs of those who are involved in the care of a particularly vulnerable group of children, albeit often for only a short yet critical period of time in their development.

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- Interested readers are able to contact the first author for a copy of the interview questions used in the study.

Shannon Golding graduated from Curtin University in 2009 with a Bachelor of Science (Speech Pathology) with First Class Honours. She has continued her interest in research by enrolling in a PhD to investigate the speech and language development of intercountry adopted children. **Dr Cori Williams** and **Dr Suze Leitão** lecture and supervise research at Curtin University in WA. They have always been interested in the needs of children with speech and language difficulties and this project has allowed them to extend their interest area into foster carers and the needs of children in out-of-home care.

Correspondence to:

Shannon Golding

School of Psychology and Speech Pathology,
Curtin University, Perth, Western Australia
email s.golding@curtin.edu.au



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