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

Claire Hayes 1,1 Christian Tongs,2 Adella Bhaskara,3,4 Niels Buus1,5

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.1 The scale of the problem is immense; according to Australian government figures, in June 2021, over 46000 children aged 0–18 years were living in out-of-home care across Australia, rising from 43000 in 2017.2 Of these children and young people, approximately 17000 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.3 In the United States of America (USA), there were 407 493 young people in foster care in September 2020.4 These young people are at risk of ongoing health concerns across their lifespan,5–6 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.7–8 Young people in foster care are at an increased risk of mental health problems, as high as 50% in some samples.3–11 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.9 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

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

Although Moran et al report that there is extensive literature on children and young people’s experiences in care, much of this literature revolves around quantitative research designs. 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. Yet, few studies include them. Simmons-Horton 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. 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’. One literature review identified foster care alumni recommendations for young people in foster care. 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’. 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.

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

**METHODS AND ANALYSIS**

We will conduct a scoping review 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. 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’ 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”, “foster care”, “foster children”, “foster care”. Results of the search will be imported into EndNote 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. Covidence is a web-based platform which was developed by Cochrane Collaboration to assist with
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[25] ‘Quality Appraisal Checklist Qualitative studies’ will be used. This appraisal was developed based on previous checklists.[36–38] 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.[39] 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.

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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.

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ORCID iD
Claire Hayes http://orcid.org/0000-0003-2908-9304

REFERENCES


12 Salerno JP, Kachingwe ON, Fish JN, et al. “even if you think you can trust them, don’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;108:104644.


33 The EndNote Team., EndNote 2013. Clarivate.

34 Varitas Health Innovation. Covidence systematic review software.


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.


39 QSR International Pty Ltd. NVivo qualitative data analysis software.
Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

<table>
<thead>
<tr>
<th>SECTION</th>
<th>ITEM</th>
<th>PRISMA-ScR CHECKLIST ITEM</th>
<th>REPORTED ON PAGE #</th>
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</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>Title</td>
<td>Identify the report as a scoping review.</td>
<td>1, 3</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>Structured summary</td>
<td>Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.</td>
<td>1</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>Rationale</td>
<td>Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.</td>
<td>1, 3</td>
</tr>
<tr>
<td></td>
<td>Objectives</td>
<td>Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.</td>
<td>1, 3</td>
</tr>
<tr>
<td>METHODS</td>
<td>Protocol and registration</td>
<td>Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.</td>
<td>N/A</td>
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<tr>
<td></td>
<td>Eligibility criteria</td>
<td>Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.</td>
<td>4</td>
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<tr>
<td></td>
<td>Information sources*</td>
<td>Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.</td>
<td>4</td>
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<tr>
<td></td>
<td>Search</td>
<td>Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.</td>
<td>4</td>
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<tr>
<td></td>
<td>Selection of sources of evidence†</td>
<td>State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Data charting process‡</td>
<td>Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.</td>
<td>5</td>
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<td>Data items</td>
<td>List and define all variables for which data were sought and any assumptions and simplifications made.</td>
<td>N/A</td>
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<td></td>
<td>Critical appraisal of individual sources of evidence§</td>
<td>If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).</td>
<td>5</td>
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<tr>
<td>SECTION</td>
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<tr>
<td>Synthesis of results</td>
<td>13</td>
<td>Describe the methods of handling and summarizing the data that were charted.</td>
<td>5</td>
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<tr>
<td><strong>RESULTS</strong></td>
<td></td>
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<tr>
<td>Selection of sources of evidence</td>
<td>14</td>
<td>Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.</td>
<td>N/A</td>
</tr>
<tr>
<td>Characteristics of sources of evidence</td>
<td>15</td>
<td>For each source of evidence, present characteristics for which data were charted and provide the citations.</td>
<td>N/A</td>
</tr>
<tr>
<td>Critical appraisal within sources of evidence</td>
<td>16</td>
<td>If done, present data on critical appraisal of included sources of evidence (see item 12).</td>
<td>N/A</td>
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<tr>
<td>Results of individual sources of evidence</td>
<td>17</td>
<td>For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.</td>
<td>N/A</td>
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<tr>
<td>Synthesis of results</td>
<td>18</td>
<td>Summarize and/or present the charting results as they relate to the review questions and objectives.</td>
<td>N/A</td>
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<tr>
<td><strong>DISCUSSION</strong></td>
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<tr>
<td>Summary of evidence</td>
<td>19</td>
<td>Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.</td>
<td>N/A</td>
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<tr>
<td>Limitations</td>
<td>20</td>
<td>Discuss the limitations of the scoping review process.</td>
<td>1</td>
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<tr>
<td>Conclusions</td>
<td>21</td>
<td>Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.</td>
<td>N/A</td>
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<tr>
<td><strong>FUNDING</strong></td>
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<tr>
<td>Funding</td>
<td>22</td>
<td>Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.</td>
<td>6</td>
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JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where sources of evidence (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.
† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with information sources (see first footnote).
‡ The frameworks by Arksey and O’Malley (6) and Levac and colleagues (7) and the JBI guidance (4; 5) refer to the process of data extraction in a scoping review as data charting.
§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).