



THE FUTURE OF FOSTER CARE: *Current models, evidence-based practice, future needs*



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EXECUTIVE SUMMARY

Purpose and Scope

This comprehensive examination of the extant literature and international field experience regarding the future of foster care models in a child welfare context was undertaken at the request of the *Homes for Kids (H4K) /GTA-Simcoe Program*. The 7-week, intensive review was conducted during Spring 2008 by the research staff at the Child Welfare Institute (CWI) at the Children's Aid Society of Toronto.

The review's intent was to assess current, near-future and potential long-term impacts of the Ministry of Child and Youth Services (MCYS) 2005 Transformation Agenda (TA) strategies, in particular, the effects the TA permanency initiatives are expected to have on foster care now and in the future. There is an emerging view among resource experts that current foster care programs may be based on assumptions and models which no longer apply.

The 2000-2008 literature review examined evidenced-based foster care programs as well as innovative and prospective approaches to fostering. The rationale for the review was simple: *inform agencies now so they can plan and implement models that will meet the needs of children in care (CIC) and achieve good outcomes for tomorrow's foster children*. This review will contribute to the finalization of the H4K draft 2009-2010 Work Plan.


The key questions and areas of study were:

- 1 What are the types of children who most likely will be entering care in the future? And what numbers will the CAS's need to recruit foster homes in the future?
- 2 What service models are best suited to support each type of child?
- 3 What are the characteristics of the families who will be needed to provide foster homes for these children using these models?
- 4 What recruitment strategies are most successful in recruiting these types of families and what additional supports are required for them to be successful? And what would be the likelihood of success using a modified recruitment strategy (where foster parents are specifically recruited to match the needs of foster children)?

Review Sections

The review had three main components:

- Section 1: Environmental Scan
- Section 2: Key Informant Interviews (N=14)
- Section 3: Literature/Field Review (2000 - 2008) (N= 216 articles, reports, books, field manuals)
- Section 4: Glossary of Terms
- Appendixes

NOTE: The annotated literature review is arranged alphabetically; key articles or materials deemed particularly relevant or well done, are noted by a light-bulb icon . When an article is cited in the Executive Summary and Recommendations Sections, the specific reference is the number following the statement. The words "Canadian study" bolded in the first sentence of the citation denote a national study.

Context Analysis: The literature review coupled with the key informant discussions illuminated a number of compelling forces and prevailing factors that have influenced, in a range of ways, the development of Canada's, in particular Ontario's, family-based system of care created for children and youth in the care of a children's aid society. These forces impact every element - the philosophy, the practice, the policies and the research output. In descending order, from macro to micro, they are:

SYSTEMS

Canada's Child Welfare System – Individual Focus, Risk Determination, Adversarial Approach

Of the 3 international systems of child welfare (Cameron et al., 2006) Canada's child protection system has a narrow focus on parenting deficiencies

- 1) "Child Protection" (e.g. Canada, UK, USA, Australia): focus is risk and safety with at-risk children/families; 1-point entry; stigmatizing
- 2) "Family Service" (e.g. France; Netherlands; Germany; Sweden): focus is to maintain the family; multiple point entry; minimize stigma
- 3) "Community Caring" (e.g. 1st Nations, Canada; Maori, New Zealand): focus is to maintain child with kin/community; holistic approach; no stigma

Sectors as Silos

Due to Canada's type of child welfare system, key sectors (e.g. child welfare, children's mental health, education, youth justice, justice, health) tend to operate as independent, stand-a-lone silos with little horizontal integration and limited experience in full collaboration and joint ventures

Lack of Definitional Clarity on Family-Based Care

Considerable field, research and sector variance in the definition and use of key concepts (e.g. foster care) resulting in confusion and lack of clarity.

Resistance to 'Professional Approach' to Family-Based Care

Beliefs underpinning Canada's child protection system align fostering closer to volunteerism and altruism than professionalism; there is philosophical and conceptual resistance to shifting to a more professional approach at all levels (e.g. funder, agency, worker, foster parent)

COMMUNITY & CAS'S

Limited Research and Evaluation

To date there is little extant literature on the Canadian/Ontario fostering experience; ONLAC holds promise but more detailed analyses by agency is in the early stages; knowledge is fractured on evidence-based best practices, preferred recruitment strategies, and optimum matching process; current models of foster care align with the narrow child welfare system perspective; evaluation tends to be cross-sectional and sporadic and longitudinal, causal, outcome-based studies are rare.

Inadequate Community Resources & Varied CAS Supports

Considerable variance across communities and CAS's regarding the types of services/supports available for children, youth, families and care providers (e.g. respite, drives, specialized training, mentoring, mental health services, educational supports, crash beds); evidence is limited regarding what is required for a successful support system at the agency level for family-based care. Understanding which supports ensure excellence in the transitioning children from care to community is at the genesis stage.

FAMILY-BASED CARE (FBC): FOSTER FAMILY

Successful Profiles, Recruitment, Retention & Outcomes: *In Progress*

There is a body of rich practice knowledge but limited empirical studies on the characteristics, experiences and profiles of willing to foster and successful foster families; standardized tools to assist in decision making are relatively new; lack of foster families for culturally diverse children is a growing issue, especially in Ontario's Golden Horseshoe area; PRIDE training is perceived as segway to a more professional approach to fostering; forecast analyses suggest there will be requirement to advance foster families' skills/abilities (e.g. training, education) coupled with a more professional approach to fostering due to growing complexity of the needs of children in care (e.g. FASD, mental health, education); improved FBC partnerships with and supports from CAS's desired

CHILD / YOUTH

Child in Care Profile 2008 vs. 2018 vs. 2028: *Same or Different?*

Knowledge is needed about how to improve caregiver and child relationship, as well as what are effective placement options and treatment strategies for children in care; evidence-informed strategies are required that mitigate a child's emotional, behavioural (internal and external) and inter-personal issues acquired through genetic or environmental exposure to maltreatment and other adverse factors (e.g. placement breakdown, self-harm); outcomes related to resilience, improved transitioning from care, and improved educational attainment will be a future focus of MCYS; bi-directional intersection between child and caregiver characteristics that ensure successful placement will be an important area of study.

Findings: The following findings were distilled from the process of combining the results from the key informant interview data, a comprehensive, systematic examination of the literature, and the expertise from the members of the H4K Advisory Committee.

SYSTEMS

Preferred Model

That family-based care, with its continuum of options and supports, is the preferred placement option for the majority of foster children/youth. (*Ongoing*)

That the preferred system approach continues to be an individualized and customized care plan for each child/youth (*Ongoing*)

O High Needs Children/ Youth

That for the minority of children who are not suitable for regular foster care, earlier assessment and redirection to alternative foster care models is needed so these children do not experience repeated placement failures (172).

That for children with high level of needs (e.g. highly disruptive children, those with severe conduct disorder, and those with two or more placement breakdowns due to disruptive behaviour) a continuum of supports is available to maintain placement stability and continuity (*Ongoing*)

Professional Approach

That at the broad systems level (e.g. funding, policy) there is support and integration of the more professional approach to family-based care (e.g. enhanced remuneration, mandatory training for foster parents); the move to a more professional approach to family based care is essentially a paradigm shift that will require an entire system change (funding, policy, practice, research focus) (209)

Outcome Focus

That at the provincial level there is consistency in the collection of outcome data on key topics and that this data come from a variety of sources (e.g. agency system data, program data, research data, longitudinal data). Specific key areas include:

O Placement Outcomes

That system/policy factors be examined to determine if system influences affect placement stability and outcomes (143)

O Transitioning From Care Outcomes

That federal, provincial & CAS policies be reviewed to ensure integrated support for youth transitioning from care (61,68,71)

O Youth Educational Attainment Outcomes

That system mechanisms be created that pursue early identification of children and youth struggling in school settings (69).

That province-wide programs be developed to assist CAS youth in completing their high school diploma; create system capacity to track educational attainment after youth exit from care (190).

COMMUNITY & CAS'S

Advance Key Research Topics

That CAS's undertake intervention-based research to develop a child welfare knowledge domain. (*Ongoing*)

That service models and interventions, such as Multidimensional Treatment Foster Care, be implemented and rigorously tested and evaluated (173,184).

That research on matching foster parents to foster children be undertaken and evaluated (90)

That research on the role of foster fathers to be undertaken and evaluated (76, 77, 81,96).

Vertical & Horizontal Community Collaboration

That for CAS's to strengthen partnerships with community agencies to obtain earlier access to key services for children/youth (e.g. children's mental health) (85,125,128); that a longer-term goal for CAS's is to actively pursue collaborative initiatives with community organizations, academia and government agencies (i.e. settlement services, juvenile justice centres, mental health agencies) to create a more integrated, continuum of services, as well as stimulate greater evaluation of practice at all levels (207)

That CAS's integrate educational and developmental learning tools by creating partnerships and tutoring/mentoring programs between schools, child welfare agencies and foster parents. (*Ongoing*)

FAMILY BASED CARE (FBC): FOSTER FAMILY

Recruitment

That recruitment efforts focus on efficient first-contact administration, including prompt, sensitive point of first contact, high quality, follow-up information, and a commitment to keeping in touch with potential foster carers (177, *Ongoing*)

Continue to evaluate and hone the profile of “willing to foster” families, with agencies working with families to build on individual strengths. (*Ongoing*)

That foster parent recruitment be local, targeted, with a focus on foster parents who are willing to foster infants and adolescents, siblings groups, as well as children and youth with much higher level of needs; recruitment efforts use “word-of-mouth” strategies, local press campaigns, and approaches that involve current foster parents; target foster parents from diverse racial and ethnic backgrounds (214) and trained professionals (e.g. social workers, teachers).

Matching

That foster parents skills and competencies *and* foster children's values, needs, and characteristics be matched (where possible), to optimize positive outcomes (e.g. ensure placement stability, enhanced attachment) (83, *Ongoing*)

Training & Professionalization

Continued emphasis on provision of information, a range of basic and specialized FBC training, and ongoing support to foster families (75,83); the shift to a more professional approach to family-based care will heighten the training focus (e.g. mandatory training) and a more cohesive, collaborative, team approach (83); excellence in FBC will require caregivers to be trained on how to effectively integrate ethnic identity, cultural value systems and religious/spiritual beliefs of their foster child (214); increased focus on educational attainment for youth means foster parents will require training to educationally support their foster youth.

Service

That family-based care providers have complete information about a child's emotional issues, medical and social history and agency support in order to respond to all subsequent challenges that may emerge (157, 159).

That physically disciplining foster children and youth is abstained from completely (118, 123).

CHILD/YOUTH

Birth Family

That children/youth have the opportunity to contact their birth family shortly after leaving their home (61); sibling groups are provided with assurance of continued support (61).

Transition to Care

That children/youth be provided with information regarding their placement, the reason for their placement and what is currently happening with their families as soon as they are removed from their home (131).

That children/youth in care be provided with a network of support, including positive role models (e.g. ‘survivors of the care system’) (134) or Internet networking groups.

In Care

That the number of children/youth placed in each foster home is limited, particularly when one or more children have high behaviour rates, in order to reduce placement disruptions (49).

That CAS's/workers incorporate children/youth's feelings and perceptions as they move through care by collecting their stories and making them a prominent part of electronic case files (61).

O Cultural Identity

That foster youth have available multiple opportunities to develop their ethnic identity (214).

O Duration of Care

That family-based care is provided throughout adolescence, up to age 21, to meet the needs of vulnerable youth (67)

O Knowledge Translation/Skill Development

Increase CIC youth/alumni access to evidence-based medical/mental health treatment(174); incorporate alcohol, drug, and substance abuse therapy in mental health services (190); improve sex education/ pregnancy prevention (190).

OVERVIEW: H4K REVIEW RATIONALE

Purpose and Scope

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The key questions and areas of study were:


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4. What recruitment strategies are most successful in recruiting these types of families and what additional supports are required for them to be successful? And what would be the likelihood of success using a modified recruitment strategy (where foster parents are specifically recruited to match the needs of foster children)?

Review Sections

The components of the review are:

Overview	H4K Review Rationale
Section 1:	Environmental Scan
Section 2:	Key Informant Interviews
Section 3:	Literature/Field Review (2000 - 2008)
Section 4:	Annotated Bibliography
Section 5:	Recommendations
Appendixes	A to E

NOTE: The annotated literature review is arranged alphabetically; key articles or materials deemed particularly

relevant or well done, are noted by a light-bulb icon . When an article is cited in either the Executive Summary or Recommendations Sections, the specific reference is the number following the statement. The words "Canadian study" bolded in the first sentence of the citation denote a national study.

SECTION 1: ENVIRONMENTAL SCAN

The purpose of the Environmental Scan (Scan) is to situate the work of the H4K-CAS's within their current context; a context that is ever-changing and becoming increasingly complex. The Scan attempts to weave together key demographic, social, economic and political factors that individually, and in combination, often have great influence and impact on child welfare agencies' operations and services. Blending statistics, current study findings, and trend data relevant to Toronto, the broader GTA, as well as the provincial, national and international arenas, the Scan highlights facts, challenges, opportunities, and issues that directly and indirectly impact now and in the future, CAS's and the lives of children/youth and families served.

1.1 Demographics

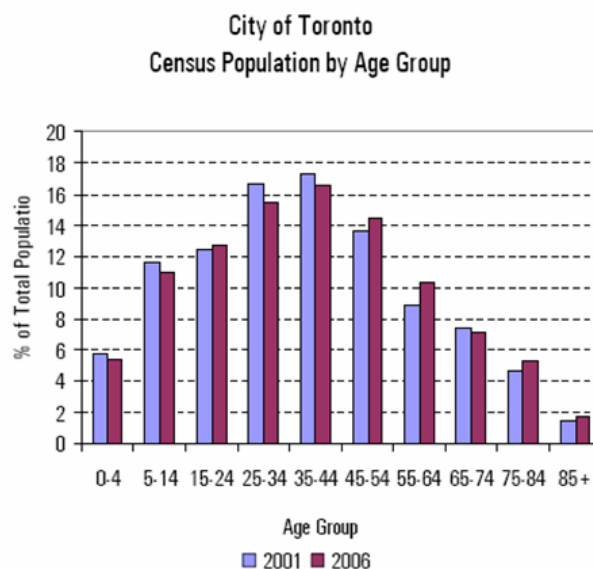
Population and Age

Trends

- Toronto's proportion of pre-school children (0-4) and school-aged children (5-14) is declining; whereas seniors are the fastest growing age group in the city.
- Fertility rates and the number of live births are decreasing in Toronto.

Key Facts

- Toronto, with a population of approximately 2.5 million people is Canada's largest city.
- The population of pre-school children decreased from 5.8% in 2001 to 5.4% in 2006.
- The population of school aged children declined from 11.7% to 10.9%; whereas, the youth population (15-24) increased slightly from 12.4% to 12.7% during the same period.
- Toronto has a higher proportion of seniors and lower proportion of younger children compared to the rest of the GTA.
- The number of seniors is projected to grow by 38% between now and 2031.
- 16% of Toronto's population are children under the age of 15, compared to 21% across the rest of the GTA.
- The GTA is growing most rapidly in the Regional municipalities around Toronto. The Regions grew between 10% and 22% while Toronto's population grew by 1% from 2001 to 2006.
- The population of the GTA is projected to grow to almost 3.8 million by 2031, while the City of Toronto itself is forecasted to reach 3 million people over this time period.



Source: City of Toronto, Background: Release of 2006 Census Counts, 2008

Persons of Aboriginal Identity

Trends

- The Aboriginal population in the GTA has increased since 2001.

Key Facts

- From 2001 to 2006 the Aboriginal population in the GTA went from 23,950 to 31,910 persons, an increase of 33.2%. This represents 2.7% of all Aboriginal persons in Canada and 13.2% of those in Ontario.
- From 2001 to 2006, the number of Aboriginals in Toronto increased by 19.7%.
- The GTA Aboriginal population includes higher proportions of children (22.1% vs. 18.7) and youth (16% vs. 13.4%).
- Consultations by the City of Toronto with various agencies serving the Aboriginal community indicate that they estimate the number of Aboriginal people living in Toronto to be between 60,000 and 70,000, in sharp contrast to the number report by Statistics Canada.

Ethnic Diversity and Immigration

Trends

- Toronto remains one of the world's most diverse cities.
- Visible minority citizens are expected to increase at a more rapid pace than the population through to 2017.
- Toronto continues to be the primary Canadian destination for new immigrants.
- From 2001 to 2006, the fastest growing single visible minority group in Toronto were Latin Americans, although the South Asian population is now the top visible minority group.
- Schools are becoming naturally segregated, by virtue of the colour-coded neighbourhoods in which they sit.

Key Facts

- 47% of the city's population has a mother tongue other than English or French, with 5% of the population having no knowledge of either official language.
- 2006 top non-English 'mother' languages include: Chinese, Italian, Punjabi, Tagalog/ Filipino and Portuguese.
- Toronto continues to be the primary destination for newcomers to Canada receiving one quarter of all new immigrants to Canada between 2001 and 2006.
- The top five visible minority groups in Toronto are: South Asian (12%), Chinese (11.4%), Black (8.4%), Filipino (4.1%), Latin American (2.6%).
- By 2017, fully 49% of Toronto's population could be immigrants, up from 44% in 2001.

Table 1: Visible Minorities in GTA School Districts

Regional Municipality	Percent Visible Minority	Largest Group
Pickering	30%	Black, 10%
Ajax	36%	Black, 13%
Vaughan	27%	South Asian, 9%
Markham	65%	Chinese, 34%
Richmond Hill	46%	Chinese, 21%
Whitechurch-Stouffville	7%	Chinese, 3%
Aurora	13%	Chinese, 3%
Newmarket	15%	Chinese; South Asian; Southeast Asian; 3% each
Toronto	47%	South Asian, 12%
Mississauga	49%	South Asian, 20%
Brampton	57%	South Asian, 32%
Caledon	7%	South Asian and Black; 2% each
Orangeville	5%	Black, 2%
Oakville	18%	South Asian, 6%
Milton	17%	South Asian, 6%
Halton Hills	4%	South Asian; Chinese; Black; 1% each
Bradford West Gwillimbury	6%	South Asian, 2%

Source: Toronto Star article, "How best to serve students in culturally clustered schools?," Sec A, May 20, 2008

1.2 Poverty

Trends

- There is a persistent rise in child and family poverty, income disparity, and inequality in the city, and an increase in financially vulnerable families; use of food banks has been increasing
- Lone-parent families, new immigrants and visible minorities are at increased risk of poverty in the city; the largest group of most vulnerable children come from families headed by single mothers.
- Toronto has a disproportionate number of people living with low income.

Key Facts

- In 2005, median household income in Toronto dropped by 4.7% compared to 2000. Toronto median income is the lowest of all municipalities in the GTA.
- 1 in 5 two-parent families were living in poverty in 2005, in comparison to 1 in 10 across the country and overall Toronto Census Metropolitan Area (CMA); specifically, 20.6% of families and 41% of non-family persons lived below Statistics Canada's Low Income Cut-Off (LICO)
- Over half (52%) of Toronto's lone-parent families were living in poverty in 2005 versus 33% in 1990; 40% of low-income children live in a female lone-parent family.
- Toronto's 20 poorest ethno-racial groups are non-European. Specifically, over half of the Bangladeshis, Somalis, Afghans and Ethiopians living in Toronto face extreme poverty. Analysis by group finds that 40% or more of the African ethno-racial group members lived below the poverty line vs. 30% of Arab and East Asian groups, vs. 20% of Aboriginal, South Asian, East Asian, Caribbean and South and Central American groups, compared to only 10% of the European group members being below the poverty line.
- Since 2000, the use of food banks in Toronto has been rising steadily, while declining in the province as a whole. For 2007, the increase in use in Toronto was up over 80% from 1995.

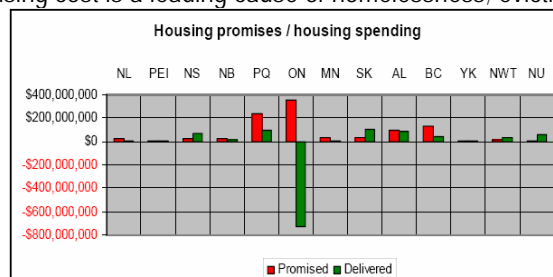
Affordable Housing and Homelessness

Trends

- Low income families continue to face severe and increasing housing affordability challenges with rising rents, loss of affordable housing stock and lengthy wait-lists for social housing in the city.
- The most vulnerable (low income, lone parent families and singles) are excluded from the housing market as rents continue to rise faster than social assistance benefits.

Key Facts

- Ontario has a \$1 billion affordable-housing expenditure gap, if one compares the 2001 provincial commitments that were made to actual housing dollars delivered (see Table below).
- 100, 000 Toronto households pay more than 50% of their pre-tax income on rent.
- From 1994 to 2004, the largest increase in rental unit costs was in Toronto and Barrie where rents rose 50%.
- In 2005, the number of renter households experiencing affordability issues increased by 5% since 2000. Similarly, 27.7% of owner households experienced affordability issues.
- In 2005, Toronto was home to almost 3 of 4 GTA renter households spending 30% or more of income on shelter.
- The wait-list for municipal social housing in Toronto is currently 5 to 10 years; about 71,000 households are on the waiting list for social housing in the GTA.
- Approximately 30,000 homeless individuals pass through the emergency shelter system every year in Toronto.
- Housing cost is a leading cause of homelessness; evictions for non-payment of rent up 26% from 1999 to 2007



Source: The Wellesley Institute, Wellesley Institute National Housing Report Card, 2008

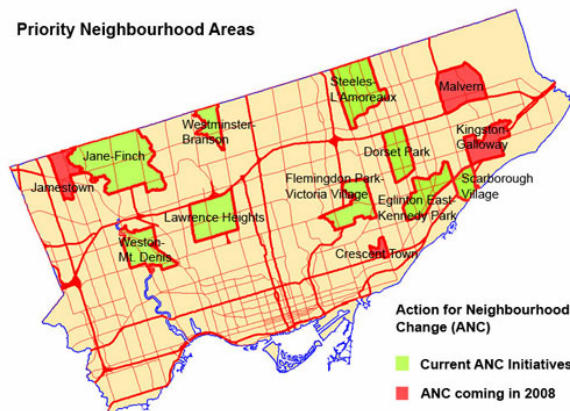
Vulnerable Neighbourhoods

Trends

- Poverty in the city is geographically concentrated; income polarization is increasing among Toronto's neighbourhoods; particular neighbourhoods are showing stress due to high levels of poverty and inadequate community infrastructure.
- Children from low income neighbourhoods are at high risk of not graduating from elementary school.

Key Facts

- From 1971 to 2001, three geographically distinct cities have emerged in the City of Toronto, comprised of: 20% 'affluent' neighbourhoods, 36% 'poor' neighbourhoods, and 43% 'middle-income' neighbourhoods (with the proportion of middle income earners declining); low-income neighbourhoods have largest proportion of immigrants (62%) vs. middle income (48%) vs. affluent (12%).
- By the end of Grade 9, almost a quarter of students from the lowest income neighbourhoods in Toronto are at risk of eventually dropping out of elementary school, with fewer than 7 completed credits.
- The proportion of low and very low neighbourhoods increased from 19% to 50%; whereas, the proportion of high-very high income neighbourhoods increased from 15% to 18%.
- The *Strong Neighbourhoods Strategy*, a key component in the city's *Community Safety Plan* has outlined 13 high priority neighbourhoods that require focused investments and support: Jamestown, Jane-Finch, Westminster-Branson, Lawrence Heights, Flemingdon Park-Victoria Village, Eglinton East-Kennedy Park, Crescent Town, Steeles-L'Amoreaux, Dorset Park, Kingston-Galloway, Malvern, Scarborough Village, and Scarborough Village.



Source: United Way of Greater Toronto, Action for Neighbourhood Change, 2008

Early Learning and Child Care Programs

Trends

- Disparities in young children's (aged 0-6) readiness to learn across the city; disparities appear related to family income, neighbourhood income, and country of birth.
- Ontario school enrolment is in decline and will be below current levels for the foreseeable future.
- Challenges continue with the funding and accessibility of child care services.

Key Facts

- There is a three-fold difference in children's readiness to learn across the city, with some geographic areas having approximately 40% of their children not ready to learn at school.
- Areas with the highest rates of children 'not ready to learn' also had the highest rates of young children in low income families (41%), lone parent families (21%) and children with English as a Second Language (22%).
- Currently, school enrolment in Toronto is just over 177,000 but over the past 5 years, the number of students in Ontario has fallen by 3.2% and is forecast to fall another 72,000 (3.8%) over the next five. Some scenarios project a decline of 30,000 to 60,000 students from current levels in the year 2030.
- The Durham Catholic District School board recently approved a proposal to close 5 Oshawa elementary schools before September 2008, because student shortage; 25% of classroom space in their 11 schools is now empty, a figure projected to climb to 50% by 2011-2012; 12% of Toronto schools have enrolment less than 60% capacity

- Canada ranks last in early childhood education (ECE) spending out of 30 developed nations in the Organization for Economic Co-Operation and Development (OECD); Canada spends 0.25% of its Gross Domestic Product on ECE; while other developed nations spend up to 2%.
- 61% of Canadian children under the age of 10 have parents who work. Yet, over 85% of our child care is of the informal type (e.g. babysitting, nanny, grandparents), as universal childcare does not exist.
- Toronto ranks in the middle of 11 Canadian cities for accessible child care despite having the largest regulated child-care system outside Quebec; only 13.6% of children from birth to age 12 have access to licensed child-care in Toronto; whereas, 15% in St John's, 16% in Winnipeg, and approximately 25% of Whitehorse children have access to licensed child-care.

Poverty and Policy

Trends

- Continued focus is needed on child poverty in our community by the various levels of government.
- Concern is rising regarding the impact of a U.S. economic downturn on the Canadian economy and subsequent provincial budget priorities.

Key Facts

- Ontario government signalled its commitment to helping the province's poor by recently forming a cabinet committee on poverty reduction.
- Poverty advocates are fearful that an economic downturn could be tragic without a comprehensive anti-poverty reduction strategy in place; economists warn that U.S., Canadian and international economies are struggling.
- Canada was a leader in drafting the United Nations (UN) Convention on the Rights of the Child, ratified in 1991; 18 years after the federal government unanimously resolved to end child poverty, the rate (11.7%) is unchanged.

1.3 Child and Youth Mental and Physical Health

Trends

- Health status of children/adolescents in general has improved in recent decades; a growing number are overweight.
- Serious gaps in support services continue to exist for children and youth; emotional health and the costs related to mental illness are an increasing concern.
- While school enrolment is declining, services required for students with severe needs are increasing.

Key Facts

- In 2004, 26% of children aged 2 -17 were overweight/obese based on their body mass index vs. 15% in 1979.
- It is estimated that 18% of children and youth in Ontario have a psychiatric disorder that requires intervention; average wait-time is 5.5 months to receive help at children's mental health centres; about 10,000 children are on wait lists at any given time.
- In 2007, the Ontario government committed \$24.5 million of new funding for child and youth mental health agencies and hospital-based outpatient service; this is only the 2nd funding increase in the last 15 years.
- Mental illness is projected to be the leading health cost in Canada by 2020; Canada is the only G8 country without a national mental health strategy.
- 2008 study found 1 in 6 teens in Canada self-harm (e.g. cutting, burning) to deal with depression and anxiety.
- Gaps that have been identified in mental health services for children and youth have led to the creation of a new Canadian Mental Health Commission. The Commission identified child and youth mental health as a key priority.
- A UNICEF study that evaluated 21 developed countries on child wellbeing, ranked Canada 12th overall.
- School referrals for professional support services' (i.e. Psychology, Occupational/ Physiotherapy, Social Work and Speech-Language Pathology) have increased by 7.4% despite declining enrolment.
- Special needs secondary students are at high risk of not graduating; a significant proportion of these students are performing below standard in Grade 9 math.

1.4 Child Welfare Sector Issues in Ontario

Child Maltreatment Trends

- 2nd Canadian Incidence Study on Maltreatment (CIS-2) (2003) results show a jump in substantiated child maltreatment in Canada; from 1998 to 2003, rates of substantiated investigations increased by 125%.
- The public profile of domestic violence has continued to grow along with the unfortunate reality that violence against women continues to escalate; approximately 23% of referrals involved concerns about children's exposure to domestic violence.
- Of all child protection investigations conducted in Canada in 2003, almost half (47%) were substantiated; 8% of substantiated investigations led to a child being placed in a foster, group, or residential home.
- Neglect was the most common form of substantiated maltreatment (30%); exposure to domestic violence (28%) was the second most frequently substantiated category, followed by physical abuse (24%).

Changes, Challenges & Opportunities in Child Welfare

2008 was again marked by numerous challenges for CAS's, as child welfare agencies across the province continued to implement the Ministry of Children and Youth Service's (MCYS) Transformation Agenda. Several key, prominent areas were impacted by the government's strategies and initiatives.

Accountability & Transparency

- Amidst numerous changes in the field were follow-up "Value-for-Money" audits from the Office of the Auditor General of Ontario (AG) and child interviews from the Office of the Child Advocate (OCA) regarding quality of care received by CAS involved children;
- In response to the Auditor General's initial report, the MCYS developed a Quality Assurance and Accountability Office to enforce controls on expenditures.

Research and Outcome-Based Measurement

- Implementation of the *Ontario Looking after Children Model* (OnLAC) signals the field's movement towards research and outcome-based measurement. The standardized collection of clinical data regarding children in care will enable child protection agencies across the province to better understand outcomes for children in care.
- \$12 million for the Child Welfare Single Information System (SIS) pilot highlights the field's focus on making data work more efficiently and speak to outcomes and process; SIS is now "live" at the three pilot agencies and implementation issues are being addressed; in addition to its common reporting platform, SIS is intended to track and report on common child, family and broader system outcomes in each of the 53 child welfare agencies.

Crown Wards and Youth Exiting Care

- Ontario government launches an initiative for tuition supports for Crown Wards/former Crown wards (ECM youth)
- Systemic nature of issues impacting Crown Wards and of youth exiting care was underscored by the Child Advocate's report, *We Are Your Sons and Daughters*.
- Recommendations for change include increased financial, emotional and educational supports, in addition to the need to change the ECM age requirements beyond the age of 21; financial support rates for youth on Extended Care and Maintenance (ECM) have not been revised since 1994 and are well below the poverty level.

Children in Care

- Across Ontario, the number of total children in care from Mar/2002 to Mar/2007 has declined 10.5%.
- There has also been a 25% reduction in the admissions of children to care from 2002/03 to 2006/07.

Budget Demands

- Child welfare agencies across the province continue to operate with deficit budgets and it is projected that Ontario child welfare agencies will have a combined deficit of approximately \$61 million dollars for the current fiscal year 2008/09.

SECTION 2: ANALYSIS OF KEY INFORMANT RESPONSES

2.1 Key Informant Participation

The sample frame for the key informants was thirty-six (N=36). The key informant list was generated from recommendations from the H4K Work Group and suggestions from other experts in the area. Participants' work venues ranged from CAS's, community-based agencies, and academic institutions; these experts were from three countries: Canada, United States and United Kingdom.

Over a three-week period, a total sample of fourteen (n=14) Key Informants (see Appendix B) completed the interview process. The 15-question, standardized format consisted of eight Key Questions and seven Supplementary Questions (see Appendix A). All informants were asked Question 1 through to Question 5. And if time permitted, Questions 6, 7, 8, and 9d were included. Supplementary questions 10 to 15, while included on the standardized interview list, were not asked of any of the participants due to time constraints. Of the fourteen respondents who were interviewed, nine (64%) were from Canada, specifically the provinces of Ontario, Alberta and British Columbia; three (22%) were from America, the States of Illinois, Maryland and California; and two (14%) lived in the United Kingdom.

Twenty-two Key Informants were also contacted but not interviewed due to either study time constraints or their unavailability (see Appendix C).

It is important to note that although the 14 key informants represented different backgrounds, different agencies, different sectors, and even different countries, the preponderance of their comments reflected similar concerns and circumstances. Two of the Canadian informants made a point of underscoring that fostering concerns, particularly those related to recruitment and retention, are similar regardless of where the locale is in Canada.

Key Informants were numbered based on the order of their interviews. In order to protect their anonymity, the numbering system used below does not reflect the order of the informants listed in Appendix B (alphabetical).

2.2 Key Informant Responses to Interview Questions

A standardized, grounded theory approach was used to review and analyze all key informant interviews. Comments from each interview underwent a thematic and content review. Cross-interview themes were developed by category and meta themes were created for each question. The following section provides an overview summary analysis of respondents' comments by question. Then themes from the analysis of the interviews are presented along with quotes from the respondents.

QUESTION 1: For what types of children and in what numbers, if you can provide them, will the CAS's need to recruit foster homes in the future?

Analysis

- The majority of the respondents indicated that young infants and toddlers, as well as adolescents are both challenging populations to work with and that foster homes will need to be specifically targeted to deal with these children now and in the future.
- Many respondents indicated that sibling groups and children with special needs, particularly those with prenatal exposure to alcohol, are difficult to place and will require special attention in the future.
- One respondent indicated that families seeking asylum are beginning to make their presence felt in foster care, since they lack family support and face great challenges in raising their children within a new culture.
- In general, respondents indicated that with the advent of kinship care and permanency planning, the foster care population is beginning to serve a narrowing group of children and youth who have increasingly specialized needs; the sense - foster care children are more difficult to work with than ten or twenty years ago.

QUESTION 2: Which critical issues relating to foster children need to be addressed and why?

Analysis

- Almost unanimously, respondents outlined a number of behavioral, emotional and physical challenges facing children in foster care today. The top four diagnostically relevant issues mentioned were: 1) *Prenatal exposure to drug and alcohol use leading to FAS/FASD*, 2) *conduct problems*, 3) *ADHD*, and 4) *attachment disorders*.
- Other critical issues were also noted: *mental disorders, complex medical issues and poor health outcomes, delinquent behaviour and aggression, sexual behaviour and teen pregnancy, cutting behaviour, developmental disabilities, psychotropic drug use, learning disabilities, Autism, Asberger's Syndrome and dual diagnosis*.
- In general, attachment and relationship challenges were seen as underlying mechanisms which created barriers in children's' lives, particularly since it was agreed that children need caring, predictable, stable relationships and family structures to help them develop in a healthy way.
- The lack of funding for services in foster homes was noted as a critical issue facing foster children today, particularly since there is a high need for services such as speech therapy, physiotherapy, reading and tutoring.
- Poor educational outcomes experienced by children foster care must be addressed.
- Foster parent training must be further developed.

QUESTION 3: What service models are best suited to support each type of child?

Analysis

- Almost unanimously, respondents agreed that some model of "family-based care" is the ideal service model to pursue in foster care. In particular, respondents spoke of the importance of supporting collaboration between foster parents, birth parents and child welfare workers, as well as the use of resilience and strengths-based approach to foster care services.
- Many respondents noted that Ontario's current use of regular foster care plus treatment foster care will likely not change any time soon; however, the high needs of many of our foster children indicate that some form of specialized or treatment foster care is necessary to provide those children with adequate care.
- For those highly disruptive children for whom regular foster care is not sufficient, treatment foster care includes several advantageous elements, including skilled, highly trained families that are heavily supported, with limited placements (i.e. maximum of two children per placement).
- Although most informants were in favour of a "mixed model" of foster care (regular foster care + treatment foster care)(note: one informant dissented, stating that *'only in the case of emergency situations is there a true need to divert from the regular model of foster care'*); otherwise there is the danger of spreading the continuum of care too thinly and failing to support children in a timely, adequate manner.
- International models, such as *"Europe SOS"* are being implemented in Canada; one example is *"SOS Children's Village BC"*, an alternative model of foster care that provides a continuum of support to foster parents who work directly for the Ministry but live in one of the SOS family-based foster care homes. Working and living within this small community, SOS foster parents undergo thorough training and are provided with individual and group support in order to work effectively with their foster children, the majority of whom are Native.
- The U.S. Oregon *"Multidimensional Treatment Foster Care"* model is becoming extremely popular in many countries, including Canada and the United Kingdom, but rigorous testing and evaluation is required to determine whether this model proves to be truly effective.
- A number of creative U.S. care models have met with success, including:
 - *U.S. Safe Care Model*: in rural Illinois is a structured-care giving for children with complicated problems.
 - *San Francisco Project Keep*: Treatment Foster Care with daily contact with foster parents, particularly suitable for children with conduct problems.
 - *Shared Family Care*: intensive parenting model-foster parents and child are placed in foster homes together.
- With so many foster children with learning disabilities and facing cognitive challenges, foster care models need to support educational components, such as tutoring and "cross-age developmental mentoring" such that school performances can be improved and negative behaviours reduced.
- Finally, the growing diversity of the general population with respect to race, ethnicity and culture within the Canadian context must be addressed in any potential foster service model; this is critical considering the large proportions of visible and ethnic minorities across the GTA and within the Toronto school system.

QUESTION 4: What are the characteristics of the families who will be needed to provide foster homes for these children?

Analysis

- Overwhelmingly, respondents acknowledged that a wide range of foster family structures are used in foster care; this includes blended families, same-sex couples and single parents; the use of alternative family models has been extremely successful, especially considering the changing face of the Canadian workforce and community.
- A number of essential personal characteristics of foster families were outlined, including: warmth, teach-ability, patience, commitment to helping children, fortitude, loving and realistic expectations of themselves and the foster child. In particular, foster parents need to be able to promote the resilience of each child through a good understanding of child development, appropriate boundary setting and the capacity to take a child-centered approach to parenting.
- A strong commitment is required to continued professional learning, training, advocacy and self-exploration; all are fundamental to becoming a competent foster parent, especially in caring for special needs children.
- Foster parents must have the parenting skills (i.e. warmth and empathy) AND the professional skills, so that they can effectively care for the child, communicate effectively with child welfare staff, and work well within a team.

QUESTION 5: What recruitment strategies are most successful in recruiting these types of families and what additional supports are required for them to be successful?

Analysis

- Almost unanimously, 'word-of-mouth' was cited as being the most effective recruitment strategy to date, although it is extremely important to adequately support foster parents so any "negative word-of-mouth" at the local or provincial level does not adversely impact other more formal recruiting campaigns.
- Existing foster parents are most successful at recruiting other foster parents, particularly when they engage in small-scale, community based outreach efforts.
- Local, targeted campaigns work most well, especially when they target specific populations or groups, such as faith communities. Using minority recruitment workers to recruit other minority groups is an effective recruitment strategy.
- Media campaigns (e.g. print ads, television) also have a positive impact on recruitment of new foster parents, so a combination approach including both media and word of mouth/foster parent recruitment is the most likely approach.
- A new Public Service Announcement regarding the positive aspects of fostering will be playing at all Cineplex Theatres across Canada, beginning in October.
- Recruitment of target groups, such as special-education teachers (or other professionals similarly motivated to work with challenging children) has been successful in the past.
- Retaining foster parents, especially during the first or second year of fostering, is quite difficult, and therefore it is essential to provide adequate supports.
- Overwhelmingly, adequate remuneration was cited as being an issue of primary importance but other support measures were also highlighted as being critical in the retention of foster parents, including: effective agency administration (response to initial interest calls, after hours emergency services), respite service (particularly during imminent placement breakdown) and regular contact with the social work team.
- Quantitative data provided by one informant regarding the success of a recruitment campaign showed that from April 2007 to March 2008, that just over half the fostering applications were submitted for one of the following reasons:
 - o Fostering contact/experience (16.5%),
 - o Website (6.0%),
 - o Other-friends, acquaintance (15.3%),
 - o "Each One Reach One" (5.6%).
 - o Print ads (9.7%),

QUESTION 6: As you see the face of foster care changing in the future, do you anticipate different supports being required and what would they be?

Analysis

- With the advent of kinship care and permanency planning, as well special guardianships, foster care will likely become a more “temporary” short-term service; informants noted that adolescents and teenagers will require more intensive support while in care, due to their multiple needs and the overall severity of existing problems.
- Foster parent support is currently being slowly eroded, so a distinct plan of caregiver support will have to evolve over the next few years that involves increased remuneration, training, respite care and group therapy.
- With the growing trend towards greater “professionalization of foster parenting”, driven in part by the growing complexity of children’s needs, an integrated, collaborative inter-agency and intra-agency partnerships will need to be developed regarding foster parents.
- As the current population of foster parents ages, new and persistently aggressive recruitment strategies will have to be created in order to attract professionals and skilled caregivers to the fostering field. The shift to professionalization of the service has among other things, significant remuneration implications.
- Foster care models need to be rigorously tested and evaluated so that child welfare agencies can develop a strong knowledge base in Ontario; there is a compelling and urgent need for more intervention evaluation/ research and less “problem-orientation” research. In other words, examination of the efficacy of approaches and not detailing the level of problems and complexity with fostering. It is essential that Ontario take a lead on this issue in order to advance the field of child welfare and create lasting partnerships both within Ontario, across Canada and internationally too.

QUESTION 9.d: Regarding foster parent recruitment, would you support a modified recruitment process wherein foster parents are specifically recruited to match the needs of foster children? Why or why not?

Analysis

- Most respondents agreed that some form of “matching foster parent to foster child” would be ideal, particularly the matching of foster parent capacity and the child’s needs/ personal characteristics (includes ethnic/racial needs). However, the current economic reality of foster care dictates matching is very difficult and a highly unlikely outcome in emergency, time-limited apprehensions.
- In general, respondents felt that targeting foster families who were motivated and capable of working with special populations (i.e. toddlers, disturbed adolescents) would be more effective and realistic than targeting foster families to work with specialized issues. However, some situations may prove to be the exception to this rule, such as foster parents who work with children/youth with FASD, autism or developmental disabilities.
- It was suggested that rather than matching foster parents competencies specifically to each foster child’s needs, specialty CAS staff members could work closely with foster parents to support them OR specialty teams comprising case specialists could move from one foster home to another in order to help troubleshoot problems.
- A form of matching is currently being used in the adoption field (e.g. at Children’s Aid Society of Toronto prospective adoptive parents are screened for acceptance of high-risk lineage (i.e. mental health history) or racial diversity and are then fast tracked in the adoption process.
- The current paucity of foster parents suggests that an overzealous approach to matching may overlook other foster parents, who, while not currently competent in some areas but may with training and support, become excellent caregivers. This is flagged as an emerging approach but one with resource, training and support issues tied to it.
- In the United Kingdom, a new “commissioning” business model is emerging, where local authorities sometimes hire specialty foster home through private agencies.
- Overall, relatively little is known about the efficacy of matching; ergo, the need for controlled testing and evaluation of such strategies.

2.3 Analysis of Key Informant Themes

An aggregate analysis of all key informant comments revealed a number of overarching themes that spanned all questions. These themes included:

- ❖ Multifaceted Needs of Foster Children
- ❖ Professionalization of Foster Care
- ❖ Education and Resilience-Based Service Models
- ❖ Cultural Considerations in Foster Care.

FOSTER CHILDREN HAVE INCREASINGLY MULTIFACETED NEEDS

Theme: **Foster parents must work with foster children who have increasingly complex mental health and emotional needs.**

A dominant theme across all fourteen key informants was that children in care, of all ages, are demonstrating at a higher frequency level, a myriad of extremely complex medical, emotional and behavioural challenges. Whether their complex needs are due to their histories of abuse and neglect or a other mix of other factors, such as deprivation, trauma, dysfunctional family situations or the effects parental substance abuse, is not known. The end result is that many children and youth require longer-term foster care.

Foster parents of today and tomorrow must be equipped to deal with children who exhibit a large variety of mental diagnoses, health problems (e.g. juvenile chronic diabetes), and overt behaviour problems (e.g. aggression). The importance of having an ongoing resource worker or placement worker involved with each case was noted as being instrumental to the well being of the child and the placement.

K1: "There is a need for homes that will foster infants and teens but the challenge is not limited to age; there are also substance use issues, lack of prenatal care, complex medical issues, all of which are daunting tasks to address".

"Nobody understands FASD and nobody wants to deal with these children or those children with conduct disorder, so they tend to fall between the cracks, particularly because other systems have not been successful in working with them."

K9: "Children are more difficult to serve than 20 or even 10 years ago. There has been an increase in the difficulty of children in care population without improvement in caregiver skill level."

"The two main issues are attachment and FASD; most other behavioural issues stem from attachment and disruption issues".

Theme: **Placement options for foster children must be flexible and creative in order to prevent placement disruption.**

The long-standing issue concerning placement disruption and breakdown was highlighted as being a critical. This was flagged as significant concern given the current challenges in obtaining new foster parents in the Ontario child welfare system. The need to support teen parents also emerged as a key issue, reflecting the high rate of foster care alumni who are pregnant or parenting when they transition out of care.

K5: "There is a narrowing population in foster care due to permanency, adoption, increased flexibility of arrangements and kinship, so we now have kids in foster care with more specialized needs. Children who are aged 8-16 in particular are more likely to require long term foster care".

"We need to get away from the idea that one year a child is placed in Home A because it is available, and the next year you go to Home B, because that is all that is available that year. Children need continuity. We might need flexible arrangements where a child can live three months of every second year in one foster home, when their biological parent decompensates".

K7: "If a child has two or more breakdowns within the first 8-12 months, then the prospects for substantial mental health problems are high. A minority of kids are involved in the majority of breakdowns".

K10: "Managing teen pregnancies is a priority, since 1/4 girls are pregnant when they leave care" [UK stats]

K12: "There is a need for foster homes that take both moms and their babies".

PROFESSIONALIZATION OF FOSTER PARENTING

Theme: **Foster parents should be considered professional caregivers.**

Following the current United States trend, most informants agreed that the professionalization of foster parenting has started in Ontario (e.g. introduction of PRIDE and SAFE). While reservations do exist amongst some in the resource field, this approach to fostering will produce positive results.

K1: "Currently, the requirements of foster parents have already drastically increased with respect to licensing, scrutiny, training and development".

K2: "The current 'quasi-volunteerism' is not realistic considering what we're asking foster parents to do".

K4: "A number of programs in the United States already employ full-time professional foster parents and provide them with benefits. These programs include: the *"Neighbour to Family"* program in Florida, the *"Neighbour to Neighbour"* program in Chicago (associated with the Jane Addams Hull House Association) and the *"Jewish Child and Family Services"* in Chicago.

K5: "The use of PRIDE has implied a certain level of professionalism of foster care with respect to continuing education".

K6: "It's a good idea to professionalize but it would depend on how it's done; it would not be a business model per se; foster parents typically voice concerns that they will be taxed on their income if this goes through."

K9: "The professionalization of foster care is a good thing but you need to do it for the right reasons. Fostering should be a vocation, not just a job"

Theme: **Foster parents need basic parenting training as well as specialized training.**

Most informants agreed that foster parents require specialized training in order to work with the challenging foster children population in existence today (and young children in particular). In Ontario, the use of PRIDE and SAFE heralds the advent of more competency-focused foster parent training, but one informant in particular noted that basic parenting skills must not be omitted in this trend towards specialization of care.

K8: "The National Longitudinal Survey of Children and Youth (from Stats Canada) found that 63% of Canadians are not very good parents. This has implications when we recruit foster parents from the general population...we assume they may be good parents but based on the data, they may not be".

"Rather than enforcing therapeutic/specialized training for foster parents, we need to start with propping up basic parenting skills, which never get addressed. The goal is to have 'authoritative parenting'".

K9: "Foster parents often think they just have to have a basic skill set plus some added training and that foster parenting will then be a 'good job' (rather than the vocation it is supposed to be)"

K1: "Licensing, scrutiny, and training and development is essential. PRIDE pre-service currently includes 9 session that every foster home must participate in while ongoing in-service program coming from the Ministry will be competency-based".

"Training bolsters competencies needed to care for children they've already got, plus the children that they will care for in the foreseeable future"

K4: "Treatment foster parents aren't born – they're developed"

Theme: **Foster parents require a more comprehensive, integrated support system that involves a close partnership with child welfare agencies.**

One of the most challenging dilemmas that emerged from the key informant interviews is that foster parents are often not considered or perceived to be full partners in the child welfare process. This leads to a number of problems, some relatively minor, such as 'who has permission to sign school letters?' to much more problematic complications, like the ramifications with the lack of medical and social information about new foster children coming into a placement. If foster parents are to be considered part of the team, then the importance of their role should be reflected in the adequacy of the supports that they are provided - which are currently lacking.

K2: "Foster parents must be considered full partners".

K9: "Perhaps new foster parents could provide part-time respite services rather than full-time foster care, to help 'break them in'".

"More caregiver support is needed (1:1, group, monetary, respite relief, increased training)".

K10: "The current divide between the social worker responsible for the foster carer and the child worker creates a gap in service, since for example, workers are reluctant to advise foster parents on their parenting skills."

EDUCATIONAL AND RESILIENCE-BASED SERVICE MODELS

Theme: **Foster children need increased educational at-home and in-school supports.**

The realization that foster children are facing greater educational challenges than the general population has led to the creation of a number of programs in Ontario, the UK and the United States. Approaches that attempt to incorporate educational tools and programs into the foster care system. Two informants noted that foster care agencies should also be supporting competitive educational work programs so that foster children graduating out of foster care are supported in broadening their career opportunities and aspirations.

K7: "The preliminary OnLAC data profiles from Year 5 (2005-06) found large gaps associated with learning and mental health in foster care children. Specifically, cognitive developmental issues and learning disabilities are more prevalent in children in care than the general population. The single biggest gap is education."

"A project involving cross-developmental mentoring is being developed in order to provide systematic training to foster parents to act as tutors for their foster children and to recruit high school educational mentors as well in order to improve school performance of children".

K10: "A program called "Paired Reading" in South London [UK] helps develop child reading skills and relationships. The program focuses on foster carer anxieties around limited education and teaching skills. The program actually centres on emotional education and the work done spills over into other aspects of their life."

Theme: **Resilience models can be used to support foster children and improve their psychosocial adjustment.**

In addition to the "mixed model" of foster care supported by most informants, was the recognition that foster children are resilient and they can be successfully supported to exceed traditional expectations. This empowerment/support approach has created a new framework for working with Ontario's foster children. One informant in particular spoke eloquently about the growing use of resilience strategies in Ontario; other respondents referred to the capacity of young children to survive under difficult circumstances, especially with the support of loving and empathic caregivers.

K1: "The OnLAC model has suggested tremendous resiliency in Ontario's kids. If you focus on the 7 basic dimensions of development, then children will rise and meet your expectations."

K2: "Caregivers need the ability to see children as individuals and to work from a strengths-based model".

K5: "We need to help our foster children catch up in order to address consequences of maltreatment and neglect...we need more emphasis on resources that support the notion of excellence".

CULTURAL CONSIDERATIONS IN FOSTER CARE

Theme: **Ontario child welfare agencies need to continue recruiting ethnic/racial foster families.**

Most informants agreed that considering the changing demographics in the Toronto GTA, it is becoming even more critical for foster care agencies to continue to aggressively and creatively recruit ethnic and racial communities in order to reflect the ethnic diversity of our foster care population. A number of suggestions regarding recruitment were noted, with a particular emphasis on the success of faith-based campaigns.

- K1: "Faith based campaigns tend to be quite successful, as are strategies in which foster parents or staff speak in churches, advertise on church bulletins, etc".
- K5: "Faith communities create natural support groups for existing foster families."
- K8: "We need to make inroads with respect to ethnic cultures, and to penetrate those neighbourhoods more successfully".
- K11: "We need to target religious areas, imams, cultural and community leaders, as well as mosques".
- K13: "You need to use minority workers to recruit minority groups".

Theme: **Ideally culture should be taken into account when matching foster families to foster children.**

Most informants agreed that matching foster parents to foster children with the same ethnic/racial background would be ideal, particularly if it reduces the level of trauma involved in being separated from birth families. However, there appears to be significant disjoint between that "ideal" and the current lack of racial and ethnically diverse foster families. That gap creates a barrier in the optimum achievement of positive outcomes. Furthermore, matching by ethnicity is not sufficient since one must consider all characteristics of a foster family to ensure a successful placement.

- K2: "Currently there is a lack of ethnic/racial foster parents. It is difficult to match on all those dimensions because there are not enough families to go around".
- "For some populations, community fostering is not a known entity"
- "You can match culturally, but then the family may not be able to meet the child's other needs"

Theme: **Employing culture as a healing tool.**

Future fostering models may need to have in their roster a range of "healing tools" for children entering care. For example, an Aboriginal approach to healing is being employed as tool with foster families in British Columbia, regardless of whether the foster parents or foster children are Aboriginal. This represents a paradigm shift of having non-mainstream cultural approaches used with mainstream groups. This approach may have important applications in areas with high levels of diversity such as Toronto/GTA, since the Aboriginal population is growing and other cultures and nationalities may benefit greatly from this kind of positive, affirming approach to ethnic identity.

- K9: "First Nations children are dealing with intense shame about their culture. It can be quite healing if both foster child and foster parent are immersed in First Nation way of life and participate in rituals such as Talking Circles, smudges, and storytelling by Elders."
- K11: "We need to support new asylum-seeking families when they enter Canada, since they often lack strong family support groups."

SECTION 3: KEY FINDINGS FROM THE LITERATURE

BACKGROUND

As society's standards and practices regarding child maltreatment have evolved and expanded over time – what is defined and included as child abuse and neglect has changed too. Over the last thirty years new forms of harm have been added to the agreed upon list of maltreatment types of physical abuse, neglect and emotional harm. For example, child sexual abuse emerged in the 1980's and in the last decade – the effects of family violence on children is recognized; it is quite likely new types will emerge as our knowledge advances. Since the 1990's, child welfare activity in Canada has been on the rise, mostly due to greater definitional clarity and legal requirements on reporting it. That said, referrals to child welfare remain driven by professionals reporting (police, schools, health care) – not the public (APSAC, 1996). Further changes to Ontario child welfare practice and definitions in the mid-1990s resulted in significant numbers of children entering care. For example, in Ontario, between 1997-2008, the number of children in care at a point in time rose from 11,260 to 17,945 – a 59% increase. This is compared to a small 1% drop in the numbers of children in care over the last five years (2003-2008) from 18,126 to 17,945 (OACAS, 2000, 2003, 2008). Forecasts to 2012 suggest a continued decline for the children who entered care and became permanent wards between 1998-2004 as they 'age out of care'. Anticipated effects of the Ministry's Transformation Agenda (2005) are lower numbers of children in care. How low? - is not yet known.

The system of care created to take care of children and youth who come into the care of a children's aid society includes a continuum of options that range from foster care to kinship care to group care to institutional care, with family-based care being the preferred placement option. While numbers of children in care has changed, so to has the legal status of those children as well as the types of placements. For example, in 2000, 40% of the children in care in Ontario (N=4,504) had Crown Ward status, meaning the child was a permanent ward of the Province. By 2008, the percentage of Crown Wards in care had risen to 51% but in actual terms had more than doubled in numbers of Crown Wards (N=9,152). With Crown Wards in particular, Societies have significant responsibilities in many more of the children's long-term care needs. Shifts have been occurring in placement type too. In 2003, 55% of children in care were in foster care vs. 2% in kinship and by 2008 that had changed to 45% were in foster care and 6% in kinship homes (OACAS, 2003, 2008). The emphasis on greater use of kinship homes is expected to continue.

To understand best practices associated with better child outcomes for children in care both now and in the future, as well as explore how the foster care system can best position itself so that it continues to ensure best outcomes for the children they care for, *Homes for Kids Program GTS/ Simcoe* undertook a comprehensive literature review coupled with key informant interviews, with the goal to answer four questions.

1. For what types of children & in what numbers will the CASs need to recruit foster homes in the future?
2. What service models are best suited to support each type of child?
3. What are the characteristics of the families who will be needed to provide foster homes for these children using these models?
4. What recruitment strategies are most successful in recruiting these types of families and what additional supports are required for them to be successful.

The review examined published materials from the year 2000 - 2008. The extant literature was reviewed, collated by topic, analyzed and re-ordered into four different levels: A) the systems level, B) the agency level, C) the foster family level and D) the child level. A total of 216 journal articles from 71 peer-reviewed journals, reports, websites and book chapters (see Appendix D for annotated bibliography) were included in the review. In the following sections, a summary of most pertinent research and when applicable, field-based observations will be discussed. Lastly, recommendations for future directions will be presented.

A) SYSTEMS LEVEL

A systems level examination refers to literature that reviewed issues related to foster care from a systems perspective. This includes research that has direct implications for policy development and legislative changes. However, to understand the effects of foster care and best practices for fostering, it is imperative to examine the backdrop to which the child and family welfare system is situated in. This is particularly important given that child and family welfare systems often mirrors cultural and political contexts that place large constraints on the types of services that can be implemented (O'Hara, 1998).

Although it is difficult to categorize the Canadian child and family welfare system into one generic system of child and family welfare, the current system in Canada can be classified as being mainly liberal, market-oriented oriented. Largely influenced by the British system, the underlying philosophy of the current child and family welfare system in Canada generally places great emphasis on individual responsibility and the nuclear family (Cameron et al., 2006)). Since its conception in the late 1800's, the Canadian child and family welfare system has largely been rooted within a "child protection" framework and is largely influenced by two long-held British traditions; 1) the child is seen as the property of their parents and 2) the state is seen as the parent of the nation (Harris & Melicherick, 1986). Thus, the Canadian child and family welfare system focuses primarily on protecting the well-being of children. As a result of Canada's liberal welfare orientation, a division between services for family support and child protection has long been embraced.

To date, several fundamental shifts have facilitated change in the Canadian Child and Family welfare system. First, recent legislative changes (i.e., included the phrase '*patterns of neglect*' to the definition of children in need of protection, changes in funding formulas, workload measurements, and reduction of thresholds for determining need for protection) have left many children in care in a state of 'limbo' since a national strategy to address issues of permanency is unavailable. This is a major issue, in light of the fact that approximately 76,000 children are under the protection of Child and Family Services across the country. Second, the changing demographics of Canadian society have increased the number of non-British, non-European families in need of child and family welfare services. In response to these changes, strategies such as community social work, community organizing, and community control have been introduced in order to create collaborative partnerships between child welfare agencies, families and their communities (MCYS, 2005).

It is apparent that Canada's child and family welfare system is shaped by a variety of economic, social and cultural factors. To help illuminate the different systemic factors and their effects on foster care, the following topics will be discussed: 1) the challenge of accurately defining different types of foster care across multiple settings 2) the impact of multiple, collaborating systems, and 3) the shift towards a more professional approach to family based foster care.

A1) The Challenge of Accurately Defining Different Types of Foster Care

To date, foster care placements have typically been classified into three types:

- 1) "Regular" foster care
- 2) "Specialized" foster care
- 3) "Treatment" foster care

Across different systems (funder, agency, field), there is a lack of consensus regarding the definition and the types of services these "foster care" labels are used to describe. From a broad, system perspective a lack of clarity on definitions of key terms is a significant problem. For example, the Central Region QA Working Group in trying to track child in care outcomes by placement type found little consensus amongst the different CAS's in common terms, such as "foster care". While the Ministry definitions (see Appendix E for Glossary of Terms) aim to establish definitional clarity, to date they belie field reality where distinctions and transitions between foster care types are often more nuanced in practice and less rigid. Establish a working definition that can be applied across multiple settings is a key requirement in the near future.

A2) The Impact of Multiple, Collaborating Systems

- ◆ Child and Family Welfare system is part of a larger societal network that includes other systems such as Education, Health, Justice, Mental Health (Child and Adult). Improving effective and efficient interventions and realizing positive child outcomes require greater collaboration across systems (11, 38, 47, 207)
- ◆ Better outcomes are associated with foster caring that involve multiple systems as it provides additional protection/buffer for children (18).

A3) Shifting Towards a Professional Approach to Family-Based Care (Foster Care)

- ◆ The number of children with special needs (behavioural, emotional, psychiatric, physical) entering into care is increasing; there is a paramount need to find placements that are able to meet these special needs
- ◆ An option that is gaining momentum is the idea of moving towards a more enhanced professional approach to foster care; since family based care is the preferred placement option, and the prediction is more special needs children will be entering care – than trained, caring families will be needed to provide adequate care (Key Informant Interviews KII, 209)
- ◆ A shift to greater professionalism in foster based care and away from the altruistic “paid” volunteer approach is a complex evolution that will require an entire system change (e.g. funding, policy, practice); a focused research agenda will be needed to understand and evaluate the benefits and challenges for the system, the agency, the family and the foster child.

B) COMMUNITY- AGENCY LEVEL

A community/ agency level review refers to literature that speaks to the practices, policies and regulations associated with foster care that is governed at the community/field and agency-specific level. Agency-level factors can influence foster care and two primary factors that emerged in the review of the literature in this area are:

- 1) Recruitment and retention strategies
- 2) Importance of field-based research

B1) Recruitment and Retention Strategies

- ◆ Reasons for fostering – see Section 4 annotated bibliography
- ◆ Successful recruitment strategies – see Section 4 annotated bibliography
- ◆ Recruiting from ethnic/racial communities – see Section 4 annotated bibliography
- ◆ Recruiting Grandparents – see Section 4 annotated bibliography
- ◆ Why permanency is important – (183,184, 190)
- ◆ Successful retention strategies - see Section 4 annotated bibliography
- ◆ Effective matching strategies - see Section 4 annotated bibliography
- ◆ Providing appropriate supports to foster parents – see Section 4 annotated bibliography

B2) Importance of Field-based Research

Through the application of qualitative and quantitative methodologies, foster care research has primarily focused on identifying associations between different factors. Mainly employing a cross-sectional design (data gathered at one time point), these studies describe relationships that may exist between foster care variables and other variables that are of interest. However, investigations of this nature are limited in that it does not speak to the underlying processes that are responsible for change that occurs. For example, although we know that foster care stability is related to the age of the child, cross-sectional studies do not help us answer the question as to why. Thus to date, foster care research is primarily limited to descriptive studies and what remains relatively unclear are the different processes and mechanisms that are responsible for facilitating change. In the following section recommendations in how to address current limitations will be discussed. This includes:

- a. Utilizing longitudinal designs
- b. Utilizing a mixed-methods approach
- a) *Utilizing Longitudinal Designs:*
- 3) Matching community samples
- 4) Importance of field-based research

In order to identify the processes and mechanisms responsible for change, longitudinal studies that track changes in behaviours are needed. By determining the amount of change at Time 1 relative to Time 2, longitudinal studies allow us to determine factors that are related to this change. More importantly, longitudinal designs allow us to determine the causal relationship between two variables. That is, by tracking how two variables change over time, we can determine whether the effect of one variable is caused by the other variable. In cross-sectional designs we can only look at the extent to which two variables are related.

b) *Utilizing Mixed Methods Approach:*

Mix-methods approach refers to research methodology that employs either both qualitative and quantitative measurements or multiple types of the same approach (e.g. focus groups and interviews and observation). The strength of a mixed-method approach is that it draws on the advantages of different methodologies. Particularly with field-based research, there is a recognition that factors do not exist in isolation, rather they exist within a network of other variables. The strength of qualitative measures is that they capture the dynamic realities of the field. The benefit of a quantitative approach is that it allows a test of the true relationships of variables. More specifically, how do factors relate to each other?

c) *Matching Community Samples:*

One inherent limitation of examining outcomes within a maltreated sample is that this group may represent a specialized group. Since certain traits may be related to the experience of maltreatment, this group may not be representative of children drawn from a community sample. One way to address this limitation is to match a sample of maltreated children with a community-based sample on as many extraneous variables as possible (e.g., age, gender, family size, height, cultural group, maltreatment type). By doing so, researchers are able to control for as much differences seen between groups so that researchers can be more confident that any effect that is detected is a result of differences between groups. Although this method does not eliminate concerns highlighted above, nevertheless it is a strategy that can be used to control for error.

d) *Importance of Field-Based Research:*

For research to be able to inform practice, questions that are generated by researchers must be field-based. ONLAC is a great example of a field-supported, collaborative research endeavour between the field, the Ministry and academia. By consulting with the field (e.g. focus groups with frontline workers, surveys, targeted LOI's) questions that reflects the most pertinent issues of the field can be generated. By adopting a participatory framework, a coordinated effort involving personnel from the frontline, management and larger governmental bodies can be mobilized.

Issues for future research include:

- ◆ Agency/Field use of ONLAC data to inform practice, guide policy
- ◆ Confirm and prioritize key topic areas re- family based care research
- ◆ Increase funding opportunities for research
- ◆ Change agency documentation so that it is conducive to statistical analysis
- ◆ Improve research and evaluation collaboration/ partnerships within and across sectors

C) FAMILY-BASED CARE (FOSTER FAMILY) LEVEL

Research at the foster family level refers to literature that examines factors impacting on the ability of foster families to provide effective fostering and how foster family- specific characteristics can affect child outcomes. In the following sections, research pertaining to these areas will be reviewed and discussed:

- 1) Foster family characteristics that are associated with better child outcome,
- 2) Placement stability,
- 3) Foster family-specific factors that affect foster parent-child relationships, a
- 4) Effective foster parenting practices.

C1) Foster Family Characteristics that are Associated with Better Child Outcomes

Being a foster parent for children who come to the attention of a children's aid society is a challenging endeavour; the work often involves caring for children who are experiencing difficulties across different domains of functioning. However, when asked 'why foster parents foster', an overwhelming majority state that they want to provide loving parents to children and they want to prevent these children from experiencing further harm (102, 199). Thus, most foster parents have altruistic motives for fostering where economic interests play a relatively small role in the decision to foster (78, 200).

Given the pivotal role of foster parenting, it is important to try to identify aspects of the foster family that are associated with better outcomes in children. Although research in this area is rather limited in scope, semi-structured interviews with foster caregivers identified 12 essential domains associated with successful fostering (89):

- 1) Providing a safe and secure environment
- 2) Providing a nurturing environment
- 3) Promoting educational attainment and success
- 4) Meeting physical and mental health care needs
- 5) Promoting social and emotional development
- 6) Support diversity and children's cultural needs
- 7) Support permanency planning
- 8) Manage ambiguity and loss for the foster child and family
- 9) Grow as a foster parent
- 10) Manage the demands of fostering on personal and familial well-being
- 11) Support relationships between children and their birth families
- 12) Work as a team member

Studies examining these different domains to successful fostering have generated promising results. In a literature review examining foster family characteristics and its relation to child outcomes, Orme & Buehler (2001) identify key foster family-specific variables that are associated with better child outcomes. First, foster families characterized by better-quality home environments (e.g., fewer children in the home, two-parent household) was positively related to prosocial behaviours and negatively related to internalizing and externalizing problems. Second, better foster family functioning (i.e., whole family functioning) is associated with higher levels of overall functioning of foster children and lower levels of behavioural and emotional problems. Alternatively, other studies have identified elements of the foster family that are thought to exacerbate behavioural and emotional problems in children. These include motivation to foster is non-child centred, competing demands for foster parents' time and energy, parents' difficulty in dealing with strong attachments to children who might leave the family and personal and interpersonal inflexibility (73). Taken

together, these results suggest that the foster home environment may play an integral role in shaping foster children's emotional and behavioural outcomes.

C2) Placement Stability

Another important issue at the foster family level concerns placement stability. Specifically, what foster family characteristics are associated with placement stability? Two dominate: foster family-specific factors and child-specific factors.

❖ *Foster family-specific factors:*

Although research concerning the effects of placement permanency on child outcome has produced mixed results (125, 145), generally, most researchers would agree that permanent placements can promote better functioning and outcomes for children. In a recent literature review by Coakley & Berrick (2008) (139), authors identified several foster family-specific factors that have been found to be associated with placement permanency and stability. First, authors noted that research has documented a positive correlation between length of marriage and stable placements. Second, educational level of foster parents, especially foster mothers appears to also affect placement permanency. Specifically higher educated foster mothers are more likely to experience placement disruptions. This may be due to the fact that these foster mothers are working outside the home, subsequently leading to additional challenges for foster children during the transition period. Furthermore, higher educated foster mothers may also hold higher expectations concerning their foster children when compared to parents with less formal education. Lastly, other variables such as experience with foster caring (102, 139) and fostering within urban settings may also contribute to greater placement success.

When examining the effects of foster family characteristics on placement permanency, researchers have noted that placement outcome may also depend on whose care the children are placed under. Specifically, depending on the extent to which foster parents are biologically related to their foster child, the effects of foster family-specific variables may be different across groups. For instance, when compared to children under kin placements (foster child is biological related to foster parent) children under non-kin placements were three times more likely to experience placement disruptions (50). Thus, to gain a more thorough understanding of how foster family-specific factors impact on placement stability, future research can focus on the differentiation between kin and non kin placements.

❖ *Child-specific factors:*

In addition to foster family-specific factors, several child-specific characteristics have also been identified that are related to longer, more stable placements. Considering how children may contribute to the success (or breakdown) of their placement is particularly important in light of the bi-directional influence of parents and their children. That is, both parents and their children bring into the relationship a set of dispositions to which the other member reacts to. Thus, to understand how foster family-specific factors affect placement length and stability, child-specific factors which can also contribute to placement success must also be considered.

To date, several child-specific factors have been found to be associated with placement success. First, the likelihood of disrupted placements appears to increase with age and for children who have special needs (e.g., emotional, cognitive and behaviour issues). Second, instances where children experience continued attachment to biological parents and/or lack of attachment to foster parents are also more likely to experience disrupted placements (139).

It is evident that both foster family- and child-specific factors play an important role in shaping outcome in foster children. However, what remains relatively unclear is how these different factors influence each other during the course of development. One important avenue of future research can explore the interactive effects of these different factors so that we can gain a more holistic understanding of how these different mechanisms influence placement stability.

C3) Foster Family-Specific Factors Affecting Foster Parent-child Relationships

A number of foster family-specific factors have been found to influence the quality of foster parent-child relationships. This area of research is particularly important since positive outcome in foster care have been found to be rooted in stable, healthy foster parent-child relations (124). In the following section research examining foster parent attachment and temperament and its relation to the parent-child relationships will be explored.

❖ *Attachment:*

Attachment is an important research area particularly since children in foster care are more likely to experience maladaptive patterns of attachment (e.g., disorganized attachment) with their caregivers (11). This concern is particularly high for infants and toddlers in care (130) and is further exacerbated when children are subsequently separated from foster parents. Children develop maladaptive attachment patterns when they learn to rely on unhealthy behaviours (e.g., being disruptive) to increase the availability of their caregiver during times of need and distress. These maladaptive behaviours downplay or inhibit the development of important strategies involved with conscious reasoning and information processing skills. This pattern of relating to caregivers subsequently influences the child's ability to cope and if unchanged, may apply the same patterns of functioning to other relationships (12).

An important question that arises is whether children, after being removed from the home, are able to re-organize their attachment patterns to more adaptive behaviour with a new caregiver. In a hallmark study by Dozier, Stovall, Albus, & Bates (2001) (10), authors were able to demonstrate an association between foster mothers' attachment state of mind and foster infants' attachment quality. Specifically, the concordance rate between foster mothers and children was 72%, a rate that is similar among biologically intact mother-infant dyads. More importantly, concordance rates appeared to be higher for infants who were either earlier or later placed in foster homes. This observation is particularly important because it provides some evidence to show children are still able to re-organize their behaviours around the availability of new caregivers following a disruption in care. Some evidence suggests foster parents are able to help foster children re-organize attachment patterns; future research can examine the specific processes that help facilitate this change. This is particularly important given the therapeutic implications these findings can have. Current therapeutic interventions suggest that when working with foster children who are experiencing insecure attachment, post-placement support for foster parents, educational support and training regarding child development, behavioural guidance for foster parents and sensory integration techniques for children may improve foster parent-child relations (12). Effective intervention strategies that encourage secure attachment between foster parents and foster children, offer a greater chance that these children will exit care successfully.

❖ *Temperament:*

The quality of foster parent-child relationships is greatly affected by the temperamental dispositions of both foster parent and child. Depending on the disposition of the foster parent-child dyad, certain foster parent-specific traits have been found to be associated with worse child outcomes. Drawing from a literature review by Orme & Buchler, 2001 (76), several important observations were found: 1) family functioning seemed to decrease when foster parents and their children are mismatched in mood. For instance, when paired with foster children who had negative mood, low sleep rhythmicity or low eating rhythmicity, foster parents who were inflexible generally scored lower on family functioning; 2) certain foster mother characteristics are found to be related to less successful placements:

- 1) Foster mothers with higher activity levels during sleep (interpreted as an indicator of restlessness or anxiety),
- 2) Foster mothers who hold unrealistic expectations of children's sleep activity levels,
- 3) Foster mothers who are paired with children having more negative moods than expected.

Taken together, these results suggest that the temperamental disposition of foster parents may play an important role in shaping child outcome and determining placement successful. However, what appears to be limited in the current literature is an understanding of how child-specific traits impact on their relationship with their foster family and more importantly, placement success. An important direction future research can take includes examining how foster parent-specific traits and child-specific dispositions affect each other during foster care placements. This knowledge can help facilitate more matching success between foster parents and children.

C4) Effective Foster Parenting Practices

Over the past decade, researchers have examined the impact of foster parenting practices and the effects on child outcome. To date, several associations between specific parenting behaviours and child outcome have been found. For instance, in recent longitudinal study by Perkins-Mangulabnan & Flynn (2006) (205) that examined the relationship between foster parenting practices and outcomes among youth in care, parental nurturance was identified as a significant predictor of more frequent prosocial behaviours and less frequent conduct disorder and indirect aggression in youth. Other factors that have been found to predict better outcomes in children include:\

- 1) Parental acceptance
- 2) Authoritative parenting style
- 3) Affinity for children as a motivation for fostering.

Alternatively, foster children's externalizing behaviours are associated with insecure attachment to foster parents and excessive physical punishment while in foster care (Orme & Buehler, 2001)(76).

Research has also examined the role of the female caregiver and has been found to play a particularly pivotal role in the adjustment of foster children in both foster care and group care (184). Although it remains relatively unclear as to the effects of having a foster father, many would agree that the role of foster fathers have been underestimated and warrant future research and consideration (77). In the future, it may prove a reasonable strategy to specifically recruit men for fostering (81).

D) CHILD/YOUTH LEVEL

Research at the child-specific level refers to literature that addresses child outcomes associated with the experience of foster care. This discussion is particularly important given that children in foster care, as a result of exposure to risk factors such as poverty, maltreatment, and placement disruption, face multiple threats to their healthy development, including poor physical health, attachment disorders, compromised brain functioning, inadequate social skills, and mental health difficulties (116, 118). Not surprisingly, the literature overwhelmingly demonstrates that children are at high risk for emotional, behavioural and developmental issues (172). Furthermore, the face of children coming into care is changing, with many of them having 'special needs' such as significant developmental delays, HIV, youth who are gay or lesbian, young offenders, or exposure to substance abuse (182).

The educational status of children in out-of-home placements is generally found to be less desirable than children in the general population. Crown wards/former Crown wards in Ontario surveyed for a 2006 OACAS study reported that only 42% of 19 and 20 year olds successfully completed high school and only 21% of 18-20 year olds participated in post-secondary education (202). Foster care students are disproportionately represented in special education and they are often prevented from advancing grade levels (57).

Placement disruption further affects educational outcomes, since children and youth are often required to move when classes are still in session (71). Girls in foster care, transitioning to middle school are particularly vulnerable for poor educational outcomes, as they have often experienced sexual abuse and are at risk for associating with older antisocial males (14). A literature review on studies of maltreated youth in foster care revealed that they had higher rates of learning disabilities (between 10-40%), achievement problems (41%), and adaptive behaviour deficits (73%). As a result, common problems in school include falling behind academically, failing classes, failing to do homework, cheating and disrupting class (41). Children's Aid Societies are currently investing in a number of educational supports, including: Education Advocates, homework groups, increased funding, mentoring programs, and maintaining youth in their home until age 21. The *Crown Ward Education Championship Team* Pilot Project is also underway (202).

It is apparent that foster children face a larger number of risks. To help understand the issues and challenges that are critical to these children, the following section will examine two main topics:

1. Types of children serviced by foster care
2. Effectiveness of foster care.

D1) Types of Children Serviced by Foster Care

Although a heterogeneous mixture of children can be found in the child and family welfare system, there are certain sub-types of children who are over-represented in foster care homes. These include children who experience developmental delay, children with externalizing behaviour disorders (i.e., conduct disorder and oppositional defiant disorder), fetal alcohol syndrome (FAS)/fetal alcohol spectrum disorder (FASD) and other mental health issues (e.g., post traumatic stress disorder, major depression, bi-polar).

❖ *Developmental Delay:*

The under identification of developmental delays among young children is a major concern where in one national U.S. survey, 45% of children had a delay in language, cognitive and/or adaptive behaviour (20). Similarly, in 2002, Ontario child welfare surveys reported that 19% of all children in care had a developmental disability; 13% of Crown wards were similarly identified (26). These statistics call for greater attention on the impact of disability and health problems on foster care outcomes. This is because disabled children are less likely to return home and therefore remain in foster care for longer (131).

Similarly, children who experience a learning disability also experience longer stays in placement, greater placement breakdowns, and lower rates of return to parental care (25). This is because there is a 'reverse ladder of permanency' where foster children with learning disabilities but not other impairments are also less likely to be adopted. These trends are alarming given that research has shown that learning and associated problems are at least twice as prevalent in foster versus non-foster care populations (30) where the most frequent learning disabilities are typically ADHD (20.5%), followed by speech and language disorders or delays (11%) (127). Unfortunately, youth with learning disabilities have a higher prevalence of emotional and behavioural problems and a majority of them will require supported accommodation in adulthood, especially if they have additional mental health difficulties in the future (31). These trends call for appropriate screening and access to services (26, 27, 28).

❖ *Externalizing Behaviours:*

In the vast majority of studies on children in care, the prevalence of externalizing behaviour disorders among youth in child welfare range from 20%-78% (15). Although there is no definitive agreement on the prevalence of such disorders, the numbers suggest that at a minimum, youth in child welfare settings have over twice the likelihood of having externalizing behaviour disorders and that more comprehensive assessment and treatment models are needed. It has been suggested that children with oppositional defiant behaviour or conduct disorder may experience better outcomes in a residential setting. Ideally, extra services such as respite care for caregivers and individual therapy for youth would be available if they are placed in a foster care setting (58).

❖ *Fetal Alcohol Syndrome (FAS)/Fetal Alcohol Spectrum Disorder (FASD):*

Alarming, the prevalence of FAS is at least 10 to 15 times greater in foster care as compared to the general population with some evidence that it may be higher (between 20-40%) in Ontario's children (161). Children who are diagnosed with FAS bring with them a host of additional concerns. Challenges that emerge when working with children who have diagnosed or suspected FAS/FASD include both cognitive issues (diminished memory, lack of understanding of consequences, absence of fear) and behavioural (hyperactivity, aggression, destructiveness and high pain tolerance) (165).

Due to the special challenges faced by this population, it is generally agreed that foster parents require enhanced training and support (188). At least three Canadian studies examined the motives and perceptions of foster parents who work with children with alcohol-related disabilities (162, 163, 164). These foster parents viewed their care as specialized and their roles as long-term helpers/facilitators to children, their birth families and home communities. While children with alcohol-related disabilities do experience more placement breakdowns, there are many complex factors apart from the disability itself that are considered before the placement is ended, including: insufficient information about the child, serious behaviour problems, non-compliance with rules, and a feeling on the part of the foster parent that they are being taken for granted.

❖ *Other Mental Health Concerns:*

The prevalence rate of mental health concerns amongst children and youth in care have been found to be higher than the rate found in community samples (214). Common mental health disorders include PTSD, Conduct Disorder, Major Depression and Social Phobia (174, 214). In a recent Ontario Crown ward study (128), the prevalence of mental disorders was found to be 31.7%. Boys were twice as likely to have a mental disorder. Of those children/youth with mental disorders, 49% also had co-morbid conditions from another category of disability, the most common being learning disabilities, physical disabilities and FASD.

Similar figures have also emerged in a recent mental health study where rates of 9 lifetime mental health disorders in children/youth in care were found to be significantly higher than the general population (214). Specifically, 19.0% of youth in care experienced Major Depressive Disorder and 13.4% experienced post-traumatic stress disorder. Females experienced significantly higher rates of several internalizing mental health disorders compared to males. The lifetime rate of post-traumatic stress disorder was 21.4% for females compared to 5.1% for males.

D2) The Effectiveness of Foster Care

Since the implementation of foster care, researchers have been interested in determining the effectiveness of specific service models. Although the effectiveness of different foster care approaches may not apply equally across children, evaluating different service models helps us understand the different processes that can predict better outcomes for most children. For the purposes of this report, different types of foster care (as defined in the literature) and service models will be discussed.

❖ *Type of Foster Care:*

To date, two main types of foster care are cited in the literature: "family foster care" and "therapeutic" foster care". In the foster care literature there is an overwhelming agreement that resilience-based family foster care is best suited for a majority of children, particularly those who are younger and have higher levels of functioning.

Family foster care refers to out-of-home placements in which a caregiver or caregivers provide 24hr. substitute care to children who are unrelated to them. Families who provide family foster care are generally required to meet the basic needs of the children entrusted in their care. However, for a small percentage of children and youth who require high levels of intense support, regular foster care may not be able to provide the appropriate level of care. For instance, despite intensive training of foster parents, behaviours in highly disruptive children in family foster care did not change.

An alternative to family foster care is *therapeutic foster care* which refers to out-of-home placements that are able to provide individualized and specific treatment programs (in addition to meeting the basic needs of the child). Particularly for chronic delinquent and aggressive adolescents, where there is a high prevalence of 'foster care drift', therapeutic foster care may be a better option for these children (49, 173, 58). Canada shares its increasing crime rate with adolescent girls with other countries, including the United States and the United Kingdom (198). Males are involved in the vast majority of physical incidents of aggression but if the definition of what constitutes violence is broadened, girls are proportionally more likely to appear in the data when verbal threats and intimidation are included (198). The efficacy of therapeutic foster care on violence among children with severe emotional disturbance and among adolescents with chronic delinquency has been quite effective in reducing violent outcomes among adolescents. However, further research is needed regarding the effectiveness of therapeutic foster care with younger children experiencing severe emotional disturbances. It is likely that therapeutic programs that use intense collaboration of program personnel with foster parents and separate program juveniles from delinquent peers are most effective in reducing chronic delinquent behaviours (4).

Little is known about effective interventions for girls involved in child welfare and juvenile justice systems but it has been hypothesized that service utilization and long-term outcomes might be more problematic for girls, particularly because of their experiences with sexual abuse. The efficacy of therapeutic foster care on school attendance and school completion for delinquent girls in Oregon State was found to be more effective than group care; it was surmised that such techniques might help all juvenile girls, regardless of where they are placed (5). It is important to remember that the aggression and violence shown by many foster children who have suffered severe losses and disrupted attachment often camouflage their profound underlying and neglected sorrow. Modifications in treatment protocols are needed in order to safely address these complex issues and that a childhood traumatic grief treatment model may be used, especially for children exhibiting conduct disorder (2). Foster parents who report they would use harsher discipline are more likely to have children in care who generate multiple aggressive solutions to social problems (8), indicating that foster parents should avoid use of harsh disciplinary measures (i.e. corporal punishment).

Although therapeutic foster care may be effective in stabilizing children/youth with chronic externalizing behavioural issues, some studies have produced mixed results. A cross-sectional study that modeled behavioural trajectories of foster care youth in therapeutic foster care demonstrated no changes in externalizing behaviours and total problem scores although improvements in internalizing and critical pathology domains were found (54). Interestingly, two child-specific factors have been found to hinder the success of therapeutic foster care. These include victimization of sexual abuse and a home with parents who have a history of crime or chronic drug abuse (203). While therapeutic foster care is a promising alternative for high-needs children, there are significant gaps in existing research regarding outcomes and efficacy of this service model. First, there is no consensus across sectors as to what constitutes successful outcomes. For instance, children who are highly aggressive, consistently impulsive, hostile, defiant, violent, whose limited ability to engage with or empathize with others are thought to be unsuitable for even the most specialized foster family home (203). Despite these limitations, future efforts should focus on promoting children's strengths and competence that can help buffer against early adversity.

❖ *Foster Care Service Models:*

To date, nine different service models deliver intervention services to foster children. Generally, the models are multi-systemic and target different agents across multiple contexts (see Table 1 for a comprehensive overview of the different service models). Although the effectiveness of foster care depends on a variety of foster parent and children factors, it is helpful to examine the strengths of each service model. By identifying general principals that have been shown to promote better child outcomes, more effective interventions and service models can be developed.

Table 1: Service Models

EVIDENCE-BASED PROGRAMS	
<p>Baby Moms Program, USA (108)</p> <p>San Francisco's <i>Baby Moms</i> program is a specialized foster care unit in the Family and Children Service's Division (FCS), Department of Human Services. The program was first conceived in 1987 when the Department of Public Health, Director of FCS, worked to create a unit modeled after the Therapeutic Foster Homes program for infants, some of whom were HIV positive.</p> <p><i>Baby Moms</i> provides the following three services:</p> <ol style="list-style-type: none"> 1-Recruitment of foster parents willing to care for children two years of age and under who tested for positive for antibodies to HIV or who were diagnosed with AIDs. 2-Training and education for foster parents 3-Support for foster parents in the project (i.e. respite care, counselling) 	<p>KEEP, USA (83)</p> <p>Universal intervention <i>KEEP (Keeping Foster Parents Trained and Supported)</i> is based on Oregon's Multidimensional Treatment Foster Care model; KEEP was tested in a randomized trial with 700 ethnically diverse foster/ kinship parents in San Diego County. Participants had 16 weeks of training, supervision and support in behaviour management methods. Curriculum topics included risk and protective factors. Participants in the intervention group increased parental effectiveness which related to decreased child behaviour problems, particularly for families who reported higher levels of initial problems. Therefore, it might be optimal to target the KEEP intervention on a selected group of foster placements where children have higher rates of behaviour problems.</p>
ONGOING EVALUATION NEEDED	
<p>Oregon Multidimensional Treatment Foster Care Model (MTFC), USA (39, 203)</p> <p>MTFC is an alternative model to group and residential care for youth with delinquency and severe emotional and behavioural problems. A distinguishing characteristic of the Oregon MTFC model is the use of a treatment team where staff roles are clearly defined. Thus, the integrated model includes multiple layers of staff involvement with the youth, biological parents and foster parents. MTFC is being used not only in the United States, but is also being applied in the United Kingdom, as well as in Lund, Sweden.</p> <p>MTFC 'Lite'</p> <p>Application of MTFC to 'regular' foster care appears quite effective, with fewer placement disruptions, drops in rates of problem behaviours, and fewer foster parents dropping out</p>	<p>Family Group Decision Making (FGDM), USA (148)</p> <p>FGDM was originally implemented in Kent County, Michigan, in order to effectively engage extended family members in providing safe and stable long-term care as an alternative to regular foster care. FGDM has been used in New Zealand and is a growing practice around the world, particularly in the United States and the UK. Since FGDM can facilitate kinship care, it may be a useful tool for finding alternatives to formal foster care for children of color. However, there is the need to develop alternative financial supports for relative caregivers who participate in FGDM.</p>
<p>Special Youth Carer Program, Australia (43)</p> <p>This South Australian program developed in response to the needs of at-risk adolescents. With a focus on reducing placement instability and promoting positive behaviour change, SYC is based on Treatment Foster Care but with an additional innovative feature: in the event of a placement breakdown, it is the carer and not the young person who leaves the home. Currently, a pilot study has been conducted in the early stages of the program in order to ascertain its effectiveness and refine program parameters if necessary. The findings of the study permitted the tentative conclusion that SYC may be effective in: providing a means of stability of accommodation and continuity of networks; reducing some high-risk behaviour; improving completion of vocational training, school attendance or return to school. Overall, the program also helped foster youth develop a sense of belonging.</p>	<p>Barnados "Find a Family" Program, Australia (183)</p> <p>The overall aim of this resilience-based research was to capture perceptions of children's established relationships with birth families and developing attachments with foster families, and to analyze the psychological functioning of children over time while living in care. The work was designed as a five-year longitudinal study, although the article includes selected data from the first three years of this Australian study. Sample included 29 boys and 30 girls who had been placed in foster families in Sydney through the Barnados Program, a long-term foster care service. Majority of the children in the study experienced significant instability in their young lives; more than half had had multiple care placements prior to entering the Barnados Program.</p>

NEW AND EMERGING PROGRAMS	
Fostering Healthy Future, USA (48) <p>Fostering Healthy Futures (FHF) is a randomized, controlled trial of an innovative preventive intervention for preadolescent youth (ages 9-11) placed in out-of-home care. The program is designed to promote child well-being by identifying and addressing mental health issues, preventing adolescent risk behaviors, and promoting competence. FHF is a voluntary program and children and families are not court-ordered to participate. FHF skills groups meet weekly for 30 weeks during the academic year; groups are highly structured, use a manualized curriculum that combines traditional cognitive-behavioural skills group activities with process-oriented material. Although it has not yet been demonstrated empirically that FHF is effective, it is believed to be a very promising model.</p>	BlueSkies, USA (196) <p>BlueSkies is an Annie E. Casey Foundation- supported initiative that proposes a community-based continuum of care for seriously emotionally disturbed youth. Its three components include multisystemic therapy for intensive treatment; treatment foster care for respite; and functional family therapy for maintenance</p>
Multi-Gating Approach (15) <p>Initiated by the Conduct Problems Prevention Research Group (15), this approach uses a multisite, multicomponent preventive intervention including a universal-level classroom program, social skills training, academic tutoring, parent training and home visits.</p>	

While Table 1 notes established, emerging and promising foster programs, Table 2 identifies innovative recruitment strategies for adoption.

Table 2: Innovative U.S. Adoption Recruitment Strategies

Program	Strategy
Wednesday's Child (175)	TV child-specific recruitment ads for African-Americans, boys, over 9, & sib groups
New Mexico's 'Heart Gallery' (175)	Art galleries used to exhibit photos of children
Video Conference Matching Meetings (175)	Used to match waiting children and families (Georgia, USA)
Iowa's 'Permanency for Teens' (175)	Aim is to achieve permanency for teens who were legally freed for adoption (Iowa).
Chicago's 'One Church/One Child' (175)	Recruitment is data driven, community specific, focusing on age groups & ethnicity
Adoption Calendars (194)	Calendars feature available children and successful adoptive families
North Carolina's 'Adoption Train' (213)	Spring train trip brings waiting families and children together.
Ohio's 'Adoption Store' (213)	A new mall store had enlarged photos of children; raised awareness recruited parents
Michigan's 'One by One' (213)	A program developed to recruit families for children with special needs in Michigan

SECTION 4: ANNOTATED BIBLIOGRAPHY

4.1 Journal Articles

ADHD/ADD

(1) Niranjan S. Karnik, "Categories of Control: Foster Children and ADHD", *Children and Youth Services Review*, Vol. 23, No. 9/10, 2001, pp. 761-780.

This study emerged from a research program at Hope Meadows, a community-based foster care project in Illinois. The program places foster children in families with the attempt to adopt them. Through the method of interpretive biography, the author explored a case study of a young boy in foster care in order to address the question of how a diagnosis of ADHD comes about and what roles the institutions who act in the lives of foster children play in the process. The complex nature of the violence that surrounds children in foster care was also discussed i.e. the institutional violence of constant movement from one placement to another, as well as personal abuses prior or during placement.

The author found that following the initial diagnosis of ADHD, subsequent assessments focused on current problems and failed to include the child's strengths and resiliency. This 'crisis outlook' masked deeper issues such as anger and violence and led to a focus on medication and control of the patient. The article recommends that in order to address the anger and the possible damaging consequences of an ADHD diagnosis, we require a new mode of treatment in relation to special needs children that takes into account a child's medical and social history.

AGGRESSION & VIOLENCE

(2) David A. Crenshaw & James Garbarino, "The Hidden Dimensions: Profound Sorrow and Buried Potential in Violent Youth", *Journal of Humanistic Psychology*, Vol. 47, No. 2, April 2007, pp.160-174.

This paper argues that the aggression and violence shown by many foster children who have suffered severe losses and disrupted attachment often camouflage their profound underlying and neglected sorrow. The authors use the metaphor of "fawns in gorillas suits" to illustrate the concept that modifications in treatment protocols are needed to adequately and safely explore their traumatic grief and that in doing so, clinicians can unleash their human potential and redeeming qualities. A modification of J.A. Cohen and Mannarino's (2004) childhood traumatic grief treatment model is discussed for those children diagnosed with conduct disorder.

(3) Andrew Grogan-Kaylor, Mary C. Ruffolo, Robert M. Ortega, & Jenell Clarke, "Behaviors of Youth Involved in the Child Welfare System", *Child Abuse & Neglect*, Vol. 32, 2008, pp. 35-49.

Study used National Survey of Child and Adolescent Well-Being (NSCAW) data to address the following:

- What are the youth, family, community, and child welfare system risk factors that place youth (age 11-14 years) living at home, who are referred for maltreatment, at increased risk of delinquent behaviors over time?
- What promotive factors at the youth, family, community, and child welfare system levels appear to minimize the risk of delinquent behaviors for these youth over time?

The study was grounded in an eco-developmental approach and used a primarily resilience-based framework in order to guide the above inquiries. The following results were attained:

- Older youth were more likely to engage in delinquent behaviors than younger youth.
- Girls were less likely to engage in delinquent behaviors than boys.
- No statistically significant relationship between race or ethnicity and engaging in delinquent behaviors.
- Physically abused youth were more to engage in delinquent behaviors than neglected youth
- Increases in caregiving monitoring and in the quality of the relationship with caregivers were associated with decreases in delinquent behaviors.
- Youth at greatest risk and those who engaged in more delinquent behaviors received more child welfare services than those who did not engage in delinquent behaviors.

The authors concluded that preventive services when youth first enter the child welfare system that focus on enhancing caregiver skills in building positive relationships with their youth and increased monitoring of youth's activity may alter path to delinquent behaviors. The study did have some limitations: more encompassing and precise measures of assessment than those used by NSCAW are needed; reliance on records and youth-self report are fraught with challenges; and parental substance abuse and parental reports of domestic violence were missing from the NSCAW sample.



(4) Robert A. Hahn, Oleg Bilukha, Jessica Lowy, Alex Crosby, Mindy T. Fullilove, Akiva Liberman, Eve Moscicki, Susan Snyder, Farris Tuma, Phaedra Corso, & Amanda Schofield, "The Effectiveness of Therapeutic Foster Care for the Prevention of Violence: A Systematic Overview", *American Journal of Preventive Medicine*, Vol. 28, No. 2S1, 2005, pp. 72-90.

Report presents a systematic review by the Task Force on Community Preventive Services. The purpose, which included an extensive literature search, was to assess the effectiveness of therapeutic foster care programs in preventing violence. Report reviewed studies that assessed any of the following directly measured violent outcomes: violence, reported by self or others, including violent crime (specifically, assault), homicide, robbery, and rape. Evaluations have typically examined the effects of therapeutic foster care on violence among children with severe emotional disturbance and among adolescents with chronic delinquency. It was also noted that therapeutic foster care is being used to address a wide range of issues, such as children with AIDS, cerebral palsy, deafness, and developmental disability.

The Task Force concluded that:

- Therapeutic foster care is effective in reducing violent outcomes among adolescents who have histories of chronic delinquency (i.e. a reduction of more than 70% for felony assaults during first year after completion of program).

- The demonstrated beneficial effects of therapeutic foster care may be associated with intense collaboration of program personnel with foster parents and with the separation of program juveniles from delinquent peers.
- Evidence is not yet sufficient to determine whether therapeutic foster care programs targeting younger children with severe emotional disturbances are effective in reducing violent outcomes, because only a small number of studies exist and study findings are not consistent.

The Task Force recommended further research be conducted regarding a) effectiveness of therapeutic foster care with pre-adolescent children with severe emotional disturbance and b) program-intensive therapeutic care for adolescents with history of chronic delinquency in order to make intervention more effective or efficient.



(5) Leslie D. Leve & Patricia Chamberlain, "A Randomized Evaluation of Multidimensional Treatment Foster Care: Effects on School Attendance and Homework Completion in Juvenile Justice Girls", *Research on Social Work Practice*, Vol. 17, No. 6, November 2007, pp. 657-663.

Although emerging research is examining factors that influence the development of antisocial behaviour in girls, little is known about effective interventions for girls involved in child welfare and juvenile justice systems. Given that girls experience significantly higher rates and more forms of sexual abuse than boys, the authors surmised that despite boys' higher rates of juvenile justice system involvement, service utilization and long-term outcomes might be more problematic for girls.

This experimental study explored the efficacy of Multidimensional Treatment Foster Care (MTFC) on school attendance and school completion on a group of 103 girls referred from 1997 to 2002 by juvenile court judges in Oregon State. Results from the randomized intervention trial suggested that MTFC was more effective than group care in increasing school attendance and homework completion, both in treatment and at 12 months post-baseline. The results of the trial suggest that such techniques might help all juvenile justice girls, regardless of where they are placed. The authors recommend that future trials might examine more ethnically diverse juvenile justice populations, as well as juvenile justice boys.

(6) L. Oriana Linares, "An Understudied Form of Intra-Family Violence: Sibling-to-Sibling Aggression among Foster Children", *Aggression and Violent Behavior*, Vol. 11, 2006, pp. 95-109.

This article proposes an integrative, multidimensional model for studying risk and protective factors of sibling violence. The authors review what is known about sibling relationships and mutual aggression and violence and discuss the possible impact of sibling violence on child outcome for an understudied high risk population: urban African-Americans and Latin maltreated children raised in foster homes.

The article concludes that risk factors for impaired psychological functioning and for disruptions in school competence include: exposure to sibling violence (perpetration and victimization), child mental disorder, and placement characteristics. Moderating processes include sibling positivity, quality of foster care giving, and foster rejecting care giving. Much research is still needed to broaden our understanding of the interplay between exposure to sibling violence and impaired psychological functioning.

(7) John S. Lyons & Katherine Schaefer, "Mental Health and Dangerousness: Characteristics and Outcomes of Children and Adolescents in Residential Placements", *Journal of Child and Family Studies*, Vol. 9, No. 1, 2000, pp. 67-73.

A random sample of children and teens in residential placements throughout Florida's child welfare system were studied in order to identify whether violent youth had unique mental health treatment needs compared to other youth. The study found that among children and adolescents in residential placements, those who engage in violent behaviour have among the greatest level of mental health co-morbidities and needs. Residential treatment provided the greatest benefit to more dangerous cases but they were also likely to have poor dispositional outcomes. It was suggested that the development of strengths in the areas of value systems and religious/spiritual beliefs might be ameliorative in the secondary prevention of violence.

(8) Megan Tripp De Robertis & Alan J. Litrownik, "The Experience of Foster Care: Relationship between Foster Parent Disciplinary Approaches and Aggression in a Sample of Young Foster Children", *Child Maltreatment*, Vol. 9, No. 1, February 2004, pp. 92-102.

This article examined the relationship between disciplinary practices of 70 foster parents (kin and nonkin) and aggression in their 8-year old foster children, all of whom were participating in the San Diego Site Longitudinal Study of Child Abuse and Neglect (LONGSCAN). Aggressive behaviour was assessed through child and foster parent reports. Kinship foster parents (64.8%) were significantly more likely to report using harsh discipline but foster parents who reported they would use harsher discipline were more likely to have children in their care who generated multiple aggressive solutions to social problems. There were some limitations to the study, particularly the use of self-report, but it did help broaden the assessment of foster child aggressiveness by using a child-report measure in addition to the CBCL parent report.

ATTACHMENT



(9) Marie L. Caltabiano & Rosamund Thorpe, "Attachment Style of Foster Carers and Caregiving Role Performance", *Child Care in Practice*, Vol. 13, No. 2, April 2007, pp. 137-148.

This study assessed the adult attachment styles of 115 male and female foster carers of children who have been abused and neglected in Queensland, Australia. Attachment was measured using the Attachment Style Questionnaire (ASQ); qualitative data was also obtained using an interview method similar to the Adult Attachment Interview in order to:

- Assess the adult attachment styles of foster carers and life experiences leading to secure or 'earned' secure adult attachment
- Explore the relationship between adult attachment style and foster caring role performance.

The study did not find adult attachment to be related to the quality of care provided by foster parents, although this may be due to item response variability rather than an absence of association. In relation to practice in selecting and supporting foster parents, the authors suggest that 'identification with deprived children' on the part of foster carers who have had unhappy childhoods is a powerful motivation underpinning commitment and perseverance in challenging situations with challenging children. The study recommends that the foster parent selection process encompass more variables, not so much for gate-keeping approval but in terms of strengthening education and support programmes for foster carers.

(10) Mary Dozier, K. Chase Stovall, Kathleen E. Albus, & Brady Bates, "Attachment for Infants in Foster Care: The Role of Caregiver State of Mind", *Child Development*, Vol. 72, No. 5, September/October 2001, pp. 1467-1477.

The author examines the concordance between foster mothers' attachment state of mind and foster infants' attachment quality for 50 foster mother-infant dyads. A brief literature review of research regarding attachment is presented. The current study examined foster mother-infant dyads that were already part of a larger longitudinal study of the effects of interventions for foster parents, but none of the participants had yet received intervention services. Babies had been placed in the care of the foster mothers between birth and 20 months of age. Attachment quality was assessed between 12 and 24 months of age, at least 3 months after initial placement into foster care. Foster mothers completed the Adult Attachment Interview (AAI) in their homes.

The study found that:

- Slightly more than half (54%) of the foster mothers were coded as having primary classifications of autonomous state of mind, with 22% dismissing and 24% unresolved.
- About half (52%) of the children were classified as secure in the 'Strange Situation', with most others (34%) classified as disorganized. An additional 6% were classified as avoidant and 8% as resistant.
- Higher income was the only variable that was significantly related to foster mother state of mind, child attachment or concordance.
- The two-way correspondence between maternal state of mind and infant attachment quality was 72% (versus 52% expected on the basis of chance alone).

It was concluded that foster infants' attachment security was concordant with foster mothers' state of mind at levels similar to that seen among biologically intact dyads. The results suggest that when placed in the first year and a half of life, children can organize their attachment behaviours around the availability of new caregivers. When placed later than birth, even children with previous exposure to neglect and abuse can form secure attachments to their foster mothers.

Given the relatively small sample size and the fact that there have been relatively few studies of this nature, the authors recommend that subsequent studies look at larger samples of children placed at various ages in order to fully assess the importance of age at placement.

(11) Douglas F. Goldsmith, David Oppenheim, & Janine Wanlass, "Separation and Reunification: Using Attachment Theory and Research to Inform Decisions Affecting the Placements of Children in Foster Care", *Juvenile and Family Court Journal*, Vol. 55, Spring 2004, pp. 1-14.

This article explores the severe risk endured by foster children as a result of separation from their foster parent caregiver, and the long-term effects of separation on the child, within a context of maltreatment and attachment theory. The authors conclude that the juvenile court system can utilize attachment theory and research to determine when it is in the child's best interest to remain in a placement or return home to parents who have learned to adequately support and foster the development of a secure relationship.

(12) David Howe, "Developmental Attachment Psychotherapy with Fostered and Adopted Children", *Child and Adolescent Mental Health*, Vol. 11, No. 3, 2006, pp. 128-134.

This article introduces the principles of attachment theory, including the four main patterns of attachment. Particular attention is given to the behaviour, strategies and developmental needs of fostered and adopted children with pre-placement histories of abuse and neglect. The author describes a number of therapeutic interventions involving carers and children, including:

- Post-placement support for foster carers, including telephone contact and group support
- Educational support and training about both normal and abnormal child development
- Behavioural guidance i.e. improving parental sensitivity and the affect-communicating capacities of mother-infant interactions.
- Changing the parent's mental representation/working model of attachment
- Sensory integration techniques for abused and neglected children
- Provision of sensitive, emotionally attuned caregiving
- Helping children to feel safe when they relinquish their 'controlling' behaviors.

(13) Dan Hughes, "An Attachment-Based Treatment of Maltreated Children and Young People", *Attachment & Human Development*, Vol. 6, No. 3, September 2004, pp. 263-278.

This author describes the principles of a psychological treatment for maltreated children and adolescents who have been placed in foster care and adoptive homes. The treatment, based on attachment theory, involves the co-regulation of affect and the co-construction of meaning such that foster children can be supported to develop an integrated sense of self.

BEHAVIOURAL ISSUES (General)

(14) Patricia Chamberlain, Leslie D. Leve, & Dana K. Smith, "Preventing Behavior Problems and Health-Risking Behaviors in Girls in Foster Care", *International Journal of Behavioral and Consultation Therapy*, Vol. 2, No. 4, 2006, pp. 518-530.

This article describes the myriad of challenges faced by girls in foster care who are transitioning to middle school. The authors argue that this vulnerability is particularly pronounced for girls who have often experienced sexual abuse and are at risk for associating with older antisocial males. Failures in middle school can often initiate a series of negative effects, including delinquency, substance use, mental health problems and health-risking sexual behaviours. The design and theoretical rationale for a group- group-based intervention that aims to prevent these problems is discussed.



(15) Vivien Keil & Joseph M. Price, "Externalizing Behavior Disorders in Child Welfare Settings: Definition, Prevalence, and Implications for Assessment and Treatment", *Children and Youth Services Review*, Vol. 28, 2006, pp. 761-779.

The purpose of this article is to review recent research on externalizing behaviour disorders among children and adolescents in child welfare settings, with particular emphasis on how these disorders are defined and the prevalence of these disorders. Externalizing behaviour disorders are viewed as including problematic behaviors typically associated with conduct disorder (CD) and oppositional defiant disorder (ODD). For the vast majority of studies, prevalence of externalizing behaviour disorders among youth in child welfare ranges from 20% to as high as 78%. Thompson and Fuhr (1992) studied 50 Canadian children in out-of-homecare and found that 20% scored above the 98th percentile on the Total Problems and Externalizing scales of the CBCL. These numbers suggest, that at a minimum, youth in child welfare settings have over twice the likelihood of having externalizing behaviour problems as compared to non-referred community samples. The prevalence rates among youth in child welfare are also similar to those among children in mental health treatment settings. The authors conclude that the heterogeneity found among these youth suggests the need for more comprehensive assessment and treatment models, such as the multi-gating approach used by the Conduct Problems Prevention Research Group.

(16) Michael Tarren-Sweeney, "Patterns of Aberrant Eating among Pre-Adolescent Children in Foster Care", *Journal of Abnormal Child Psychology*, Vol. 34, 2006, pp. 623-634.

This paper reports epidemiological and phenomenological investigations of aberrant eating among 347 pre-adolescent children in court-ordered foster care and kinship care in New South Wales, Australia. A quarter of children displayed clinically significant aberrant eating problems, with no evidence of age or gender effects. Two distinct patterns were identified. Firstly, a pattern of excessive eating, food acquisition and maintenance behaviors without concurrent obesity was speculated to be a result of acute stress, including maltreatment in case, against a backdrop of complex psychopathology and developmental disabilities. The second pattern was a cluster of pica-eating behaviour, closely associated with developmental disabilities. The presence of such patterns might indicate the *possibility* that a child is encountering abuse or deprivation in care, but it does not confirm it.

Sexualized Behaviour



(17) Robert J. Jones, Mark A. Ownbey, Julie A. Everidge, Bonnie L. Judkins, & Gary D. Timbers, "Focused Foster Care for Children with Serious Sexual Behavior Problems", *Child and Adolescent Social Work Journal*, Vol. 23, No. 3, June 2006, pp. 278-297.

This report is an extension of the 2001, Ownbey, Hones, Judkins, Everidge, and Timbers study on the effects of a specialized program of foster care on: 1-frequency of problem sexual behaviour and 2-foster care giver estimates of the propensity to re-offend. This report provides an overview of key components that constituted the design and implementation of a U.S. foster family-based program ('Intensive Program') specifically focused on the treatment needs of children with serious sexual behaviour problems. One of the most important components of the program was the matching of clients with program families, based on the understanding that child clients do not necessarily do equally well with any available foster family. The report concludes with a number of updated outcomes regarding clients involved in the previously published study as well as 'lessons learned' regarding how to work with these challenging clients.

(18) Scott C. Leon, Brian Ragsdale, Steven A. Miller, & Steven Spacarelli, "Trauma Resilience among Youth in Substitute Care demonstrating Sexual Behavior Problems", *Child Abuse & Neglect*, Vol. 32, 2008, pp. 67-81.

In this two-wave longitudinal study, 142 youth identified with a sexual behaviour problem and their caregivers were studied in order to examine the relationship between several proposed protective factors and trauma symptoms among highly vulnerable youth in the child welfare system. Based on resilience theory, protective factors were explored across individual levels (intellectual ability, internal locus of control, sense of self-worth, ego resilience and control) and social levels (presence of mutual friendship and familial cohesion).

The study concluded that highly vulnerable youth can still be affected by positive parenting practices and supportive child welfare agencies. In particular, protective factors at the level of individual, foster family and youths' interaction with extended community (club involvement and caseworker agency) were associated with relatively greater changes in trauma symptoms. Consistent with prior research, a main effect for gender was found in the analysis of negative affect. Females were associated with less improvement in negative affect, suggesting that they have higher levels of rumination, which in turn produces and maintains higher levels of depression and anxiety. Clearly, emotional and interpersonal competence also exists in this population and may play a role in lessening future levels of trauma symptoms.

(19) Michael Tarren-Sweeney, "Predictors of Problematic Sexual Behavior Among Children with Complex Maltreatment Histories", *Child Maltreatment*, Vol. 13, No. 2, May 2008, pp. 182-198.

This epidemiological study of 347 preadolescent children in foster and kinship care in New South Wales, Australia examined the large number of discrete and cumulative influences on development of children at high risk for sexual behaviour problems (SBP). Caregiver-reported SBP of 4-11 year old children were measured in a baseline survey (2000 to 2003) of the Children in Care Study (CICS), a prospective study of the mental health of children in court-ordered care. Most children with SBP were found to have corresponding psychopathology, most notably conduct problems, inattention and interpersonal behaviour problems suggestive of attachment disorders.

DEVELOPMENTAL DISABILITY

(20) Molly Curtin Berkoff, Loral Leslie, & Aubyn C. Stahmer, "Accuracy of Caregiver Identification of Developmental Delays Among Young Children Involved with Child Welfare", *Journal of Developmental and Behavioral Pediatrics*, Vol. 27, No. 4, August 2006, pp. 310-318.

Based on the premise that under identification of developmental delays among young children involved with child welfare/child protective services is problematic, this study uses data from the National Survey of Child and Adolescent Well-Being to determine 1) if caregivers of young children can accurately identify children with developmental delays and 2) if foster caregivers are better able to identify developmental delays compared with other caregivers. The study found that close to half (45%) of the children had a delay in language, cognitive and/or adaptive behaviour. Caregiver identification of developmental delays is specific (84%) but not sensitive (35%); foster caregivers were more likely to identify a child with a developmental delay than an in-home caregiver,



(21) Jason Brown, "Fostering Children with Disabilities: A Concept Map of Parent Needs", *Children and Youth Services Review*, Vol. 29, 2007, pp. 1235-1248.

In this **Canadian study**, a random sample of licensed foster parents caring for children with disabilities were asked "what do you need to be a good foster parent to a child with a disability?". A total of 83 unique responses were obtained and a process of concept mapping was used in order to group the responses into five concepts: personal characteristics of foster parents, financial supports, particular skills (particularly budgeting and advocacy), range of support systems, and foster parent recognition of roles and responsibilities.

While it may be challenging to identify the right kind of personality to foster children with disabilities, the results of the study suggest that there is potential value in learning about the kind of strengths and capacities foster parents bring to the relationship, such that more focused recruitment efforts would be valid. It was also noted that children with disabilities may have needs for mechanical supports, so it would be useful to explore the range, frequency and funding of such accommodations to determine to what extent they are associated with placement decisions and outcomes.

(22) Illiyon Ivanovov, Martha Klein, & Wayne Hugo Green, "Advanced Pediatric Psychopharmacology: The Challenges of Psychopharmacological Management of Children with Severe Developmental Disabilities", *Journal of Child and Adolescent Psychopharmacology*, Vol. 16, No. 6, 2006, pp. 793-799.

A case history of a 10 year old, 4-month girl is presented in order to demonstrate the challenges inherent in the management of severely affected children with neurological, developmental, and psychiatric co-morbidities. The authors conclude that such children may be unpredictably vulnerable to potential drug-drug interactions, even when doses are used in conventional doses and serum levels appear therapeutic.



(23) Laurel K. Leslie, Jeanne N. Gordon, Katrina Lambros, Kamila Premji, John Peoples, & Kristin Gist, "Addressing the Developmental and Mental Health Needs of Young Children in Foster Care", *Journal of Developmental and Behavioral Pediatrics*, Vol. 26, No. 2, April 2005, pp. 140-151.

This paper provides a framework for health, developmental and mental health professionals seeking to partner with child welfare to develop and implement programs addressing the high rates of young foster children with developmental and mental health problems. The authors describe the scope of problems experienced by this population as well as the U.S. prevalence rates of disorders. The implications of developmental delay and behavioural problems for the child welfare system and society as a whole are explored, including educational and economic costs, and costs associated with criminality.

The paper discusses how recent work in the field is moving away from a focus on "foster carer as maintenance" to "foster care as an active intervention" and that the concept of the foster parent as a therapeutic intervention can have significant positive implications for child outcomes. In particular, the best studied program is the multidimensional treatment foster care model developed at the Oregon Social Learning Centre; this, and other similar programs may serve as models for other interventions.

(24) Bea Maes, Greet Lambrechts, Ine Hostyn, & Katja Petry, "Quality-Enhancing Interventions for People with Profound Intellectual and Multiple Disabilities: A Review of the Empirical Research Literature", *Journal of Intellectual & Developmental Disability*, Vol. 32, No. 3, September 2007, pp. 163-178.

This article provides an overview of empirical research on the effectiveness of quality-enhancing interventions for people with profound intellectual and multiple disabilities (PIMD). An overview of quality of life and quality of support for people with PIMD is presented, followed by a review of 16 studies. The studies were analysed by means of a narrative thematic synthesis in which holistic interpretations of each study were informed by the reviewer's own experience, existing theories and models.



(25) Steven A. Rosenberg & Cordelia C. Robinson, "Out-of-Home Placement for Young Children with Developmental and Medical Conditions", *Children and Youth Services Review*, Vol. 26, 2004, pp. 711-723.

This U.S. study focuses on the impact of developmental and health problems of young children on child welfare outcomes, in order to fill a gap in the literature. The study analyzed child welfare data from the 1999 Adoption and Foster Care Analysis and Reporting System (AFCARS) data set in order to determine:

- Number of prior placements children experienced
- Duration of out-of-home placement
- Whether children were returned to their parents at discharge from foster care
- Level of payment for foster care for different groups of children

The authors concluded that greater attention should be focused on the impact of disability and health problems on foster care outcomes since developmental-medical problems and parental substance abuse were found to be associated with longer stays and lower rates of return to parental care. Overall, children's health problems contributed to breakdown of placements and impeded reunification with parents.



(26) Ann Fudge Schormans, Marose Coniega, & Rebecca Renwick, "Placement Stability: Enhancing Quality of Life for Children with Developmental Disabilities", *Families in Society*, Vol. 87, No. 4, Oct-Dec 2006, pp. 521-528.

This article explores the prevalence and experience of children with developmental disabilities (DD) coming into the **Ontario child welfare system**, with reference to the American system. Using an exploratory cross-sectional design guided by a health-promotion approach to quality of life and grounded theory qualitative methodology, the authors interviewed 30 substitute caregivers of children with DD. Three major themes addressing placement stability emerged: meeting the child's needs, provision of a family environment, and supporting parents to support children. The authors conclude that an impersonal cookie-cutter approach to issues of placement and permanence are bound to fail but an ecological approach can help provide long-term, supportive and stable relationships with caring adults.

(27) Patrick Shannon & Maria Agorastou, "Identifying Children with Developmental Disabilities Receiving Child Protection Services: A National Survey of Child Welfare Administrators", *Families in Society*, Vol. 87, No. 3, Jul-Sept 2006, pp. 351-357.

The purpose of this study was to examine the ability of U.S. state child protection service (CPS) agencies to identify children with developmental disabilities who have been maltreated and provide them with services to meet their unique needs. Questionnaires were mailed to 51 directors of state departments of health and human services, and child protective services agencies. There was a 98% response rate.

The results of the study are discussed and then compared with two previous studies: Camblin (1982) and Bonner et al. (1997). Findings indicated that less than one-half of state child welfare agencies identify children with developmental disabilities, implying that there is need for: improved data collection procedures, staff and foster care family training regarding disabilities, and improved collaboration with traditional developmental disability-related providers.

(28) Aubyn C. Stahmer, Laurel K. Leslie, John A. Landsverk, Jinjin Zhang, & Jennifer A. Rolls, "Developmental Services for Young Children in Foster Care: Assessment and Service Delivery", *Journal of Social Service Research*, Vol. 33, No. 2, 2006, pp. 27-38.

This article examines the gap between service need and service use for developmentally delayed children in foster care. The authors present statistics regarding the number of children in the U.S. foster care system, including how many are assessed as significantly delayed when screened for developmental problems.

The research project was conducted under the auspices of the Caring for Children in Child Welfare (CCCW) study, which was designed to provide state and county level contextual data to supplement the child level data from the National Survey of Child and Adolescent Well-Being. In this current study, key informants were interviewed regarding policies for developmental screening and services (from September 2000 to July 2001). Results indicated that half of counties had comprehensive developmental screening policies and two-thirds referred children for intervention. Barriers to access to developmental services are discussed.



(29) H. Barry Waldman, Steven P. Perlman, & Cindy S. Lederman, "Foster Children with Disabilities", *The Exceptional Parent*, Vol. 37, No. 12, December 2007, pp. 20-22.

This article profiled the experience of children in foster care, with a focus on those who have disabilities, ranging from minor developmental delays to significant mental and physical disabilities. The risks inherent in this vulnerable population are discussed as well as a range of potential challenges (including prevalence statistics of various issues). In general, compared to children without disabilities, those with disabilities in foster care are more likely to be maltreated and on psychotropic medication and to experience poor education experiences and outcomes. The article concludes with the warning that foster and adoptive parent recruitment, preparation, training, and support do not focus on the specific needs of children with disabilities and that when these youngsters transition out of care, they frequently do not receive critical services and support to ensure their well being.

Learning Disabilities

(30) Larry D. Evans, "Interactional Models of Learning Disabilities: Evidence from Students Entering Foster Care", *Psychology in the Schools*, Vol. 38, No. 4, 2001, pp. 381-390.

This report examines the fundamental nature of learning disabilities by evaluating achievement and intelligence scores for 3483 school-age children during the first 30-60 days of foster care placements. Previous findings have demonstrated that learning and associated problems are at least twice as prevalent in foster versus non-foster care populations. Furthermore, children entering care due to neglectful environments exhibit more severe deficits in medical and mental health than their abused counterparts. The results of this current study showed average to low-average mean achievement and IQ with primary academic deficits in basic skill areas. The complex nature of learning disabilities due to both internal and external factors was discussed.

(31) Laurence Taggart, Wendy Cousins, & Sharon Milner, "Young People with Learning Disabilities Living in State Care: Their Emotional, Behavioural and Mental Health Status", *Child Care in Practice*, Vol. 13, No. 4, October 2007, pp. 401-416.

The emotional, behavioural, and mental health status of young people aged 10-15 living in both residential and foster care was explored using a purpose sample study in Northern Ireland. Results showed that young people with learning disabilities had a higher prevalence of emotional and behavioural problems and were significantly more likely to score within the abnormal range of the Total Difficulties Score of the SDQ than their non-disabled peers. A variety of complex factors affecting their lives as well as their reasons for entering care were discussed, as were comparative prevalence rates in other countries (with respect to similar studies).

It was concluded that the needs of young people with learning disabilities in state care may be much greater than has been suggested by previous studies. Indeed, it was surmised that the majority of these young people will require further supported accommodation in adulthood, particularly since they may have additional mental health difficulties in the future.

ECONOMIC COSTS

(32) Marion Becker, Neil Jordan, & Rebecca Larsen, "Behavioral Health Service Use and Costs Among Children in Foster Care", *Child Welfare*, Vol. 85, No. 3, May/June 2006, pp. 633-647.

This article compared behavioural health service use and cost for foster care versus nonfoster care children; children before, during, and after foster care placement; and successfully reunified versus nonsuccessfully reunified foster care children. The prevalence of children in care is discussed, as are the rising federal costs of child welfare services, including foster care. The study population included Florida Medicaid-enrolled children with a history of maltreatment, compared to a randomly assigned nonfoster care group. Group composition differences included age, race and mental health diagnosis. Total behavioural health service costs for children in foster care were more than 8 times higher than for children not in foster care.

(33) Paul H. Delfabro & James G. Barber, "The Economic Cost of Behavioral Disorders in Substitute Care", *The Journal of Socio-Economics*, Vol. 33, 2004, pp. 189-200.

This South Australian-based article discusses the implications of special need loadings paid to foster carers to compensate them for additional costs associated with caring for more challenging children. The system of loading is noted as being relevant to other jurisdictions around Australia and North America.

Although altruism play a large role in foster parents' motives to provide care, those who receive additional support and stipends are more likely to be retained for longer, and tend to be more satisfied with their role. The aim of the paper is to summarise a series of analyses derived from a previous research project and provide better anticipation of future costs based upon the baseline assessment of children coming into care.

The study found that conduct disorder imposes a measurable cost upon foster-care systems and that children receiving the loading are genuinely more difficult to manage. It was noted that an increasing representation of challenging children appears to have made the supply of foster-care services substantially more inelastic. The danger of using loadings was also explored, particularly the risk that they may artificially support placement arrangements that are unsuitable for the children concerned. By keeping challenging children in family foster care, the government may unwittingly be making foster care a less attractive occupation for current and potential foster carers.

(34) W. Meezan & B. McBeath, (2008). "Market-Based Disparities in Foster Care Outcomes", *Children and Youth Services Review*, Vol. 30, No. 4, 2008, pp. 388-406.

Managed care and performance-based contracting in state child welfare systems have appeared as a consequence of the increased attention that federal and state policymakers are paying to system performance and service costs. This study reports findings from a longitudinal natural experiment that examined the effects of a performance-based, managed care contracting mechanism on foster care outcomes. Multivariate analyses identified market-based disparities in some of the outcomes experienced by foster children: controlling for child, family, and caseworker characteristics, children served by agencies with performance-based, managed care contracts were less likely to be reunified and more likely to enter kinship foster homes, when compared to children served by agencies reimbursed through fee-for-service contracts. Analyses also suggested that there were few other variables consistently associated with foster care outcomes. These results call into question the evidentiary basis for the diffusion of managed care and performance-based contracting in the child welfare sector, and suggest that state child welfare systems ensure that foster care placement decisions are influenced more by child and family needs than by financial considerations. In addition, they suggest that managed care and performance-based contracts should include specific financial incentives for family reunification.

(35) Helen Minnis, Kimberley Everett, Anthony J. Pelosi, Judy Dunn, & Martin Knapp, "Children in Foster Care: Mental Health, Service Use and Costs", *European Child Adolescent Psychiatry*, Vol. 15, No. 2, 2006, pp. 63-70.

This study assessed the prevalence of mental health problems of children in foster care, their families' use of services, and the associated costs. Information was collected by postal questionnaires and home interviews on 182 children, their foster carers and teachers from 17 local authorities in Central Scotland.

The randomised control trial study found that:

- Over 90% of children had been previously abused or neglected
- 60% had evidence of mental health problems, including conduct problems, emotional problems, hyperactivity, problems with peer relations.
- Children in foster care had significantly higher scores for Reactive Attachment Disorder
- Costs were associated with: learning disability, mental health problems, history of residential care.

It was concluded that although these children were in "mainstream" foster care, they have high rates of mental health problems of a degree to warrant them being considered a special needs population. Results should be viewed with caution, however, because they are based on questionnaire data rather than on diagnostic examinations.

(36) David M. Rubin, Evaline A. Alessandrini, Chris Feudtner, David S. Mandell, A. Russell Localio, & Trevor Mandley, "Placement Stability and Mental Health Costs for Children in Foster Care", *Pediatrics*, Vol. 113, No. 5, May 2004, pp. 1336-1341.

This study used administrative child welfare data regarding 1635 children to conclude that foster care placement instability was associated with increased mental health costs during the first year of foster care, particularly among children with increasing general health costs.

FOSTER CARE MODELS and INTERVENTIONS

(37) Sachiko Bamba & Wendy L. Haight, "Helping Maltreated Children to Find their Ibasho: Japanese Perspectives on Supporting the Well-Being of Children in State Care", *Children and Youth Services Review*, Vol. 29, 2007, pp. 405-427.

This paper describes a Japanese study in which children with maltreatment histories describe characteristics of "Ibasho", an indigenous concept that connotes a place where a person feels acceptance, security, belonging, and/or coziness. The child welfare system as well as the cultural perspective on child maltreatment in Japan is also discussed.

Audiotaped, semi-structured interviews were conducted with institution staff, educators and children (aged 9-16). Adults emphasized the importance of maltreated children's acquisition of Ibasho and outlined impediments to Ibasho creation. The paper concludes that in addition to children with foster care, there are a number of populations such as immigrant families and people with disabilities for whom explicit considerations of Ibasho may be relevant. Implications for U.S. social policy are discussed.

(38) Sandra Bass, Margie K. Shields, & Richard E. Behrman, "Children, Families, and Foster Care; Analysis and Recommendations", *The Future of Children*, Vol. 14, No. 1, Spring 2004, pp. 5-29

Article explores the current state of foster care and finds that it is not a cohesive system but rather a combination of many overlapping and interacting agencies. The American child welfare system is discussed, as is legislating relating to a push for system reform. A number of recommendations are made regarding the health and well-being of children in care, taking into consideration different age and racial categories.



(39) Patricia Chamberlain, "The Oregon Multidimensional Treatment Foster Care Model: Features, Outcomes, and Progress in Dissemination", *Cognitive and Behavioral Practice*, Vol. 10, 2003, pp. 303-213.

The central features and efficacy of the Oregon Multidimensional Treatment Foster Care Model (MTFC) are discussed in this report. MTFC is an alternative model to group and residential care for youth with delinquency and severe emotional and behavioural problems. It was originally developed for adolescents committed to and then diverted from Oregon State Training Schools but was subsequently adapted for and tested with two other groups: children and adolescents being stepped down from placement in the state hospital and youngsters in state-supported foster care. Three randomized trials investigating these different categories are discussed. An international application is being conducted in Lund, Sweden.

A distinguishing characteristic of the Oregon MTFC model is the use of a treatment team where staff roles are clearly defined. Thus, the integrated model includes multiple layers of staff involvement with the youth, biological parents and foster parents. The second randomized trial, the application of MTFC to 'regular' foster care studied 70 foster families assigned to one of three conditions: assessment only, payment only, or enhanced training and support (MTFC "Lite"). Results for MTFC Lite were encouraging; fewer placement disruptions; largest drop in rate of problem behaviours at 3 months follow-up; fewer foster parents dropped out. The other two trials also showed promising results. Implications for foster parent recruitment and training, dissemination of findings, as well as system barriers to implementation are discussed.

(40) Sandra Stukes Chipungu & Tricia B. Bent-Goodley, "Meeting the Challenges of Contemporary Foster Care", *The Future of Children*, Vol. 14, No. 1, Spring 2004, pp.75-93.

This article discusses the status of contemporary foster care and the challenges currently faced by the child welfare system. The article begins by discussing some of the factors that lead to children being placed in American foster care and provides a demographic profile of foster children. It also explores factors that contribute to the disproportionate representation of children of color in child welfare. The foster care experience from both the child's and foster parents' perspective is discussed, as well as institutional challenges in meeting both children's and parents' needs. Policy and practice recommendations are explored.

(41) Patricia Ann Craven & Robert E. Lee, "Therapeutic Interventions for Foster Children: A Systematic Research Synthesis", *Research on Social Work Practice*, Vol. 16, No. 3, May 2006, pp. 287-304.

This report contains a systematic research synthesis of 18 empirical studies in an attempt to identify and classify therapeutic interventions for foster children, in light of the statistic that in the U.S., approximately 30% of children in foster care have severe emotional, behavioural or developmental problems. The authors discussed the following risks associated with being in the child welfare system:

- Foster children's vulnerability of the development of emotional or behaviour disorders
- Essential educational, speech and language acquisition may be neglected.
 - Studies of maltreated children in foster care have higher rates of learning disabilities
- Children exposed to trauma may have a wide range of symptoms such as PTSD, behaviour disorders, anxieties, phobias, and depressive disorders.
- Attachment Issues



(42) Martha Morrison Dore & Deborah Mullin, "Treatment Family Foster Care: Its History and Current Role in the Foster Care Continuum", *Families in Society*, Vol. 87, No. 4, Oct-Dec 2006, pp. 475-482.

This report reviews the historical development in the United States of treatment family foster care as an alternative to the psychiatric hospitalization or long-term residential treatment of children and youth with serious emotional and behavioural disorders. Three discrete systems of care are discussed (juvenile justice, child welfare, and mental health) with respect to their relative contribution to the development of treatment foster care. The current role of treatment foster care is also explored, as is the evidence-base for this form of care. Ultimately, treatment foster care is potentially quite effective at stabilizing children and reducing the restrictiveness of post-treatment placements, particularly as compared to institutional care.



(43) Robyn Gilbertson, David Richardson, & James Barber, "The *Special Youth Carer Program*: An Innovative Program for At-Risk Adolescents in Foster Care", *Child and Youth Care Forum*, Vol. 34, No. 1, February 2005, pp. 75-89.

The *Special Youth Carer Program* (SYC) is a South Australian program developed in response to the needs of at-risk teens. With a focus on reducing placement instability and promoting positive behaviour change, SYC is based on Treatment Foster Care but with an additional innovative feature: in the event of a placement breakdown, it is the carer not the youth leaves the home. This pilot study examined the early stages of the program to ascertain effectiveness and refine program parameters if necessary. Complete data was only available on 8 youth (6 female and 2 male, ages 13-16) who had entered the program.

Study results permitted the tentative conclusion that SYC may be effective in meeting its primary goals:

- SYC provided a means of accommodation stability and continuity of networks i.e. 3 subjects were still in SYC home at 12-month follow up; suitability of living arrangements at 12-month follow-up
- SYC may reduce some high-risk behaviour; significant improvements were found with respect to: completion of vocational training, improved school attendance or return to school, improved living and interpersonal skills, cessation of absconding.
- Subjects developed a sense of belonging.

(44) Anthony N. Maluccio, Cinzia Canali, & Tiziano Vecchiato, "Family Foster Care: Cross-National Research Perspectives", *Families in Society*, Vol. 87, No. 4, Oct-Dec 2006, pp. 491-495.

This selective review of outcome research on family foster care services highlights the complexities of service delivery in this practice area and suggests directions for further study, particularly comparative cross-national research on the effectiveness of services for vulnerable groups in the child welfare population. The review focuses on: Australia, Italy, United Kingdom, and the United States of America.



(45) Sigrid James & William Meezan, "Refining the Evaluation of Treatment Foster Care", *Families in Society*, Vol. 83, No. 3, May/June 2002, pp. 233-244.

This paper argues that while treatment foster care (TFC) is a promising alternative intervention for adolescents and children at risk for placement in residential care settings, there are significant gaps in existing research regarding outcomes and efficacy of the model.

The authors synthesize existing literature and studies regarding 3 domains of TFC:

- *Intervention domain:* intervention type, intervention providers, intervention process, treatment integrity
- *Explanatory domain:* child (psychosocial characteristics, clinical status, trauma history, demographics, education, and placement history), treatment foster family (motivation and role perception, role satisfaction, discipline, the foster child in the foster family), biological family, peers, school environment, TFC agency, social service systems, community/neighbourhood.
- *Impact domain:* With respect to impact, the authors found that 1) there is no consensus in the TFC literature on what constitutes successful outcomes 2) majority of studies have taken a narrow approach to assessing effectiveness, and 3) discharge status does not have a strong relationship to the intervention provided. Outputs (case events) and outcomes are also assessed. The authors conclude that an ecosystem framework to refine current evaluation efforts and advance knowledge is essential to addressing current limitations in the three domains.

(46) C. Lindell & C. G. Svedin, "Social Services Provided for Physically Abused Children in Sweden: Background Factors and Interventions", *International Journal of Social Welfare*, Vol. 13, 2004, pp. 340-349.

This article describes a Swedish study that aimed to describe and analyze what kinds of social services are provided for physically abused children in Sweden. Social service files were examined for 113 children under 15 years of age who had been reported to the police as having been physically abused.

The three most common interventions were placement in foster care, referrals to Child and Adolescent Psychiatric Service and Social Services. There was a tendency towards more proactive work with injured children, children of immigrant parents and children of mentally ill parents.

(47) Janet Morrison & Faye Mishna, "Knowing the Child: An Ecological Approach to the Treatment of Children in Foster Care", *Clinical Social Work Journal*, Vol. 34, No. 4, Winter 2006, pp. 467-481.

This article recommends the utilization of an ecological treatment intervention that is specifically tailored to the needs of the child based on a formulation of the child's experience and developmental deficits. A case example illustrates the ecological approach and implications for social work practice are discussed.

(48) Heather N. Taussig, Sara E. Culhane, & Daniel Hettleman, "Fostering Healthy Futures: An Innovative Preventive Intervention for Preadolescent Youth in Out-of-Home Care", *Child Welfare*, Vol. 86, No. 5, Sept/Oct 2007, pp. 113-131.

Fostering Healthy Futures (FHF) is a randomized, controlled trial of an innovative preventive intervention for preadolescent youth (ages 9-11) placed in out-of-home care. The program is designed to promote child well-being by identifying and addressing mental health issues, preventing adolescent risk behaviors, and promoting competence. FHF is a voluntary program and children and families are not court-ordered to participate. FHF skills groups meet weekly for 30 weeks during the academic year; the groups are highly structured and use a manualized curriculum that combines traditional cognitive-behavioural skills group activities with process-oriented material. Although it has not yet been demonstrated empirically that FHF is effective, the authors believe that they have a very promising model.

FOSTER CHILDREN PROFILES and OUTCOMES



(49) James G. Barber, Paul Delfabbro & L. L. Cooper, "Predictors of Unsuccessful Transition to Foster Care", *Journal of Child Psychology and Psychiatry*, Vol. 42, No. 6, 2001, pp. 785-790.

In this Australian study, the placement movements of 235 children entering foster care over a 12-month period were followed up to 4 months after referral into care; 170 children still in care at follow-up were assessed and compared to baseline measures. Results: adolescents with mental health/behavioural problems were least likely to achieve placement stability or display improved psychological adjustment in care.

The authors found that:

- 60% of adolescents in the sample of 11 to 17 year olds fell outside the 95th percentile of a normative population on the conduct disorder subscale.
- Neglect victims less likely to experience placement instability (39% vs. 58% of the rest of the sample)
- Children who experienced placement change scored significantly higher on conduct disorder, hyperactivity, emotionality, and lower on social adjustment; also older than those in stable placements.
- At least 40 of the 125 children from unstable placements experience at least one placement breakdown due to their disruptive or disturbed behaviour.
- Age and conduct disorder were significant predictors of placement breakdown.

The authors concluded that foster family care is best suited to younger and better-functioning children. However, given the high prevalence of unsatisfactory transition to foster care for conduct disordered adolescent, the authors felt that conventional foster family care should be considered unsuitable for them and that they were at risk for "foster care drift". They noted that options in the out-of-home care field should include residential facilities, such as those that Western countries are now trying to close down, as well as more intensive family-based treatment options included under the rubric of Therapeutic Foster Care.



(50) Patricia Chamberlain, Joe M. Price, John B. Reid, John Landsverk, Phillip A. Fisher & Mike Stoolmiller, "Who Disrupts from Placement in Foster and Kinship Care?", *Child Abuse & Neglect*, Vol. 30, April 2006, pp. 409-424.

This study tested the effectiveness of an intervention aimed at strengthening the parenting skills of foster and kinship parents in state foster homes in San Diego, CA, USA. Using the Parent Daily Checklist (PDR), foster or kinship parents of 246 children (5-12 years old) were interviewed three times about whether or not their foster child engaged in any of the 30 problem behaviours during the previous 24 hours. Foster/kin parents reported an average of 5.77 child problems per day; the number of problem behaviours was linearly related to the child's risk of placement disruption during the subsequent year. The risk of placement disruption for these latency-aged children was 6 or fewer. The risk of placement disruption increased 25% for each additional behaviour over 6.

Furthermore, children in non-kin placements were three times as likely to disrupt as those in kinship placements. In contrast, child gender, child and foster parent ethnicity, child age at baseline, and total number of children in the foster home were not linearly linked to the risk of placement disruption although there was a trend towards this..

Implications for child welfare policy and practice were found in 3 areas:

- Interventions that focus on reducing behavioural problems and increasing foster/kin parenting skills could reduce placement disruptions
- Limiting the number of children placed in each foster home, particularly when one or more children have high behaviour rates, could reduce placement disruptions
- Increasing efforts to identify, recruit, train, and support appropriate kinship placements could reduce disruptions.

(51) Paul H. Delfabbro, James G. Barber, & Lesley Cooper, "Children Entering Out-of-Home Care in South Australia: Baseline Analyses for a 3-year Longitudinal Study, *Children and Youth Services Review*, Vol. 24, No. 12, 2002, pp. 917-932.

This study examined the characteristics of 235 children (aged 4-17) years placed into out-of-home care in South Australia during 1998-1999, using referral records at a central agency. Children could be separated into two broad clusters:

- Adolescents placed on longer-term orders with unstable placement histories and with a higher incidence of mental health and behavioural problems
- Younger children placed on shorter term orders as a result of parental incapacity, abuse or neglect.

Placement type, expected duration and type of legal order were significantly predicted by child characteristics such as age, gender and reason for referral. The limitations of cross-section analyses are discussed and the need for further longitudinal research is noted.



(52) Elizabeth Fernandez, "How Children Experience Fostering Outcomes: Participatory Research with Children", *Child and Family Social Work*, Vol. 12, 2007, pp. 349-359.

A longitudinal study completed on 59 male and female children in a long-term fostering programme of Barnados, Australia, called the *Growing Up in Care Project*. Mixed methods were used to explore children's perceptions of outcomes of the care experience, the authors found the following key results:

- Children's self assessments reflected a high level of psychosocial need and their self-esteem was lower than published normative data
- The number of each child's self-rated anxiety symptoms predicted subsequent adjustment difficulties and as such gives guidance to target interventions, allowing their anxiety to be adequately acknowledged and supported within the foster family.
- Foster/adoptive carers can play an important role in influencing the continuum of risk factors and enhancing children's resilience.

Consistent with a resilience orientation, the author surmised that interventions may include fostering children's relationship-building skills, reinforcing pro-social behaviours and self-worth finding turning points in their school through mentoring and extra-curricular opportunities and positive peer and adult attachment relationships. Although for the most part, children were positive about their placements, the results of the study demonstrate that there must be emphasis on encouraging child consumers' right to self-expression.

(53) R. Anna Hayward & Diane DePanfilis, "Foster Children with an Incarcerated Parent: Predictors of Reunification", *Children and Youth Services Review*, Vol. 29, 2007, pp. 1320-1334.

Article explores the factors that predict reunification for children with incarcerated parents, particularly as such children have needs that are not easily met and when placed in foster care may be less likely to achieve permanency through reunification. Using 2003 administrative data from the Adoption and Foster Care Administrative Reporting System (AFCARS), this study applied a cross sectional design on 804,580 children who were served in foster care during the reporting period. The authors present past findings on factors related to reunification from foster care and then use logistic regression to suggest that school age children and children with behavioural or substance abuse problems were more likely to reunify. In contrast, the following factors were found to significantly decrease the likelihood of reunification: kinship foster care placement, African American ethnicity, age under 2, child disability, housing problems, single-parent family structure, and placement history.

(54) David L. Husey & Shenyang Guo, "Characteristics and Trajectories of Treatment Foster Care Youth", *Child Welfare*, Vol. 84, No. 4, Jul/Aug 2005, pp. 485-506.

Study used a cross-sectional analyses with dynamic modeling to profile 119 treatment foster care youth. The mixed retrospective/prospective design was used to study children ages 4 to 18 in a private, nonprofit treatment foster care program that is part of a larger child mental health agency in Cleveland, Ohio. Study variables came from three sources: agency's information database, behavioural and profile data collected from a comprehensive chart review, and psychiatric rating data collected primarily by foster parents. The authors ultimately constructed behavioural change trajectories for a subset of 97 children and found that children showed improvements in internalizing and critical pathology problem domains but remained the same on measures of externalizing behaviors and total problem score. The number of previous out-of-home placements was positively associated with increased levels of psychiatric symptomatology.



(55) Sigrid James, Amy R. Monn, Lawrence A. Palinkas, & Laurel K. Leslie, "Maintaining Sibling Relationships for Children in Foster and Adoptive Placements", *Children and Youth Services Review*, Vol. 30, 2008, pp. 90-106.

To better understand the nature of sibling relationships among children in foster or adoptive placement and the challenges and processes involved in maintaining these relationships, an exploratory analysis of data was conducted, using semi-structured interviews with caregivers of 14 foster and adopted children. Three patterns of placement histories and living situations were identified, which appeared to impact the degree of contact maintained with siblings: (1) children who had never lived together and were not currently placed together; (2) children who at some point lived with or were placed together with their siblings, but were now separated from them; and (3) children who had lived with their siblings all their life and were placed together with at least some of their siblings at the time of the interview. Children's current living situations and placement histories, caregivers' experiences and perceptions of feasibility and desirability of sibling contact, and the sibling relationship itself are primary determinants in the development and maintenance of contact between siblings. Implications for child welfare policy and practice are discussed.

(56) L. Oriana Linares, MiMin Li, & Patrick E. Shrout. "Placement Shift, Sibling Relationship Quality, and Child Outcomes in Foster Care: A Controlled Study", *Journal of Family Psychology*, Vol. 21, No. 4, 2007, pp. 736-743.

This prospective study of 156 maltreated children examined sibling unity during family transitions as a protective factor for child behaviour problems. Changes in child adjustment as a function of sibling relationship and placement group were examined. Sibling positivity predicted lower child problems at follow-up (14 months later) although placement group did not affect child behaviour problems. Compared to siblings in continuous placement (either together or apart), siblings in disrupted placement with high initial behaviour problems were rated as having fewer problems at follow-up, while siblings in disrupted placement with low initial behaviour problems were rated as having more problems at follow-up. The authors conclude that it is essential to consider relationships between siblings and the risk that one poses to another before early placement decisions are made.

(57) Tracey G. Scherr, "Educational Experiences of Children in Foster Care", *School Psychology International*, Vol. 28, No. 4, 2007, pp. 419-436.

This article examines four meta-analyses regarding 31 studies regarding the educational status of children in out-of-home placements in multiple countries. A number of common educational challenges were found to be faced by children living in foster care across countries. In particular, students were disproportionately represented in special education, they were often prevented from advancing grade levels, and they were disciplined frequently within school settings. The author concluded that serving fostered youth must include promoting pre-referral interventions and positive behavioural supports.



(58) J. Strijker, Tj. Zandberg, & B.F. van der Meulen, "Typologies and Outcomes for Foster Children", *Child & Youth Care Forum*, Vol. 34, No. 1, February 2005, pp. 43-55.

This study reports on the use of the Child Behaviour Checklist for children aged 4-18 (CBLC/4) as a tool for creating typologies for children and relating them to foster care outcomes. Three research questions were:

- Is there a relation between profiles of foster children and foster care placement outcome?
- Is there a relation between the outcome of the placement and placement characteristics?
- What is the developmental outcome of the various information profiles?

The study showed that:

- Older children with conduct disorders have relatively more breakdowns.
 - i.e. Withdrawn Social (66.7%), Aggressive-Delinquent (40%).
- After 1.5 years, status of placement is significantly associated with type of placement and child's age
- The odds of a breakdown are 12.63 times higher for the category of foster children older than 10.5 than for younger foster children.

A tentative conclusion was that foster care is suitable for young children with few or no problems at all and who show no oppositional defiance. Those children with conduct disorder may fare better in a residential setting. It was suggested that apart from more intensive counselling, extra services such as respite care and individual therapy would be necessary in order to detect and prevent increased risks of breakdown.



(59) Susan Vig, Susan Chinitz, & Lisa Shulman, "Young Children in Foster Care: Multiple Vulnerabilities & Complex Service Needs", *Infants & Young Children*, Vol. 18, No. 2, 2005, pp. 147-160

Article outlines the vulnerabilities facing young children who have been placed in foster care that often lead to poor developmental outcomes: prenatal exposure to alcohol and other drugs, premature birth, abuse and neglect leading to foster care placement, and failure to form adequate attachments. The article describes the foster care population, explores implications for intervention and discusses in detail the following challenges for some young children in foster care: *in utero drug exposure, congenital infection, shaken baby syndrome, failure to thrive, lead toxicity, attachment disorders, regulatory disorders, traumatic stress disorder, developmental disabilities*. Authors conclude that certain barriers affect service implementation: *characteristics of foster families* (i.e. age of foster parent, number of children in house), *placement changes, inadequate resources and personnel, financial costs, and challenges in access*.

(60) Bo Vinnerljung, Anders Hjern, Gunillia Ringbäck Weitof, Eva Franzén, & Felipe Estrada, "Children and Young People at Risk (Chapter 7)", *International Journal of Social Welfare*, Vol. 16, 2007, p. S163-S202.

This article provides an overview of Swedish children, including a detailed summary of the status of Swedish children in foster homes and resident care. It also discusses:

- Scope of children in care & epidemiology of out-of-home care for children and youth
- Types of out-of-home care & Long-term development of children in out-of-home care
- Suicide & health
- School & education
- Access to parents during the transition from out-of-home care to adulthood
- Teenage parenthood & teenage placements: outcomes



(61) Jason B. Whiting & Robert E. Lee III, "Voices from the System: A Qualitative Study of Foster Children's Stories", *Family Relations*, Vol. 52, 2003, pp. 288-295.

Project qualitatively analyzed stories told by 23 preadolescent foster children, using ethnographic semi-structured interviews. Study framed within an ecological framework in conjunction with a social constructionist understanding of stories. Four core domains emerged: *culture and ecology, biological and foster families, child's emotions and personal characteristics, and story chronicle of past into future.*

Policy implications:

- Foster care procedures could be improved by incorporating children's feelings and perceptions as they move through care by collecting their stories and making them a prominent part of case files
- Children should be given information regarding their placement as soon as they are removed from their home
- Children should have the opportunity to contact their birth family shortly after leaving their home
- Children in sibling groups should have assurance of continued support
- Foster parents must have better understanding of emotional issues relevant to foster children
- Collections of foster children's stories could be a resource for foster parents
- Training for foster parents should include suggestions for communicating with foster children

FOSTER CHILDREN - Transition out of Care



(61) Tina M. Anctil, Laurie D. McCubbin, Kirk O'Brien, Peter Pecora, & Cheryl A. Anderson-Harumi, "Predictors of Adult Quality of Life for Foster Care Alumni with Physical and/or Psychiatric Disabilities", *Child Abuse & Neglect*, Vol. 31, 2007, pp. 1087-1100.

Using quality of life and resilience as theoretical frameworks, this study fills a gap in literature by assessing outcome differences within the foster care population. Using data from the Casey Family Programs National Alumni Study, this study has three primary purposes:

- Assess impact of risk and protective factors in a high-risk population with historically poor outcomes
- Specifically address population of foster care outcomes for alumni with disabilities
- Identify protective services and experiences

The study concluded that alumni with disabilities have significantly lower economic outcomes, lower educational attainment, more difficulty paying bills, more psychiatric diagnoses, lower self-esteem, and worse physical health. Risk factors for poor self-esteem included receiving special education services and experiencing sexual abuse while in foster care. Protective factors such as receiving services and resources to prepare for leaving care predicted better outcomes.

(63) Jennifer L. Bellamy, "Behavioral Problems following Reunification of Children in Long-Term Foster Care", *Children and Youth Services Review*, Vol. 30, 2008, pp. 216-228.

Although reunification is the most preferred exit from the U.S. foster care system, the author argues that little is known about the well-being of children following foster care. Prior research has consistently reconfirmed the high risk of behavioural problems among children in foster care and recent estimate suggest that approximately 50% of the population has clinically significant behavioural problems. The author conducted a secondary data analysis using a subsample of 604 children from the National Study of Child and Adolescent Well-being (NSCAW) who had experienced at least 8 months of foster care. Children were just under a mean age of 8 years and were predominantly Black non-Hispanic or White non-Hispanic; most had experienced neglect. The results showed that reunification had no direct effect on behavioural outcomes but it was associated with increased likelihood of exposure to other risks, which in turn directly affect children's risk of internalizing problems. The finding that boys are nearly six times as likely to have internalizing behaviour problems as females was unexpected and warrants future research. Findings from the study also support caregiver mental health as a target for intervention to improve behavioural health outcomes for children following reunification. The author concluded that post-reunification support is integral in order to mitigate the risks and problems that bring families into contact with child welfare in the first place.

(64) Cheryl Buehler, John G. Orme, James Post, & David A. Patterson, "The Long-Term Correlates of Family Foster Care", *Children and Youth Services Review*, Vol. 22, No. 8, 2000, pp. 595-625.

A comprehensive study that examines the long-term correlates of experiencing family foster care sometime before the age of 19. A literature review of 24 studies on indicators of adult well-being of individuals who spend some part of their lives before age 19 in family foster care; key categories were investigated as part of the review: adult self-sufficiency, employment, behavioral adjustment, family and social support, and personal well-being. All respondents were compared on 36 indicators of adult well-being. The current study used a sample of subjects who participated in the 1988 National Survey of Families and Households (NSFH). The sample consisted of 303 individuals comprising three sub-samples:

- 101 primary respondents who lived with foster parents sometime before they were 19 years of age
- 101 primary respondents who served as the general population comparison group
- 101 primary respondents selected because each is similar to a respondent in the foster care sample on several background characteristics.

Results:

- Compared to adults in the random group, those in the foster care and matched groups were younger, more likely to be female, had mothers with slightly higher levels of education, and were more likely to have lived with a stepparent.
- Adults experiencing foster care were less adjusted on 20 of the 36 indicators, particularly in the areas of: education, economic well-being, marital relations, and community involvement.

First, the sample was characterized by adults who had established homes (institutionalized/ homeless adults and their families were not included) so the potential adjustment difficulties of adults in the foster care group in this sample might be underestimated. Second, the between-group design variability in outcomes within groups is beyond study scope. Finally, while experiencing foster care does place one at risk for some adjustment difficulties as an adult, foster care itself is not a unique risk factor; it is one of many life experiences that can disrupt an individual and place them at risk for developmental difficulties.

(65) Sarah Geenen & Laurie E. Powers, "‘Tomorrow is Another Problem’: The Experiences of Youth in Foster Care During their Transition into Adulthood", *Children and Youth Services Review*, Vol. 29, 2007, pp. 1085-1101.

This study gathered qualitative information from 10 focus groups comprised of youth currently in care, foster care alumni, and other key professionals in order to derive an understanding of the experiences of youth transitioning out of foster care into adulthood. A number of key themes emerged and were discussed in details. Overall, participants expressed concern that youth in foster care have little opportunity to control and direct their own lives. Similarly, the Independent Living Program, while having potential, was described as being seriously inadequate for many youth; it simply represents another confusing provider that youth must interact with.

(66) Thomas E. Keller, Gretchen Ruth Cusick & Mark E. Courtney, "Approaching the Transition to Adulthood: Distinctive Profiles of Adolescents Aging out of the Child Welfare System", *Social Service Review*, September 2007, pp. 454-484.

Many youth in foster care experience inconsistent parenting, school problems, and other difficulties associated with their placement experience, particularly when placement disruption results in frequent moves in care. Such challenges may influence youth aging out of the child welfare system, playing a part in the considerable challenges many experience in their transition to emancipation and adulthood. This study uses a person-oriented approach to examine the differences in a large, representative sample of youth emancipating from the child welfare system in three midwestern states (Illinois, Iowa, and Wisconsin), with the goal of categorizing subpopulations of youth by examining their capacity for making a successful transition to adulthood. Four subpopulations of youth in care with distinctive profiles were empirically developed and examined for life experiences: a) the largest group, representing 43 percent of the sample population, consisted of adolescents that were more likely to report placement instability, episodes of running away, and placement in non-familial family settings; b) the second largest group, representing 38 percent of the sample population, consisted of youth with less problematic behavioural manifestations and higher levels of employment opportunities; c) the third group, representing 13 percent of the sample population, had the highest level of problematic behavioural manifestations, and lived predominantly in traditional non-familial foster care; and d) the smallest group, representing 5 percent of the sample population of youth, had the highest rate of parenthood and grade delay, and the lowest rate of employment experiences. Analyses of these four subpopulations with respect to broad outcomes found that the profile which represented the largest sample population of youth seemed more likely to experience difficulties in the transition to adulthood. Compared to other youth, youth experiencing difficulties with their transition to adulthood are more likely to have experienced multiple placements, episodes of running away, and placement in non-familial settings.

Methodology: The sample was obtained during the period from April 2002 to June 2002. Of the 770 youth identified for the study, 732 consented to participate and completed the baseline interview, consisting of a response rate of 95 percent. To date, this is the largest known prospective study of youth emancipating from the child welfare system. Given that successful transition to adulthood is associated with the past experiences and current circumstances of youth aging out of the child welfare system, the study examines seven indicators of individual status prior to the transition to adulthood. They are: 1) employment; 2) grade retention; 3) parenthood; 4) problem behaviour; 5) placement type; 6) placement stability; and 7) runaway history. Model fit-analysis and latent class analysis were used to examine the likelihood that youth fall within each of the four sample categories based on their life experiences in child welfare. In sum, the

application of empirical person-oriented methods of analysis, which are based on the seven selected indicators of child welfare experience, identified four subpopulations of youth that exhibited distinctive profiles in their ability to successfully transition to adulthood. Despite the large sample size, this study used cross-sectional data to reflect conditions at a single point in time and should not be generalized for youth aging out of care. These limitations notwithstanding, this study empirically determines which conditions are likely to co-occur, and this is a valuable step toward understanding and predicting broad outcomes for youth aging out of the child welfare system. Further qualitative investigations with samples from each of the four identified subpopulations of youth are suggested in order to explore the specific pathways of youth aging out of care.



(67) Sonya J. Leathers & Mark F. Testa, "Foster Youth Emancipating from Care: Caseworkers' Reports on Needs and Services", *Child Welfare*, Vol. 85, No. 3, May/June 2006, pp. 463-498.

This article presents findings from a survey mailed to caseworkers who answered questions about special needs, independent living skills, educational attainment, ability to gain and keep employment, emotional and behavioural needs, pregnancy and parenting, substance abuse, serious medical conditions, developmental disabilities, and services for 416 randomly selected foster youth in Illinois. The study also tested gender and racial differences in need and service provision in all the areas examined. In particular, the needs of urban African American youth are described in detail because of the paucity of previous research in this area.

The authors provide an overview of the challenges facing youth emancipating out of care in the United States and note that readiness for independent living is affected by both a youth's tangible life skills as well as intangible skills like problem-solving, self-esteem and grief and anger management. The results of the study found that a third of these adolescents had a mental health disorder, developmental disability, or other special need that their caseworker believed would interfere with their ability to live independently. Delinquent, aggressive, and oppositional behaviours were reported for a sizeable proportion of the sample. Less than half (42%) of all youth studied had high school diplomas or equivalency degrees, while 52% who were 18 years or older had high school diplomas or equivalency degrees. Unemployment was very much a problem for 27% of youth while 15% had dropped out of school and did not work. Caseworkers predicted that 36% of youth would be very successful with living independently but 24% would not be successful. Boys were twice as likely to be rated as not successful. With regards to pregnancy and parenting, 28% of the 221 young women had custody of one or more children. Overall, 32% of women either had custody or were pregnant at the time of the report.

With respect to gender and racial differences, white males were reported to be at higher risk for mental illness and substance use than any other group, while African American young men were at highest risk for unemployment, problems keeping a job, and truancy. African American young women were 3 times more likely to be pregnant and parenting than white young women but they were less likely to be victimized by others than white women (4% vs. 14%). The authors conclude that youth with more behaviour problems and educational and job skill deficits were less likely than other youth to continue to receive child welfare services past age 18, suggesting that services must be provided throughout adolescence to meet the needs of our more vulnerable clients.

(68) Ruth Massinga & Peter J. Pecora, "Providing Better Opportunities for Older Children in the Child Welfare System", *The Future of Children*, Vol. 14, No. 1, Spring 2004, pp. 151-173.

This report examines the developmental needs and outcomes of older children in US foster care. It highlights federal and state policies affecting older children in care and the programs designed to serve them. Finally, it offers several proposed improvements to current policies and programs to help youth transition effectively out of care.

(69) Joseph P. Ryan, Pedro M. Hernandez, & Denise Herz, "Developmental Trajectories of Offending for Male Adolescents Leaving Foster Care", *Social Work Research*, Vol. 31, No. 2, June 2007, pp. 83-93.

This study addresses a gap in the literature regarding the developmental trajectories of juvenile and adult offenders in the foster care population. Using a semiparametric group-based modeling approach, the authors identify three unique offending trajectories among 294 male adolescents leaving a large Midwestern U.S. foster care agency: nonoffenders (52%), early onset desisters (21%), and chronic offenders (27%). Multinomial logistic regression analysis was then used to identify various factors related to membership in the offending groups.

The results demonstrated that the adolescents who were not enrolled in school were significantly more likely to engage in subsequent delinquency and crime. Furthermore, placement instability, placement at termination, and prior were arrest were also associated with an increased risk of delinquency and crime. However, an early hypothesis that a history of substance abuse problems would lead to an offending trajectory was not borne out by the data. The authors thus argue that child welfare agencies should consider early identification of children and adolescents struggling in school settings and developing strategies to improve academic engagement.

(70) Maria Scannapieco, Kelli Connell-Carrick, & Kirstin Painter, "In Their Own Words: Challenges Facing Youth Aging Out of Foster Care", *Child & Adolescent Social Work Journal*, Vol. 24, 2007, pp. 423-435.

The paper was to provide a review of the empirical literature on the short and long-term outcomes for youth who have experienced foster care in adolescence, 2) present focus group results held in Texas, USA, and 3) discuss implications for policy and practice.

Three major themes emerged from the focus groups: youth focused practice, need for collaboration and communication with youth, and unmet needs and permanent connections. It was concluded that child welfare workers who understand the importance of youth-focused practice, collaboration and connection will be able to effectively guide their practice and engage youths.



(71) J.S. Vacca, "Foster Children Need More Help After They Reach the Age of Eighteen", *Children and Youth Services Review*, Vol. 30, No. 5, 2008, pp. 485-492.

The research shows that there are presently about a half million children in foster care, and approximately 20,000 of these youths will turn eighteen years of age, be classified as adults and emancipate or "age out" of the foster care system each year. The capacity to graduate from high school is often difficult and challenging for foster children. Typically, foster children have no continuity in their high school educational experience. These children will attend several high schools before they graduate, and if they move during the school year, classes will be frequently interrupted by changes-often requiring them to move when classes are in session. They will also have no consistency in the development of their educational plan of study because they will see several guidance counselors who mostly will be unfamiliar with the foster child's social history, background and ability. Foster children will also frequently experience breaks in their direct instruction requiring them to adjust to different teachers, courses, school rules, and expectations. This article addresses and answers the following two questions: (1) "Why do foster children have difficulty after they leave high school?" and (2) "What can be done to help Foster Children Make a More Successful Transition to an Independent life?"

FOSTER PARENTS – Characteristics and Experiences

(72) Richard P. Barth, "Policy Implications of Foster Family Characteristics", *Family Relations*, Vol. 50, No. 1, January 2001, pp. 16-19.

This article explores the policy implications of foster family characteristics, based on the narrative review by Orme and Buehler, 2001 in the same journal issue. The author makes several recommendations and explores challenges regarding: research support, reimbursement of foster parents, insurance (and insurance liability), child care costs, training, shared family care, and affordable housing.



(73) Cheryl Buehler, Mary Ellen Cox, & Gary Cuddeback, "Foster Parents' Perceptions of Factors that Promote or Inhibit Successful Fostering", *Qualitative Social Work*, Vol. 2, No. 1, 2003, pp. 61-83.

Semi-structured interviews were conducted with 22 foster parents who were approved to foster children in state care by the Department of Children's Services within the last 3 years in Knox County, Tennessee.

Characteristics that facilitate successful fostering included: faith or support from church, deep concern for children, tolerance, strong cooperative marriage in married foster families, and a daily life characterized as organized and routinized but also flexible. Characteristics that inhibit successful fostering included: non-child-centered fostering motivations, competing demands for parents' time and energy, parents' difficulties in dealing with strong attachments to children who might have to leave the family, and personal and interpersonal inflexibility.

The authors concluded that the primary contribution of this study is the elaboration of familial and parental factors that affect the fostering process. The findings can be used to develop structured assessments of foster parent applicants and practicing foster parents.

(74) Veli-Pekka Isomäki, "The Fuzzy Foster Parenting – A Theoretical Approach", *The Social Science Journal*, Vol.39, 2002, pp. 625-638.

Article discusses several aspects of foster parenting that make it a special and complicated role. Author introduces a 'model of fuzzy foster parenting' in order to demonstrate that many concepts involved in foster parenting (motivation, income level, healthy and behaviour of child) are complex and difficult to understand or define. In this paper, some fuzzy logics are involved and simple models for measuring the suitability for and exacting nature of foster parenting. The article deals primarily with the fostering situation in Finland, but the author notes that in principle, most findings apply to any western country.



(75) Elizabeth W. Lindsey, "Foster Family Characteristics and Behavioral and Emotional Problems of Foster Children: Practice Implications for Child Welfare, Family Life Education, and Marriage and Family Therapy", *Family Relations*, Vol. 50, No. 1, 2001, pp. 19-22.

This article draws out implications for practice using the narrative review by Orme and Buehler, 2001 in the same journal issue. The author focuses on two primary areas of practice with families and children involved with child welfare: 1) screening, selection, and training of foster parents, and 2) -foster care placement; monitoring and screening. With respect to the first area of interest, the author indicates the need for attention to: parenting behaviour, home environment and family and marital functioning. With respect to the second category - foster care placement – the author stresses the importance of the fit between child's temperament and parenting, and family and marital functioning. The author notes that ideally, the foster care process involves careful matching of the child's needs and the foster parents' abilities to meet those needs (although economic constraints and realities often make this a high standard to achieve).



(76) John G. Orme & Cheryl Buehler, "Foster Family Characteristics and Behavioral and Emotional Problems of Foster Children: A Narrative Review", *Family Relations*, Vol. 50, No. 1, 2001, pp. 3-15.

This report reviews 34 studies about foster parents and families in order to provide a substantive overview of the functioning of foster families and the correlates of such functioning. It was cautioned that four important populations of foster families are underrepresented in the literature: foster fathers, kin foster families, foster family applicants, and long-term foster care. Most of what is known about foster families is based on cross-sectional samples and so it is difficult to identify postapproval training, support and supervision necessary to retain effective foster families. The narrative review covers the following aspects of foster families' lives: parenting, general quality of home environment, family functioning, marital functioning (with respect to two-parent foster families), individual characteristics of foster parents and children, demographic characteristics, temperament, mental health, availability and use of social support.

The authors concluded that based on the limited available evidence, there is a link between foster parent and family characteristics and behavioural and emotional problems of foster children. However, it is not clear which particular aspects of the foster family exacerbate poor functioning or ameliorate existing difficulties. Secondly, there is reason to believe that a proportion (15-20%) of foster parents and families have problems in their home environment, family functioning, and parenting. Finally, few differences were found between kin and nonkin environments, but since the number of kin caregivers is increasing, there is a great need for additional research in this area.

(77) Kathryn W. Rhodes, John G. Orme, & Michael McSurdy, "Foster Parents' Role Performance Responsibilities: Perceptions of Foster Mothers, Fathers, and Workers", *Children and Youth Services Review*, Vol. 25, No. 12, 2003, pp. 935-964.

This study examined role expectations among 161 foster/adoptive applicants and 67 workers recruited from three of the largest counties in Tennessee, USA, with demographically diverse families. The present study is part of a larger ongoing research project designed to study the effects of foster parents on the psychosocial functioning of foster children.

The Foster Parent Role Perception (FPRP) scale was used to measure perceived responsibility for different aspects of the foster parent role. Results demonstrated that:

- There was agreement about the paramount importance of parenting, and agreement among married couples.
- Within each group, there was disagreement about responsibility for working with the agency
- There was disagreement between workers and parents about responsibility for working with the agency and parenting; it was suggested that workers may have more realistic views about the demands foster care places on families and as a result, may expect foster parents to have less responsibility for agency tasks than did foster parent applicants.
- African-American mothers and workers felt that parents had more responsibility than did their white counterparts.
- Parents who had more education and workers who did foster parent training believed the parent had less responsibility for parenting and agency roles. This was consistent with literature that highly educated people are more critical of their foster care experience

The authors also concluded that foster care workers may underestimate the involvement of foster fathers and that more research is needed to understand their roles.

(78) Teresa Toguchi Swartz, "Mothering for the State: Foster Parenting and the Challenges of Government-Contracted Carework", *Gender & Society*, Vol. 18, No. 5, October 2004, pp. 567-587.

This article draws on an ethnographic project involving several years of research conducted in the mid to late 1990s of a private, nonprofit children's agency contracted by Los Angeles County to provide foster care. The project examined how payment affects caregivers' motivations and performance, as well as how state bureaucratic organization and professional supervision affect their casework. Findings suggest that economic interests and altruistic motives coincide for foster mothers. However, although monetary compensation was a concern for the mostly working-class women, the impetus for caring also stemmed from traditional gendered ideals of mothering, nurturing and staying at home with their biological children. A number of challenges resulting from state-supervised carework were identified: professional scrutiny and undermining of competence; lack of power and influence; unanticipated disruptions and public interventions into private family lives; and suspicion about foster parents' commitment to children due to financial compensation received.

(79) Susan G. Timmer, Georganna Sedlar, & Anthony J. Urquiza, "Challenging Children in Kin Versus Nonkin Foster Care: Perceived Costs and Benefits to Caregivers", *Child Maltreatment*, Vol. 9, No. 3, August 2004, pp. 251-262.

The authors employ social exchange theory as a framework for examining 102 kin and 157 nonkin foster parents' perceptions of their foster children, their relationships with them, and their own functioning. Participants for the study were recruited from families who had been referred for Parent-Child Interaction Therapy (PCIT) at a clinic serving children in the child welfare system. All dyads were referred primarily for treatment of externalizing behaviour problems and were assigned to PCIT because they were younger than 9 years of age and did not have a history of severe trauma.

The goals of PCIT are outlined in the article, as are the numerous tools used throughout the study. The authors found that nonkin caregivers rated their foster children's behaviour problems as significantly more severe than kin caregivers but rated themselves as less stressed. Kin caregivers were more likely to complete the course of treatment in PCIT, particularly if they reported elevated levels of parental distress. The authors surmised that it was possible that nonkin caregivers exaggerated the severity of their children's problems.

A troublesome finding in the study was that parents scoring high in abuse potential also scored high in early treatment termination; thus, those parents that need the intervention the most, are least likely to get the appropriate support. The authors conclude that future research is needed to examine the mediating and moderating effects of parent and child characteristics on treatment outcomes, mental health service delivery, and subsequent effects on foster placement stability.

(80) Kathleen Wells, Elizabeth M.Z. Farmer, Jesse T. Richards, & Barbara J. Burns, "The Experience of Being a Treatment Foster Mother", *Qualitative Social Work*, Vol. 3, No. 2, pp. 117-138.

This study is part of an ongoing longitudinal study of the use, implementation, and effectiveness of treatment foster care. The study examines the particular experiences of 43 treatment foster mothers using in-person interviews. Responses were analyzed using an inductive and iterative process. The participants' experiences were conceptualized in 6 domains: strategic, struggle, satisfaction, mothering, rejection, and other.



(81) Kate Wilson, Rachel Fyson, & Simon Newstone, "Foster Fathers: Their Experiences and Contributions to Fostering", *Child and Family Social Work*, Vol. 12, 2007, pp. 22-31.

This paper describes some of the findings of an exploratory qualitative and quantitative study in the UK that asked foster fathers about their personal and professional attributes (employment and income) as well as their experiences of and views concerning the role of the foster father. A profile of respondents is provided, demonstrating that most come from 'traditional' two-parent, heterosexual married foster families. It was recommended that it may be sensible to more actively and specifically recruit men, based on this knowledge of their recruitment experiences and motivation to foster. It was concluded that foster fathers do take on an active role although further research is needed to know what the unique contribution may be.

(82) Kate Wilson, Ian Sinclair, & Ian Gibbs, "The Trouble with Foster Care: The Impact of Stressful 'Events' on Foster Carers", *British Journal of Social Work*, Vol. 30, 2000, pp. 193-209.

This article draws upon the first stages of a large-scale Canadian longitudinal study into foster care with 'looked after' children, using data supplied by 950 foster carers in response to a postal questionnaire designed to document the proportions who had experienced one or more of six potentially stressful events. Overall, 2/3 of the sample had experienced one or more of these 'events' and these were associated with a measure of mental ill-health and with attitudes towards continuing fostering. Although it was acknowledged that fostering can produce acute stress, 45% of the sample were strongly positive about what they were doing and a further 51% agreed that they derived a lot of satisfaction from fostering; 7% said they intended to give up fostering in the next two years (not necessarily because they were dissatisfied with fostering). Only 18% said that fostering affected their sense of well-being as the study had tried to measure it.

FOSTER PARENTS – Interventions & Training



(83) Patricia Chamberlain, Joe Price, Leslie D. Leve, Heidemarie Laurent, John A. Landsverk, & John B. Reid, "Prevention of Behavior Problems for Children in Foster Care: Outcomes and Mediation Effects", *Society for Prevention Research*, Vol. 9, 2008, pp. 17-27.

This article discusses the effectiveness of a universal intervention KEEP (Keeping Foster Parents Trained and Supported) based on Multidimensional Treatment Foster Care (MTFC). The intervention was tested in a universal randomized trial with 700 ethnically diverse foster and kinship parents in the San Diego County CWS. The trial was designed to examine effects on both child behaviour and parenting practices. Participants received 16 weeks of training, supervision and support in behaviour management methods. Intervention groups consisted of 3-10 foster parents and were conducted by trained facilitators. Curriculum topics included risk and protective factors, with a particular focus on increasing positive reinforcement relative to the amount of discipline (4 to 1 rule). Results showed that participants in the intervention group increased parental effectiveness, which related to decreased child behaviour problems, particularly for families who reported higher levels of initial problems. Thus, the authors raise the question of whether it might be optimal to target the KEEP intervention on a selected group of foster placements where children have higher rates of behaviour problems.

(84) Mary Dozier, Elizabeth Higley, Kathleen E. Albus, & Anna Nutter, "Intervening with Foster Infants' Caregivers: Targeting Three Critical Needs", *Infant Mental Health Journal*, Vol. 23, No.5, 2002, pp. 541-554.

This article presents the theoretical and empirical rationale for an intervention that targets the three critical needs of infants and young children in foster care. The interventions include: providing services to foster parents to help them to reinterpret children's behavioural signals; targeting of foster parents who have difficulties in providing nurturance, and; helping caregivers provide children with a predictable interpersonal environment.

(85) E.W. Holden, S. Rousseau O'Connell, Q. Liao, A. Krivelyova, T. Connor, G. Blau, & D. Long, "Outcomes of a Randomized Trial of Continuum of Care Services for Children in a Child Welfare System. *Child Welfare*, Vol. 86, No. 6, 2007, pp. 89-114.

The Connecticut Department of Children and Families Title IV-E waiver demonstration evaluated whether the well-being of children approved for residential mental health services could be improved, and lengths of stay in restrictive placements reduced, by providing case rate payments to community agencies to provide continuum of care services. Children between ages 7 and 15 were randomly assigned to either the demonstration group (n = 78) or to usual state-supported services (n = 79).

One-year outcome results indicated that in a situation that is less costly, improvement in outcomes occurred in less restrictive settings. Continuum of care services were more effective in 1) returning children to in-home placements, 2) reducing the length of stay in restrictive placements, and (3) utilizing higher levels of case management through coordination among agencies and family support services.

(86) H. Minnis, A. J. Pelosi, M. Knapp, & J. Dunn, "Mental Health and Foster Carer Training", *Archives of Disease in Childhood*, Vol. 84, No. 4, April 2001, pp. 302-306.

In this Scottish study, a randomised control trial of 182 children and their foster families was conducted in order to evaluate the impact of training foster carers on children's emotional and behavioural functioning. At baseline, 60% of children had measurable psychopathology. Almost all had suffered abuse or neglect. Training was led by an experienced social worker and included didactic material combined with discussion and tasks. Although the parents perceived the training as beneficial, it did not make a useful impact on the high level of psychopathology in the children. It was concluded that this group may warrant more intensive interventions.

(87) Kevin James Swick, "Empower Foster Parents Toward Caring Relations with Children", *Early Childhood Education Journal*, Vol. 34, No. 6, June 2007, pp. 393- 398.

This article provides a number of ideas and strategies for nurturing foster parents toward a caring relationship with their foster children. These included: having a caring environment, developing caring rituals (i.e. sharing meals), model caring, showing caring and love, teach caring (learning the 'norms' of a caring way of life).

The article also discusses strategies for actually developing a caring approach in parenting and presents an ecological framework for nurturing caring.



(88) Kate Wilson, "Can Foster Carers Help Children Resolve Their Emotional and Behavioural Difficulties?", *Clinical Child Psychology and Psychiatry*, Vol. 11, No. 4, 2006, pp. 495-511.

This article draws on data collected from a large longitudinal study of foster carers and their foster children in two London, England boroughs (undertaken by the author and colleagues). The author argues that while foster care is not commonly regarded as 'treatment' but that some foster parents with particular skills in parenting can make a difference in successful outcomes, even beyond the initial placement period when progress is most commonly made. A model of successful foster care is developed and two case from the qualitative, case-studies component of the research are analysed to demonstrate a model of responsive parenting.

The model, with its emphasis on the characteristics of the child and the 'fit' between carer and child, is combined with an understanding of the dynamics of attachment and interest. 'Responsive parenting' is discussed. Carers must be sufficiently skilled in working with attachment and handling difficult behaviour, the child needs to offer something to the carers, even if it evolves over time, and the professionalism and absence of strain and other supportive relationships on the carer's part can help create positive conditions such that foster carer and child can interact successfully. Therefore, foster care should be perceived as an environment in which children's difficult behaviours, poor social skills and problems with relationships can be addressed.

FOSTER PARENTS - Assessment



(89) Cheryl Buehler, Kathryn W. Rhodes, John G. Orme, & Garry Cuddeback, "The Potential for Successful Family Foster Care: Conceptualizing Competency Domains for Foster Parents", *Child Welfare*, Vol. 85, No. 3, May/June 2006, pp. 523-558.

This article describes 12 essential domains for successful foster parenting: providing a safe and secure environment, providing a nurturing environment, promoting educational attainment and success, meeting physical and mental health care needs, promoting social and emotional development, supporting diversity and children's cultural needs, supporting permanency planning, managing ambiguity and loss for the foster child and family, growing as a foster parent, managing the demands of fostering on personal and familial well-being, supporting relationships between children and their families, and working as a team member.



(90) Tanya M. Coakley & John G. Orme, "A Psychometric Evaluation of the Cultural Receptivity in Fostering Scale", *Research on Social Work Practice*, Vol. 16, No. 5, September 2006, pp. 520-533.

This article discusses the shortage of foster parents of minority cultures and the need for foster parents to be culturally receptive to fostering activities that promote children's cultural development. Using a cross-sectional design, 304 approved, certified, or licensed nonkinship and kinship foster mothers were recruited from the U.S. and asked to complete two questionnaires. The psychometric properties of a new measure (the Cultural Receptivity in Fostering Scale, CRFS) are evaluated. The authors conclude that internal consistency reliability and, to some extent, validity of the CRFS are supported. Thus, the CRFS has potential use in facilitating socially appropriate and successful trans-cultural placements.

(91) Gary S. Cuddeback, Cheryl Buehler, John G. Orme, & Nicole S. Le Prohn, "Measuring Foster Parent Potential: Casey Foster Applicant Inventory-Worker Version (CFAI-W)", *Research on Social Work Practice*, Vol. 17, No. 1, January 2007, pp. 93-109.

This article examines the psychometric properties of the Casey Foster Applicant Inventory – Worker Version, a questionnaire designed to assess the potential of foster family core applicants to provide foster care. Retrospective data from 208 foster care workers was assessed. The CFAI-W demonstrated excellent internal consistency reliability and evidence of predictive and discriminate validity, making it a useful tool when used in combination with other methods of assessment.

(92) John G. Orme, Cheryl Buehler, Michael McSurdy, Kathryn W. Rhodes, & Mary Ellen Cox, "The Foster Parent Potential Scale", *Research on Social Work Practice*, Vol. 13, No. 2, March 2003, pp. 181-207.

This article examines the psychometric properties of the Foster Parent Potential Scale, a questionnaire designed to assess the potential of foster family applicants to provide quality foster care. Prospective data from 105 foster parent applicants was analyzed. The scale demonstrated excellent internal consistency reliability and construct validity. The notable exception was that applicants of African American and other races had higher scores than did European American applicants, although the effect of race was small.



(93) John G. Orme, Gary S. Cuddeback, Cheryl Buehler, Mary Ellen Cox, & Nicole S. Le Prohn, "Measuring Foster Parent Potential: Casey Foster Applicant Inventory-Applicant Version", *Research on Social Work Practice*, Vol. 17, No. 1, January 2007, pp. 77-92.

This article examines the psychometric properties of the Casey Foster Applicant Inventory – Applicant Version, a standardized self-report measure designed to assess the potential of foster family applicants to foster parent successfully. The construct validity of all but one of the scales was found to be promising and so this measure could be used in the future to improve decisions about how to support, monitor, and retain foster families – as well as to match, place and maintain foster children with foster families.

FOSTER PARENTS – Recruitment and Retention

(94) Gunvor Andersson, "The Motives of Foster Parents, Their Family and Work Circumstances", *British Journal of Social Work*, Vol. 31, 2001, pp. 235-248.

In this article, the Swedish child welfare system is discussed; it is noted that Sweden has a family services orientation rather than a child protection orientation. Foster parents of 10-11 year old children were interviewed and four different but equally frequent reasons or motives for taking care of foster children were distinguished:

- Relatives who feel a responsibility for a certain child
- Couples who want children and do not think they can have children of their own
- Families where the mother wants to be at home taking care of biological as well as foster children
- Parents with grown-up children who want to fill the 'empty nest'



(95) Angela C. Baum, Sedahlia Jasper Crase, & Kirsten Lee Crase, "Influences on the Decision to Become or Not Become a Foster Parent", *Families in Society: The Journal of Contemporary Human Services*, Vol. 82, No. 2, March/April 2001, pp. 202-213.

This paper provides an excellent overview of the current state of foster care in the United States, as well as the many challenges faced by foster children, particularly with regards to their emotional and developmental growth. The authors explore commonly expressed motivations for becoming a foster parent, as well as the elements of successful foster family placements.

In general, the authors advocate the creation of "harm-free, effective environments" that include a clearly defined model of foster care, dedicated and skilled foster parents, an overall attitude that focuses on what children and caregivers do right, adequate training, and program evaluation. Common models of successful foster parent recruitment, as well as typical barriers are described and the importance of foster parent training is highlighted. The Nova University model (NOVA) of training is described as a process whereby foster parents can be adequately trained and screened.

Methodology: The current study examined potential foster parents who were participating in Preparation for Fostering: Preservice for Foster Families, a 12-hour training developed based on the NOVA Foster Parent Preservice Training Program. The 491 foster parent participants were tested, interviewed or surveyed at four different times during the year in order to determine: a) what about training helped them the most in their decision to become a foster parent and b) what, other than training, helped in their decision to become a foster parent.

Findings: With respect to training, a number of elements had a positive impact of foster carers' decision to foster, including: hearing the personal accounts of other foster carers; positive attitude of trainers; group discussions; information about the foster care system (i.e. legal issues); information about working with special needs children; and learning about the philosophy and requirements of foster care.

With respect to other influences, a small number of participants indicated that the media was helpful. The authors note that it is likely that although the media did not play an overly large role in making a final decision, it did spark their initial interest in fostering.

The role of significant others in participants' lives was deemed to be very important, so it may be helpful for agencies to target their recruitment campaigns at families and friends of those currently providing foster care.

Furthermore, it may be beneficial to involve experienced foster parents much earlier in the recruitment process than pre-service training. An awareness of the need for foster care was the most influential decision in helping participants decide whether to foster, thus emphasizing the importance of educating the community about fostering.



(96) Mary Ellen Cox, Cheryl Buehler, & John G. Orme, "Recruitment and Foster Family Service", *Journal of Sociology and Social Welfare*, Vol. XXIX, No. 3, September 2002, pp. 151-177.

Using data from the U.S. National Survey of Current and Former Foster Parents (NSCFPP), this study examined how foster parents first found out about the need for foster parents and how this affected foster family service. The NSCFPP was conducted in 1991 and is the only current (at the time of publication of this article) study of current and former foster families based on a national probability sample. For this study, only data from current foster families were used (64.5% of foster mothers provided the data). Family demographics: Three-fourths of families included married couples or couples living as married couples. With respect to race, 24% of foster mothers and 14% of foster fathers were African-American. Results showed that foster parents first heard about the need for foster families through the following sources: 36% other foster parents, 28% mass media, 9% civic/community organization, 4% church/religious organization, 25% other sources. Respondents who became aware through churches fostered for more years than did the average respondent while those who became aware through mass media for fewer years. However, previous exposure to special needs moderated the association between mass media and number of years fostering. In general, the method through which foster parents learned about fostering did not affect the type and length of service, so the authors concluded that foster care agencies should use a variety of recruitment methods. Agencies should also make more effective use of civic and religious organizations to recruit foster parents.



(97) Mary Ellen Cox, John G. Orme, & Kathryn W. Rhodes, "Willingness to Foster Children with Emotional or Behavioral Problems", *Journal of Social Service Research*, Vol. 29, No. 4, 2003, pp. 23-51.

Resource theory is used to explore the relationship between foster family resources and willingness to foster emotionally or behaviourally disturbed children. Part of a larger longitudinal prospective panel design to assess successive cohorts of foster family applicants recruited during preserve Model Approach to Partnerships in Parenting (MAAP) in the United States. Of the larger study, 142 participants were involved; therapeutic foster families were not included in any of the studies; 11 resources were measured (social support was measured using the Social Support Behaviour Scale). During MAAP, applicants were asked to rate their willingness to foster children with nine different problems and 14 months after the completion of MAAP, workers were contacted to determine if a child had been placed in the family. Results indicated that children who set fires, behave destructively or act out sexually were the 'least acceptable' to foster parents. However, the majority of foster parents were willing to discuss fostering 7 of the 9 types of children and 51% would "probably accept such a child depending on the extent of the problem" (indicating that pre-placement support would help make families feel prepared). Families with more resources were more willing to foster children with emotional and behavioural problems and were more likely to have children placed 14 months after pre-service training. African-American applicants were less willing to foster children with emotional and behavioural problems than European-American applicants, suggesting that they also would benefit from culturally sensitive additional support or training. Overall, the 'cumulative resource' model predicted willingness to foster better than any individual resource. The authors noted that this suggest that there is no specific profile of 'wiling to foster' families and that agencies should work with families to build on individual strengths. It was concluded that targeted recruitment efforts should be expanded and that matching a particular type of foster child with foster parents willing to foster that type of child might produce more stable and successful placements.

(98) Elaine Farmer, Jo Lipscombe, & Sue Moyers, "Foster Carer Strain and its Impact on Parenting & Placement Outcomes for Adolescents", *British Journal of Social Work*, Vol. 35, 2005, pp. 237-253.

This report drew on data from a recently completed study of foster care for adolescents, which examined whether there were good 'parenting' skills and/or supports or other factors that contributed to good outcomes for fostered adolescents. The researchers utilized a one-year prospective, repeated-measures design and based on a consecutive sample of young people aged between 11-17 who had recently moved to a new foster home placement. While the sampling criteria excluded young people with profound intellectual disabilities, 41% had some sort of health or developmental problems while 5% had a serious learning disability of organic origin. The majority (69%) of carers were couple carers but a third (31%) were lone carers. Most were in their middle years and the large majority (93%) were white and of British origin. Overall, they were a very experienced group; nearly a quarter (24%) had been fostering for 5 to 10 years.

The research demonstrated that foster carers' parenting capacity was markedly reduced in a number of specific areas when they had experienced a high number of stressful life events in the six months prior to the young person's arrival or were under considerable strain during the placement. General areas of potential stress for foster carers were: fear of allegations, safe caring practices, and experiences of criticism or hostility because of fostering. Conduct problems, hyperactivity and violent behaviour by the young people increased carer strain, as did contact difficulties with the children's families.

Problems in contacting social workers were linked to elevated strain, whilst strain was lessened when carers received help from friends or local professionals. The authors concluded that significantly higher disruption rates were experienced by strained carers and as a result, these placements were less beneficial to the young people.

(99) Deborah Gibbs & Judith Wildfire, "Length of Service for Foster Parents: Using Administrative Data to Understand Retention", *Children and Youth Services Review*, Vol. 29, 2007, pp. 588-599.

This study built on previous research and used administrative data from three U.S. states to conduct longitudinal analyses of foster parenting careers. Specifically, the researchers investigated variations in length of service in terms of foster parent characteristics and the amount and type of care provided.

Median length of service was found to be between 8-14 months. Foster parents with greater length of service were likely to be: older; live in urban areas; care for more children at a given time; care for more infants, adolescents, or children with special needs. Implications for retention strategies and making more effective use of foster parenting resources are discussed.



(100) Tracy E. MacGregor, Susan Rodger, Anne L. Cummings, & Alan W. Leschied, "The Needs of Foster Parents: A Qualitative Study of Motivation, Support, and Retention", *Qualitative Social Work*, Vol. 5, No. 3, pp. 351-368.

This qualitative **Canadian** study involved 54 Caucasian foster parents who consented to participate in nine focus groups representing the nine child welfare agencies in southwestern Ontario. This study was part of a larger, mail survey study of 655 foster parents.

All 9 focus groups were given the same 10 questions regarding their reason for becoming a foster parent, their motivation, and strengths and deficits in the support received. Results showed that the most common motivations for being foster parents were intrinsic, altruistic motivators of wanting to make a difference and a desire to have children in the home.

The most important supports and deficits in support from their agencies were emotional support, trust and good communication with workers, respect for foster parents' abilities and opinions, and being considered part of the child-care team.

Strategies to increase retention of foster parents included improving supports for fostering, providing accurate information about the foster child, and introducing foster parents to the role gradually.



(101) Richard E. Redding, Carrie Fried, & Preston A. Britner, "Predictors of Placement Outcomes in Treatment Foster Care: Implications for Foster Parent Selection and Service Delivery," *Journal of Child and Family Studies*, Vol. 9, No. 4, 2000, pp. 425-447.

From a review of the research on treatment foster care (TFC), the authors discuss the findings associated with successful placements:

- Children who do best in TFC have fewer prior placements and negative placement outcomes, fewer behavior problems, good relationships with their foster family and some control over visits with their birth family.
- Birth parents are more satisfied with their child's placement when they are informed about his or her progress, involved in decision-making, and provided adequate opportunities for contact and visitation.
- Effective foster parents are: often motivated to parent a child because of their own childhood experiences, are authoritative (rather than authoritarian or permissive), and provide varied and ample stimulation to the child.
- Agencies should match children and foster parents, provide sufficient supports and training for foster parents, create a well-defined model of service delivery, have clear and measurable goals, and perform ongoing program evaluation and improvement



(102) Susan Rodger, Anne Cummings & Alan W. Leschied, "Who is Caring for our Most Vulnerable Children? The Motivation to Foster in Child Welfare", *Child Abuse & Neglect*, Vol. 30, April 2006, pp. 1129-1142.

This **Canadian** study was designed to understand the motivations and needs of foster parents in order to improve recruitment and retention. A total of 652 foster parents responded to a survey that was developed by the authors in conjunction with foster parents and foster care staff in Southwestern Ontario. The survey was comprised of 139 items, many of them demographic in nature and was used to describe foster family characteristics (education, family structure, income and income sources). Also included was Denby et al.'s (1999) 65-item Foster Parent Satisfaction Survey (FPSS).

Frequencies and mean scores were calculated for items relating to characteristics of both foster parents and families, and motivation to foster. Factor analysis was undertaken to extend the utility of the FPSS.

Results should that the two most frequently endorsed reasons for fostering were wanting to provide loving parents to children and wanting to save children from further harm. The study demonstrated that the FPSS had five statistically and conceptually consistent factors and that the factor, Challenging Aspects of Foster Care correctly classified 75% of parents who had or had not considered quitting fostering. Foster parents' perception about teamwork and communication in relation to both the child welfare agency and its professionals were also key components to satisfaction with fostering experience.

With respect to recruitment strategies, the article notes that only 21% of participants had found out about fostering through media sources while 58.5% did so by connecting with other foster parents or foster children, thus highlighting the role that foster families and children play as spokespersons for foster care.

GRANDPARENTING

(103) Mary Dellman-Jenkins, Maureen Blankemeyer, & Mary Olesh, "Adults in Expanded Grandparent Roles: Considerations for Practice, Policy, and Research", *Educational Gerontology*, Vol. 28, 2002, pp. 219-235.

This article presents a literature review of research on grandparents raising their grandchildren in order to a) describe the circumstances surrounding grandparents' acquisition of the surrogate parent role b) consequences of care giving roles for the older generation (positive and negative) and c) recommendations of types of support (socio-emotional and instrumental) needed. Based on the literature review summary, implications for practice, policy, and research are discussed.



(104) Karia Kelch-Olivier, "African American Grandparent Caregivers: Stresses and Implications for Counselors", *The Family Journal: Counseling and Therapy for Couples and Families*, Vol. 16, No. 1, January 2008, pp. 43-50.

This article explores the experiences and stresses affecting African-American grandparents who are the primary caregivers of their grandchildren. Found children raised by their grandparents are at an increased risk for psychological and adjustment difficulties due to their histories and circumstances that brought them to live with their grandparents and GHF have individual as well as societal implications, particularly as such family structures are on the rise. Future research on the experience of grandchildren is needed.

Strategies for working with grandparent headed families (GHF) are discussed:

- GHF should be viewed as legitimate family structures
- Role of social support can decrease caregiver stress and improve health
- Counsellors must assess both grandparent functioning and child socioemotional functioning, as the two could be interrelated
- Counsellors must be knowledgeable about child development, child psychopathology and effective parenting skills to meet the parenting needs of these grandparents

(105) Gregory C. Smith & Patrick A. Palmieri, "Risk of Psychological Difficulties Among Children Raised by Custodial Grandparents", *Psychiatric Services*, Vol. 58, No. 10, October 2007, pp. 1303-1310.

This study involves data from 733 custodial grandmothers participating in a study funded by the National Institute of Mental Health on custodial grand-parenting and 9,878 caregivers from the 2001 National Health Interview Survey (NHIS) who completed the Strengths and Difficulties Questionnaire (SDQ) in reference to target children between ages four and 17. Current study found that similar to other children in kinship care arrangements, custodial grandchildren are reported by their caregivers to have higher levels of behavioural and emotional disturbances than children in the overall U.S. population. In particular, higher levels of difficulties were reported when grandmothers were caring for boys, were recruited by convenience rather than population-based sampling, and were white.

(106) Jill Worrall, "Challenges of Grandparent Custody of Children at Risk in New Zealand", *Families in Society*, Vol. 87, No. 4, Oct-Dec 2006, pp. 546-554.

The authors introduce the concept of grandparenting and note that this phenomenon is growing internationally. The New Zealand Children Young Persons and Their Families Act (1989) has led international child welfare legislation in mandating extended family placements for children needing care. The Act has responded to Maori concerns that Maori children were being disproportionately placed with European caregivers. The psychological, cultural, legal, and socioeconomic factors that impact on kinship care are discussed in this qualitative research study. The authors conclude that caring for abused and neglected children within the extended family is relationally complex and emotionally and physically demanding. Furthermore, relative caregivers get insufficient support and are often penalized financially by virtue of being related. However, keeping children within their family structures is less traumatic and disruptive than placement in foster care and is more likely to keep siblings together. These families have special needs and are deserving of special support.

HIV/AIDS

(107) Wendy F. Auslander, J. Curtis McMillen, Diane Elze, Ron Thompson, Melissa Jonson-Reid, & Arlene Stiffman, "Mental Health Problems and Sexual Abuse Among Adolescents in Foster Care: Relationship to HIV Risk Behaviors and Intentions", *AIDS and Behavior*, Vol. 6, No. 4, December 2002, pp. 351-359.

This study examined the sexual abuse histories and mental health problems of 343 youths in foster care aged 15-19 years old in order to determine their association with HIV-risk behaviors and behavioural intentions. Approximately half of the youth were female and half male. Of the total sample, 53% lived in a group home or congregate living and 40.5% lived in a family, relative, or foster care situation. The remaining 6.5% lived in a psychiatric facility or other situation. Data for the study were collected during baseline interviews from a larger study that evaluated an 8-month HIV prevention and life skills program.

Authors found that externalizing behaviours (delinquent and aggressive behaviour) showed the strongest relationship with HIV-risk behaviours. Furthermore, there was a significant race-by-gender interaction, with White females engaging in more risky behaviours than their male counterparts or youths of colour.



(108) J. Donald Cohen, Diana Fritz, Monica Brady, Bruce A. Cooper, Barbara Needell, & Karen K. Smith, "Specialized Foster Care for Medically Complex, Drug Exposed, HIV Positive Infants: The Baby Moms Program", *Children and Youth Services Review*, Vol. 23, No. 11, 2001, pp. 831-863.

This paper describes San Francisco's Baby Moms program, a specialized foster care unit in the Family and Children Service's Division (FCS) of the city's Department of Human Services. The program was first conceived in 1987 when the Department of Public Health's Director of FCS worked to create a unit modeled after the Therapeutic Foster Homes program for infants, some of whom were HIV positive. Baby Moms provides the following three services:

- Recruitment of foster parents willing to care for children two years of age and under who tested for positive for antibodies to HIV or who were diagnosed with AIDs.
- Training and education for foster parents
- Support for foster parents participating in the project (i.e. respite care, counselling)

Federal support has created an external private agency-based project to support Baby Moms, the Fragile Infant Special Care program, forging a unique private-public partnership.

The paper discusses various aspects of the Baby Moms model, including foster parent selection, referral procedure, care levels, discharge and permanency planning, kinship homes, financial reimbursements for caregiving, and agency barriers. Infant and Maternal characteristics based on data collected since 1987 is used to demonstrate the various unique medical conditions of these clients. The authors conclude that Baby Moms has demonstrated that a public social service program can select, train and support caregivers to provide for the medical needs of infants with a variety of serious medical conditions. Having a specialized unit available for foster placements probably contributed to reducing the length of initial hospital stays for these infants.

(109) Committee on Pediatric AIDS, American Academy of Pediatrics, "Identification and Care of HIV-Exposed and HIV-Infected Infants, Children, and Adolescents in Foster Care", *Pediatrics*, Vol. 106, No. 1, July 2000, pp. 149-153.

This article provides revised recommendations for HIV testing of infants, children and adolescents in foster care, as well as updated recommendations for the care of HIV-exposed and HIV-infected persons who are in foster care. The committee details American statistics on HIV and AIDS in the U.S., alluding to a previous inner-city study that found that newborns placed in foster care at the time of hospital discharge were 8 more times likely to have been born to an HIV-infected women than were newborns discharged to the care of their mother.

Recommendations for HIV testing for the following populations are provided: children 1 year of age or younger, older than 1 year, and those who have been sexually abused. The importance of providing medical care and foster parent education is emphasized. Permanency planning for these children must include long-term access to health care and is described as being a coordinated effort including families, foster parents and professionals.

(110) Pascale Donati & Annick-Camille Dumaret, "Caretakers of Children with HIV in Extended and Foster Families: The French Situation", *European Journal of Social Work*, Vol. 4, No. 2, 2001, pp. 173-183.

Paper describes the specific French structures dealing with child welfare. It presents a brief overview of the literature on the impact of HIV infection on families and in the Aide Sociale à L'Enfance (ASE) and the results of a 1998 quantitative study on HIV-positive children placed under the ASE; 92 departments in mainland France responded to a national questionnaire survey; and 1994-1997 study of intra/extra family foster carers using semi-directive interviews with the extended families and with foster families.

The results found that:

- Most foster families were couples (90%); two-thirds had own dependent children; 37% were 1st time foster carers; most had other children in care who were not HIV-infected
- A long stay in institutions before arriving in a foster family is one of the characteristics of foster care in HIV cases but the average waiting time has fallen steadily.
- Due to new drug treatments during pregnancy, there are less and less births of HIV-positive babies but there are still new children in care and they are predominantly older, African, large-sibling children.

(111) Teena M. McGuinness, Marian Mason, Grace Tolbert, & Cheryl DeFontaine, "Becoming Responsible Teens: Promoting the Health of Adolescents in Foster Care", *Journal of the American Psychiatric Nurses Association*, Vol 8. No. 3, June 2002, pp. 92-98.

Adolescents living in residential foster care participated in the 8-week 'Becoming a Responsible Teen' (BART) curriculum on condom awareness and HIV risk knowledge. The author concluded that adolescent females in foster care are a high-risk group for sexually transmitted diseases but Bart increased their knowledge and encouraged them to spread the word to other adolescents.

KINSHIP CARE

(112) Gary S. Cuddeback, "Kinship Family Foster Care: A Methodological and Substantive Synthesis of Research", *Children and Youth Services Review*, Vol. 26, 2004, pp. 623-639.

This article presents a methodological and substantive review of studies found in an electronic search of material from 1970 to present (2004 as of this article being published). The review focuses on quantitative studies, although it does make note of some qualitative studies that have contributed to kinship literature.

(113) Jay Peters, "True Ambivalence: Child Welfare Workers' Thoughts, Feelings, and Beliefs about Kinship Foster Care", *Children and Youth Services Review*, Vol. 27, 2005, pp. 595-614.

A content analysis of child welfare workers' responses during kinship foster care training delivered to 9 units of a child welfare office in a rural state. Worker comments and role-plays were recorded, transcribed into a text file and then entered in QSR's N5 Qualitative software.

Given the way which the data was gathered, it is not possible to determine whether any given worker statement was based on individual case experience, shared experience within the worker's unit, or on pre-existing attitudes and beliefs. Workers shared a number of strong positive feelings toward kinship care, including the conviction that children do better in their growth and development when placed with kin than in foster homes. The intrapsychic benefits of kinship placement were discussed as well as the social factors involved in kinship care (i.e. reduction of social stigma). Negative feelings and attitudes were focused on the greater time consumed by kinship foster care placements, the frequent difficulty of dealing with triangulation, the lack of clear and coherent policy regarding work with kin, and a resulting increased feeling of risk (often caused during triangulation when family members often make allegations).

Author concludes that the workers' feelings are consistent with the definition of ambivalence and that the training offers an excellent opportunity to admit to these feelings and resolve them. Therefore, increases in kinship placement may require systemic resolution of our ambivalence about foster care.

(114) P.L. Thornton, J.N. Okundaye, & D. Harrington, "The Training Process of the Maryland Guardianship Assistance Project: A Collaborative Model for Kinship Foster Care. *Child Welfare*, 86(6), 2007, 67-88.

Understanding models of multidisciplinary collaborations in child welfare has become essential for policy development, program success, and improving outcomes for children in foster care. The authors present the state of Maryland's Guardianship Assistance Project (GAP) as a model of multidisciplinary collaboration in child welfare and describe the training process that supported the development of the model. Key components for effective collaborative practice, lessons learned, and recommendations from the GAP collaboration are presented.

MALTREATMENT

(115) Nadia Desbiens & Marie-Hélène Gagné, "Profiles in the Development of Behavior Disorders among Youths with Family Maltreatment Histories", *Emotional and Behavioural Difficulties*, Vol. 12, No. 13, September 2007, pp. 215-240.

This article documents the results of a qualitative study which explores the psychosocial profiles and needs of youth with serious behaviour problems and a family history of physical, psychological or sexual abuse. Twenty-three clinical files of children between the ages of 9-17 under child protection were reviewed and a qualitative analysis followed the chronology and life history of each youth.

Three generic profiles emerged from the data analysis: *the Undesirable, the Explosive, and the Delinquent*. Study proposes distinct intervention models be applied in the school environment.

(116) Brenda Jones Harden, "Safety and Stability for Foster Children: A Developmental Perspective", *The Future of Children*, Vol. 14, No. 1, Spring 2004, pp. 31-47.

This article discusses the importance of safety and stability to healthy child development and reviews the research on the risks associated with maltreatment and the foster care experience. It finds:

- Family stability is best viewed as a process of care giving practices that, when present, can greatly facilitate healthy child development.
- Children in foster care, as a result of exposure to risk factors such as poverty, maltreatment, and the foster care experience, face multiple threats to their healthy development, including poor physical health, attachment disorders, compromised brain functioning, inadequate social skills, and mental health difficulties.
- Providing stable and nurturing families can bolster the resilience of children in care and ameliorate negative impacts on their developmental outcomes.

The author concludes that developmentally-sensitive child welfare policies and practices designed to promote the well-being of the whole child, such as ongoing screening and assessment and coordinated systems of care, are needed to facilitate healthy development.

(117) Teena M. McGuinness & Kristina Schneider, "Poverty, Child Maltreatment, and Foster Care", *Journal of the American Psychiatric Nurses Association*, Vol. 13, No. 5, 2007, pp. 296-303.

This article documents the disadvantages experienced by young children in foster care (aged 36 months and younger) via a study of records documenting the multiple risks to their health and development. Commonly encountered risks included: low birth weight, prenatal substance exposure, and prematurity.

(118) Katherine Pears & Philip A. Fisher, "Developmental, Cognitive, and Neuropsychological Functioning in Preschool-aged Foster Children: Associations with Prior Maltreatment and Placement History", *Developmental and Behavioral Pediatrics*, Vol. 26, No. 2, April 2005, pp. 112-22.

Two groups of children participated in this study: 3-6 year-old foster children and a community comparison group of nonmaltreated, same-age comparable children living with their biological families. Study aim was to explicate the types of developmental delays observed in young children and how placement and maltreatment experiences are associated with such delays. Physical growth, neurological functioning, executive functioning, language, and general cognitive functioning were compared for both groups of children. The authors found that the foster children group showed developmental lags on measures of height, head circumference, visuospatial functioning, language and general cognitive functioning. Concluded that a history of neglect was negatively associated with functioning in a number of domains. Surprisingly, the number of maltreatment types experienced was positively associated with functioning. Findings further support the call for systematic and intensive screening of preschoolers entering foster care.



(119) Patricia M. Sullivan & John F. Knutson, "Maltreatment and Disabilities: A Population-Based Epidemiological Study", *Child Abuse & Neglect*, Vol. 24, No. 10, 2000, pp. 1257-1273.

Study objectives were to assess the prevalence of abuse and neglect among a population of children identified as a function of an existing disability, relate specific types of disabilities to specific types of abuses, and to determine the effect of abuse and neglect on academic achievement and attendance rates for children with and without disabilities. Study involved an electronic merger of school records with Central Registry, Foster Care Review Board, and police databases, followed by a detailed record review of the circumstances of maltreatment. Authors found a 9% prevalence rate of maltreatment for nondisabled children and a 31% prevalence rate for the disabled children, thus establishing a significant connection between the presence of an educationally related disability and maltreatment. The authors concluded that children with disabilities are 3.4 times more likely to be maltreated than nondisabled peers.

MEDICAL NEEDS

(120) Robin L. Hansen, Fatema Lakhani Mawjee, Keith Barton, Mary B. Metcalf, & Nancy R. Joye, "Comparing the Health Status of Low-Income Children in and out of Foster Care", *Child Welfare*, Vol. 83, No. 4, Jul/Aug 2004, pp. 367-380.

The purpose of this cross-sectional study was to describe the mental, medical, and developmental health status of a cohort of children in foster care in Sacramento County, California, and compare the results of their exams with the health status of Medicaid-eligible children who are not in foster care. The unique contribution of this study is its use of a similarly low-income comparison group to investigate the effect of factors other than poverty on overall health status. The results of the study demonstrate a higher-than-normal prevalence of behavioural and emotional concerns and increased referrals for the foster children, indicating that the medical needs of these children, with the exception of the most severe conditions, are not being adequately met. Thus, foster care agencies require an integrated system for follow-up to ensure that children's needs are met. Furthermore, agencies must take a prospective look at the long-term conditions of foster care children in order to better optimize their outcomes.

(121) Susan Kools & Christine Kennedy, "Foster Child Health and Development: Implications for Primary Care", *Pediatric Nursing*, Vol. 29, No. 1, Jan/Feb 2003, pp. 39-46.

A review of the literature on complex health and developmental needs of children in foster care. Authors review the physical health status of children in foster care, mental health status, developmental impact of foster care, and implications for primary care. A table outlining age groups and associated developmental tasks and impact of traumatic/disruptive preplacement and/or foster care experiences on development is provided. Drawing on information from the Child Welfare League of America and the American Academy of Pediatrics, the authors provide an adapted version of the "National Standards of Health Care for Children in Care", including a timeline of essential interventions and assessments when a child enters care.

(122) Lori S. Lauver, "Parenting Foster Children with Chronic Illness and Complex Medical Needs", *Journal of Family Nursing*, Vol. 14, No. 1, February 2008, pp. 74-96.

This U.S. phenomenological inquiry of 10 foster families was intended to explore the experience of parenting foster children with chronic illness and complex medical needs; thirteen participants currently fostering chronically ill children were interviewed and the recorded interviews were transcribed and analyzed using van Manen's method. Data analysis yielded 5 essential themes: 1) Commitment to the child in their care; 2) Learning the needs of a medically complex foster child; 3) Identification of effective and ineffective interventions encountered through day to day living; 4) The experience of loss through relinquishment and death of the child; and 5) Life-changing experience



(123) Laurel K. Leslie, Jeanne N. Gordon, Lee Meneken, Kamila Premji, Katherine L. Michelmore, & William Ganger, "The Physical, Developmental, and Mental Health Needs of Young Children in Child Welfare by Initial Placement Type", *Journal of Developmental & Behavioral Pediatrics*, Vol. 26, No. 3, June 2005, pp. 177-185.

Developmental Screening and Enhancement Program (DSEP) is a collaborative project in San Diego county aimed at improving identification of health problems of children. Between April 1, 1998 to June 30, 1999, chart abstractions were conducted of child welfare and medical records of 1542 children, ages 3 months to 5 years 11 months admitted to San Diego's sole emergency shelter for investigations of alleged maltreatment. On entry children received a full intake history and physical exam. Pediatric care provider screened each child for development delay - Denver Developmental Screening Test II; children classified as "Suspect" were referred for a full developmental evaluation using the Bayley Scales of Infant Development II and a mental health examination was provided. At discharge, children went to three placement types: *biological parents (28.5%), kinship caregivers (28.4%); nonrelative foster parents (43.1%).*

Physical Health findings of current study:

- 88% of children entering the children's centre were removed from their home of origin
- Children placed with nonrelative caregivers were more likely to have experienced neglect or change of placement and less likely to have experienced physical abuse.
- 86.7% had physical problems, the majority having one (31.5%) of two (30%) problems.
- 66.5% had atopic or infectious dermatitis (the most prevalent body system problem).
- Respiratory system next highest occurrence of diagnosis 22.6%; dental caries were in 13.2% of sample.
- Both neurological findings and anemia were more common in children returning to biological parents or placed in nonrelative foster care as compared with children placed in kinship care.

Developmental Findings

- 57.9% scored "Suspect" on the Denver-II screening tool
- Bayley-II predicted a high risk of developmental delay across all initial placement settings
- 52.8% of sample displayed mildly or significantly delayed performance in verbal section.

Mental Health Findings

- Only 8.7% had a mental health diagnosis documented.
- Most common diagnoses were adjustment disorder, ADHD, and other disruptive disorders.

The principle finding: children were likely to have numerous health, developmental or mental health issues, regardless of their initial placement type. Implications for policy were outlined.

MENTAL DISORDERS and PSYCHOSOCIAL ADJUSTMENT

(124) James Barber & Paul Delfabbro, "Children's Adjustment to Long-Term Foster Care", *Children and Youth Services Review*, Vol. 27, 2005, pp. 329-340.

This article presents two interrelated studies that investigate the psychosocial adjustment of children to long-term foster care. The first study tracked placement movements and psychosocial outcomes for South Australian children referred to out-of-home care between May 1999 and April 2000. Data was tracked at intake, 4 months, 8 months, 1 year and 2 years. The second study involved consumer feedback and used a semistructured interview schedule to obtain feedback from children in foster care for a minimum of 2 years. Results found children in long-term foster carer were satisfied with almost all aspects of their current placement; foster homes were described as being highly nurturing (20% of children found that they did not always get along with their foster carers and that they needed more help than they were currently getting); no relationship between how long children had been in care and their satisfaction on any items. Psychosocial adjustment appeared to approve in the short-term and the gains made were maintained at least until the 2-year period, although the absence of an experimental control in this study somewhat obscures the clinical significance of the results. However, overall the present studies caution against the common assumption that long-term foster care is antithetical to psychosocial adjustment.



(125) James G. Barber & Paul H. Delfabbro, "Placement Stability and the Psychosocial Well-Being of Children in Foster Care", *Research on Social Work Practice*, Vol. 13, No. 4, July 2003, pp. 415-431.

Key assumptions underlying the philosophy of permanency planning are assessed – that placement instability adversely affects the psychosocial development of children living in foster care. Over an 8 month period between 1998 and 1999, a sample of 120 children in South Australia who were referred for out-of-home care were selected, from both urban and rural areas. The study found most of the children who remained in care throughout the period could be assigned to one of three groups: 1 (stable throughout), 2 (unstable throughout), and 3 (initially unstable, then stable). A linear trend toward improvement was seen for Groups 1 and 2 whereas those in Group 3 only showed improvement while their placements were unstable. Group 2 results suggest that placement instability up to at a 8-month point is not necessarily damaging to the child. The major implication for social work practice is that welfare workers need not be afraid of moving children from placement to placement at least up to the 8-month point. The authors argue that perhaps the heavy emphasis in the United States on placement stability should thus be re-examined.



(126) James Barber & Paul Delfabbro, "The First Four Months in a New Foster Placement: Psychosocial Adjustment, Parental Contact and Placement Disruption", *Journal of Sociology and Social Welfare*, Vol. XXX, No. 2, June 2003, pp. 69-85.

In this study, 235 South Australian adolescents (age range of 4-17 years) referred to a new foster care placement were recruited and monitored over a twelve-month period in order to assess placement movements between intake and follow-up at four months for the sample. Baseline information was obtained from their case files and from face-to-face interviews with their social workers. Scores on behaviour and psychological measure were compared with a normative sample of adolescents drawn from the general population in Canada.

Results:

- 67% of children were moved for reasons beyond their control
- 33% experienced placement change because foster carer was unable to cope with child's behaviour. Mean number of placements was 5.7.
- Only 54% of sample were expected to have direct, personal contact with family
- Children at 4 months were significantly better behaved, less agitated and less worried.
- Children at 4 months were significantly less likely to skip school or refuse to engage in school activities but social workers did not report any significant improvement in children's interest in their studies.

The results of this prospective study are consistent with the conclusion that foster placements tend to be accompanied by improvements in the short-term in levels of conduct disorder, hyperactivity and emotional disorder. It must be noted, however, that the absence of an adequate control condition means that improvements cannot be attributed to foster placement itself. The authors argue that since over half of children in South Australia will experience a placement change at least once in the first four months, one of the fundamental objectives of an alternative care system must be to provide placement stability from the outset.

(127) Philip Burge, "The Ontario Crown Wards Survey: Profiles of Adoptable Children", *Canadian Social Work*, Vol. 9, No. 1, 2007, pp. 8-25.

This **Canadian study** reports on the incidence of mental and physical disorders in children in Ontario who are permanent wards and legally free for adoption. It explores the incidence of disabilities in crown wards in relation to their experiences of maltreatment and permanency planning, family history, in-care experiences, and residential settings. Information on 429 children, representing about 21% of all eligible wards, is reviewed and analyzed.

Results showed that 56.9% of the children were male, 86.7% were without access, and 57.8% had a disabling condition. The number of disabilities found among children ranged from 1 to 8. In total, 39% of children had one disability, 31% had two, 13% had three and the remainder had more. The most frequent disability was ADHD (20.5%), followed by speech and language disorders or delays (11%). For children attending school and over age 5, 42.2% had an Individual Education Plan.



(128) Philip Burge, "Prevalence of Mental Disorders and Associated Service Variables among Ontario Children who are Permanent Wards", *The Canadian Journal of Psychiatry*, Vol. 52, No. 5, May 2007, pp. 305-314.

The objective of this **Canadian study** was to identify the rate of mental disorders among Ontario children who are permanent wards. The author reviewed case files from a stratified sample of 429 Ontario children who were permanent wards with no access to biological parents on December 31, 2003. The results demonstrated that the prevalence of mental disorders was 31.7%. A significantly higher proportion of children with mental disorders experienced maltreatment and were almost 3 times more likely to be placed in CAS privately operated resources such as group homes. They were also almost 10 times less likely to be living in a probationary adoption home than those children without mental disorders.

Prevalence Rates

- The number of separate mental disorder labels given to children ranged from 1 to 5 with most children (67.5%) having 1 diagnostic label, 26.3% having two, and the remainder having 3 or more.
- Of the 20.7% (1 in 5) of children with ADHD, 85% had at least 1 other mental disorder.
- Boys were twice as likely to have a mental disorder
- Psychotropic medications had been prescribed for almost 28% of the children
- Of those with mental disorders, 49% also had comorbid conditions from another category of disability, the most common being learning disabilities, physical disabilities and FASD.
- The rate of children with an intellectual disability was 7.5%, much higher than in the general population (typically 1-3%).

The author concluded that temporary wards were more likely to exhibit challenging behaviors caused in part by their having entered care more recently and by having yet to be treated for pre-existing emotional disturbances. Surprisingly, the rate of conduct disorders (1.6%) was lower than expected.

(129) Julie Cohen & Victoria Youcha, "Zero to Three" Critical Issues for the Juvenile and Family Court", *Juvenile and Family Court Journal*, Vol. 55, No. 2, Spring 2004, pp. 15-27

This article bases its research on the premise that infants are the fastest growing population in foster care. Six critical issues that impact child development are discussed with respect to the role of the child welfare system (in a juvenile justice framework): multiple placements, evidence-based prevention and treatment models, comprehensive, developmentally appropriate physical and mental health care, early intervention, quality early care and learning experiences, and visitation practices.

(130) Betty Fish & Bette Chapman, "Mental Health Risks to Infants and Toddlers in Foster Care", *Clinical Social Work Journal*, Vol. 32, No. 2, Summer 2004, pp. 121-140.

The purpose of this paper is to discuss how problematic situations articulated by Dozier et al. (2002) as well as systemic stress generated by the child welfare system, can become risks to infants and toddlers' foster placement and mental health. A case study is used to describe both three relational risk factors as well as two contextual risk factors. The authors conclude that the foster care system needs to provide interventions that are unique to the attachment and regulatory needs of this very young population.

(131) Robert E. Lee & Jason Whiting, "Foster Children's Expressions of Ambiguous Loss", *The American Journal of Family Therapy*, Vol. 35, 2007, pp. 417-428.

Using semi-structured interviews with 23 foster children aged 7 to 12 years and stories by 182 foster children aged 2 to 10 years (to 4 Blacky Pictures), the authors demonstrated the pervasive presence of ambiguous loss. They concluded that many behavioural indicators of cognitive and emotional discomfort in foster children are normative and that interventions should be guided by this. In particular, the authors recommend that child welfare workers better inform foster children as to the reason for their placement and what is currently happening with their families. Further recommendations are also discussed.

(132) Nicole L. Milburn, Marell Lynch, & Jennifer Jackson, "Early Identification of Mental Health needs for Children in Care: A Therapeutic Assessment Program for Statutory Clients of Child Protection", *Clinical Child Psychology and Psychiatry*, Vol. 13, No. 1, 2008, pp. 31-47.

This article provides an overview of the mental health needs of looked after children as well as a summary of the Australian child protection system (in Victoria). The premise of the Stargate Early Intervention Programme is described as being developed in order to support severely disturbed children and young people. The programme utilizes a systematic comprehensive therapeutic assessment approach for all child protection clients who enter out-of-home care for the first time. Relying on case studies and assessment findings, the work of the programme is outlined. The following results were discussed:

- More than 60% of participants met criteria for a major psychiatric diagnosis
- Post Traumatic Stress and Adjustment Disorders were most common
- Almost 75% of participants over age 5 scored in borderline or abnormal range in the Strengths and Difficulties Questionnaire.
- Overrepresentation of infants less than 1 year of age and adolescents in the cohort.

(133) Cassandra Simmel, Richard P. Barth, & Devon Brooks, "Adopted Foster Youths' Psychosocial Functioning: A Longitudinal Perspective", *Child and Family Social Work*, Vol. 12, 2007, pp. 336-348.

In this longitudinal study, a sample of adopted foster youth and adopted non-foster youth was taken from a California state-wide sample of adopted youth aged 2 to 18 years. Data was collected from adoptive parents at 2, 4 and 8 years after adoption and the youths' functioning was rated (by the adoptive parents) using the Behaviour Problems Inventory. According to parental report, adopted foster youth exhibited higher degrees of problem behaviour, both overall and in internalizing and externalizing compared with the non-foster care group. At each wave of measurement, approximately 40% of foster care youth displayed antisocial conduct compared with the non-foster care youth. The foster care boys maintained higher levels of behaviour problems relative to their non-foster care counterparts and in comparison with the girls.

(134) Nick Stanley, "Young Peoples' and Carers' Perspectives on the Mental Health Needs of Looked-After Adolescents", *Child and Family Social Work*, Vol. 12, 2007, pp. 258-267.

This paper describes a qualitative study in which fourteen looked-after young people living in the UK participated in four focus groups in order to elicit their ideas and experiences of foster care. Data analysis was conducted manually and key themes categorized. Front-line carers were also contacted through a postal survey and asked to identify the mental health needs of the youth they worked with as well as the factors impacting on mental health. The study took place between 2000 and 2001.

The results showed that youth and carers were agreed in highlighting the damaging effects of the discontinuity and change experienced in the looked-after system. Young people emphasized the importance of exercising choice and control when seeking and receiving support and identified the value of positive role models provided by 'survivors of the care system'.

Carers reported high levels of risk behaviour, particularly self-harm, among youth living in children's homes.

(135) Michael Tarren-Sweeney, "Retrospective and Concurrent Predictors of the Mental Health of Children in Care", *Children and Youth Services Review*, Vol. 30, 2008, pp. 1-25.

The paper reports retrospective and concurrent predictors of baseline mental health estimates for 347 children recruited to an epidemiological study of children in foster and kinship care in New South Wales, Australia. The study design addresses limitations of previous risk-related research with this population. While a large number of potential risk and protective factors were associated with children's mental health, most were confounded. Predictors identified in two-stage hierarchical regression models accounted for 0.31 of the variance of continuous mental health scores. The key predictors were: "age at entry into care"; developmental difficulties (intellectual disability and reading problems); three specific types of maltreatment; recent adverse events; and factors referring to placement insecurity or lack of permanence. Mechanisms accounting for these findings are proposed, with particular reference to cumulative exposure to adversity, attachment theory and foster care practices. Implications for social care policy include the need to identify children who are in need of care at younger ages, and the harmful effects of perceived impermanence for children in long-term care.

(136) Patrick Tomlinson, "The Experience of Breakdown and the Breakdown that can't be Experienced: Implications for Work with Traumatized Children", *Journal of Social Work Practice*, Vol. 22, No. 1, March 2008, pp. 15-25.

Drawing on personal experience, case studies and theory drawn from Winnicott's work, the author describes the experience of breakdown with respect to severely traumatized children placed in a residential setting. The author argues that breakdown in a child's formative years will lead to a significant impact on their development. Furthermore, depending on whether the child was originally able to fully experience the breakdown (i.e. if they were still a toddler and unable to cognitively process and express the experience) there are different implications for treatment.

PERMANENCY PLANNING

(137) Claire Baker, "Disabled Children's Experience of Permanency in the Looked After System", *British Journal of Social Work*, Vol. 37, 2007, pp. 1173-1188.

This U.K. research study aimed to identify if there were any particular difficulties in pursuing permanency for disabled looked after children. The article introduces the concept of 'reverse ladder of permanency'; the idea that disabled children may be less likely than their peers to receive permanent placements such as adoption and return home. This current study draws on the statistical data from completed postal questionnaires received from social workers, family placement workers, foster-carers and current carers of the children – all of which was collected in a 3 year longitudinal study exploring a cohort of 596 foster children of all ages.

The results demonstrated the children's' status after 3 years: adopted, returned to birth family, remaining in foster care, moved on to residential care. Post-eighteen options were also discussed. With respect to foster care, disabled children were more likely than their non-disabled peers to still be in foster care after 3 years. Clearly disabled children were the most likely to be still fostered (60%) followed by the contested group (47%) and non-disabled (36%). It was argued that the contested group were most likely to have experienced a placement disruption.

The authors concluded that foster children with learning but not other impairments were less likely to be adopted and that all disabled children were less likely to return home and therefore remained in foster care for longer. Disabled children who were adopted, or who returned home, did so after a greater delay compared to non-disabled children. By contrast, children who were 'clearly disabled' achieved a greater degree of permanence within the care system.



(138) Marion A. Becker, Neil Jordan, & Rebecca Larsen, "Predictors of Successful Permanency Planning and Length of Stay in Foster Care: The Role of Race, Diagnosis and Place of Residence", *Children and Youth Services Review*, Vol. 29, 2007, pp. 1102-1113.

This paper examined the significant predictors of successful permanency planning and length of stay in foster care for children served by the child welfare system in Florida. A retrospective study was made of children with a history of maltreatment who had been placed into and exited foster care between July 1, 1998 and December 1, 1999. The article provides a literature review of previous research examining predictors of length of stay in foster care and permanency and finds that outcomes have focused on three distinct time points including entry to foster care, exit, and reentry.

The results found that:

- Non-white children were less likely than white children to successfully exit foster care
- Age was negatively related to the probability of a successful exit
- The number of children with a substance abuse diagnosis was small, but they were less likely to successful exit than children without a diagnosis.
- The most significant predictor of outcome was geographic location. Overall statewide success rate was 24%.
- Other important factors included: race, presence of mental disorder, developmental disability, and placement in therapeutic foster care.



(139) Jennifer F. Coakley & Jill D. Berrick, "Research Review: In a Rush to Permanency: Preventing Adoption Disruption", *Child and Family Social Work*, Vol. 13, 2008, pp. 101-112.

This study reviews all available research, principally from the United States, in order to understand the wide range of reported adoption disruption rates found in literature. The authors present a summary of characteristics associated with adoption disruption (child characteristics, family characteristics, agency characteristics). The following recommendations were made by the authors, based on the findings of the review:

- Additional resources are necessary so that caseworkers have adequate time to complete child and family assessments.
- Recruitment efforts should be made to increase pool of concurrent-planning caregivers
- Adoption social workers should be educated about current state of adoption research.
- Further study is needed on characteristics of families who successfully adopt looked-after children.

While the authors maintain optimism about the success of the rising adoption rates in the U.S., evidence from their study suggests that some families may be at greater risk of experiencing disruption than others.

(140) Heather N. Taussig, Robert B. Clyman, & John Landsverk, "Children Who Return Home From Foster Care: A 6-Year Prospective Study of Behavioral Health Outcomes in Adolescence", *Pediatrics*, Vol. 108, No. 1, July 2001, pp. 1-7.

This U.S. study uses a prospective cohort design to examine outcomes for youth who were reunified after placement in foster care as compared to youth who did not reunify. A cohort of 149 ethnically diverse youth, 7-12 years old, who entered foster care between May 1990 and October 1991 were interviewed. The results of the study showed that compared with youth who were not reunified, reunified youth showed more self destructive behaviour, substance use, and total risk behaviour problem standardized scores. They also reported more problems in internalized behaviors and total behaviour problems.

The authors conclude that youth who reunify with their biological families after placement in foster care have more negative outcomes than youth who do not reunify. Multiple explanations for the results are considered. The authors note that additional research is needed to replicate the findings of this study and to explore why some children who are reunified do well whereas others have difficulty. The authors also argue that the current study's results should not be misconstrued as an argument against reunification. Rather, the findings should caution us against presuming that children who return to live with their birth parents have achieved positive outcomes. Finally, the voices of the children themselves should be considered, since many report generally positive feelings about being placed in foster care.

PLACEMENT OUTCOMES



(141) Jason D. Brown & Lisa M. Bednar, "Foster Parent Perceptions of Placement Breakdown", *Children and Youth Services Review*, Vol. 28, 2006, pp. 1497-1511.

In this **Canadian** study, a random sample of foster parents was asked "What would make you consider ending a foster placement?". Responses were thematically analyzed and compared to existing literature on contributors to placement outcome associated with characteristics of foster children and their foster parents. Reasons for ending a placement included:

- If there was a danger to the family
- If the child could not adapt to the home or the family could not handle the child's behaviour
- Complex health needs of child
- Problems dealing with foster agency
- Lack of appropriate external supports in place

Three major differences were found between this sample's foster parent data and the fostering literature:

- The frequency and severity of violence by foster children; although it does occur few studies actually address the issue of violence and how it contributes to placement breakdown
- There was reference in the data for a more 'positive' outcome associated with breakdown: "going back to birth parents"; clearly foster parents do see themselves as important players in the process
- There was no reference to the decision-making that foster parents go through when determining to continue fostering a child.



(142) Jason D. Brown & Melissa Campbell, "Foster Parent Perceptions of Placement Success", *Children and Youth Services Review*, Vol. 29, 2007, pp. 1010-1020.

In this **Canadian** study, a random sample of 61 foster parents were asked "What in your opinion is a successful foster placement?". Six themes resulted: security for child, family connections, good relationships, positive family change, seamless agency involvement, and child grows. The results were consistent with existing literature.

(143) Robyn Gilbertson & James G. Barber, "Breakdown of Foster Care Placement: Carer Perspectives and System Factors", *Australian Social Work*, Vol. 56, No. 4, Dec. 2003, pp. 329-339.

This South Australian qualitative study collected data on the process of placement deterioration from foster carers who had ended a placement because of an adolescent's disruptive behaviour, in order to determine ways in which system shortcomings might be affecting placement outcomes. Of the 19 cases, 9 could have been sustained with certain interventions while the remainder (10) appear to have been unsustainable.

The following practices, if followed, were found to have the potential to sustain a faltering placement:

- Higher rate of carer remuneration
- More training and 24-hour crisis response service
- Having only one child in the home (where applicable)
- Better pre-placement preparation
- Carer's views about child's care being taken into account by placement agency

(144) Sigrid James, "Why Do Foster Care Placements Disrupt? An Investigation of Reasons for Placement Change in Foster Care", *The Social Service Review*, Vol. 78, No. 4, December 2004, pp. 601-627.

This study examines the reasons for placement changes in foster care and analyzes the determinates of the rate of behaviour-related placement changes. Data on placement changes were collected for a cohort of 1084 children aged 0-16 years involved in the National Institute of Mental Health (NIMH)-funded longitudinal study of children in foster care (FCMH). Four broad categories of placement change were identified: system-policy related, foster-family-related, biological family-related, and behaviour-related. About 20% of all placement changes could be specifically linked to children's behaviour problems while 70% of all placement changes were the result of system or policy mandates (likely accounted for by San Diego's extensive utilization of short-term facilities). The majority of children who experienced behaviour-related moves did so shortly after entering out-of-home care, suggesting that they might enter care with attributes or conditions (older age, externalizing problems) that demand immediate interventions.

The study did have four limitations. Firstly, the cohort was biased toward children with longer stays in case. Secondly, the study excludes children with the most volatile placement histories and thirdly, data on reasons for placement changes are based on information abstracted from case files. Finally, it is difficult to generalize the findings since other systems may be less reliant on short-term facilities and would therefore be expected to have a higher proportion of behaviour-related placement changes.

(145) Rae R. Newton, Alan J. Litrownik, & John A. Landsverk, "Children and Youth in Foster Care: Disentangling the Relationship between Problem Behaviors and Number of Placements", *Child Abuse & Neglect*, Vol. 24, No. 10, 2000, pp. 1363-1374.

The purpose of this study was to provide a prospective look at the relationship between change in placement and problem behaviors over a 12-month period among a cohort of 415 foster youth in San Diego. The authors found that volatile placement histories contribute negatively to both internalizing and externalizing behaviour and that children who experience numerous placement changes may be at particularly high risk for these negative effects. The report concludes with a recommendation to view behaviour problems as both a cause and consequence of placement disruptions. Furthermore, children who do not initially evidence behaviour problems may constitute a neglected population that respond to multiple disruptions with increasingly self-defeating behaviors.

(146) Yvonne A. Unrau & Richard M. Grinnell, Jr., "Exploring Out-of-Home Placement as a Moderator of Help-Seeking Behavior Among Adolescents Who Are High Risk", *Research on Social Work Practice*, Vol. 15, No. 6, November 2005, pp. 516-530.

This study investigated foster or group care placements as a predictor of help-seeking behaviour among adolescents who were at high risk for physical or mental health problems. Data from the 1985-1986 wave of the Adolescent Health Care Evaluation Study were used to determine whether a placement experience in foster care or group care increased the likelihood of youth seeking professional help outside the child welfare system. The study found that adolescents who experienced placement did indeed exhibit more physical or mental health problems, although the underutilization of mental health services was cause for concern. Youth were more likely to seek professional help for only two problems: depression or conduct problems.

RACE & ETHNICITY

(147) A. Chand, "Every Child Matters? A Critical Review of Child Welfare Reforms in the Context of Minority Ethnic Children and Families", *Child Abuse Review*, 17(1), 2008, pp. 6 – 22.

This paper critically reviews some key government papers that together largely provide the foundation for the relevant child welfare reforms in England and Wales. The context of this review was to evaluate whether these papers and documents made sufficient reference to improving policies and practices for minority ethnic children and families involved in child welfare matters, given the research evidence from the early 1990s suggesting that such families may experience particular disadvantages or discriminations within the UK child welfare system. The research evidence cited draws upon studies that have considered the experiences of different minority ethnic groups from the point of referrals through to long term services, including those children who have been looked after in local authority care and those families that have been subject to care proceedings. This paper concludes that more is needed under the *Every Child Matters* agenda to both acknowledge and address the specific needs of minority ethnic children and their families, as identified in the range of studies published post Children Act 1989.



(148) David Crampton & Wendy Lewis Jackson, "Family Group Decision Making and Disproportionately in Foster Care: A Case Study", *Child Welfare*, Vol. 86, No. 3, May/June 2007, pp. 51-69.

This paper presents a model for Family Group Decision Making (FGDM) that was implemented in Kent County, Michigan, in order to effectively engage extended family members in providing safe and stable long-term care as an alternative to regular foster care. FGDM has been used in New Zealand and is a growing practice around the world, particularly in the United States and the UK. The authors contend that since FGDM can facilitate kinship care, it may be a useful tool for finding alternatives to formal foster care for children of color.

Program evaluation included an outcome analysis of the referrals received from 1996 to 1998 and traced through to 2000, for a minimum of two years. Since the program was under development at the time of the study, a randomized experimental design was not deemed appropriate. Instead, the analysis used a multiple non-equivalent comparison group design. Five referral groups were compared in terms of additional contact with Children's Protective Services, number of out-of-home placements, residential placements, and long-term placements with parents or relatives.

The results of the study suggest that of 257 cases involving children of color, 24% were diverted from foster care placement through FGDM. Since recent research has highlighted the disproportionate number of children of colour in foster care, the authors conclude that FGDM is an effective community program. However, it was noted that legal guardians of children received significantly less financial assistance than caregivers licensed for foster care or those receiving an adoption subsidy. Furthermore, children placed through regular foster care services were more likely to be adopted. There is therefore the need to develop alternative financial supports for relative caregivers who participate in FGDM.

(149) Ramona W. Denby & Carla M. Curtis, "Why Special Populations are not the Target of Family Preservation Services: A Case for Program Reform", *Journal of Sociology and Social Welfare*, No.2, June 2003, pp. 149-173.

Paper explores U.S. child welfare system and the situations of "special populations" (e.g. children of colour) whose future within the system is even bleaker because they are disproportionately represented across the service continuum. Authors contend that intensive family preservation has not demonstrated empirically a sustained record of success in the reduction of placement rates among special populations. Examination focused on the decision-making process involved in targeting children and families for intensive family preservation. The results found a significant bias against targeting family preservation services to special populations in general, and children of color in particular.

(150) Aminifu R. Harvey, Georgette K. Loughney, & Janaé Moore, "A Model Program for African American Children in the Foster Care System", *Journal of Health & Social Policy*, Vol. 16, No. ½, 2002, pp. 195-206.

Examined the development of African American males in shelter care between the ages of 7 and 14; takes an Africentric approach. Authors suggest approach is not only applicable to persons of African descent but is an optimal humanistic approach to living that could be extended to other settings in the foster care system. The issue of disproportionality in the system is discussed and a 2000 report by the W.K. Kellogg Foundation is cited, noting that 57% of children in care (in the U.S.) are children of color. The experience of children living in residential placement and the issue of child maltreatment within this context is discussed. The Africentric model, based on some of Erikson's (1968) ideas, is described, including aspects such as: family connectedness, psychosocial interventions, a strong academic focus, African American role models and culture, and rituals and ceremonies. Authors note that the program had only been functioning for a year and half at the time of publishing, so quantitative data did not exist but estimated and qualitative results did exist. At discharge, most children demonstrated more appropriate interactive behaviour with peers, became relatively successful at school, and in general, had a reduced need for physical restraints and an increase in social skills. The authors conclude that it is critical for children in care to experience a program that maximises, not disables, the potential for success.

(151) Joyce Ho, "Community Violence Exposure of Southeast Asian American Adolescents", *Journal of Interpersonal Violence*, 2008, Vol. 23, No. 1, 2008, pp. 136-146.

Southeast Asian adolescents in the United States face the daily challenge of adjusting to the American culture and their culture of origin. However, little is known about how the patterns of their bicultural adjustment influence psychological symptoms, especially when faced with other challenges such as community violence and negative life events. Additionally, the overrepresentation of Southeast Asian youth in the mental health and juvenile justice systems also necessitates a deeper understanding of the adjustment of this group of adolescents. Data from a sample of 80 Vietnamese and Cambodian adolescents who were between 13 and 18 years old revealed high rates of community violence witnessing and victimization, and a moderate level of negative life events. All of these stressors were related to higher externalizing and trauma-related symptoms, but only violence victimization and negative life events were related to higher internalizing symptoms. There was an additive effect of higher bicultural orientation related to lower externalizing and traumatic-stress symptoms in the face of stress and violence exposure, but no moderation effects were found.



(152) Ruth McRoy, Maryanne Mica, Madelyn Freundlich, & Joe Kroll, "Making MEPA-IEP Work: Tools for Professionals", *Child Welfare*, Vol. 86, No. 2, Mar/Apr 2007, pp. 49-66.

This paper describes the background of the Multiethnic Placement Act of 1994 and the Interethnic Adoption Provisions of 1996 (MEPA-IEP) in the United States, explores the disparate outcomes for minority children in the child welfare system, and identifies agency challenges in finding permanent families for African American children. Effective recruitment strategies are discussed, including: information dissemination to targeted communities through churches and neighbourhood centres; and agency partnerships with community groups. Barriers to minority adoptions are explored (i.e. historical tendency of communities of color towards informal adoption). The 2005 Casey Family Program Resource Family Recruitment and Retention Breakthrough Series is also cited. The authors note that this series found that recruitment materials are often not culturally or linguistically specific and that few agencies have tried to replicate collaborative partnerships with faith-based organizations for family recruitment. Recommendations from the 2006 NACAC preconference training symposium, 'Making MEPA Work' are outlined.

(153) John P. Nasuti, Reginald York, & Karen Sandell, "Comparison of Role Perceptions of White and African American Foster Parents", *Child Welfare*, Vol. 83, No. 1, Jan/Feb 2004, pp. 49-68.

This article focuses on the growing number of African American children in foster care and the lack of African American foster parents to care for them. The authors provide a brief literature review of research investigating foster parenting and race-specific considerations as well as role-related considerations. The objective of the current study was to determine whether differences in role perceptions exist between African Americans and white foster parents. The researchers collected data from 222 licensed foster parents who attended a two-day foster parent-training session in Louisiana. Foster parents completed the Foster Parent's Role Perception Scale at the end of the first day of training. The scale was developed for the Casey Family Program in 1992. Results found that although there are many similarities, African American foster parents are more likely than their white counterparts to feel responsible for facilitating the relationship between foster children and birthparents. They are also more likely to accept responsibility for the role of agency partner and emotional developer of the child. The findings suggest that child welfare workers need to give greater attention to the role of agency partner among African American foster families and the possibility of collaboration. A potential threat to internal validity of the study was the possibility that participating in a two-day foster parent training workshop may have influenced the responses of the participants, even though anonymity was ensured.



(154) Kate Saines, "Mix or Match? Ethnic Diversity in the UK", *Community Care*, July 2006, pp. 43.

Article explores UK's increasing ethnic diversity and the challenge this is creating for councils to recruit foster careers from minorities, such as Somalia. Estimate is 10,000 foster cares are needed across the UK and that finding people from ethnic minorities is an arduous task. Paucity of culturally appropriate foster placements means many children are forced to cope with a family with a different lifestyle or culture than their own. Suggests such children are more likely to experience confusion about their racial identity and isolation regarding their culture. Successful recruitment strategies are noted: *the use of a dedicated recruitment officer with experience of community work; linking with organisations such as Mosaic; building relations with community and faith organisations; using advertisements on radio stations to target ethnic listeners.*

(155) Ann Schwartz, "'Caught' versus 'Taught': Ethnic Identity and the Ethnic Socialization Experiences of African American Adolescents in Kinship and Non-Kinship Foster Placements", *Children and Youth Services Review*, Vol. 29, 2007, pp. 1201-1219.

Paper examines African American teens in kinship foster care and how they differ in their sense of ethnic identity from comparable adolescents in non-kinship foster care. Meaning of 'ethnic identity' explored as a crucial variable in the development of young adolescents. Study used a comparative, cross-sectional design to investigate the type of foster care placement on different dimensions of identity among 18 African American adolescents. The low response rate (18%) of caregivers approached for permission to study their foster children is one limitation of this study. Mixed method used collected data from interviews, case records, observations from a standardized measure of ethnic identity. Overall, adolescents in both groups averaged 3.78 placements and 27.17 months in foster care, with an average duration per placement of 6.99 months. Comparing samples, kinship participants exhibited greater placement stability than non-kinship participants. A comparison of the Multigroup Ethnic Identity Measure (MEIM) found that non-kinship groups revealed an average score of 2.92 while kinship group had a mean ethnic identity score of 3.17. The authors concluded that overall, adolescents in kinship care interpreted their ethnic identity in a more positive light than in non-kinship placements. Some theories for this relationship are explored, such as the notion that kinship care involves more informal ethnic socialization and kinship caregivers have more access to resources and education and familial connections. The authors note that longitudinal research would be helpful in examining the long-term effects of identity issues. Another area for research would be to explore roles that community figures and organizations can play with respect to ethnic socialization.

RELIGION

(156) Lionel D. Scott Jr., Michelle R. Munson, J. Curtis McMillen, & Marcia T. Ollie, "Religious Involvement and its Association to Risk Behaviors among Older Youth in Foster Care", *American Journal of Community Psychology*, Vol. 38, 2006, pp. 223-236.

Study objectives were: 1) To examine the level of religious involvement among older youth in foster care; 2) To examine the association of various background characteristics with religious involvement among older youth in foster care; and 3) To examine the association between religious involvement and risk behaviours. Brief literature review of religious involvement among American youth and link between religious involvement and risk behaviors. Study involved 406 youth in care of the Missouri Children's Division. Three dimensions of religious involvement were assessed using self-report tools, checklists and inventory tools: 1) church/religious service attendance, 2) religious practices, and 3) religious beliefs. Youth characteristics were also assessed, including physical abuse and physical neglect histories). Results of the study were:

- 83.8% had faith in a power greater than themselves, only 18.5% participated in church or religious activities once a week or more.
- 74.2% reported having had sexual intercourse and 37.3% used alcohol in the past 6 months
- 55.4% reported no prior marijuana use and 38.1% reported the current use of cigarettes.
- Age at entry into care, number of times placed in care, length of time in current placement were all unrelated to religious involvement while gender, ethnic group membership, sexual abuse history, and placement type were significantly associated with religious involvement.
- Greater religious beliefs were also associated with reduction in odds of youth's use of alcohol in past 6 months and current use of cigarettes.

Authors concluded religious involvement can be considered a positive influence that may reduce unhealthy risk behaviours among older youth in foster care.

SUBSTANCE ABUSE - Parental Drug Use



(157) Wendy Haight, Teresa Ostler, James Black, Kathryn Sheridan, & Linda Kingery, "A Child's-Eye View of Parent Methamphetamine Abuse: Implications for Helping Foster Families to Succeed", *Children and Youth Services Review*, Vol. 29, 2007, pp. 1-15.

This report describes the experiences and perspectives of rural, Midwestern children aged 7-14 years old who were involved in the public child welfare system because of their parents' methamphetamine abuse. Eighteen children participated in semi-structured, in-depth interviews focusing on their families of origins. The authors found that children reported exposure to not only their parent's drug use but also to a constellation of behaviours associated with drug use including criminal behaviour. The majority of children described child welfare as a 'sad' and 'scary' time in their lives; many continued to express sadness and distress even after months in foster care. It was concluded that foster parents need support and information about the child's context in which they have been reared in order to respond to subsequent challenges that may emerge.

(158) Brynna Kroll, "A Family Affair? Kinship and Parental Substance Misuse: Some Dilemmas Explored", *Child and Family Social Work*, Vol. 12, 2007, pp. 84-93.

This UK-based paper examines some of the issues that can arise with kinship placements where parental misuse is an issue, especially when the support of the grandparents is seen as a significant protective factor for the children. The paper reviews research from the US and the UK in order to examine issues that can arise with such placements, the impact of parental drug and alcohol use on attachment and child development, and the complex dynamics that can ensue. The authors conclude that although such placements can provide children with a safe haven, they may demand a specific type of support and monitoring, in order to adequately protect the children.

(159) Theresa McNichol & Constance Tash, "Parental Substance Abuse and the Development of Children in Family Foster Care", *Child Welfare*, Vol. 80, No. 2, Mar/Apr 2001, pp. 239-256.

In this study, 268 school-aged children placed in family foster care were examined in order to determine the impact of parental substance abuse on their cognitive skills and behaviour rating. Current and closed cases were reviewed; data was collected from agency documents; cognitive and test scores were taken from psychological or educational assessments. The results showed that the children in family foster care presented with low average cognitive skills and made significant improvement in cognitive functioning during placement. Those children with prenatal exposure to drugs scored significantly lower in cognitive skills but made significantly more progress during placement. These children also had a higher incidence of behaviour problems based on behaviour ratings by foster parents and teachers. It was also found that male children in family foster care are more often placed into another family foster care program or residential program at discharge compared to female children. A number of recommendations are presented, including the need for additional funding and research on the causes and treatment of substance abuse and methods of improving outcomes for children in family foster care.

(160) Vibeke Moe, "Foster-Placed and Adopted Children Exposed in Utero to Opiates and Other Substances: Prediction and Outcome at Four and a Half Years", *Developmental and Behavioral Pediatrics*, Vol. 23, No. 5, October 2002, pp. 330-339.

This Norwegian article presents a prospective, longitudinal study of children prenatally exposed to opiates and other substances under conditions of minimal postnatal risk. The children in the study were recruited from Aline Infant and Family Centre in Oslo City. The objectives of the study were to assess child outcome under conditions in which social risk factors (substance abuse and poverty) would be minimal in both the study group and in the comparison group. The foster parents were specially recruited with the aim of providing care to infants at risk. The total sample included 116 children in the study group and 52 in the comparison group. At 1 and 4.5 years of age, the children were developmentally assessed, as part of a supportive intervention for those in the substance-exposed group.

Results demonstrated that significant differences were found between the substance-exposed group and the comparison group on the Bayley Scales at age 1 and on the McCarthy Scales at age 4.5 years. A special weakness in the areas of visual-motor and perceptual abilities was detected in the substance-exposed children at age 4.5 years, indicating that even if children experience adequate caregiving, the accumulation of biomedical risk factors associated with prenatal substance exposure is still a potential determinant of developmental problems.

SUBSTANCE ABUSE – Fetal Alcohol Spectrum Disorder (FASD)

(161) S.S. Astley, J. Stachowiak, S.K. Clarren, & C. Clausen, "Application of the fetal alcohol syndrome facial photographic screening tool in a foster care population", *Journal of Pediatrics*, Vol. 141, No. 5, 2002, pp. 712-717.

This article reports on a U.S. study that a) determined the prevalence of fetal alcohol syndrome (FAS) in a foster care population and b) evaluated the performance of the FAS Facial Photographic Screening Tool. All children in a Washington State Foster Care Passport Program were screened and assessed. The prevalence of FAS was found to be 10 to 15/1000 or 10 to 15 times greater than in the general population. The screening tool performed with very high accuracy and could be used to track FAS prevalence over time in foster care.



(162) Jason D. Brown, Nadine Sigvaldason, & Lisa M. Bednar, "Motives for Fostering Children with Alcohol-Related Disabilities", *Journal of Child and Family Studies*, Vol. 16, 2007, pp. 197-208.

In this qualitative **Canadian study**, a sample of 63 licensed foster parents were asked "What motivates you to foster a child who has a fetal alcohol spectrum disorder?".

Results indicated that the main motives included: witnessing positive changes in the children in their care, helping children focus on their strengths, using their own parenting experience, earning an income, assisting children who have disabilities, and helping children stay connected to their families and communities.

The study also revealed the sample of foster parents viewed their care as specialized and that their roles were as long-term helpers/facilitators to children, their birth families and home communities.



(163) Jason D. Brown, Nadine Sigvaldason, & Lisa M. Bednar, "Causes of Placement Breakdown for Foster Children Affected by Alcohol", *Child and Adolescent Social Work Journal*, Vol. 24, No. 4, August 2007, pp. 313-332.

In this qualitative **Canadian study**, a sample of 63 licensed foster parents who had fostered a child diagnosed with a disorder in the fetal alcohol spectrum were asked "What would make you consider ending a placement with a child who has a fetal alcohol spectrum disorder?".

Results indicated that placements might break down if the foster parents felt they were being taken for granted, burned out, had insufficient information about the child, or if the child had serious behaviour problems, caused harm to others in the home, or did not comply with household rules and routines.

The study concluded that while it is apparent that children with alcohol-related disabilities experience more placement disruption in care (according to existing literature), there are many complex factors apart from the disability itself that foster parents take into consideration before ending a placement.



(164) Jason D. Brown, Nadine Sigvaldason, & Lisa M. Bednar, "Foster Parent Perception of Placement Needs for Children with a Fetal Alcohol Spectrum Disorder", *Children and Youth Services Review*, Vol. 27, 2005, pp. 309-327.

In this **Canadian study**, a random sample of 63 foster parents was asked "What do you need for a successful placement for a child who has a fetal alcohol spectrum disorder". Major concepts identified included the need for social support, material support, a structured home environment, professionals, other foster parents, understanding of FASD, the right kind of personality, and organization skills.

In particular, foster parents felt that the following elements were necessary:

- Calm and low-key individuals who are secure and comfortable with themselves and who live stable and predictable lives
- An appropriate match between foster parent and child characteristics.
- Inclusion and recognition of foster parent expertise
- Information and training
- Peer mentors and counsellors
- Respite

Although the sample size was modest, the report was able to provide a graphic conceptualization of the necessary elements for foster parents working with children with FASD. The study also found that there may be qualitative differences in the financial costs of caring with a child with FASD, especially since structural changes to the foster house are often needed in order to accommodate a child's needs. Furthermore, the need for structure is a necessary prerequisite for placement success for foster children with FASD, even though there is scant literature on the topic.

(165) Janelle Gardner, "Living with a Child with Fetal Alcohol Syndrome", *The American Journal of Maternal/Child Nursing*, Vol. 25, No. 5, Sep-Oct 2000, pp. 252-257.

In this qualitative study, eight foster mothers living with children with FAS were interviewed in order to describe the experience of living with a child with FAS. The data obtained from unstructured interviews was reviewed using content analysis and a myriad of cognitive and behavioural issues were revealed. These included the following challenges:

- Cognitive: diminished memory, lack of understanding of consequences, absence of fear
- Behavioural: hyperactivity, aggression, destructiveness, high pain tolerance.

(166) Yvette D. Hyter, "Understanding Children who have been Affected by Maltreatment and Prenatal Alcohol Exposure", *Language, Speech, and Hearing Services in Schools*, Vol. 38, No. 2, April 2007, pp. 93-98.

This report includes a review of some of the current literature on the effects of maltreatment and prenatal alcohol exposure on child development, as well as prevalence figures for the occurrence of these effects. Particular attention is made to the importance of integrated and collaborative services in order to address this challenging issue.

(167) Valborg L. Kvigne, Gary R. Leonardson, Martha Neff-Smith, Ellen Brock, Joseph Borzelleca, & Thomas K. Welty, "Characteristics of Children who have Full or Incomplete Fetal Alcohol Syndrome", *The Journal of Pediatrics*, November 2004, pp. 635-640.

This report discusses two U.S. retrospective case-control studies conducted regarding Northern Plains American Indian children with presumed FAS from 1981 to 1993. Children found to have full or incomplete FAS were found to have many health, learning, and social needs, and were removed from their homes and placed in foster care more often than were control children.

(168) Doreen Major Ryan, Doreen M. Bonnett, & Callie B. Gass, "Commentary: Sobering Thoughts: Town Hall Meetings on Fetal Alcohol Spectrum Disorders", *American Journal of Public Health*, Vol. 96, No. 12, December 2006, pp. 2098-2101.

This commentary discusses the trends and discussions that emerged from 15 town hall meetings convened between 2002 and 2003 by the FASD Centre for Excellence in the United States regarding services that prevent and treat FASD. More than 800 people participated, including individuals with FASD, their families and caregivers, service providers, researchers, policymakers, and community leaders.

The following issues were discussed:

- Lack of appropriate services for persons with a FASD
- Lack of access to existing services
- Lack of effective prevention strategies
- Need for investigation and disclosure of prenatal exposure to alcohol during adoption and foster care placement.

A number of policy recommendations are outlined, including the need for the federal government to take on a leadership role.

(169) Ann P. Streissguth, Fred L. Bookstein, Helen M. Barr, Paul D. Sampson, Kieran O'Malley, & Julia Kogan, "Risk Factors for Adverse Life Outcomes in Fetal Alcohol Syndrome and Fetal Alcohol Effects", *Developmental and Behavioral Pediatrics*, Vol. 25, No. 4, August 2004, pp. 228-238.

Three age groups (children, adolescents, and adults) enrolled in the Fetal Alcohol Follow-Up Study of the University of Washington's Fetal Alcohol and Drug Unit were evaluated to examine adverse life outcomes on not previously documented in-patients with FAS and FAE. Study aimed to evaluate the impact of a variety of personal and environmental characteristics with the potential to alter the nature and level of adverse life outcomes. Life History Interviews were conducted and five adverse outcomes considered: *Inappropriate Sexual Behaviour, Disrupted School Experience, Trouble with the Law, Confinement, and Alcohol and Drug Problems*. The lifespan prevalence of these outcomes were found to be significantly high for adults and adolescents, but the odds of escaping these adverse life outcomes could be increased 2 to 4-fold by receiving an early diagnosis and by being reared in good stable environments.

SUBSTANCE ABUSE – Foster Youth Drug Use



(170) Daniel J. Pilowsky & Li-Tzy Wu, "Psychiatric Symptoms and Substance Use Disorders in a Nationally Representative Sample of American Adolescents Involved with Foster Care", *Journal of Adolescent Health*, Vol. 38, 2006, pp. 351-358.

This study used data from a nationally representative sample of U.S. adolescents in order to ascertain the prevalence of psychiatric symptoms and substance use disorders among youth who have experienced a lifetime of foster care placements. A total of 19,430 adolescents aged 12-17 were studied (n=464 with a history of foster care placement) in the public use file of the 2000 National Household on Drug Abuse.

The study found that:

- Adolescents involved with foster care had more past-year psychiatric symptoms, more conduct symptoms and past-year substance use disorders than those never placed in foster care.
- Foster care teens were 4 times more likely to have attempted suicide in the preceding 12 months.
- Foster care teens were 5 times more likely to receive a drug dependence diagnosis.



(171) Michael G. Vaughn, Marcia T. Ollie, J. Curtis McMillen, Lionel Scott Jr., & Michelle Munson, "Substance Use and Abuse among Older Youth in Foster Care", *Addictive Behaviors*, Vol. 32, 2007, pp. 1929-1935.

Study explored prevalence and predictors of current and lifetime substance use, substance abuse disorder, and poly-substance use among older youth in foster care. Interviews with 406 17-year old youth living in eight Missouri counties were conducted between December 2001 to June 2003. Results demonstrated that:

- 45% reported using alcohol or illicit drugs within the last 6 months & 49% had tried drugs sometime during their lifetime & 35% met criteria for substance use disorder.
- Diagnosis of Conduct Disorder and/or living in independent living significantly increased likelihood of current and lifetime substance use and disorder.
- PTSD diagnosis predicted increased likelihood of poly-substance use and substance abuse

In general, youth in the foster care system report similar levels of lifetime alcohol and illicit substance use when compared to the general population but rates of substance use disorder are high.

4.2 Reports, Books, Papers



(172) Kathy Barbell & Madelyn Freundlich, “Foster Care Today”, Casey Family Programs, 2001, 42 pages.

This comprehensive report on the status of foster care today examines several key areas that impact foster care services. The authors examine foster care at the start of the 21st century by looking at the demographic trends that currently shape foster care (child abuse and neglect rates, number of children in care, length of stay in care) as well as the demographic characteristics of children in care. Then, they address the factors affecting families and children served through foster care (poverty, homelessness, adolescent parenthood, parental substance use and HIV/AIDs). The third chapter of the report discusses the policy framework for foster care in the United States, while chapter four turns to key aspects of practice that shape foster care (changing roles of foster parents, growth of foster care accountability, development and retention of qualified professional staff, increase in the array of permanency planning, involvement of kin, concurrent planning and the use of specialized foster care placements). The final chapter examines the future of foster care.

Key Findings: Demographic Trends

- Steady growth in number of substantiated reports of child abuse and neglect.
 - The majority (58%) involved neglect, 21% involved physical abuse and 11% involved sexual abuse.
- Number of children in foster care has increased since the 1960s. The 10% or greater annual growth rate is affected by the increasing disparity between children entering and exiting foster care, high re-entry rates, and placements of children in foster care from other systems (mental health, criminal justice).
- With some fluctuations, the average length of stay in foster care has remained at high levels, with a median length of stay on March 31, 2001 of 21 months.
- Younger children continue to constitute a meaningful percentage of children in foster care but a significant proportion who enter foster care or currently in care are older (i.e. 11 years and up).
- Children of colour make up a disproportionate proportion of population of children in care, particularly African Americans. In 1990, for the first time, more African American children than white children were in foster care, a trend that has continued to the present.
- Children of color often receive differential treatment, with longer stays in foster care, fewer services received, less service plans and fewer visits with their parents.
- Foster care children are at high risk for the following: emotional, behavioral and developmental issues (including depression, conduct disorders, difficulties in school and impaired social relationships).
- A growing number of children in foster care who have been prenatally exposed to illegal drugs.

Key Findings: Factors Affecting Families and Children

- Poverty and subsequent poor health
- Homelessness
- Adolescent parenthood
- Parental substance abuse
- HIV/AIDs

Key Findings: Foster Care Practice Today

- Financial and systemic factors challenge efforts to recruit and retain foster parents, particularly since foster parents are reimbursed at low rates and have been expected to subsidize children's care with their own funds.
- Surveys find that primary reason foster parents leave fostering is due to a lack of agency responsiveness, communication and support.
- Historically, foster parents have been viewed as "babysitters" or temporary caregivers.
- With emphasis on permanency, foster parents have begun to be viewed as more integral to the planning process; agencies have not clearly defined the roles that foster parents are expected to play.
- A trend to professionalize foster care has emerged. Professional foster care programs are associated with positive outcomes regarding stability, sibling placement and community-based placements but they also raise questions: are birthparents being penalized for remaining at home to care for their children while professional foster parents receive salaries to provide "stay at home" foster care?
- Kinship care is used more often in urban settings, typically involves the care of young children and is more likely to be the caregiving arrangement for African American children.
- Concurrent planning is being used to both plan for reunification and develop alternative plans for children who do not fit the permanency model and tend to stay in the system for a long time. Such children tend to be under the age of one year, disproportionately African American, Native American or Latino, and come from families dealing with chronic poverty, domestic violence, and substance abuse.
- Complex needs of children in foster care call for specialized placements, which play a vital role in ensuring that children's needs are met.

Two issues must be examined more closely:

- Growing use of specialized foster care as a community-based alternative to institutional placements for children in foster care.
- Earlier use of residential treatment for children with serious behavioural and emotional problems so they do not experience repeated placement failures.

Key Findings: The Future of Foster Care

- A family-focused, community-based approach to foster care is the basis on which we can build a fully responsive service system.
- Because of its temporary nature, foster care must ensure that children are placed with families within their own cultural groups, neighbourhoods, and communities wherever possible.



(173) James G. Barber & Paul H. Delfabbro (2006). Chapter 9: Psychosocial Well-Being and Placement Stability in Foster Care: Implications for Policy and Practice. In Robert J. Flynn, Peter M. Dudding, & James G. Barber (Eds.), *Promoting Resilience in Child Welfare*, (pp. 157-172). Ottawa: University of Ottawa Press.

This article discusses the current foster care situation in Australia, noting that due to the closure of residential options, the influx of children into care has been accompanied by a change in the profile of Australian foster children. In South Australia, where the study was conducted, the proportion of children in receipt of “special needs loading” had doubled from 1994 to 1999 (the most common reasons for applying loading are for conduct disorder and mental or physical disabilities).

Overall, the system is taking on more difficult children while the changing workforce has resulted in a shrinking of the pool of volunteer foster parents. Thus, the authors set out to describe the well-being and psychosocial progress of children entering a very stretched foster care system.

The overall project involved six mixed methods sub-studies that are grouped into three categories: 1) worker and carer focus group studies 2) two-year tracking study of 235 children referred into foster care over a period of 12 months and 3) three mixed-methods consumer feedback studies involving 112 foster children. The data results of this project suggest that the experience of family-based foster care promotes the psychosocial well-being of the majority of children who enter it. A very considerable level of placement disruption was found soon after referral into care but it was not generally associated with adverse psychosocial outcomes.

As time went by, the incidence of “planned instability” declined, resulting in a higher concentration of children who moved around because they were repeatedly evicted. The authors argue that there can be positive reasons to move placement and these are likely to occur early on. Although there is currently a culture of permanency planning, workers should not be prevented from moving a foster child early in the placement, providing there is a clear and positive rationale for doing so.

Although short-term instability is not necessarily harmful, the authors conclude that protracted instability clearly is. For more than one in five of the sample foster children in the study, placement disruptions continued for at least two years; the authors describe this group as “homeless in foster care”.

Thus, the authors concluded that family-based foster care is unsuitable for disruptive children and that the child welfare field urgently needs to find an alternative (one that does not include oppressive, life-denying institutions of the past). Although many alternative models now exist, few have been subjected to controlled experimentation; this is an area for future research.

(174) “Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study”, Casey Family Programs, 2005, 64 pages.

The NW Alumni study examined outcomes for 659 alumni who were placed in family foster care as children. These alumni were all adults age 20 to 33 who had been placed in family foster care between 1988 and 1998. Each was served by one of three agencies: Casey Family Programs, Oregon Department of Human Services, Washington Department of Social and Health Services. Case notes were examined and interviews were conducted between September 2000 and January 2002.

Key Findings: Despite challenges including child maltreatment and placement instability, many alumni were doing well in terms of educational achievement, personal income, or other major outcomes. The majority, however, faced significant challenges in the areas of mental health, education, and employment and finance.

- Disproportionate number of alumni suffered from mental health disorders:
 - One or more disorders: 54.4%
 - PTSD: 25.2%
 - Major depression: 20.1 %
 - Social phobia: 17.1%
 -
- Alumni used GED programs to complete high school at six times the rate of the general population.
- Employment rate was lower than that of the general population, and they lacked health insurance at almost twice the rate of the general population.
- 22.2% were homeless for one day or more after age 18.
- 16.8% were currently receiving cash public assistance.
- 33.2% had household incomes at or below the poverty level.

Recommendations included:

- Increase youth and alumni access to evidence-based medical and mental health treatment
- Maintain placement stability
- Increase education services and experiences
- Minimize school placement change
- Provide concrete resources to youth as they leave care



(175) “Individualized and Targeted Recruitment for Adoption”, Casey Family Programs, March 25, 2003, 13 pages.

This report identifies the three categories of foster parent recruitment: general, child-specific and targeted and notes that there is a lack of success generated by general recruitment efforts. Thus, the paper examines child-specific and targeted recruitment efforts that have achieved results in the United States.

Child-Specific Recruitment Strategies

Tips and recommendations for what to include and what to leave out of child-specific publicity is offered. A number of other strategies are discussed, such as photo-listing books, Internet listings, print campaigns, suggestions for encouraging media to participate in campaigns, televised appeals on local stations. It is noted that the success of television appeals tends to vary and that it tends to be less successful than print campaigns. A study of a larger, multi-city effort is described: Wednesday's Child: Televised Segments in Four cities. In this study, an analysis of outcomes of televised child-specific recruitment efforts for children among the groups for which it is hardest to find adoptive families (African-American, boys, children over the age of 9, and sibling groups) is reviewed. By the end of the campaign, 3 children (1%) were adopted, 17% were in adoptive placements awaiting finalization and 26% had a possible family identified. In contrast to the over 80% of children adopted out of foster care for whom foster parents become adoptive parents, these televised segments resulted in adoptions by a higher percent of families who had no prior experience with the child. Other programs are also reviewed:

- Heart Gallery campaign in New Mexico: photographs of children are taken by professional photographers to art gallery locations throughout the state.
- Video Conference Matching Meetings in Georgia: children are introduced to families across the state through interactive television.

Strategies in preparing adolescents for adoptions and involving youth in the process are outlined. Iowa's Permanency for Teens Project, for example, was a 3-year demonstration project seeking to achieve permanency, reconceptualized to include “a broad range of options”. The program used permanency teams consisting of the youth, caseworker, and significant adults in the teen's life. Outcomes were mixed but the project resulted in ‘12 Lessons Learned’ that are instructive for anyone seeking to achieve permanency for adolescents.

Targeted Recruitment Efforts

The components of a successful targeted recruitment campaign are discussed: identify children and youth awaiting permanency, identify families likely to adopt, craft and deliver messages to families likely to adopt (i.e. using appropriate ethnic/racial messengers, and careful selection of media). The One Church, One Child campaign started in 1980 in Chicago is introduced which has found adoptive families for more than 60,000 Black and biracial children, using churches to reach out to prospective parents. In Utah, a state-funded foundation was legislatively created for the purpose of recruiting, training, and retaining resource families. Recruitment has become data driven and community specific, focusing on age groups and ethnicity. The report concludes that there is no one magical technique that will solve any agency's recruitment difficulties; agencies must be willing to invest time and money to locate families and additional resources to retain them, match them with appropriate children and support them after placements are made to ensure that disruptions do not occur.



(176) “Recruiting and Retention of Resource Families: Promising Practices and Lessons Learned” (A Breakthrough Series Collaborative, BSC), Casey Family Programs, June 2005, 90 pages.

This report examines the outcomes of a collaborative involving small teams in 22 state, county, and tribal child welfare agencies in the United States that rapidly tested, measured, and implemented system-wide changes. Casey Family Programs solicited applications from child welfare agencies around the country; ultimately the participants represented 9 state-administered systems, twelve county-administered systems and one American Indian tribe.

The collaborative panel broke down the question of “What would a successful system of recruitment and retention look like?” into eight elements for teams to explore. The elements included: getting the message out, turning interest into commitment, preparing families and children for placement, streamlining licensing, providing services and supports, developing a partnership, involving the community, and training staff.

The expert panel also set seven measurable objectives for each team to track and report monthly, such as number of families recruited, number of kinship placements, and satisfaction of birth families and youth.

Successful strategies and tools were summarized in the report, including:

- Using experienced resource families as mentors to prospective and newly enlisted families
- Making information about resource families (pictures, videos, information forms) available to child or youth and birth family before placement
- Assigning new agency workers to shadow a foster parent for a day
- Holding family team meetings that include birth families, resource families, youth and agency staff
- Improving relationships with schools
- Setting up an email distribution list for resource families.

The measurable objectives of the study also showed promise: one team saw the number of prospective resource families rise from 70 to 125 in 6 months while half the teams saw a decrease in the number of moves for children placed in out-of-home care.



(177) Helen Clarke, "Good Practice Guidelines: Managing Initial Enquiries to a Fostering Service", The Fostering Network, November 2007, 35 pages.

There is a shortage of more than 10,000 foster carers in the UK and previous research has demonstrated that 80% of initial enquiries to fostering services from people interested in fostering do not result in a firm application. The author comments on the 2006-07 study carried out by the Fostering Network, called "Why do people enquire but don't proceed?" and notes that more than 800 people between 2004 to 2006 filled in questionnaires, as did 27 fostering services in England and Wales. Additionally, in January 2007, the Fostering Network ran a focus group for representatives of fostering services to share good practice in how to handle enquiries. The results of that research found that nearly half of people who enquired about fostering between 2004 and 2006 were still thinking about fostering in 2007. The good practice guidelines in this report evolved out of the 2006-07 research and are intended to help agencies evaluate their current recruitment methods. The guidelines cover the following areas: attracting potential foster carers, handling the initial enquiry, following up, keeping in touch, and comparing fostering services.

The report concludes that the following must be in place in order to have successful recruiting:

- Coherent recruitment strategy which gives clear, consistent messages
- Prompt, sensitive point of first contact
- High quality follow-up information
- Commitment to keeping in touch with potential foster carers
- Awareness of own fostering service's strengths and weaknesses.

Furthermore, activities must be part of a comprehensive foster care recruitment strategy. Continuous monitoring and evaluation of success of activities must be carried out.

(178) Natalie Corke, "Children Looked After in England (Including Adoptions and Care Leavers), 2005-06", Department for Children, Schools and Family, England, November 16, 2006, 16 pages.

This Statistical First Release provides provisional statistics on looked after children at a national level. This is an update of the Statistical Volume that was published on March 31, 2006. The report includes: number of children adopted in 2005-06, number and qualifications achieved by care leavers aged 16 and over, activity of 19 year old former care leavers, the number of looked after girls who are mothers, etc.

The release shows that 60,300 children were looked after at March 31, 2006, a decrease of 1% from 2005 but an increase of 1% from 2002. The largest category of placements was foster care, accounting for 70% of placements. The number of children in foster placement has increased by 7% since 2002. 65% of the 23,000 children under 16 who had been looked after for 2.5 years or more had been living in the same placement for at least 2 years or were placed for adoption. A decrease in the number of children adopted was found to be 3%. The largest category of accommodation for 19-year-old former care leavers is independent living (43%) while 63% were in education, employment or training. In the 12 to 14 age group (6% of all mothers) there was an increase from 10 to 20 looked after females who were mothers.

(179) Joseph J. Doyle, Jr., "Child Protection and Child Outcomes: Measuring the Effects of Foster Care", *Forthcoming, American Economic Review*, March 2007, pp 1-48.

In light of the fact that over two million children in the U.S. are investigated for parental abuse or neglect, this report examines whether removing children from home and placing them in foster care is beneficial or harmful for child development, especially for children at the margin of placement.

This paper used a measure of the removal tendency of child protection investigators as an instrument variable to identify causal effects of foster care placement on child outcomes for school-aged children and youth. Cases were distributed to investigators on a rotational basis within geographic field teams, in order to randomize families to investigators.

The report found that children assigned to investigators with higher removal rates were more likely to be placed in foster care themselves, and had higher delinquency rates, along with some evidence of higher teen birth rates and lower earnings. Large gains from foster care placement were found to be unlikely for children at the margin of placement. The author noted that future work must consider younger children as they become at risk for these adolescent and young-adult outcomes. It was also cautioned that these results consider a group of children on the margin of placement and thus do not measure the benefit of placement for children in such danger that all investigators agree the child should be placed. The implications for a trade-off between family preservation and child protection, depending on the severity of abuse, is discussed.



(180) Marie Drolet & Melissa Sauve-Kobylecki (2006). The Needs of Children in Care and the Looking After Children Approach: Steps Towards Promoting Children's Best Interests. In Robert J. Flynn, Peter M. Dudding, & James G. Barber (Eds.), *Promoting Resilience in Child Welfare*, (pp. 297-315). Ottawa: University of Ottawa Press.

This article describes the child welfare system in Ontario, focusing on the impact that Ontario CFSA's impact has had on the best interests of the child (defined as a primary objective in the 2000 amendment). The legal framework in Ontario, the new LAC approach and its corresponding tool – the Assessment and Action Record (AAR) – are also discussed. The discrepancy between the rising numbers of children in care (40% since 1998) and the number of foster families (a rise of only 29% since 1998) is explored, as is the reality that children in care have more complex problems, stay in care longer and experience more placement disruptions. The concept of the 'child's best interests' is explained from a legal perspective.

The study included in-depth qualitative interviews with 14 social workers caring for children who had been made Crown wards because of abuse or neglect experienced in their families of origin. The interviews focused on social workers' impressions of both the AAR and the needs of children in their care. On the whole, the need for stability was considered the core issue with respect to children in care of CAS agencies. Some social workers also added that their priority consideration in achieving placement stability is finding a good match between the foster home and the child; a match between the foster family and child's personality, cultures, values and needs. Reception of the AAR was mixed and certain recommendations to make it less cumbersome are discussed.

(181) Every Child Matters, “DFES Children’s Services: Children’s Homes and Fostering, UK Report”, PricewaterhouseCoopers LLP, August 2006, 68 pages.

This report reviews the market for fostering provision, with a specific emphasis on the extent to which the market is able to respond to demand, i.e. deliver cost-effective placements for children that meet their needs. The report finds that there is some evidence that market barriers are preventing placements from meeting children’s needs (i.e. lack of transparency on costs, limited visibility of markets) and that some placements are not providing best value-for-money.

Key Findings:

- There is limited evidence that improved outcomes are associated with higher cost placements. However, there is evidence that outcomes are linked to certain quality factors and some of these factors do drive higher costs, such as good matching, better support, payment, training and access to wrap-around services.
- Demand for foster care placements is high and expected to grow to 2010.
- Demand for children’s homes (all establishments required to register as children’s homes with the Commission for Social Care) is not expected to grow between now and 2010.
- Targeted longitudinal research is needed to demonstrate a link between improved outcomes and higher cost placements.



(182) Cheryl Farris-Manning & Marietta Zandstra, “Child in Care in Canada: A Summary of Current Issues and Trends with Recommendations for Future Research”, Child Welfare League of Canada, March 2003, 26 pages.

This highly useful, comprehensive report addresses Canada’s child welfare system and the fact that Canada does not yet have a national strategy to address issues of permanency, leaving many children in care in a state of ‘limbo’. An overview of Children in Care in Canada is provided, noting that approximately 76,000 children in Canada are under the protection of Child and Family Services across the country. The following themes are also addressed:

- The vulnerable population of children in need of protection is increasing while proportionately fewer family-based care homes are available, a problem compounded by the increased length of stay upon placement.
- Research has demonstrated that family-based care is the preferred placement option when compared to group residential options. The success of children in therapeutic foster settings is also noted.
- Alternative arrangements such as kinship care and special guardianships are increasingly popular.
- The face of children coming into care is changing, with many of them having ‘special needs’ (significant developmental delays, HIV, youth who are gay or lesbian, young offenders, exposure to substance abuse).

A number of key themes are discussed:

- Shortage of placement resources
- Lack of national standards
- Increased workloads for child protection workers
- Child welfare legislation themes/issues
- Impact of funding frameworks
- Current challenges in foster care
- Broadening permanency options – adoption issues
- Geographic jurisdiction
- Delegation of children's services to First Nations agencies
- Services to older youth
- Transition-to-adulthood services
- Special needs of children – identifiable populations.

National trends (recruitment and training for family-based caregivers, permanency planning models, outcome measures for children in care) and recommendations for future research are also included in this report. In particular, the authors argue that the recognition that family-based care is the primary resource utilized for children in care underscores the need for research in determining best practices in the provision of family-based care. Furthermore, the high representation of Aboriginal children in public care points to the need for research in meeting the needs of this specific population of children.

(183) Elizabeth Fernandez (2006). Growing up in Care: Resilience and Care Outcomes. In Robert J. Flynn, Peter M. Dudding, & James G. Barber (Eds.), *Promoting Resilience in Child Welfare*, (pp. 131-156). Ottawa: University of Ottawa Press.

This chapter presents research into the pattern of outcomes achieved by children in out-of-home care in the spheres of family and social relationships, emotional and behavioural development and education. The overall aim of this resilience-based research was to capture perceptions of children's established relationships with birth families and developing attachments with foster families, and to analyze the psychological functioning of children over time while living in care. The work was designed as a five-year longitudinal study, although the article includes selected data from the first three years of this Australian study. The sample included 29 boys and 30 girls who had been placed in foster families in Sydney through the Barnados Find a Family Program, a long-term foster care service.

Key Findings: The majority of the children in the study experienced significant instability in their young lives; more than half had had multiple care placements prior to entering the Barnados "Find a Family" Program. These moves adversely affected their educational outcomes, particularly as they had to change schools often. The author concludes that foster systems must strive for stability in schooling for children in care and to train and support caregivers in helping foster children achieve their educational potential. Most children rated their cohesion with their foster families highly, although older foster children reported their relationships with foster mothers as far more cohesive than their relationships with foster fathers. One half of children (52%) had no contact at all with their families or origin and most desired further contact. Consistent with the resilience orientation of the research, more than a third of the children were found to experience many positive events and opportunities. Finally, children in care did experience higher levels of psychological difficulties than the general population. Between 30-40% had problems with worry, anger, sadness, and trust and more than half experienced multiple concentration and behavioural problems. However, 76% felt they had a broad range of relationship-building skills. The author concluded that despite concerns related to emotional and behavioural development, academic performance and placement instability early in their care, the children displayed resilience in domains such as family and social relations and prosocial behaviours. A framework of resilience helps promote children's strengths and competence and enable them to recover from early adversity. However, it is important not to expect *all* children to be resilient all the time, or to withhold resources and supports based on the notion of individual efforts and responsibility.



(184) Robert J. Flynn, Annie Robitaille, & Hayat Ghazal (2006). Placement Satisfaction of Young People Living in Foster or Group Home. In Robert J. Flynn, Peter M. Dudding, & James G. Barber (Eds.), *Promoting Resilience in Child Welfare*, (pp. 34-51). Ottawa: University of Ottawa Press.

This article addressed the paucity of previous research conducted on the level of satisfaction of young people with their foster or group care placements. The existing ten previously published studies are summarized and their limitations discussed. The current study (the first quantitative, large-sample Canadian study of placement satisfaction) investigated 414 young people living in either a foster home (895) or group home (11%) in the province of Ontario. The Children's Aid Societies involved in this study were also taking part in a larger longitudinal study of the implementation and outcomes of Looking after Children: Good Parenting, Good Outcomes. After receiving training in the LAC approach, the young person's child welfare workers used the AAR-C2 in a conversational interview that typically included the child and his or her caregiver.

Overall, the authors agreed with Barber and Delfabbro's (2004) judgment that "foster care is a positive experience for the majority of children". The authors also refer to Barber and Delfabbro's (2004) suggestion that after two placement breakdowns due to disruptive behaviour, a person should be removed from conventional foster care and offered an alternative, such as therapeutic foster care, multisystemic therapy or whole-family foster care. Rigorous evaluations of such alternatives are currently lacking and should be a top priority in future foster care research.

Finally, the authors argue that the female caregiver emerged as having a particularly pivotal role, whether in foster care or group care. General resilience theory suggests, therefore, that a young person's experience of an understanding, affectionate female caregiver will contribute greatly to their positive adaptation.

(185) Robert J. Flynn & David Vincent, Chapter 3: Canada. In Mike Stein and Emily R. Munro (Eds.), 2008, *Young People's Transitions from Care to Adulthood: International Research and Practice*, (pg. 36-48). UK: Oxford University,

This chapter presents an overview of the Canadian population, including statistics on Canadians living in low-income housing, out-of-home care, Aboriginal children living in out-of-home care, and those receiving child welfare services. It is estimated that in 2003, there were about 80,000 children and adolescents living in out-of-home care (about 1% of the Canadian population aged 0-19). The lack of national data means that we do not know how many people leave care each year but a rough estimate is given: of the approximately 80,000 young people in care, in a given year about 6500 (8%) are actively engaged in transition from public care and another 40% have begun or will soon begin the process.

Canada's child welfare system is described as having a mainly liberal, market-oriented welfare regime that emphasizes individual and family self-reliance. It is hypothesized that this culture exerts strong pressure on young people to engage in relatively high rates of violence, property crime or drug use. Among 37 countries, Canada had the 14th highest violent-crime rate, the 8th highest property crime rate, the 7th highest drug-use rate and the 120th highest alcohol abuse rate.

The lack of publicly accessible provincial or territorial administrative data sets linking young people's in-care experiences with their post-care education, labour-market and personal outcomes do not appear to exist in Canada. Also, no large-scale prospective investigations of transitions from public care in Canada have been conducted at the time of the book's publication. A few small-sample studies are summarized, however, by the authors.

Key Message for Policy and Practice:

- Large-sample prospective studies are needed to compare transition trajectories of care-leavers with those of their peers in the general population.
- Care-leavers identify as their single greatest need the emotional support and guidance during transition of at least one caring adult.
- Provinces and territories should provide financial assistance (above the poverty level) and cover key transition costs.
- Care-leavers' educational costs should also be covered.

(186) Lisa K. Foster, "Foster Care Fundamentals: An Overview of California's Foster Care System", California Research Bureau, California State Library, 2001, 57 pages.

This report provides a 'big picture' overview of the California foster care system by exploring the issues and experiences of foster child and youth, social workers and other key players in the system.

The various kinds of placements available to children and youth are explored, including: shelter care, kinship care, foster family placement and group care. Statistical data regarding number, duration, stability, and re-entry of placements is also provided.

Finally, options for permanency are introduced, including adoption, guardianship and other alternatives.

(187) Nancy Freymond and Gary Cameron (Eds.), (2006). *Towards Positive Systems of Child and Family Welfare*. Canada: University of Toronto Press Incorporated.

This comprehensive book provides a concise overview of international child and family welfare systems. The chapters in the book illustrate three generic systems of child and family welfare in 'developed' (relatively affluent) countries: child protection, family service and community caring.

The chapters on child protection in the volume focus on England, Canada, and the United States. The chapters on family service focus on France, the Netherlands and Sweden. Finally, the chapters on community care models assess First National community caring orientations in Canada and the Maori experience in Aotearoa/New Zealand.

(188) Don Fuchs, Linda Burnside, Shelagh Marchenski, & Andria Mudry, "Transition Out-of-Care: Issues for Youth with FASD", University of Manitoba, Faculty of Social Work, 2007, 33 pages.

In order to examine the transition plans and factors in the placement histories of youth with FASD leaving care in 2006, their administrative files were reviewed in detail as part of this report. The result is a descriptive analysis of the close child in care files of 27 former permanent wards from Manitoba aged 16 or more with a diagnosis or suspected diagnosis of FASD. Members of this group had experienced 1-20 placements. Placement breakdowns occurred most often in adolescence. Only 3 files included a comprehensive plan for transition to care.

The file review identifies several factors that would serve to increase the risk of poor transition outcomes for these youth. Placements tend to become increasingly unstable as children enter adolescence. However, meaningful relationships with workers and other figures do help youth feel connected to their family, school and community.

The authors conclude the report with recommendations in four main areas. Firstly, the Manitoba protocol for transitional planning for children with disability is well developed but it is not an adequate resource for determining the degree to which the protocol is used for children leaving care. Secondly, placement instability challenges both school achievement and the creation of lasting relationships; this needs to be addressed through enhanced training and support for foster parents or through creation of alternate resources for placement. Raising the age at which youth must leave care to more accurately reflect the reality for those living with parents is recommended. Finally, services for those with disability must be available for all Manitobans, not just those living on reserve.



(189) Deborah Gibbs, "Understanding Foster Parenting: Using Administrative Data to Explore Retention", Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2005, 69 pages.

This report is based on a task titled "Dynamics of Foster Parenting", which was conducted by RTI International for the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. The study was designed to extend the current understanding of foster parent retention by producing unbiased estimates of length of service and examining factors associated with licensure, provision of care, and length of service. Using administrative data, applying data management and analytic methods, the study asked four main questions:

- How have the characteristics of foster parents changed over time?
- How can variations in activity levels be described, and what foster parent characteristics are associated with varying activity levels?
- What is the typical length of service for foster parents?
- What characteristics are associated with variations in length of foster parent careers?

Child welfare agencies in New Mexico, Oklahoma and Oregon contributed data for the analyses. Three types of data were provided: foster parent licensure, data on individual foster parent characteristics, and placement records for children. Three types of analyses were conducted: 1) characteristics of foster parents over multiple years 2) utilization of licensed homes and 3) longitudinal analysis modeling the length of service in foster parenting.

Key findings:

- Licensing data showed consistently high rates of foster parent turnover; at least one in five foster homes exited the system each year.
- Homes with nonwhite foster parents, those in rural areas, and those with two parents cared for more children at a time and had higher rates of placement turnover.
- Foster parents caring for infants were younger, urban and in two-parent homes.
- Foster parents caring for adolescents were older, rural and in single-parent homes.
- Median length of service ranged from 8 to 14 months, which was surprisingly short.
- Foster homes with greater length of service tend to be older, urban, engaged in more intense foster parenting activity (i.e. higher occupancy rates, caring for children with special needs).
- No significant association between length of service and race were found after controlling for other variables.
- One-fifth of the foster parent population provides 60-80% of all foster care.

Two limitations of the report are discussed; namely the fact that these results cannot be generalized to all other states and also, the analyses do not provide insight as to *why* foster parents stay or leave.



(190) Anne Havalchak, Catherine Roller White, Kirk O'Brien, & Peter J. Pecora, "Young Adult Survey 2006: Examining Outcomes for Young Adults Served in Out-of-Home Care", Casey Family Programs, October 1, 2007, 37 pages.

This report examined the third year of data collection for the Casey Family Young Adult Survey (CAYS), an annual cohort study. A stratified random sample of 297 young adults were selected from those eligible for the study and a total of 166 young adults completed the study. Eligible young adults must have received foster care, adoption or guardianship service from Casey Family Programs and must have been age 19, 22 or 25 at the time of the interview.

The study examined the following areas: services received while in care, life skills, living situation, physical health, mental health, education, financial situation, sexual orientation, relationships, social support, community interaction and involvement with criminal justice system, improvements to Casey services, Casey successes, and young adult accomplishments and successes.

The study found that:

- While in Casey care, over half (57.3%) experienced only one placement.
- 55.9% reported their current overall physical health to be very good or excellent.
- 23% were experiencing a significant level of mental health symptoms while 36% were considered to be a "positive case" for having mental health problems.

- Compared to the general population, these young adults had high prevalence rates particularly in: psychoticism (26.3%), paranoid ideation (25.5%), obsessive compulsive behavior (23.3%) and interpersonal sensitivity (20.6%).
- About five in seven (69.9%) respondents completed high school while in care.
- 41.2% had been arrested since they'd left care and more than one in four (26.3%) had been convicted of a crime.

A number of recommendations were made by the authors of the study, including:

- Place more emphasis on youth when creating transition plans.
- Emphasize permanency while youth are in care.
- Use other alumni for support and advice on housing.
- Incorporate alcohol, drug, and substance abuse therapy in mental health services.
- Work to ensure that youth complete their high school diploma.
- Measure educational attainment several years after youth exit care.
- Continue and enhance educational support networks for youth in care.
- Improve sex education and pregnancy prevention.
- Conduct further research on young adults who have been involved with criminal justice system.

(191) Jane Held, September 2005, "Qualitative Study: The Placement Stability of Looked After Children", Every Child Matters, September 2005, 23 pages.

This study examines placement stability for children who are looked after; it explores the factors which most influence stability in order to better understand what, at individual local authority level, most influences performance in providing stability. The study was commissioned as part of the Every Child Matters – Change for Children Programme. The study focuses primarily on placement stability element of the national PSA target: Narrow the gap in educational achievement between looked after children and their peers and improve their educational support and the stability of their lives so that by 2008, 80% of children under 16 who have been looked after for 2.5 years or more to have been in the same placement for at least 2 years.

Methodology: A sample of 15 best and worst performing local authorities in England were selected, utilizing the most recent 3-year performance data collected 2002 to 2004. One hour pre-booked in depth telephone interviews were conducted with relevant senior officers and 7 key areas of interest were explored: policies and practices, planning and monitoring, communication, resourcing, education and improving/building on improvement.

Conclusions: The report found that while there is no single definitive action or solution, which will immediately improve the stability of children in care, there are four critical factors at play. These factors are:

- Effective diversion from care and early intervention
- Strong tracking and case planning to avoid drift and achieve permanence
- Increased placement choice
- Increased multi-agency and multi-disciplinary support to placements

(192) Dominique Hensler, Charles Wilson, & Blair L. Sadler, "Closing the Quality Chasm in Child Abuse Treatment: Identifying and Disseminating Best Practices: The Findings of the Kauffman Best Practices Project to Help Children Heal from Child Abuse", Chadwick Centre for Children and Families, 2004, 48 pages/

This report addresses the concern that the use of emerging evidence regarding effective treatments in a reliable way is rare in the child abuse field. In this context, the Chadwick Centre invited a broad range of nationally prominent leaders to act as advisors on this project in order to identify intervention protocols as "Best Practices" in helping children recover from the impact of abuse experiences and that were likely to reduce the long-term consequences of maltreatment.

As a result of extensive review and evaluation, three intervention protocols were identified: Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), Abuse Focused-Cognitive Behavioral Therapy (AF-CBT), and Parent Child Interaction Therapy (PCIT). These advantages of these protocols are discussed in great detail and a number of relevant resources and references are provided.

(193) Lisa Holmes & Harriet Ward (2006). Chapter 16: Costs and Outcomes for Looked-After Children. In Robert J. Flynn, Peter M. Dudding, & James G. Barber (Eds.), *Promoting Resilience in Child Welfare*, (pp. 248-263). Ottawa: University of Ottawa Press.

This article explores the issue of costs related to having children in care, as well as the variations in the different types of placements as reflected in quality of care experienced by looked-after children with different needs. A prospective longitudinal study was undertaken, designed to explore both quantitative and qualitative data on the background, needs and experiences of 478 children looked after by three matched pairs of local authorities between February 2000 and October 2001.

The sample was restricted to children aged 10 years and over and was weighted to include disproportionate numbers of children in residential units. Eight processes for which unit costs were derived for the study were based on nine case management operations. A number of different factors were explored and accounted for, including: local authority factors, costs of placement provision, child-related factors, prevalence of factors that potentially affect costs, and care episodes. Case studies of children with/without complex needs are presented, accompanied by cost figures for each child.

The authors found that children placed in residential units incurred substantially higher costs than those in other groups and there was no guarantee that expensive placements adequately met their needs any more than did less expensive placements with birth parents or relatives. Implications for practice are discussed.



(194) Hornby Zeller Associates, "Child Specific Recruitment: Ohio's Promising Practices", Ohio Department of Job and Family Services, March 2006, 19 pages.

This report focuses on recruitment strategies with respect to adoptive parents. It highlights specific approaches to child specific recruitment of seven of Ohio's public children service agencies. Key messages that emerged from the report include a client-centred, consumer-oriented approach which assumes that children are adoptable. Agencies tended to be aggressive in their efforts to recruit; for example, Butler County Children Services Board uses multiple strategies i.e. child specific ads, adoption calendars, and media relations efforts. Staff also coordinate with various businesses in the community and have even worked with two fast food chains to display waiting children. Similarly, Franklin County Children Services uses calendars featuring available children and successful adoptive families. These calendars show diverse family types, thus educating the community about different family structures. An Adoption Photo Gallery is also used, which is a traveling exhibit of waiting children.

In Licking County, the Department of Job and Family Services provides all information to a prospective family before the family meets the child in order to assess their commitment to the process. Finally, Richland County Children Services sends flyers out to county agencies, lists children on OAPL and uses radio to get the message out. The agency is also in the process of forming a partnership with a faith-based organization to assist in recruitment.

(195) Ross A. Klein, Katherine Kufeldt, & Scott Rideout (2006). Chapter 3: Resilience theory and its relevance for Child Welfare Practice. In Robert J. Flynn, Peter M. Dudding, & James G. Barber (Eds.), *Promoting Resilience in Child Welfare*, (pp. 34-51). Ottawa: University of Ottawa Press.

This article introduces the concept of resilience, examines resilience literature and links resilience to the Looking After Children (LAC) Assessment and Action records (AARs), thus demonstrating the value of AAR in monitoring and promoting the resilient development of children in foster care.



(196) John A. Landsverk, Barbara J. Burns, Leyla Faw Stambaugh, & Jenifer A. Rolls Reutz, "Mental Health Care for Children and Adolescents in Foster Care: Review of Research Literature" (Prepared for Casey Family Programs), February 2006, 114 pages.

This report investigates the various intensive home and community based interventions available for children and adolescents and assesses the evidence for the success or failure of each intervention, as well as the legal implications. The following programs are assessed: treatment foster care, multisystemic therapy, intensive case management, mentoring, respite, crisis, day treatment/partial hospitalization, transition to independence, functional family therapy, brief strategic family therapy, family-based support services, therapeutic group homes. The authors note that children in treatment foster care demonstrate greater behavioral improvements and are less likely to run away from home or be incarcerated (as compared to group home or hospital placement). Therapeutic group homes were found to produce similar results to therapeutic foster care but were much more expensive to implement. The authors conclude that treatment foster care may be a better option for youth in foster care when a more highly structured placement is needed.

The report also mentions a new Annie E. Casey Foundation-supported initiative called BlueSkies that proposes a community-based continuum of care for seriously emotionally disturbed youth. Its three components include multisystemic therapy for intensive treatment; treatment foster care for respite; and functional family therapy for maintenance.

The authors discuss the implications for treating common conditions and accessing evidence-based care as well as the treatment options for complex and co-occurring conditions. They contend that children in foster care often move on to “deep end” services in institutional settings because of failure to manage their behaviour in the community. Thus, increasing the availability of intensive home- and community-based services while in foster care could prevent further movement away from family and community.

(197) Raymond Lemay, Beverly Ann Byrne, & Hayat Ghazal (2006). Chapter 19: Managing Change: Implementing Looking After Children at Prescott-Russell Services to Children and Adults. In Robert J. Flynn, Peter M. Dudding, & James G. Barber (Eds.), *Promoting Resilience in Child Welfare*, (pp. 316-336). Ottawa: University of Ottawa Press.

This article reviews the implementation of Looking After Children in a medium-sized Canadian child welfare organization (Prescott-Russell Services to Children and Adults), identifies implementation strategies that seem to have been effective and relates these to themes that recur in the management literature. The challenges inherent in parenting done by organizations (‘corporate parenting’) are highlighted and an overview of ‘resilient organizations’ is provided through a quick perusal of management literature on developing effectiveness and excellence in organizations. Although excellence is relatively rare, research and development lead to constant change (an organizational element that is linked to high performance). The authors conclude that the experience of Prescott-Russell suggests that taking up and implementing Looking After Children can have a very beneficial impact not only on services to children and youth in care, but as well on the organization as a whole.



(198) Alan W. Lieschied, Anne Cummings, Michele Van Brunschot, Alison Cunningham, & Angela Saunders, *Female Adolescent Aggression: A Review of the Literature and the Correlates of Aggression 2000-04*, Public Works and Government Services Canada, 26 pages.

This review of the literature begins by noting that recent evidence from Statistics Canada has reported on the increase of female adolescent aggression in official crime statistics. The review provides a context on the violence literature with adolescent girls through 1) reviewing the aggression literature with girls under the age of 12 years and 2) providing a summary of the correlates from the aggression literature with adolescent girls.

According to StatsCan, 1999, violence with adolescent girls is the only area consistently showing an increase in reported rates of violent offending. In addition, several high profile cases in British Columbia and Ontario have heightened media interest in this area. Canada shares this increasing crime rate with adolescent girls (twice the rate as compared to adolescent boys) in other countries i.e. the United States and the United Kingdom. There is, however, a paucity of consistent data relating definitions of what constitutes aggression as well as a relative paucity of research on female adolescent aggression.

It is suggested that the real evidence for the increased rate of violence with Canadian youth reflects a shift in cultural attitudes and growing intolerance for youth violence reflected in 'zero tolerance' policies in schools and communities. Discretion within the youth justice process itself is noted as perhaps having some bearing on the official reporting of violent crime rates for adolescent girls. U.S. evidence suggests that girls may be charged with minor crimes to a greater extent than boys, perhaps as a reaction for what is seen as an aberration of adjustment.

The authors agree that males are involved in the vast majority of physical incidents of aggression but if the definition of what constitutes violence is broadened, girls are proportionally more likely to appear in the data when verbal threats and intimidation are included (indirect aggressive tendencies).

(199) Alan W. Leschied, Susan Rodger, Anne Cummings, Robert Hurley, Tracey MacGregor, & Jordanna Nash, The Challenge of Fostering: An Investigation of Factors Related to the Recruitment and Retention of Foster Families in 9 Child Protection Agencies in Southwestern Ontario: Executive Summary, University of Western Ontario, London, Ontario, April 2004, 8 pages.

Using both quantitative and qualitative methodologies, 652 foster parents participated in a survey which included 140 questions. Fifty-four foster parents participated in focus groups to discuss their experiences. The purpose of the study was to solicit the views of foster parents in nine child protection agencies in South-western Ontario on issues related to the retention and recruitment of foster parents and their families. The researchers found that previous experience with fostering, either through family or friends, was the primary means by which participants were introduced to the idea of fostering. For many, their experiences as parents became truly important as their own children grew up and moved away and they found they could contribute their skills to a new generation of children. Adequate economic support is critical but external factors like increasing family income were not a primary reason to foster.

Supporting foster families was highlighted as a priority task. Foster parents need as much information as possible about children coming into their homes and staff need to provide feedback to foster parents around the value of their involvement with the CAS. Training is an important ingredient in the retention of foster parents.



(200) April Mazzuca & Deborah Goodman, The 'Why' Behind the Commitment: Motivations, rewards and challenges of foster parents, CAST, December 4, 2006 [not published].

This study reports the responses of foster parents to a mailed questionnaire on the motivations, rewards and challenges associated with fostering. From a list of 14 variables, the majority of participants selected wanting to help those in need as their primary and secondary reason to foster. The enjoyment of being part of the child welfare team was reported, by the majority as the most important influence on being a foster parent. Thus, the most frequent motivation for becoming a foster parent was the altruistic influence of helping a child in need. Rewards associated with foster parenting included the gratification of seeing the impact on a child's growth and development, creating a connection to the children, and the ability of providing a safe and loving environment. The most frequent reported challenge was dealing with the behavioural, emotional and health issues of the foster child. Other challenges included working with the child welfare department, lack of information received about the foster child, and lack of recognition as team member. Participants suggested increased supports such as support groups, respite care, renewed team approach and relevant training to enhance the fostering experience and increase retention.

(201) Ruth G. McRoy, "Answering the Call: Barriers and Success Factors in Adoptions from Foster Care: Perspectives of Families and Staff", Center for Social Work Research & The Collaboration to AdoptUsKids, November 2007, 118 pages.

This report outlines the findings of two legislatively mandated adoption-research studies conducted as part of The Collaboration to AdoptUsKids. In the first study, a nationwide purposive sample of 300 families seeking to adopt children with special needs was selected, interviewed and surveyed to determine actual and potential barriers. In addition, a nationwide sample of 382 private and public agency adoption staff members were surveyed to assess their opinions regarding barriers to the adoption process. In a second study, a four-year prospective examination of a nationwide sample of 161 families who had adopted children with special needs was conducted to determine factors that contributed to successful adoption outcomes. The current report is a summary of demographics of participants and the major findings from each study.

Key Findings:

- Families most desired to adopt females and children who were 11 or younger.
- Families indicated a willingness to adopt children of varying racial backgrounds but the majority desired to adopt Caucasian children.
- Many families were willing to adopt children who had experienced prenatal drug use, had learning disabilities, or ADD/ADHD, but were unwilling or unable to adopt children with multiple physical disabilities or children with HIV/AIDs.
- The most common motivating factor to adopt from foster care was the desire to help a disadvantaged child, a child with special needs or a child in foster care.
- Child issues considered most challenging were medical needs (22%), having a history of abuse and neglect (22%). ADHD (18%), educational needs (16%), behavioral problems (14%) and prenatal drug or alcohol exposure (14%).

Parents most frequently characterized a successful special-needs adoption as having the following characteristics:

- Parents were committed to the child and the child's adoption into the family
- Child was still living in the house and not behaving negatively
- Child was showing progress
- Parent and child had bonded
- Parents were prepared to adopt a child with special needs and had realistic expectations.



(202) Ontario Association of Children's Aid Societies, "Gateway to Success: OACAS Survey of the Educational Status of Crown Wards and Former Crown Wards, Age 16 to 21", March 2008, 16 pages.

This report provides a manual review of all case files for Crown Wards and former Crown Wards, 16 years and older in Ontario and attempts to answer the question, "how are our kids doing in school?". The pilot survey was launched in Fall 2007 and was designed to collect information regarding the educational participation rate of Crown wards and former Crown wards with Extended Care and Maintenance agreements from age 16 to 21, during the 2006-2007 academic year.

The results of the survey showed poor outcomes for youth, likely because of the impact of abuse, neglect, trauma and loss on their academic achievements. Overall, the survey found that 21% of youth are not involved in any schooling, despite legal requirements for youth under 18 to be in school. Only 42% of 19 and 20 year olds appear to be successfully completing high school and only 21% of 18-20 year olds had participated in post-secondary education. Of those who do enroll in post-secondary schooling, 84% gravitate towards apprenticeship or community college and 16% enroll in university.

A number of educational supports that are currently being invested in by Children's Aid Societies are discussed, including: employing Education Advocates, providing individual tutoring, creating homework groups, providing funding, mentoring programs, maintaining youth in their foster homes to age 21 and building strong relationships between foster parents, schools and the assigned worker. The *Crown Ward Education Championship Team* Pilot Project is also introduced, which intends to build on: Student Success Program, First Generation Program, and OSAP grants and loans. Ideas for further improvement are also outlined in this extremely concise report.



(203) Ontario Association of Residences Treating Youth, "Treatment Foster Care: An Implementation Plan – Joining Science to Practice", 51 pages.

This project was funded by the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO to promote a knowledge exchange. The main goals were to promote changes where needed and consolidate existing strengths in the delivery of therapeutic foster care (TFC) in Ontario. Secondary goals were to: improve awareness of evidence-based practice, implement changes or improvements where needed, and strengthen existing evidence-based treatments such as Wraparound and Multi-Dimensional Treatment Foster Care (MTFC).

The primary research question was prompted by the emergence of a specific model program in Eugene, Oregon, Multidimensional Treatment Foster Care, as the blueprint for effective intervention in treatment foster care. The number of children in CAS placed in treatment foster care settings has been estimated from 4 to 11%. The report aims to determine if MTFC is effective for all types of psychiatric needs. It also examines 16 other evidence based programs that have been implemented in a TFC setting.

The report found that MTFC has demonstrated impressive results in clinical outcome studies and although it has not been systematically studied to date with non-offending juveniles, it remains a promising treatment method for such children. It is noted that two characteristics of a youth's background and environment may hinder the effectiveness of therapeutic foster care: victimization by sexual abuse and a home with parents who have a history of crime or chronic drug abuse.

Although some children get better in TFC, others break down. Curtis, Alexander, & Lunghofer (2001) found that TFC is appropriate for children who are too young for institutional settings or those capable of engaging with a family. Indeed, children who are highly aggressive, consistently impulsive, hostile, defiant, violent, whose limited ability to engage with or empathize with others, are thought to be unsuitable for even the most specialized foster family home. The report also examines ideal competencies of treatment foster parents: showing understanding, parent messages, structuring, reinforcement, and setting rules, limits and consequences.

An extensive qualitative and quantitative pre-post study by Sinclair, Wilson, & Gibbs (2005) is referred to in which social workers identified qualities in foster parents in London, England that contributed to success: stability, ability to like and respond to children as individuals, ability to provide social training, set limits and provide encouragement. The study also found that social workers felt that "fit" between the child and parent is critical. The word used to describe this fit was "chemistry".

The report identifies categories of interventions as being either 1) well supported & efficacious (i.e. MDTFC), 2) supported and probably efficacious and 3) supported and acceptable.

(204) Ontario Association of Residence Treating Youth, "Partners in Care 2: Residential Care and Treatment", May 2005, 35 pages.

This report provides a comprehensive view of residential care and treatment, including client profiles, clinical outcomes, adults served, children with special needs, cost profiles of OARTY foster care and group care. Nearly half (48%) of youth under 18 years served by OARTY agencies are developmentally handicapped and the vast majority are in fact multiply handicapped with other co-morbid conditions including DH plus severe behaviour problems, fetal alcohol effects, DH plus medically fragile and autism. Indeed, almost one quarter (24%) of children placed in OARTY agencies are special needs children. A special group of children placed in OARTY agencies present serious sexual acting out behaviour (19%).

In total, there are 26 corporate members of OARTY who have a license to operate foster care. Collectively, these agencies offer 1,244 foster care beds or 46% of the total OARTY bed capacity. The average cost of foster care throughout the OARTY network is \$96.34. The approved per diem of the nine foster care agencies included in the survey was \$117.09 with a standard deviation of \$33.59.

(205) Julie Perkins-Mangulabnan & Robert J. Flynn (2006). Chapter 14: Foster Parenting Practices and Foster Youth Outcomes. In Robert J. Flynn, Peter M. Dudding, & James G. Barber (Eds.), *Promoting Resilience in Child Welfare*, (pp. 231-247). Ottawa: University of Ottawa Press.

This longitudinal research study was intended to contribute to the very limited amount of research on the relationship between foster parenting practices and outcomes among youth in care. Three hypotheses were derived:

- Foster parenting practices would account for a statistically significant increment in the variance accounted for in each of several foster youth outcomes.
- More frequent engagement by foster parents in nurturant or cohesive parenting practices would be associated with more frequent foster youth pro-social behaviour and less frequent emotional disorder, conduct disorder, or indirect aggression.
- More frequent engagement by foster parents in conflictual parenting practices would be associated with less frequent foster youth pro-social behaviour and more frequent emotional disorder, conduct disorder, or indirect aggression.

Participants in the study were 367 youth living in foster homes either administered by not-for-profit Children's Aid Societies in Ontario (91%) or operated by for-profit organizations (9%) in Ontario from which the CAS's purchased foster care services. Conversational interviews were completed using the AROC2; interviews included the youth in care, foster parent and child welfare worker.

Key Findings: Overall, the results provided mixed support for the above hypotheses. There were three supportive findings: firstly, the three foster parenting variables accounted for a statistically significant increment in variance explained in each of the youth outcomes; secondly, parental nurturance was a significant predictor of more frequent pro-social behaviour and less frequent conduct disorder and indirect aggression; thirdly, parent-child conflict was a predictor of more frequent emotional disorder, conduct disorder and physical aggression. However, three results were contrary to the hypotheses: more frequent parental nurturance was unrelated to emotional disorder; secondly less frequent foster parent engagement in conflict with foster youths was unrelated to frequency of youths' pro-social behaviour; and thirdly, more frequent participation by foster parents in activities with their foster youths was unrelated to any of the youth outcomes. The results of the study may mean that sheer frequency of shared activities is less important in foster care as a facet of parent-youth cohesion than the quality and meaning of such activities for the participants.

(206) Linnie Price, "Report on Symposium: Some Issues in Specialist Foster Care", Report on Symposium for Research in Practice, June 14, 2005.

This report summarizes the presentation made by Ian Sinclair regarding specialist foster care at a symposium held in Birmingham. The report defines specialist care and presents the case for professional status and fees for specialist foster carers who work with young people with complex needs and requirements. These include children with disabilities, children in residential schools without a home to return to, children on remand and children with mental and behavioural challenges. The report concludes that most of the principles of specialist foster care should apply to all foster care. For example, all carers should have appropriate status and be treated as part of the team. There is the need, however, for specialist foster care, both to cater for exceptionally difficult young people and to test new approaches.

(207) Carrie Reid & Peter Dudding, “Building a Future Together: Issues and Outcomes for Transition-Aged Youth”, Ottawa, ON: Centre of Excellence for Child Welfare, 2006, 59 pages.

This report was created in response to a Canadian documentary entitled “Wards of the Crown” which followed five youth as they prepared to leave the child welfare system. The paper outlines the eight areas where youth need support to ensure a smoother transition to adulthood: relationships, education, housing, life skills, identity, youth engagement, emotional healing and financial support. The authors refer to the first seven areas as the Seven Pillars, while the final area, financial support, is considered to be the foundation on which all those pillars are built. National and international examples are used to illustrate innovative programs and policies, particularly in the United States, the United Kingdom and Australia. An American Foundation, Casey Family Programs, is mentioned, as is its use of the term ‘interdependency’ rather than ‘independence’ (with reference to independent living). The authors conclude that a coordinated effort through partnerships between community organizations and government will be needed to build a system of supports that will launch youth into adulthood with the optimism and skills needed.

(208) Representative for Children and Youth, “Monitoring Brief System of Services for Children and Youth with Special Needs”, February 26, 2008, 28 pages.

This brief focuses on the accountabilities of the Ministry of Children and Family Development (MCFD) and Community Living BC (CLBC) with respect to delivery of services to children and youth with special needs (CYSN). The CLBC provides support services and/or connects families to services for children who have an Autism Spectrum Disorder diagnosis, are eligible for the At Home Program, or have a developmental disability as defined by CLBC. Key concerns are outlined, including the fact that when there is a need for out-of-home placement, there is confusion about roles and responsibilities and how MCFD and CLBC staff should work together. Furthermore, there is insufficient public accountability and measurement of child and youth outcomes. An extensive list of short-term and long-term recommended outcomes with regards to responsiveness and effectiveness is included.



(209) Research in Practice, “Recruitment and Retention of Foster Carers: Research Briefing” (created by Mary Ryan), 2003, 6 pages.

This is the first research briefing in the Research in Practice Champions for Children Series. Since the majority of children in England and Wales (nearly 70%) are in foster care, the briefing concludes that it is important that foster care is properly resourced and supported. The Fostering Network estimated recently that there was a shortage of nearly 7,000 foster families in England and Wales. The briefing discusses the impact of the Children Act 1989 and discusses the changing characteristics of foster families (single carers, mainly women, recruitment from ethnic and minority groups, same sex relationships).

Key messages on recruitment

- Hard to recruit for children over 10, sib groups, children with difficult behaviour and disabled children.
- There is a shortage of culturally appropriate placements.
- Successful recruitment tends to be associated with well targeted schemes i.e. towards particular neighbourhoods or groups.
- Word of mouth and local press are most effective strategies.

- Innovative strategies include: employing full time recruitment workers, dedicated hotlines or freephones for carers, paying foster carers to recruit others, employing recruitment staff who reflect ethnicity, language and religion of families in particular neighbourhoods, targeting local families in deprived areas, staffing shopping centre recruitment centres.

Key messages on retention

- Each year about 10% of carers in any local authority will give up on fostering.
- Reliable placement workers who value carer's role are necessary
- Direct support service for looked after children
- Continuous programme of coherent training
- Flexible respite arrangements
- Efficient and user-friendly administrative arrangements
- Generous allowances and fees
- Access to 24 hour emergency advice and support

Innovative strategies include: *dedicated helpline, loyalty payments, buddying support, dedicated website, flexible respite arrangements, encouraging carers to take up activities linked to fostering (i.e. acquiring National Vocational Qualifications (NVQs)).*

Establishing multi-disciplinary centres, providing educational input for children excluded from school, newsletters, and providing support following placement breakdown and during investigations into an allegation.



(210) Deborah Rutman, Carol Hubberstey, & April Feduniw, with assistance from Erinn Brown, "When Youth Age Out of Care: Where to from there? Final Report Based on a Three Year Longitudinal Study", School of Social Work, University of Victoria, September 2007, 55 pages.

The Promoting Positive Outcomes for Youth From Care project was a prospective, British Columbia study designed to examine what happened to youth following their exit from government care. The project followed 37 youth over a 2.5 year period between 2003 and 2006; data were collected through a series of face-to-face interviews, using both an open-ended and fixed choice interview format. The project also provided "peer support" to the youth. Similar to existing North American literature on youth from care, youth from this study were found to: have lower levels of education; be more likely to rely on income assistance as their main source of income; have a more fragile support network; experience considerable transience and housing instability; and be parenting. Youths' involvement in criminal activities was found to decline over time but they continued to be victimized in various ways. A striking finding from the study was that the majority of participants who were parents also reported mental health concerns such as depression and anxiety. Similarly, the majority of participants who had mental health issues were parents. The primary recommendation of the study is that youth from care need to have as gradual and extended a transition process to adulthood as youth in the general population.

(211) Scottish Government Publications, "Dealing with Child Contact Issues: A Literature Review of Mechanisms in Different Jurisdictions", October 25, 2007, Accessed online February 19, 2008 at: <http://www.scotland.gov.uk/Publications/2007/10/25160036/2>.

This report presents the findings of a small scale literature review of mechanisms for dealing with child contact issues across jurisdictions. These mechanisms include both those associated with the courts and those independent of the courts. The review, originally for Scottish Executive policy makers, complements earlier work and addresses a number of themes that cut across the different mechanisms. The review looks at countries with similarities to Scotland, including: England and Wales, France, Sweden, Denmark, Australia, Canada, the US, and New Zealand.



(212) Clive Sellick & Darren Howell, "SCIR Knowledge Review: Innovative, Tried and Tested: A Review of Good Practice in Fostering". Social Care Institute for Excellence, October 2003, 59 pages.

This review describes important initiatives in fostering practice and innovative fostering schemes which achieve successful outcomes. The objective of the review was to find as many good examples of innovative fostering practices as possible. As part of the review, 26 agencies known for their good practice were contacted, while Fostering Network recommended contact with 19 other agencies, and SCIE recommended one other. The work was carried out between January to March 2003 so the search, though extensive, was no exhaustive.

Six key areas of national interest in fostering were identified and discussed:

- Recruiting and training foster carers
 - Local recruitment, word of mouth and brief articles in the press work effectively.
 - Existing foster carers can address commonly held public fears and stereotypes about fostering if they are actively involved in recruitment.
 - Birmingham has a foster carer recruitment centre near the city centre that handles visitors, telephone inquiries and gives a high visibility to the fostering service.
 - Stipends paid to foster carers who introduce a potential foster carer.
 - Warwickshire (local authority) has established a specialist training centre and distance learning opportunities, as well as awards for good performance.
 - One IFA, Kindercare Fostering has developed additional training qualifications: Certificate in Professional Competence and Diploma in Fostering
- Retaining Carers and Creating Job Satisfaction
 - Guaranteed respite, out of hours help lines, realistic, well-managed payment schemes, access to specialist help, good working relationships with social workers, loyalty payments, buddying, stress management
 - 'Our Place' in Bristol is a carers centre which provides a therapeutic environment.
 - There is less research evidence on this relatively new area but agencies are beginning to provide carers with career choices within or connected to fostering.
- Creating Placement Choice by using Partnership Working and Commissioning
 - Extensive intra and inter agency programs are needed in order to appropriately match children who need emotional and physical support, have disabilities, are in sibling groups, who need long-term foster carers, and young offenders

- Fostering Children with Complex Needs
 - Norfolk has a specialist fostering scheme which places children between the ages of 5-15. Foster carers and social workers work closely alongside the staff of a local residential therapeutic unit.
- Providing additional services
 - Rosta Project in Liverpool is a therapeutic fostering service with wrap around support for young people with complex needs.
 - Southwark has an education project to deal with non-school attendance.
- Evaluating Foster Services through User Participation
 - Fostered children and young people are being increasingly consulted but their opinions are rarely communicated to senior managers in order to influence policy.
 - This review found no evidence of parents and other relatives of fostered children brought into the participation and evaluation system.
 - However, Norfolk County Council has a “Kids in Care Together” group of fostered young people, with an innovative web site.
 - Cambridgeshire has a “Just Us Group” of fostered children meeting monthly

The authors conclude that although there are several examples of innovative, effective fostering practices, fostering services need more development in the area of creating carer job satisfaction and user participation in foster service evaluation.

(213) Kristine Shuerger, “Information Packet: Child-Specific Recruitment”, National Resource Center for Foster Care and Permanency Planning, August 2002, 12 pages.

This information packet was excerpted from Targeted Recruitment: The Most Effective Strategy (by Denise Goodman). It contains: innovative practices, best practice tips, review of policies and legislation, reference and suggested readings, as well as web resources.

Innovative Practices include:

- Adoption Train: Created by North Carolina’s director of Another Choice for Black Children, the spring train trip brings waiting families and children together.
- Adoption Store: Ohio’s Rolling Acres Mall included a new store with enlarged photos of children, thus raising awareness and recruiting parents.
- New Mexico’s Heart Gallery
- One by One: Program developed to recruit families for children with special needs in Michigan.
- Matching Party Connections
- Videoconferencing
- Iowa’s Permanency for Teens Project.



(214) Catherine Roller White, Anne Havalchak, Lovie Jackson, Kirk O'Brien, & Peter J. Pecora, "Casey Field Office Mental Health Study (CFOMH): Mental Health, Ethnicity, Sexuality, and Spirituality among Youth in Foster Care", Casey Family Programs, 2007, 44 pages.

This study surveyed 188 youth between age 14 and 17 who were receiving foster care services at one of eight Casey field offices. In-person interviews were conducted by trained interviewers between August 2006 and November 2006. Participants were 51.1% females, 67.72% youth of color, and the average age was 16.1 years.

Mental Health Findings:

- Most youth were doing well in terms of their current mental health.
- Most youth (64.2%) had no mental health diagnosis in the past year.
- Rates of nine lifetime mental health disorders (of 21 assessed) were significantly higher than among the general population.
 - ADHD: 15.1%
 - Conduct disorder: 20.7%
 - Major depressive disorder: 19.0%
 - PTSD: 13.4%
- Females experienced significantly higher rates of several internalizing mental health disorders compared to males. For example, lifetime rate of PTSD was 21.4% for females compared to 5.1% for males.
- Rates of mental health disorders among youth currently in care were significantly lower than among alumni of care.

Ethnic Identity:

- Many youth (57.3%) felt they had opportunities to develop their ethnic identity in foster care, but most (69.3%) wanted to learn more.
- Black youth reported more experiences of discrimination based on ethnicity/race than Hispanic/Latino youth or white youth.
- About 3 in 4 youth reported having at least one caregiver of the same race/ethnic group as themselves at the time of the interview, but significant differences existed by group.
 - White youth: 86.5%
 - Black youth: 81.1%
 - Hispanic/Latino youth: 45.0%
- 51% of youth agreed it was important to have foster parents of the same racial/ethnic group as themselves.

Gender Identity and Sexual Orientation:

- Ten youth (5.4%) identified as gay, lesbian, bisexual or questioning.
- Most youth (65.8%) reported feeling comfortable around youth who are LGBTQ but fewer (45.9%) reported feeling comfortable living in a foster home with an LGTQ person.
- Few LGBTQ youth reported having experienced discrimination because of their sexual orientation.

Spirituality:

- The vast majority (94.6%) said they believe in God, a Creator, or a Higher Power.
- Most youth participated in spiritual activities on a regular basis and considered these activities helpful.
 - 24.9% participated in spiritual activities two or more times per week.

The authors concluded that based on the above results, a number of policy, program and research recommendations are essential. These included:

- Pay attention to internalizing disorders among female youth in care.
- Provide training on mental health disorders to foster parents and social workers.
- Ensure that foster youth have multiple opportunities to develop their ethnic identity.
- Recruit foster parents of diverse racial and ethnic backgrounds.
- Provide training on ethnic identity to foster parents and staff.
- Teach all youth to support and accept LGBTQ youth.
- Integrate spirituality into casework.



(215) Kate Wilson, Ian Sinclair, Claire Taylor, Andrew Pithouse & Clive Sellick, "Knowledge Review: Fostering Success: An Exploration of the Research Literature in Foster Care", Social Care Institute for Excellence, November 2003, 107 pages.

This review examines the outcomes for children that are a direct result of foster care. It identifies messages for policy and practice and covers three broad issues: background on foster children, overall effect of foster care, and differences within foster care. The authors looked at not only the outcomes of children in care in the UK but worked with three consultation groups of foster carers and young people throughout the study.

Background of young people in foster care

- Although foster children have difficult early lives, for many of them in long-term foster care, being fostered may be better than remaining home. Furthermore, the majority of fostered children go on to lead happy, productive lives.

Overall effect of foster care

- Foster care seems to be in general safer and less likely to produce difficult behaviour and emotional problems than care in children's homes.
- Short-term foster care is generally valuable and valued.
- Long-term foster care should be judged by achievement of close relationships, effects on child's development, educational performance and sense of identity.
- Problems with mental health, education and behaviour are not caused by foster care.
- Almost all foster children prefer foster care to residential care.

Differences within foster care

- Well-planned foster care schemes that include intensive support and training of both carers, social workers and birth parents (where appropriate) can produce good results.
- Outcomes of foster care are determined by: recruiting, training and supporting good foster carers, characteristics of foster carer (specific family characteristics, parenting characteristics and previous

performance), birth parents and contact with child, support and interventions by social workers, school experience, degree to which child and placement are matched.

- The authors found that word of mouth and features in local papers worked best for recruitment of foster carers.
- An adequate foster care model should include specialist training and concentrated support for foster children with complex needs.
- Matching children with foster carers includes a two-fold approach
 - First, recruit short-term carers who can take a wide variety of children for varying lengths of time (especially during a crisis),
 - Secondly, placing siblings together and minority ethnic children with minority ethnic parents is right in principle, but professional judgment should be used on a case by case basis.

The authors conclude that foster care should be able to provide opportunities for foster children to utilize their resilience and thus choose outcomes that reflect their own aspirations and desires.

(216) Andrew E. Zinn, "Placement Instability in Substitute Care: A Mixed Methods Analysis of the nature of and Circumstances Surrounding Placement Movement" prepared for SSWR Conference, San Francisco, January 13, 2007.

In this presentation of a web-based survey of 1,192 Illinois Department of Children and Family Services and private agency caseworkers, one qualifying child from each worker's caseload was randomly selected. It was found that the majority (76%) of prior foster home placements ended because foster parents were unable or unwilling to continue fostering. Specific reasons included: incidental events (30% unable/39% unwilling), foster parent could not tolerate child's behavioural or mental problems (28% unable/38% unwilling), child could not get along with foster parent's own biological or adoptive children (17% unable/25% unwilling), and foster parent's lack of professionalism or failure to cooperate with a child's case plan (16% unable/21% unwilling).

Based on fostering domains identified in the Casey Family Applicant Inventory, 14 items are identified which characterize the degree to which foster home provides for or supports children. A total of 13.2% of the 1192 placements ended in a pre-permanence move: 82% to another foster home and 18% to residential care, adverse events or other. A number of agency/caseworker, children and foster home characteristics that impact placement were discussed. Significant predictors of placement change are: child's age and mental health problems, license type, fostering competency. The author concluded that instability is hydra-headed but foster homes do play a role. Thus, we need to incorporate short-form assessment into family evaluations, permanency reviews, etc.

SECTION 5: KEY RECOMMENDATIONS

SYSTEMS

Preferred Model

That family-based care, with its continuum of options and supports, is the preferred placement option for the majority of foster children /youth. *(Ongoing)*

That the preferred system approach continues to be an individualized and customized care plan for each child/youth *(Ongoing)*

O High Needs Children/ Youth

That for the minority of children who are not suitable for regular foster care, earlier assessment and redirection to alternative foster care models is needed so these children do not experience repeated placement failures (172).

That for children with high level of needs (e.g. highly disruptive children, those with severe conduct disorder, and those with two or more placement breakdowns due to disruptive behaviour) a continuum of supports is available to maintain placement stability and continuity *(Ongoing)*

Professional Approach

That at the broad systems level (e.g. funding, policy) there is support and integration of the more professional approach to family-based care (e.g. enhanced remuneration, mandatory training for foster parents); the move to a more professional approach to family based care is essentially a paradigm shift that will require an entire system change (funding, policy, practice, research focus) (209)

Outcome Focus

That at the provincial level there is consistency in the collection of outcome data on key topics and that this data come from a variety of sources (e.g. agency system data, program data, research data, longitudinal data). Specific key areas include:

O Placement Outcomes

That system/policy factors be examined to determine if system influences affect placement stability and outcomes (143)

O Transitioning From Care Outcomes

That federal, provincial & CAS policies be reviewed to ensure integrated support for youth transitioning from care (61,68,71)

O Youth Educational Attainment Outcomes

That system mechanisms be created that pursue early identification of children and youth struggling in school settings (69).

That province-wide programs be developed to assist CAS youth in completing their high school diploma; create system capacity to track educational attainment after youth exit from care (190).

COMMUNITY & CAS'S

Advance Key Research Topics

That CAS's undertake intervention-based research to develop a child welfare knowledge domain. *(Ongoing)*

That service models and interventions, such as Multidimensional Treatment Foster Care, be implemented and rigorously tested and evaluated (173,184).

That research on matching foster parents to foster children be undertaken and evaluated (90)

That research on the role of foster fathers to be undertaken and evaluated (76, 77, 81,96).

Vertical & Horizontal Community Collaboration

That for CAS's to strengthen partnerships with community agencies to obtain earlier access to key services for children/youth (e.g. children's mental health) (85,125,128); that a longer-term goal for CAS's is to actively pursue collaborative initiatives with community organizations, academia and government agencies (i.e. settlement services, juvenile justice centres, mental health agencies) to create a more integrated, continuum of services, as well as stimulate greater evaluation of practice at all levels (207)

That CAS's integrate educational and developmental learning tools by creating partnerships and tutoring/mentoring programs between schools, child welfare agencies and foster parents. *(Ongoing)*

FAMILY BASED CARE (FBC): FOSTER FAMILY

Recruitment

That recruitment efforts focus on efficient first-contact administration, including prompt, sensitive point of first contact, high quality, follow-up information, and a commitment to keeping in touch with potential foster carers (177, *Ongoing*)

Continue to evaluate and hone the profile of "willing to foster" families, with agencies working with families to build on individual strengths. (*Ongoing*)

That foster parent recruitment be local, targeted, with a focus on foster parents who are willing to foster infants and adolescents, siblings groups, as well as children and youth with much higher level of needs; recruitment efforts use "word-of-mouth" strategies, local press campaigns, and approaches that involve current foster parents; target foster parents from diverse racial and ethnic backgrounds (214) and trained professionals (e.g. social workers, teachers).

Matching

That foster parents skills and competencies *and* foster children's values, needs, and characteristics be matched (where possible), to optimize positive outcomes (e.g. ensure placement stability, enhanced attachment) (83, *Ongoing*)

Training & Professionalization

Continued emphasis on provision of information, a range of basic and specialized FBC training, and ongoing support to foster families (75,83); the shift to a more professional approach to family-based care will heighten the training focus (e.g. mandatory training) and a more cohesive, collaborative, team approach (83); excellence in FBC will require caregivers to be trained on how to effectively integrate ethnic identity, cultural value systems and religious/spiritual beliefs of their foster child (214); increased focus on educational attainment for youth means foster parents will require training to educationally support their foster youth.

Service

That family-based care providers have complete information about a child's emotional issues, medical and social history and agency support in order to respond to all subsequent challenges that may emerge (157, 159).

That physically disciplining foster children and youth is abstained from completely (118, 123).

CHILD/ YOUTH

Birth Family

That children/youth have the opportunity to contact their birth family shortly after leaving their home (61); sibling groups are provided with assurance of continued support (61).

Transition to Care

That children/youth be provided with information regarding their placement, the reason for their placement and what is currently happening with their families as soon as they are removed from their home (131).

That children/youth in care be provided with a network of support, including positive role models (e.g. 'survivors of the care system') (134) or Internet networking groups.

In Care

That the number of children/youth placed in each foster home is limited, particularly when one or more children have high behaviour rates, in order to reduce placement disruptions (49).

That CAS's/workers incorporate children/youth's feelings and perceptions as they move through care by collecting their stories and making them a prominent part of electronic case files (61).

O Cultural Identity

That foster youth have available multiple opportunities to develop their ethnic identity (214).

O Duration of Care

That family-based care is provided throughout adolescence, up to age 21, to meet the needs of vulnerable youth (67)

O Knowledge Translation/Skill Development

Increase CIC youth/alumni access to evidence-based medical/mental health treatment(174); incorporate alcohol, drug, and substance abuse therapy in mental health services (190); improve sex education/ pregnancy prevention (190).

APPENDIX A: Standardized Key Informant Interview Questions

KEY QUESTIONS

1. For what types of children and in what numbers, if you can provide them, will the CAS's need to recruit foster homes in the future?
2. Which critical issues relating to foster children do you feel need to be addressed and why? i.e. FASD, conduct disorder, developmental disabilities, violence & aggression.
3. What service models are best suited to support each type of child?
4. What are the characteristics of the families who will be needed to provide foster homes for these children?
5. What recruitment strategies are most successful in recruiting these types of families and what additional supports are required for them to be successful? Has your agency collected any statistics or prepared surveys which validate your perspective?
6. *As you see the face of foster care changing in the future, do you anticipate different supports being required and what would they be?*
7. *Do you know of any international foster care models that should be included in this literature review?*
8. *Are you aware of any specific articles or research that we should include in the literature review, or of any key contacts that we should further explore?*

SUPPLEMENTARY QUESTIONS

9. Foster Parent Recruitment
 - a. From your perspective, what have been the least successful recruitment strategies?
 - b. Are you aware of any new recruitment strategies that are proving to be successful?
 - c. How successful are recruitment media campaigns? How were you able to ascertain this?
 - d. *Would you support a modified recruitment process wherein foster parents are specifically recruited to match the needs of foster children? Why or why not?*
 - e. How would you recommend improving the recruitment process such that the changing needs of children are fully met?
10. What model of foster care are you using at your agency?
11. What foster care services does your agency provide?
12. What are the major strengths of the Ontario foster care model and of your own agency's model?
13. What gaps or limitations in service, if any, do you feel have impacted the quality of foster care in Ontario? What implications will these have on the sustainability of Ontario's foster care system?
14. From your perspective, have you seen an impact of permanency planning initiatives on the role of foster care? Has your agency collected any statistics or prepared surveys which validate your perspective?
15. Are you aware of any new foster care interventions or programs that we should be exploring that will be of importance in the future? For example, are you aware of any holistic approaches to supporting children's well-being, strength-centered support and training of foster families, or resilience models?

Note:

Q1-Q5 [bolded]

Q6, 7, 8, & 9d [italic]

Q9a, 9b, 9c, 9e, Q10-Q15 [small font]

– all key informants were asked

– were asked of some if time permitted

– were not asked of any key informants

APPENDIX B: Key Informants – Interviewed N=14

Key Informant (alphabetical order)	Agency / Organization	Position
Richard Barth	University of Maryland, Baltimore USA	Dean, School of Social Work
Dawna Cramer	Children's Aid Society of Toronto CAN	Recruitment Coordinator
Katherine Dill	Practice and Research Together (PART) CAN	Director
Peter Dudding	Child Welfare League of Canada CAN	Executive Director
Sheila Durnford,	Canadian Foster Family Association CAN	President
Robert J. Flynn	School of Psychology & Centre for Research on Community Services, University of Ottawa CAN	Professor
Raymond Lemay	Prescott-Russell Services for Children & Adults CAN	Executive Director
John Neufeld	Bridgeway Family Homes CAN	Resource Worker
Janie Ryan	Children's Aid Society of Toronto CAN	Director, Foster Care Resources
Gillian Schofield	University of East Anglia, United Kingdom UK	Professor
Julie Selwyn	Hadley Centre for Adoption & Foster Care Studies, University of Bristol, United Kingdom UK	Director
Ian Sinclair	York University, United Kingdom UK	Professor
Darlene Straarup	SOS Children's Villages, BC CAN	Executive Director
Fred Wulczyn	University of Chicago USA	Professor

APPENDIX C: Key Informants Contacted - Not Interviewed N=22

Key Informants* (alphabetical order)	Agency / Organization
Casey Family Programs	Casey Family Programs
Karen Chardola	Hamilton Children's Aid Society
Lynn Desjardins	Ottawa Children's Aid Society
Karen Evoy	Alberta Child and Youth Services
Jane Fitzgerald	London-Middlesex Children's Aid Society
Bernadette Gallagher	Ontario Association of Children Aid Societies
Marika Geisen	Alberta Child and Youth Services
Jane Golden	Children's Aid Society, NYC
Sharon Harewood	Alberta Child and Youth Services
Joan Hunt	Oxford University
Sister Mary Paul Janchill	Center for Family Life, NYC
Janet Laderoute	London-Middlesex Children's Aid Society
Vanessa Langford	Jane Addams Hull House Association
Sister Paulette LoMaco	Good Shepherd, NYC
Barbara MacKinnon	Ottawa Children's Aid Society
Anna Masokovitz	Peel Children's Aid Society
Andrea Smith	Falconhurst
Richard Sullivan	Ontario Association of Residences Treating Youth
Sherri Tanchak	Alberta Child and Youth Services
Rachel Threlkeld	H4K Hamilton
Daniel Webster	University of Berkeley
Jackie Woodward	Ottawa Children's Aid Society

APPENDIX D: Data Sources for Annotated Bibliography

Part 1: Journals Reviewed (n= 71)	Part 2: Agencies, Programs, Websites, Reviewed (n= 27)
<ul style="list-style-type: none"> ○ Journal of Abnormal Child Psychology ○ Addictive Behaviors ○ Journal of Adolescent Health, ○ Aggression & Violent Behavior ○ AIDS and Behavior ○ American Journal of Community Psychology ○ American Economic Review ○ The American Journal of Family Therapy ○ The American Journal of Maternal/Child Nursing ○ American Journal of Preventive Medicine ○ Journal of American Psychiatric Nurses Association ○ American Journal of Public Health ○ Archives of Disease in Childhood ○ Attachment & Human Development ○ Australian Social Work ○ International Journal of Behavioral & Consultation Therapy ○ British Journal of Social Work ○ The Canadian Journal of Psychiatry ○ Child Abuse & Neglect ○ Child and Adolescent Mental Health ○ Journal of Child & Adolescent Psychopharmacology ○ Child & Adolescent Social Work Journal ○ Child Care in Practice ○ Child Development ○ Child and Family Social Work ○ Journal of Child and Family Studies ○ Child Maltreatment ○ Child & Youth Care Forum ○ Children & Youth Services Review ○ Child Welfare ○ Clinical Child Psychology & Psychiatry ○ Clinical Social Work Journal ○ Cognitive & Behavioral Practice ○ Journal of Developmental & Behavioral Pediatrics ○ Early Childhood Education Journal ○ Educational Gerontology ○ Emotional & Behavioural Difficulties ○ European Child Adolescent Psychiatry ○ European Journal of Social Work ○ The Exceptional Parent ○ The Family Journal: Counseling/Therapy for Couples & Families ○ Journal of Family Nursing ○ Journal of Family Psychology ○ Family Relations ○ Families in Society ○ The Future of Children ○ Gender & Society ○ Journal of Health & Social Policy 	<ul style="list-style-type: none"> ◆ AdoptUsKids ◆ British Association for Adoption and Fostering ◆ California Research Bureau ◆ Chadwick Centre for Children and Families ◆ Social Work Research ◆ Casey Family Programs ◆ Centre of Excellence for Child Welfare ◆ Centre of Excellence for Children's Well-Being ◆ Centre for Social Work Research ◆ Children's Aid Society of Toronto ◆ Child Welfare League of Canada ◆ Department for Children, Schools, and Family, England ◆ Every Child Matters ◆ The Fostering Network ◆ National Resource Centre for Foster Care & Permanency Planning ◆ Ohio Department of Job and Family Services ◆ Ontario Association of Children's Aid Societies ◆ Ontario Association of Residences Treating Youth ◆ Practice and Research Together (PART) ◆ Public Works and Government Services Canada ◆ Research in Practice ◆ Scottish Government Publications ◆ Social Care Institute for Excellence ◆ U.S. Department of Health and Human Services ◆ University of Victoria, British Columbia ◆ University of Western Ontario

Part 1: Journals Reviewed (n= 71)	Part 2: Agencies, Programs, Websites, Reviewed (n= 27)
<ul style="list-style-type: none"> ○ Journal of Humanistic Psychology ○ Infant Mental Health Journal ○ Infants & Young Children ○ Journal of Intellectual & Developmental Disability ○ Journal of Interpersonal Violence ○ Juvenile & Family Court Journal ○ Language, Speech & Hearing Services in Schools ○ The Journal of Pediatrics ○ Pediatric Nursing ○ Psychiatric Services ○ Psychology in the Schools ○ Research on Social Work Practice ○ School Psychology International ○ The Social Science Journal ○ Journal of Social Service Research ○ Social Service Review ○ International Journal of Social Welfare ○ Journal of Social Work Practice ○ Social Work Research ○ Society for Prevention Research ○ The Journal of Socio-Economics ○ Journal of Sociology & Social Welfare ○ Qualitative Social Work 	

APPENDIX E: Glossary / Definitions of Family Based Care

FAMILY BASED CARE (1.0)

The provision of substitute care by an adult or adults who typically reside in a private family dwelling.

SOCIETY OPERATED FOSTER CARE (1.1)

Family based care in which a caregiver or caregivers who have been approved by a children's aid society provide twenty four hour substitute care to children who are unrelated to the caregiver(s) and are in the voluntary or involuntary care/custody of a society, an agency that is sanctioned to provide foster care services under a current license and its associated standards and regulations from the Ministry of Children and Youth Services.

Note: This definition is not inclusive of Kinship Care.

SOCIETY OPERATED REGULAR FOSTER CARE (1.2)

Family based care in which a caregiver or caregivers who have been approved by a children's aid society are capable of meeting the basic needs of the child(ren) entrusted to their care and of linking with required community based services as applicable, all the while providing twenty four hour substitute care to children who are unrelated to the caregiver(s) and whose needs can be met within such a placement and who are in the voluntary or involuntary care/custody of a society, an agency that is sanctioned to provide foster care services under a current license and its associated standards and regulations from the Ministry of Children and Youth Services.

Note: This definition is not inclusive of Kinship Care

SOCIETY OPERATED SPECIALIZED FOSTER CARE (1.3)

Family based care in which a caregiver or caregivers who have been approved by a children's aid society are capable of meeting the basic and one or more identified developmental, emotional, social, behavioural, medical and/or physical needs of the child(ren) and of linking with required community based services as applicable, all the while providing twenty four hour substitute care to children who are unrelated to the caregiver(s) and whose needs can be met within such a placement and who are in the voluntary or involuntary care/custody of a society, an agency that is sanctioned to provide foster care services under a current license and its associated standards and regulations from the Ministry of Children and Youth Services.

Note: This definition is not inclusive of Kinship Care

SOCIETY OPERATED TREATMENT FOSTER CARE (1.4)

Family based care in which a caregiver or caregivers who have been approved by a children's aid society are capable of developing and/or delivering individualized and specific treatment plans/programs which meet the basic and one or more identified developmental, emotional, social, behavioural, medical and/or physical complex needs of the child(ren) while also linking with required community based services as applicable, all the while providing twenty four hour substitute care to children who are unrelated to the caregiver(s) and whose needs can be met within such a placement and who are in the voluntary or involuntary care/custody of a society, an agency that is sanctioned to provide foster care services under a current license and its associated standards and regulations from the Ministry of Children and Youth Services.

Note: This definition is not inclusive of Kinship Care

CUSTOMARY CARE (1.5)

Family based care reflective of First Nation's culture and values and of the traditional practice that all members of the child's immediate and extended family and community share responsibility in the provision of care to a child, who is or may be in need of protection.

SOCIETY OPERATED PROVISIONAL FOSTER CARE (1.6)

Please refer to: Family Based Care Society Operated: Society Operated Kinship Foster Care

SOCIETY OPERATED KINSHIP FOSTER CARE (1.7)

Family based care comprised of extended family, relatives or any community member with an ethnic, cultural, religious or significant relationship with a child and who have been approved by a children's aid society as capable of meeting the basic needs or where applicable, one or more identified developmental, emotional, social, behavioural, medical and/or physical uniqueness's of a child and of linking with required community based services as warranted, on behalf of a child whose needs can be met within such a placement and who is in the voluntary or involuntary care/custody of a society, an agency that is sanctioned to provide foster care services under a current license and its associated standards and regulations from the Ministry of Children and Youth Services.

ADOPTION PROBATION (1.8)

The time period where a child who has been placed for the purposes of adoption by a children's aid society with an agency approved caregiver(s) but where a final order of same has yet to be made by a duly authorized court.

SOCIETY OPERATED EMERGENCY RECEIVING AND ASSESSMENT FOSTER CARE (1.9)

Family based care in which a caregiver or caregivers who have been approved by a children's aid society are capable of providing emergency short term placement, stability and assessment of the basic as well as any developmental, emotional, social, behavioural, medical and/or physical needs of the child(ren) which may also include the development and/or delivery of individualized and specific programs while simultaneously linking with community based services as applicable, all the while providing twenty four hour substitute care to children who are unrelated to the caregiver(s) and whose needs can be met within such a placement and who are in the voluntary or involuntary care/custody of a society, an agency that is sanctioned to provide foster care services under a current license and its associated standards and regulations from the Ministry of Children and Youth Services. Note: This definition is not inclusive of Kinship Care.

SOCIETY OPERATED INDEPENDENT LIVING (1.10)

Housing arrangements which may be licensed by the Ministry of Children and Youth Services such as but not exclusively limited to semi independent living situations where the children's aid society approved caregiver(s) may be financed either by the youth who is in the agency's voluntary or involuntary care/custody or on their behalf by the society.

SOCIETY OPERATED PARENT MODEL STAFF SUPPORTED FOSTER CARE (1.11)

Please refer to: Family Based Care Society Operated: Society Operated Staff Supported Foster Care

SOCIETY OPERATED OTHER CARE (1.12)

A family based care model which does not meet the definitional threshold of Regular, Specialized, Treatment, Emergency Receiving and Assessment, Customary, Staff Supported and Kinship in which a caregiver or caregivers have been approved by a children's aid society as capable of meeting the basic needs of the child(ren) entrusted to their care, all the while providing twenty four hour substitute care to children who are unrelated to the caregiver(s) and whose needs can be met within such a placement, and who are in the voluntary or involuntary care/custody of a society, an agency that is sanctioned to provide foster care services under a current license and its associated standards and regulations from the Ministry of Children and Youth Services.

SOCIETY OPERATED STAFF SUPPORTED FOSTER CARE (1.13)

Family based care programmatically supported through the direct provision of in home children's aid society and/or purchased staffing in which a caregiver or caregivers who have been approved by an agency are capable of developing and/or delivering highly individualized and specific treatment plans/programs which meet the basic and one or more identified developmental, emotional, social, behavioural, medical and/or physical needs of the child(ren) while also linking with community based services as applicable, all the while providing twenty four hour substitute care to children who are unrelated to the caregiver(s) and whose needs can be met within such a placement and who are in the voluntary or involuntary care/custody of a society, an agency that is sanctioned to provide foster care services under a current license and its associated standards and regulations from the Ministry of Children and Youth Services.

Note: This definition is not inclusive of Kinship Care

EXTENDED CARE AND MAINTENANCE (1.14)

Where youth who were Crown Wards and where the Order of Crown Wardship expired when they reached the age of eighteen (18) or married, which ever came first, the Society may continue to provide professional services and financial assistance up until the age of twenty one (21), where the youth meet and maintain Ministry of Children and Youth Service's eligibility criteria.

Post Proclamation Definition:

Where youth who were the subject of a Custody Order made on a Status Review Application, or were subjects of a Crown Wardship Order, and where these Orders expired when they reached the age of eighteen (18) or married, which ever came first, or where Indian or Native youth who are eighteen (18) years of age or older, who immediately before their eighteenth (18) birthday were being cared for under a Customary Care Agreement in which their caregiver(s) were in receipt of a subsidy from a children's aid society, the Society may continue to provide professional services and financial assistance up until the age of twenty one (21) in all aforementioned situations where the youth meet and maintain Ministry of Children and Youth Service's eligibility criteria.

MISSING (1.15)

Where a child in the voluntary or involuntary care/custody of a children's aid society leaves their agency operated family based care placement without permission of the Society and/or substitute caregiver(s) as applicable, and/or fails to return to same for a continuous period in excess of 24 hours or immediately where the child's safety is deemed at imminent risk, but is exclusive of all situations where the child's actual whereabouts are known.

Note: This definition does not include unlicensed placements, licensed Outside Paid Resources, or independent living arrangements.

APPENDIX F: Alphabetical Order of Journal Articles

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