Hope for the Future: Identifying the Individual Difference Characteristics of People Who Are Interested In and Intend To Foster-Care

Joseph Ciarrochi, Melanie Randle, Leonie Miller, and Sara Dolnicar

Joseph Ciarrochi is an Australian Research Council Future Fellow and Associate Professor of Psychology. His research interests include Acceptance and Commitment Therapy, individual difference factors that promote well-being and pro-social behaviour such as foster-caring. Melanie Randle is an Australian Research Council-funded Research Fellow within the School of Management and Marketing at the University of Wollongong. Melanie's Ph.D. investigated heterogeneity of volunteering motivations within a highly multicultural community and, since 2008, her research has focussed on the issue of foster-carer recruitment. Her research interests include social marketing and non-profit marketing. Leonie Miller is a lecturer in the School of Psychology at the University of Wollongong. Her research interests include foster-caring issues related to attributes of successful carers and marketing strategies to attract and retain them. Sara Dolnicar holds a Ph.D. from the Vienna University of Economics and Business Administration and a Master's degree in Psychology from the University of Vienna. Sara's key areas of expertise are market segmentation and marketing research methods. Key areas of application include social marketing, tourism and environmental issues.

Correspondence to Dr Joseph Ciarrochi, School of Psychology, University of Wollongong, NSW, Australia. E-mail: *joec@uow.edu.au*

Abstract

High-quality foster placements can help a foster-child to thrive and can counter some of the risk factors normally associated with being a foster-child. Unfortunately, demand for foster-carers has been outstripping supply. The present study sought to identify the characteristics of people who have high potential to become a foster-carer. A large, representative sample from the general population (544 male; 544 female; $M_{age} = 40.8$; SD = 13) completed an anonymous survey that included comprehensive measurement of demographics, personal resources (e.g. social support), personal characteristics (e.g. hope) and foster-care interest, intentions and information seeking. Analyses revealed that people who sought information about and expressed interest/intention towards foster-caring where those who had high social support from friends and were high in perspective-taking empathy, trait hope and positive problem-solving

orientation. We discuss the implications of these findings for foster-care marketing and recruitment campaigns and foster-care agency practices.

Introduction

Over the past decade, the number of children being removed from their biological parents and placed in foster-care has increased in many countries around the world including England, Spain (del Valle *et al.*, 2009), Ireland (Department of Health and Children, 2009), Australia (Australian Institute of Health and Welfare, 2010) and the USA (US Department of Health and Human Services, 2009). Simultaneously, global trends show that the number of foster-carers is not sufficiently increasing to meet this demand (Brown *et al.*, 2002; O'Brien, 2002; Siminski *et al.*, 2005; Department of Families Housing Community Services and Indigenous Affairs, 2008). These developments have led to the primary problem faced by many countries: there are not enough foster-carers for children in need.

Many children who are removed from their families by government or court systems have been abused or neglected (Department of Children Schools and Families, 2009; Australian Institute of Health and Welfare, 2010; Department of Health Social Services and Public Safety, 2010) and are likely to suffer from physical and mental health problems during childhood (Taylor *et al.*, 2008). Longer-term, victims of child abuse or neglect are at greater risk of experiencing health issues including physical problems such as allergies, asthma, high blood pressure, ulcers, arthritis and bronchitis (Springer *et al.*, 2007) and mental problems such as depression, anxiety, suicidal tendencies, eating disorders, panic disorder, attention-deficit/hyperactivity disorder, post-traumatic stress disorder and reactive attachment disorder (Silverman *et al.*, 1996; Dube *et al.*, 2001; De Bellis and Thomas, 2003; Springer *et al.*, 2007; US Department of Health and Human Services, 2008).

Despite the risk factors faced by foster-children, they can be countered by protective factors such as a harmonious family environment and positive parenting style (Heaven and Ciarrochi, 2008*a*, 2008*b*; Bailey *et al.*, 2009). For children removed from their biological families, these protective factors present themselves in the form of high-quality foster placements. Foster-care is a valuable opportunity for intervention and rehabilitation and nurturing and stable placements can increase the likelihood of children developing secure attachments (Smyke *et al.*, 2010), positively impact well-being and adaptive functioning (Rubin *et al.*, 2007; Bada *et al.*, 2008),

produce improved health outcomes (Kessler *et al.*, 2008) and enhance academic and emotional development (Horwitz *et al.*, 2001; Fernandez, 2008).

What types of people are willing and able to provide foster-care? The present paper examines the link between foster-care interest/intention and a relatively comprehensive set of constructs focusing on demographics, environmental/personal resources and personal characteristics, all chosen on the basis of hypotheses about their impact on foster-care interests/intention. Demographics included marital status, gender, income and other variables that research suggests are relevant to foster-caring (Rodger, 2006; McHugh *et al.*, 2004). Environmental/personal resources refer largely to people's level of social and emotional well-being, which theory suggests will help people to broaden and build harmonious social networks (Fredrickson, 2001).

Personal characteristics were selected based on past research related to foster-caring (Buehler *et al.*, 2003) and Cloninger's theory of character (Cloninger, 2008; Colinger *et al.*, 1997). Specifically, we focused on markers of self-directedness (e.g. hope and problem-solving efficacy), co-operativeness (e.g. empathy) and transcendence (e.g. religious faith). We hypothesise that individuals show more interest and intention towards foster-caring if they have high personal resources, high self-directedness and high empathy.

What might lead people to foster-care?

There are many reasons why people may foster-care, including reasons that are somewhat random (e.g. starting to care for a friend or relative's child) or not based exclusively in the children's welfare (e.g. financial). However, we suggest that, in addition to these factors, there are other factors that are likely to be less random and are likely to be of benefit to the welfare of the child. We focus on these in the present paper.

Adequate social support

Social support acts as a coping resource, helping people deal effectively with stressful life events (Wilcox, 1981; Sarason *et al.*, 1985; Zimet *et al.*, 1988). Therefore, we expect that people are more likely to foster-care if they have positive support from friends, family and significant others.

High life satisfaction

Life satisfaction and positive emotions suggest to an individual that goals are being met and resources are adequate (Lyubormisrky *et al.*, 2005). Fredrickson (2001) suggests that happy people are ideally suited to 'broaden

and build'. That is, such people seek to expand their resources and friendships, and may be more likely to seek new goals. They are also more likely to engage in pro-social behaviour (Lyubormisrky *et al.*, 2005). We hypothesise that people highly satisfied with their life are those most likely to consider taking on the challenging goal of foster-caring.

High hope

Snyder (2000, p. 8) defined hope as 'a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy) and (b) pathways (planning to meet goals)' (Snyder, 2000). Hope encompasses the ability to generate and implement plans for the future (Bailey *et al.*, 2007). High-hope individuals have a generalised expectancy of success such that any blockage of goals is viewed as temporary because new paths to achieve goals are often easily developed (Cheaens, 2000). High-hope individuals have the skills to cope more effectively with barriers to the achievement of goals and demonstrate high levels of competence across a range of human endeavour (Snyder *et al.*, 2002; Ciarrochi *et al.*, 2007). We expect that people with high hope will feel more up to the challenges of foster-caring and will thus express more interest and intention to foster-care.

Low negative problem-solving orientation

Negative problem orientation is the extent to which people do not believe they can effectively cope with a wide range of problems, reacting to problems as if they were threats rather than challenges and avoiding rather than approaching problem-solving activities (D'Zurilla and Nezu, 1999; Frauenknecht and Black, 2004). Given that raising a foster-child is likely to involve obstacles and distress, we expect that people with a negative problem orientation will feel less capable of foster-caring and therefore show less interest in the role.

High empathy

Empathy is important in the development of friendships, intimate relationships and family relationships, and relates to helping behaviour, lower levels of anti-social behaviour and lower prejudice (Davis, 1983; Jollife and Farrington, 2004; Jolliffe and Farrington, 2006; Albiero *et al.*, 2009). McHugh *et al.* (2004) found that motivations for fostering were primarily related to outcomes for the children, such as making a positive difference in children's lives. This suggests that foster-carers will be those with the

highest empathy for children. However, it should be noted that empathy by itself is unlikely to be sufficient to be a good carer because empathy does not necessarily equate to having a good understanding of someone else's perceptions, feelings and motivations.

Religious faith

People with religious faith may be more likely to foster, for at least two reasons. First, as part of a religion, they may have access to more social support (minister, priest, fellow members of their church). Second, they may engage in foster-care in order to express their religious values (Goughler and Annette, 2005).

Demographic variables

Demographic variables such as marital status, income and education may play a critical role in foster-caring. Jarmon and colleagues (2000) report that one reason people engage in foster-care is for the monetary allowance received. In the present context, we are interested in not only what demographics are important, but also the extent to which individual characteristics are moderated by demographics. For example, empathy may be associated with higher intention to foster only amongst certain demographics, such as individuals who are married or wealthy. We explored the hypothesis that demographics would moderate the relationship between individual characteristics and foster-caring interest and intention.

Participants and procedure

The sample of 1,098 (544 male; 544 female; $M_{age} = 40.8$; SD = 13) adults was recruited though an online research panel that includes a nationally representative sample of the Australian population. Past research suggests that both conventional mail surveys and online surveys are prone to a slight bias (presumably because certain people never respond to mail surveys and certain people never do online surveys), but the deviation from the census pattern is not higher for online surveys than for conventional mail surveys (Dolnicar *et al.*, 2009). Panel members are recruited through multiple avenues including online, through newspaper advertisements and in shopping centres. They receive a small monetary compensation upon completion of the questionnaire. We screened potential participants for membership across a number of dimensions (e.g. state of residence, sex, age, education, employment) with a view of having respondents match as closely as possible the proportions present in the Australian population,

as listed by the Australian Bureau of Statistics. Individuals were included if they were not currently, nor had ever been, a foster-carer. The online survey required that participants answer every question. Consequently, there were no missing data. All responses were anonymous.

Measures

Environmental/personal resources

Social support

We utilised the multidimensional scale of perceived social support (Zimet *et al.*, 1988). Participants rated twelve statements on a seven-point scale ranging from strongly disagree (1) to strongly agree (7). The scale contains three subscales: social support from family ('My family really tries to help me', alpha = 0.93), friends ('I have friends with whom I can share my joys and sorrows', alpha = 0.93) and significant others ('There is a special person who is around when I am in need', alpha = 0.96).

Perceived wealth

Participants were asked two questions regarding wealth: first, whether they thought their family was: very poor (1), quite poor (2), neither rich nor poor (3), well off (4) or rich (5); second, how happy they were with their family's financial position, ranging from very unhappy (1) to very happy (5). The two scales were moderately correlated ($r = 0.56$) and were combined to form a moderately reliable scale (alpha = 0.68).

The Life Satisfaction Scale

Participants rated the extent to which they agree (1) or disagree (7) with five statements relating to life satisfaction ('In most ways my life is close to my ideal', alpha = 0.90) (Diener *et al.*, 1985). The scale is well validated and often used (see, for review, Diener *et al.*, 1999). The measure has been shown to be useful across cultures and to correlate with theoretically relevant variables such as positive temperament, adaptive coping, social support and ability to achieve valued goals (Diener *et al.*, 1999).

Relationship Quality Scale

This scale measures individuals' evaluations of their relationship satisfaction, commitment, intimacy, trust, passion and love (Grigg *et al.*, 1989; Fletcher *et al.*, 2000). Six items (e.g. 'How satisfied are you with your

relationship?') are rated on a scale ranging from not at all (1) to extremely (7). Cronbach's alpha was 0.89.

Personal characteristics

Hope

The hope questionnaire consisted of four items that measured pathways thinking (e.g. 'I can think of many ways to get out of a jam', alpha = 0.76) and four items measuring agency thinking ('I energetically pursue my goals', alpha = 0.76) (Snyder, 2000). The total scale had an alpha of 0.85. Items are rated on a four-point scale ranging from definitely false (1) to definitely true (4).

Problem-solving orientation

The nine-item Problem Orientation Scale consists of three three-item sub-scales that evaluate cognitive, emotional and behavioural aspects of problem orientation (Frauenknecht and Black, 1995). Participants used a five-point rating scale ranging from 0 to 4, with high scores indicating a propensity toward negative problem orientation and an avoidance of problems. The instrument has good discriminant, convergent and predictive validity (Frauenknecht and Black, 1995; Ciarrochi and Scott, 2006; Ciarrochi *et al.*, 2003, 2009). For example, negative problem orientation can predict increasing fear and sadness, even after controlling for baseline fear and sadness (Ciarrochi *et al.*, 2009; Ciarrochi and Scott, 2006). This scale had an alpha of 0.86.

Empathy

We utilised the Basic Empathy Scale (Jolliffee and Farrington, 2006), which consists of two subscales: affective empathy ('after being with a friend who feels sad about something, I usually feel sad', eleven items, alpha = 0.77) and cognitive empathy ('When someone is feeling "down", I can usually understand how they feel', nine items, alpha = 0.82). Past research has established the factorial validity of the scale and demonstrated that it relates in expected ways to other measures of empathy and personality (Jolliffe and Farrington, 2006).

Religious faith

People were said to have 'religious faith' if they belonged to a religion and believed in God. We also had them identify their denomination. Those who

had religious faith also rated the statement 'Religion plays an important role in my life', on a scale ranging from strongly disagree (1) to strongly agree (5).

Demographics

Participants provided demographic details including sex (male, female) and date of birth (typed into open fields). Participants indicated their marital status (five options: single, living with a partner, married, separated/ divorced, widowed, other); education level (eight options: some secondary school, school certificate (year 10), higher school certificate (year 12), vocational college, other college, university (undergraduate), university (postgraduate), other); employment status (seven options: employed full time, employed part time, employed casually, unemployed, retired, full-time student, other); and whether they had children (yes, no). They also indicated their personal income before tax (seven options: under $20,000, $20,000–40,000, $40,001–60,000, $60,001–80,000, $80,001–100,000, $100,001–150,000, over $150,000) and their gross weekly household income before tax (eight options: $0–249; $250–499; $500–799; $800– 1,199; $1,200–1,699; $1,700–2,499; $2,500 or more). These response formats were determined following a review of the Australian Bureau of Statistics answer formats for similar questions and then pre-testing the questionnaire to ensure the answer formats captured participants' intended meaning.

Foster-care interest and intention

We included one behavioural and one self-report measure of foster-care *interest*. The behavioural measure asked participants 'Would you like to receive information about becoming a foster-carer? If you would, please enter your email address in the field below'. Participants were told that if they entered their e-mail address, they would be sent information about foster-care. The self-report item asked participants a yes/no question: 'Would you consider becoming a foster-carer in the future?'. If participants answered 'yes' to this question, they were administered the foster-carer intention measure.

Participants answered ten *intention* questions on a four-point scale (1: yes, within the next twelve months; 2: yes, within the next five years; 3: yes, at some point beyond five years; 4: no). Example questions included 'Do you intend to take on foster-children for a few weeks or months at a time (short-term care)?', 'Do you intend to undergo training to become a foster-carer?' and 'Do you intend to discuss becoming a foster-carer with your family and/or friends?'. Responses to these ten items were highly

homogenous (alpha = 0.95) and so were combined to form a single inten-
tions scale and reversed so that higher scores indicated higher intentions.

Results

The interrelations between the individual characteristic variables are pre-
sented in Table 1. Pearson correlations are reported for all variables
except the dichotomous faith variable, for which we report non-parametric
Spearman correlations. Generally, the variables showed positive manifold,
indicating that more positivity on one variable was moderately associated
with more positivity on the other variables. Faith was an exception to
this, with it having only small correlations with all variables. We next exam-
ined the link between these variables and foster-care interest. The numbers
in Table 2 represent the score for that particular group on the personal
resource or characteristic scale. For example, people who requested infor-
mation about foster-caring had higher hope (35.5) than people who did not
request information (29.3). Table 2 illustrates that people who expressed
interest in foster-caring (in both self-report and behaviour) had more
social support from friends and significant others, higher perspective-taking
empathy, higher trait hope and less ineffective problem-solving orientation.
In general, the personal characteristic effects (especially related to hope,
empathy and problem solving) appeared larger than the environmental/
personal resources effects. Generally, the two interest measures were in
agreement, with the exception of social support from family (significant
in self-report but not behaviour), perceived wealth (significant in self-
report but not behaviour), relationship quality (significant in behaviour
but not self-report) and empathy-affective (significant in behaviour but
not self-report). These differences tended to be small.

Chi-square analysis indicated that the two measures of foster-care inter-
est were moderate to highly related, $\chi^2(1; N = 1,098) = 228$, $p < 0.0001$,
$r = 0.46$. Thus, for all future analysis, these scales were combined to form
a single measure of foster-care interest. We examined the two variables
separately for all analyses and found no significant differences.

Table 3 presents the correlations between our key study variables and the
two main foster-caring variables—interest and intention. All relationships
were in the expected direction, with higher resources and positive charac-
teristics being associated with higher interest and intention. The relation-
ships involving environmental and personal resources would generally be
considered small, as would the links involving empathy-affective response,
ineffective problem-solving orientation and religious faith (Hemphill,
2003). Social support from friends produced the largest relationships
amongst environmental/personal resources. The largest effects overall
occurred for trait hope and empathy-perspective taking, with correlations
considered to be in the moderate range (Hemphill, 2003). We also

Table 1 The relationship between environmental/personal resources and individual character

Environmental/ personal resources	1	2	3	4	5	6	7	8	9	10	11
1. Social support friends	1.00	0.56**	0.52**	0.26**	0.29**	0.44**	0.20**	0.35**	0.40**	−0.33**	0.06*
2. Social support family		1.00	0.58**	0.27**	0.42**	0.50**	0.13**	0.20**	0.37**	−0.29**	0.08*
3. Social support significant other			1.00	0.22**	0.56**	0.47**	0.16**	0.24**	0.33**	−0.29**	0.00
4. Perceived wealth				1.00	0.25**	0.48**	0.07*	0.16**	0.32**	−0.27**	0.04
5. Relationship quality					1.00	0.44**	0.02	0.20**	0.35**	−0.34**	0.05
6. Life satisfaction						1.00	0.05	0.19**	0.52**	−0.35**	0.06
Personal characteristics											
7. Empathy- affective							1.00	0.33**	−0.06	0.06*	0.10**
8. Empathy-perspective								1.00	0.40**	−0.41**	0.01
9. Trait hope									1.00	−0.60**	−0.01
10. Ineffective orien.										1.00	0.07*
11. Religious faith											1.00

* $p < 0.05$; ** $p < 0.01$. $N = 1,098$ for all variables except relationship quality ($N = 778$).

Table 2 The relationship between environmental/personal resources, individual character and interest in becoming a foster-carer ($N = 1,098$)

	Requested information about foster-caring[#]			Would consider foster-caring in future		
	Yes	No	F	Yes	No	F
Environmental/personal resources	$n = 868$	$n = 230$		$n = 499$	$n = 599$	
Social supp. friends	22.51	21.37	9.4**	22.36	20.99	20.6***
Social supp. family	22.01	21.71	0.6	22.26	21.37	7.8**
Social supp. significant other	23.54	22.59	5.0*	23.32	22.34	8.0**
Perceived wealth	6.31	6.33	0.1	6.43	6.25	5.8*
Relationship quality	23.06	22.42	4.6*	29.58	28.85	3.1
Life satisfaction	22.51	21.37	1.7	23.37	21.87	14.2***
Personal characteristics						
Empathy-affective response	38.20	37.27	4.6*	37.74	37.23	2.0
Empathy-perspective taking	36.27	34.14	34.1***	35.60	33.75	38.9***
Trait hope	35.50	33.73	29.3***	35.20	33.18	59.1***
Ineffective problem-solving orientation	18.70	20.33	10.9***	19.04	20.79	18.9***
Religious faith	0.53	0.54	0.06	0.55	0.53	0.2

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.
# Participants were asked to specify their e-mail address if they wanted to receive information about foster-caring; $N = 1,098$.

Table 3 Correlations between environmental/personal resources, personal characteristics and foster-care interest and intention

	Foster-care interest	Intention to foster-care
Environmental/personal resources		
Social supp. Friends	0.14***	0.16***
Social supp. Family	0.07*	0.08
Social supp. significant other	0.09**	0.08
Perceived wealth	0.04	0.00
Relationship quality	0.08*	0.05
Life satisfaction	0.09**	0.12**
Personal characteristics		
Empathy-affective response	0.06*	0.06
Empathy-perspective taking	0.21***	0.10*
Trait hope	0.23***	0.21***
Ineffective problem-solving orientation	−0.14***	−0.17***
Religious faith	0.01	0.11*

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

examined differences between religious denomination and found no significant differences after correcting for Type I error, all p-values > 0.01. This result should be interpreted with caution, as some of the denominations (e.g. Hinduism, Islam) had small sample sizes (under twelve participants).

We next investigated the link between demographic variables and the foster-care variables. We conducted General Linear Model univariate analysis with each foster-care variable as the dependent variable and

each demographic variable as the independent variable. Concerning foster-care interest, there were no effects involving sex, the presence of children, educational status or income. There was an effect involving age: $F(4, 1,093) = 10.06$, $p < 0.001$, $\eta^2 = 0.036$. Bonferroni-corrected post-hoc contrasts revealed that the oldest age group (fifty-five to sixty-four) tended to express lower interest in fostering ($M = 0.70$, SE = 0.036) than did the other groups ($M_{18-24} = 0.86$, SE = 0.03; $M_{25-34} = 0.92$, SE = 0.025; $M_{35-44} = 0.86$, SE = 0.024; $M_{44-54} = 0.82$, SE = 0.026) (t-values > 2, p-values < 0.05). The second youngest group (twenty-five to thirty-four) had the highest interest and significantly higher interest than the two oldest groups (t-values > 2, p-values < 0.05).

There was also an effect of employment status on interest: $F(6, 1,091) = 3.3$, $\eta^2 = 0.018$, with Bonferroni-corrected contrasts revealing that the retired group was less likely to be interested in foster-caring ($M = 0.70$, SE = 0.34) than those who worked full time ($M = 0.85$, SE = 0.02), part time ($M = 0.86$, SE = 0.03) and unemployed but looking for work ($M = 0.88$, SE = 0.04) (t-values > 2, p-values < 0.05). There was a small effect of marital status: $F(4, 1,093) = 2.8$, $\eta^2 = 0.01$, with widowed people having a higher mean interest than the other groups (though none of the contrasts reached statistical significance using the Bonferoni correction).

Next, we examined the influence of demographic variables on intention to foster-care (which was collected only for the subset of people who expressed interest, $N = 499$). There was a significant effect of marital status: $F(4, 494) = 4.5, p < 0.05$, $\eta^2 = 0.035$, with Bonferroni-corrected contrasts revealing that widowed individuals ($M = 3.1$, SE = 0.26) expressed greater intention to foster-care than those who had never been married ($M = 2.1$, SE = 0.05), married ($M = 2.2$, SE = 0.05) and divorced ($M = 2.2$, SE = 0.13). There was also an effect of educational status, $F(7, 491) = 2.4$, $\eta^2 = 0.033$, with individuals who finished grade 10 (aged fifteen to sixteen; $M = 2.4$, SE = 0.076) expressing higher intentions than those who completed a Bachelor's degree ($M = 2.0$, $SE = 0.08$).

Our final analysis examined the unique contribution of the resource and characteristic variables on foster-care interest and intention. GLM Univariate analyses were used and a stepwise procedure identified the best subset of variables. Step 1 involved forcing all demographics variables into the model, so that these variables were controlled for in all further analysis. Then, we used a standard stepwise procedure in which the resource and character variable with the smallest probability of F is entered if the value is smaller than 0.05. All variables in the equation are again examined for removal and are removed if the p-value is greater than 0.1. This process is repeated until no variables in the equation can be removed and no variables not in the equation are eligible for entry (Kleinbaum *et al.*, 1988). We also examined the interaction between the demographic variables and each individual characteristic variables, following Aiken and West's (1991) procedure.

The analyses revealed no significant interactions involving individual characteristics and demographics. Both analyses identified two unique predictors. After controlling for demographics, trait hope ($\beta = 0.19$, $t(1, 1,072) = 6.0$, $p < 0.001$) and empathy-perspective taking ($\beta = 0.14$, $t(1, 1,072) = 4.6$, $p < .001$) significantly predicted foster-care interest, $R^2 = 0.14$, and Trait hope ($\beta = 0.21$, $t(1, 473) = 4.7$, $p < 0.001$) and empathy-affective responses ($\beta = 0.10$, $t(1, 473) = 2.2$, $p < 0.05$) predicted intentions to foster-care, $R^2 = 0.13$.

Discussion

The present study involved a large, representative sample from the general population and examined a broad range of factors hypothesised to be associated with foster-care interest and intention. We focused on variables related to environmental resources and personal characteristics and found that the most important environmental resource was social support from friends, rather than from family or significant others. The most important personal characteristics included perspective-taking empathy, trait hope and effective problem-solving orientation. Regression analyses suggested that when hope was covaried, both problem solving and social support were no longer significant.

Most studies of foster-care focus on the children themselves, such as their emotional and mental problems (Leslie *et al.*, 2005b; Vig *et al.*, 2005), the impact of these on short- and long-term development (Leslie *et al.*, 2005a; Pears and Fisher, 2005) and outcomes for children (Rodger, 2006; Fowler *et al.*, 2009). Less attention has been paid to those individuals who are prepared to care for these children. Particularly lacking is scientific evidence regarding the psychological characteristics of people who consider becoming foster-carers and, importantly, the types of people who turn out to be very good at it.

Attempts to profile foster-carers are usually based on the socio-demographic characteristics of those who have already made the decision to become carers. In Canada, carers are more likely to be married, Caucasian and have one person in the household in paid employment (Rodger, 2006). In Australia, they are more likely to be female, between the ages of thirty-five and fifty-four, earn a mid-range income and have no post-school education (McHugh *et al.*, 2004). Our study found an effect involving age, with the younger age groups indicating significantly higher interest than the older groups. A consistent effect was also found in relation to employment status, with retired people less likely to show an interest/intention to foster-care than those in part- or full-time employment. These results are possibly due to the fact that we measured general interest in foster-caring that did not specify a timeframe in which one would commence. It is possible that the weighty decision to become a foster-carer

could be considered for years if not decades before those with an interest actually commence caring, which would explain the differences in age results for samples who are already caring and those who would consider it in future. The finding that those interested in foster-care are more likely to have no post-school education is consistent with previous studies of actual carers (McHugh *et al.*, 2004).

In terms of the environmental and personal resources of foster-carers, our finding that social support showed the strongest effect in relation to interest/intention is consistent with that of Denby, Rindfleisch and Bean (1999), who found that intention of current carers to continue fostering was predicted by the opportunity to share experiences with other foster-carers. Interestingly, we found that support from friends was more reliably linked to foster-care intentions than support from family or significant other. We speculate that supportive friends may be best able to support the foster-carer both emotionally and in problem solving (Sarason *et al.*, 1986; Furukawa *et al.*, 1998). However, it is also possible that people have supportive friends because they are empathic and it is empathy that is the key determinant for foster-caring intentions. Future research is needed to identify the type of support that friends provide foster-carers and whether it is this support per se that is of benefit.

Perhaps the subject of least previous investigation is the personal charac-teristics of those more inclined to foster and the implications of this for mar-keting communications and recruitment strategies. Some insight is gained from studies of motivations, which suggest that individuals foster-care because of altruistic reasons such as wanting to make a difference for a dis-advantaged child (Buehler *et al.*, 2003). This implies that carers have empathy for foster-children. However, no studies have attempted to expli-citly measure this quality in individuals and relate it to the likelihood of that person commencing and continuing foster-caring.

Our research showed that cognitive empathy (related to perspective taking) is more reliably related to foster-care interest and intention than is affective empathy. It appears more important for potential carers to be able to see from the perspective of the foster-child than to be able to feel the same affect as the child. Cognitive empathy may be more stable than affective empathy and therefore more likely to relate to major life decisions such as foster-caring. Future research should examine this.

Finally, one of the most reliable predictors of intention and interest in foster-caring was hope: people who believed they could achieve their life goals were more likely to request information about and express interest in foster-caring. Such people energetically pursue their goals and find many pathways to success (Snyder *et al.*, 2002). Our regression analyses suggested that when hope entered the model to predict foster-care interest and intention, both problem-solving orientation and social support were no longer significant. This does not necessarily suggest that the latter two vari-ables are unimportant. It is consistent with the notion that being good at

problem solving and having supportive friends lead to greater hope and that greater hope leads to higher intention to foster-care. Future research could examine this hypothesis in a longitudinal context.

The present findings have some limitations. First, although we found little relationship between religious faith and foster intention, we did not have sufficient power to detect whether there were differences based on denomination. Future research should seek to systematically sample people from different religions and examine their intentions. Second, we measured foster-care intention and information seeking, but we cannot be certain that these behaviours translate into people becoming a foster-carer. Future research is needed to examine the link between foster-care intention, information seeking and behavioural commitment to becoming a foster-carer.

The present findings have important practical implications. First, they provide guidance as to the marketing communications messages that are likely to be motivating for those who already have an interest in foster-caring. These communications might focus on eliciting more cognitive forms of empathy (e.g. perspective of the child), rather than focusing exclusively on getting people to *feel* what the child feels (affective empathy). Marketing communications could also highlight how friends can be a helpful source of support with foster-children and emphasise that the foster-carer is not alone in their role. Finally, marketing communications should specifically target individuals who are high in trait hope and believe they are good at problem solving and achieving goals. This can be done by highlighting how the high-hope person's skill set would make them excellent foster-carers.

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