



# Residential Review and Redesign Fact Sheet - Strengthening Foster Care

## Community and Stakeholder Consultations - What We Heard...

Skilled, committed, and engaged foster caregivers, service providers and MCFD staff enhance the capacity of the system to meet the needs of vulnerable children and youth. Participants in the consultation sessions were particularly interested in and concerned about foster caregivers. Recruitment and selection, education and training, supervision, support, recognition and compensation were identified as key factors in the development and retention of a strong and diverse range of foster caregivers.

## Foster Care Recruitment

It was consistently suggested that the supply of skilled foster family care homes needs to be increased. Enhanced supply would enable better matching of the child or youth's needs and the foster caregiver's skills and circumstances, as well as prevent the overloading of foster homes – both of which can be key factors in placement disruptions and breakdowns.

More specifically, participants indicated that there was a need to recruit and retain more:

- **Aboriginal homes.**
- **"Youth-friendly" homes** that welcome and are skilled in meeting the needs of adolescents.
- **Specialized care homes** with caregivers that are knowledgeable and skilled in supporting young people with a history of significant trauma, attachment challenges, problematic substance use, mental health concerns, FASD, cooccurring conditions (e.g. mental health and substance misuse), dual diagnosis, and other special needs.

- **"Birth-family friendly"** homes that are willing and able to work more intensively with birth and extended families to achieve reunification.
- **"Multi-generational care"** homes that are willing to take a youth in care and their child, or a parent and child.

The extent of recruitment challenges varied from community to community and was influenced by a number of factors, ranging from how much time the local and regional offices and supporting agencies had been able to invest in recruitment, to the cost of housing and the capacity of families to offer to care for extended family members or foster children. Challenges seemed to be greater in some rural and/or remote communities and urban communities with higher housing costs.

Not all communities face a shortage or limited supply of caregivers however, and some foster caregivers raised concerns that due to an oversupply in their area, children were not being placed and their financial sustainability was affected. This points to a tension within the foster care system. If the supply of foster or extended family placements increases and/or the demand for placements diminishes, some caregivers may not have sufficient income to sustain their current situation (e.g., not working outside of the home, extra housing costs, etc) and retention of these caregivers may be compromised.

On the other hand, it is in the best interests of the children and youth needing residential care that supply exceeds demand so that a strong fit between the young person's needs and caregiver skills and attributes can be achieved.





### *Suggestions for enhancing recruitment efforts:*

1. Challenge negative public perceptions about fostering, foster children and MCFD through a broad and creative public awareness campaign to “rebrand” foster care.
2. Enhance or redirect capacity (time and resources) amongst MCFD or contracted staff to build community awareness, share information about fostering, follow up with people expressing interest, review applications, complete home studies and prepare new foster caregivers for their first placements.

3. Improve screening tools for foster care applicants to help MCFD staff discern those most appropriate for fast-tracking and/or for comprehensive assessment and home visits.

4. Assess and compare the current contracted foster caregiver support services that have as their primary function to recruit, train, support and retain foster caregivers, to identify what services make the greatest difference. Consider expanding the services to increase the capacity in the system to strengthen foster caregiving.

## **Supporting & Retaining Foster Caregivers**

Many participants spoke to the need for strong and comprehensive supports for foster caregivers to enhance retention and sustain placements. Many different aspects or facets of support were described – from how caregivers are treated, to what services are available, to what compensation is offered. In general, “support” encompasses anything that could help to sustain caregivers, enhance their capacity, and reduce the likelihood of crisis or placement breakdown for a child or youth.

Participants spoke about what causes foster caregivers to leave or be less effective in their role. Key pressures are when children are placed inappropriately (e.g., not a good fit with the foster home, not prepared for the transition, lack of information and guidance provided to the foster home at the time of placement) and limited support and assistance is provided to the child/youth and to the foster family, particularly during the first few weeks of placement, when challenges arise, and at the conclusion of a placement.

Retention of foster caregivers is strongly connected to placement stability and continuity. If supports are not provided to assist in retention, then the foster caregiver is more likely to request that children

or youth in their care be moved, or leave fostering altogether. As a result, the young person in their care experiences a disruption in their placement and relationships.

Caregivers suggested that their capacity to deliver quality care is enhanced when the following relationship-based supports are in place or available:

- Respectful, positive and constructive working relationships with MCFD staff.
- Access to other foster caregivers for mutual support, advice, mentorship and counsel.
- Clear understanding about roles and expectations, including what is expected of the foster caregiver and what the caregiver can expect and “count on” from MCFD staff and community partners. Consistency of expectations was also important – caregivers find it difficult when dealing with multiple MCFD workers each of whom have different expectations and approaches.
- Opportunities to prepare for new placements including meeting the child/youth, easing them into the home, receiving key information, etc.
- Appreciation and acknowledgement of the strain



that fostering can place on the caregiver's own family particularly during key points of time – at time of placement, during crises, at conclusion of placement (whether planned or unplanned).

- Appreciation and acknowledgement of the challenges inherent in fostering in rural or isolated communities (e.g., limited access to supports and services, risk of strained relationships with friends, neighbours or colleagues when caring for children and youth whose families are connected to them), or fostering children and youth of diverse cultural backgrounds and traditions.
- Opportunities to be involved in planning processes. Demonstrated respect for and valuing of the caregiver's knowledge and perspective about the child or youth and their needs.
- Feedback and conflict resolution approaches to ensure that information is shared, issues are raised appropriately and differences of opinion are addressed in a respectful and constructive way.

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*"The social worker could have just dropped the kids off and been on his way, but instead he came into the house and stayed for a few hours to help me settle the children and make dinner. He appreciated that it would be hard for all of us and did his best to bring some calm to the situation. I felt that we were a team." - Foster Parent*

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### *Support for the Foster Caregiver*

In addition to relational supports, foster caregivers described a number of concrete supports that they have found helpful to receive (or would like to receive) in order to be effective caregivers, including:

- New caregiver orientation and support.
- "Mentorship or buddy programs", with experienced foster care givers being paired up with new caregivers to serve as advisors and sounding boards.
- Access to relevant and timely education and training.

- Information about the children and youth being placed in their home.
- Quick access to knowledgeable advice, ideas and assistance including during "after hours" – evenings, weekends and holidays.
- Timely access to relief care.
- Cultural guidance.
- Assistance and supports to include and involve birth family members where this is in the interests of the child or youth (which can be challenging for caregivers).
- Counselling services for self and family, such as grief and loss counselling.
- Adequate and fair compensation.
- Managing the number of children and youth placed in a home.

Many participants suggested that it was essential for caregivers to have access to relief from time to time in order to sustain placements. Two aspects of relief were addressed: financial support and eligibility, and access to and availability of relief caregivers. Access to, and availability of, relief care was cited by a number of foster caregivers and MCFD staff as a significant challenge.

### *Support for the Child and Youth in Foster Care*

When the children and youth in their care receive the supports and services that they need, the caregivers in turn feel supported. Caregivers suggested that their effectiveness and longevity as foster caregivers is enhanced when the children and youth in their care have timely access to the following services and supports:

- Specialized and therapeutic services – such as specialized assessments (e.g. to identify learning disabilities or other special needs), mental health and problematic substance use services, behavioural interventions, and autism services.



- “Normalizing” resources – including financial and other supports to participate in typical child and youth activities such as sports teams, music and art classes, driving lessons, school trips, birthday parties, and family vacations.
- Transitional supports - such as when the child or youth is moving to another setting (e.g., birth family home, adoptive home, or a new residential care placement), preparing for an independent living arrangement or for independence at age of majority, or when significant life events are unfolding (e.g., when a CCO is granted, or a parent dies).
- Wrap around services – given the complex needs of many young people in residential care, a more comprehensive array of services that “wrap-around” the child or youth may be required.
- Resources to act on any recommendations arising from assessments and plans.

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*“Packing and having to move 37 times has given me horrible anxiety. I cut off relationships with people before I start to like them because I know I am going to lose them. Can you imagine moving 37 times yourself?” - Youth Participant*

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### *Assessment & Planning-Role of Caregiver*

Participants consistently noted that good assessments set the foundation for good planning and decision-making, thoughtful placement matching, and appropriate practice. Many

participants felt that improvements needed to be made to assessment approaches and processes, and that consideration should be given to what assessments are done, when, by whom, how, who learns about the results, and what the expectations are for acting on the findings and any recommendations.

Participants suggested that foster caregivers have valuable information to share in planning processes and that they benefit from hearing first hand what the plans are as they are often responsible for implementation. Times during which foster caregiver input is valuable includes:

- Planning processes for plans of care that include residential placement, re-unification and alternative permanency plans, including how these plans are developed, who is involved, etc.
- Planning for placements - including matching the young person’s needs with the attributes and capacities of the residential placement, pre-placement preparation, and monitoring of the placement and plan.
- Transition planning and the prevention of unplanned placements and moves - including transitions between placements, between the family home or community and placements, and from placement to independent living or adulthood at age of majority.
- Concurrent permanency planning.

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## **Placement and Managing Transitions**

Participants suggested that the following needed to be worked on regarding placement matching and transitions :

- Improve the quality of the placement matches made for a child or youth to prevent placement breakdown.

- Reduce the number of times a child is moved.
- Focus on transitioning well between a child’s family home and a residential care placement, and vice versa.
- As family reunification is a goal for most families, children may be cycling in and out of care a number of times before a long-term solution is established. Participants discussed how this could





be done so that it is less disruptive to the child, e.g., by making every effort to place the child in the same residential care placement each time, and by sustaining whatever services and supports the child has received while in care.

- Improve communications and planning to prevent placement breakdowns, abrupt transitions and relationship disruptions. If a child is at risk of being moved, participants suggested that this was the time to invest more time, effort and caution into the planning and decision-making process.
- Avoid overloading residential care placements so that they become unstable and be prepared to add extra supports into a placement to stabilize the situation.
- When a transition between placements is necessary: 1. Plan the transition; 2. Recognize emotional impact for everyone involved; 3. Plan pre-placement visits; 4. Ensure the process is transparent e.g., explain the reason for the move; 5. Prepare for the move.
- When transitions between distinctly different types of residential assessments and placements are required, ensure they are coordinated and that communications between the sectors and practitioners are open e.g., from hospital (adolescent psychiatric unit) to community resource, from youth custody centre to community resource.
- Coordinate transitions to adult placements more proactively and effectively e.g., to CLBC community living services or to adult mental health services.
- When transitions between foster homes take place, ensure that the caregivers share information with the intent to provide some continuity for the child e.g., maintain activities and routines, set similar rules and expectations, etc.
- When a placement has ended abruptly or poorly, recognize that the child or youth may experience shock and grief. Some services may be needed to

support the child through the loss.

Given that many young people are in residential placements during their adolescent years, more intentional preparation for independence was called for. This preparation may include:

- Life skills education ranging from how to cook, clean, and budget, to how to open a bank account, negotiate a rental agreement, arrange utilities and get along with roommates.
- Work skills preparation.
- Assistance or guidance for the youth to set goals, apply for and participate in school or the workforce, locate and sustain a safe and affordable place to live, etc.
- Establishing connections with adult systems to facilitate transitions (e.g., mental health, addictions services, community living, housing).
- Arranging for post-majority supports such as educational bursaries, an Agreement with Young Adults (AYA), or facilitating transitions from a Youth Agreement (YAG) to an AYA.

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*"Confusion and detachment set in when children are frequently moved in and out of care and between different homes. The child's needs become more serious and complex and more difficult to meet with each subsequent change." Consultation Participant*

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## Caregiver Education, Training and Ongoing Development

Community consultation participants discussed foster parent training curriculum, mandatory and discretionary contents, mode of delivery, timing, accessibility and supports to participate, expectations and incentives for professional development, and consequences if foster caregivers don't participate in training. Participants generally agreed that ongoing learning is important – foster caregivers should be required to continually build their base of knowledge and skills. There was also general agreement that orientation and basic training should be completed prior to a child being placed within a new home. Beyond this however, there were a variety of viewpoints expressed about:

- What the structure of training should be e.g., orientation, basic, core, specialized or some other configuration.
- When training should be offered within a foster caregivers "life cycle" e.g., at the beginning of fostering, during or after first placements, after a placement breakdown, when taking in a sibling group or increasing the number of children being cared for, etc.
- What should be required or mandatory and what should be discretionary.
- How training could be delivered, e.g., groups, online, self-study, etc.
- Who should deliver the training e.g., MCFD staff, other foster caregivers, community agencies, post-secondary institutions, etc.
- Who should participate in the training e.g., one or both foster caregivers, joint training with MCFD staff and service providers on some topics.
- Whether foster caregivers with relevant education or work experience should be required to attend all core training.
- Whether incentives to participate should be offered and/or consequences for not participating should be established and enforced.
- What specialized training should be offered.

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## Caregiver Training Suggestions

Some suggestions for foster caregiver training and education included:

- Delivering joint or cross-training for MCFD staff and foster caregivers.
- Offering "Practicum" opportunities for new foster caregivers, e.g., new foster caregivers would be placed with experienced foster families to observe and learn prior to receiving a child or youth in their home.
- Developing a mentorship program that would complement organized training.
- Delivering specialized training to raise caregiver understanding and skills to support children and youth who are experiencing or have experienced such things as significant trauma, mental health concerns, problematic substance use, family violence, sexual exploitation, health concerns, developmental delays, learning disabilities and school failure, loss of cultural connections and homeland (e.g. refugees and immigrants).

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*"Help foster [caregivers] understand what is going on for us and how to support us when we come into their home... going from a chaotic home and life to something really organized in foster care can make you go crazy and they don't understand."* – Youth Participant

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## Classification, Compensation and Contracting with Foster Caregivers

The issue of foster caregiver compensation was raised in a number of the consultation sessions. While being clear that no amount of compensation will make fostering more desirable if the other supports are not in place, participants did suggest that compensation should be reviewed and enhanced. Concerns were noted about the current classification level system including that:

- It is administered differently across sub-regions and regions which creates inequities.
- It may not adequately account for different regional characteristics and costs (e.g., high costs of housing in lower mainland, Victoria and Okanagan and high utility and transportation costs in the North and Kootenays).
- It may not account for the fact that almost all children requiring foster care have complex needs requiring specialized foster care.

Participants suggested that a review of the level system should be undertaken and, that whatever approach is taken to determine compensation, it should consider and address the following:

- What is the role of foster caregivers in the system and what expectations are they being asked to meet? Are they "professionals" and expected to have or attain qualifications and provide services as other community practitioners are expected to do?

- Are the maintenance and service payments adequate given the complexity of the work and needs of children in care?
- What is necessary to ensure that compensation is equitable and fair across communities and regions and that interpretation and application of the level system is more consistent and fair?
- Does a graduated compensation approach make sense so that more experienced caregivers receive higher compensation?

Other Funding and Compensation Questions and issues raised included :

- How will differential costs of living and annual increases in costs be factored into a compensation model?
- How might funds be made available to caregivers to support typical family activities for foster children, such as recreation, transportation, lessons, and family activities?
- How might the high costs associated with placement of a new child in care be compensated e.g., clothing, personal items/toiletries, medical and non-medical treatment?
- Should caregivers be compensated for a vacant bed when a child or youth who had been in their care is temporarily living elsewhere (e.g., in an assessment facility or detention) and where the intent is to return the child to their care? Should caregivers receive a modest retainer (or "sustainer") to stay in fostering even when there is no immediate need for their services?

## What's Working - Rays of Light

One of the more ambitious resources transformation initiatives in BC was undertaken in the Fraser Region. In March of 2007, the MCFD Fraser Region Residential Resources Transformation Project: The Conceptual Framework for the Delivery of

Residential Services to Children and Youth (FRTTP) report and plan was released. The FRTTP was the outcome of a comprehensive and inclusive consultation process held in twelve communities in the Fraser Region. The framework weaves together input from youth and caregivers, community priorities, successful practices in other jurisdictions,



and recommendations from stakeholder advisory groups and focuses on key components of residential service provision, including:

- Community partnership and collaboration.
- Recruitment of caregivers.
- Training and assessment.
- Placement of children and youth.
- Support to children, youth and their caregivers.

Each community involved in the consultation process developed a Community Action Plan for Residential Services Delivery specific to their community needs. A number of communities identified strategies and actions that supported enhanced collaboration and community partnerships including:

- The establishment of a resource table with representatives from Child and Youth Mental Health, Family Development, Guardianship and Resources and with agencies providing services to ensure a more collaborative planning process.
- Joint training events (including resource workers, foster caregivers and service providers) organized by MCFD to encourage collaboration and relationship building.

Other MCFD regions have also reported taking steps to improve working relationships with foster caregivers and service providers in areas such as:

- Collaborative planning approaches.
- Joint education and training.
- Formal and informal networking opportunities e.g., partnership meetings, special events, supports to participation such as child care and transportation allowances.
- Communication initiatives and protocols e.g., e-mail communication practices to protect confidentiality and privacy while enhancing timely exchange of information, timely telephone follow

up, communiqués on practice or procedure shifts, etc.

- Following up with caregiver when child/youth leaves home to help deal with loss.
- Making mutual agreements to check in with each other.
- Provision of specialized relief homes.
- Funding of specific foster care giver support services.

MCFD has partnerships and funding relationships with a number of agencies and organizations that have a primary focus on supporting, training and advocating for foster families including: the BC Federation of Foster Parent Associations (BCFFPA) and the Federation of Aboriginal Foster Parents (FAFP) who provide systemic advocacy and representation of foster caregivers at the policy and political levels. Since 2002 regional foster parent agencies and contractors provide a range of support, networking, communication and training services, including the delivery of the current BC Foster Care Education Program.

MCFD also provides the Foster Parent Support Line which is available after office hours, on the weekends and statutory holidays to provide advice, support, referral and follow up in situations where a caregiver is experiencing a very challenging, crisis or emergency situation with a child in their care.

Using a collaborative policy development process foster caregivers and youth in and from care provided valuable input into the drafting of the Caregiver Support Service Standards (2006) to ensure the content of the standards are consistent with the supports and services they need to fulfill their challenging caregiving roles and meet the needs of children and youth in care.





## Caregiver Support Service Standards

The Caregiver Support Service Standards were developed to provide a framework for:

- Consistent, timely and high-quality service delivery involving caregivers to enhance the safety and well-being of children in care.
- Development of collaborative plans to return children to their families wherever possible.
- Promotion of stability and continuity of lifelong relationships for children, including adoption.

In order to achieve excellence in the provision of support for caregivers and the provision of services by caregivers, the standards focus on key areas relating to caregiving, including:

- Planned recruitment and retention of caregivers.
- Supportive practice to sustain caregivers.
- Inclusion of caregivers and resource staff in the child's team using integrated case management practice. Collaborative assessment and planning for children.
- Promoting and maintaining stability and continuity of lifelong relationships for children.
- Keeping Aboriginal children connected with their families and communities, and strengthening collaborative working relationships with Aboriginal communities.

While the Caregiver Support Service Standards are comprehensive and innovative in terms of best practice policy, it is clear in the feedback from some consultation participants that there have been challenges in communication, training, practice supervision and funding that may have impacted implementation. Although many of the ideas, issues and concerns raised in the consultations are already addressed and supported in several sets of current ministry standards and policies - including the Child and Family Service Standards, the Children in Care Service Standards, and the Caregiver Support Service Standards - the broader knowledge, full understanding, communication about and application of the content of these standards appears to be lacking in some areas and needs to be considered in phase two of the Project.

### Other Jurisdictions - Canada and the USA

In Canada, other provinces are also recognizing the need to better recruit, train and support foster caregivers. Most provinces have determined that it is essential to have a comprehensive and consistent approach to caregiver training and many have opted to use or build on PRIDE training. The government of Ontario recently released the Future Directions for In-Care Services In a Sustainable Child Welfare System (December 2010) acknowledging that, "foster parents are the backbone of an effective in care

system" and suggesting that the province's goal of delivering family-based care hinges on the system's ability to recruit, develop and retain individuals who can bring the kind of specialized parenting skills essential to supporting vulnerable children and youth. The report also suggested that more valuing and recognition of the special contributions made, and challenges faced by children of foster caregivers was required.

In 2008, the government of Alberta began to implement recommendations stemming from an in-depth examination of the province's foster care



system. The proposed changes focus on improving the assessment process for potential foster caregivers, improving information sharing amongst staff and providing more support for new foster caregivers. The Foster Care Review Report includes eight recommendations to strengthen Alberta's foster care program and a vision for fostering in Alberta. Of the eight recommendations, four were related to improvements in the foster caregiver home assessment process. For example, it was recommended that a provincial process be developed to clarify expectations and improve consistency in the home assessment process. A winter 2009 status report noted that the Structured Analysis Family Evaluation (SAFE) model was already being implemented across the province to enhance foster home assessments.

In the United States, a number of Foundations historically have been supporting improvement in the foster care system by conducting research initiatives. Most notable and prolific amongst these is the Casey Foundation, whose mission is to provide and improve – and ultimately prevent the need for – foster care. With a focus on high-quality foster care, kinship care and transition services to improve the lives of children and families across the country, the Foundation works with "children, families and communities to ensure that all children can be raised in a safe and permanent family." The Foundation provides strategic consulting services to: help public child welfare agencies improve their services; educate state and federal lawmakers on the need for public policy changes that will help child welfare systems provide effective services for children and families; and, provide nonpartisan research so that child welfare professionals and lawmakers can make informed decisions based on data and evidence.

*The Mockingbird Model - [www.mockingbirdsociety.org](http://www.mockingbirdsociety.org)*

The Mockingbird Family Model (MFM) developed and implemented in Seattle Washington, offers a comprehensive support structure for families

and children across the continuum of the child welfare experience - from preventative strategies to transitional and permanency solutions. The MFM was designed to help improve safety, permanency and well-being and to mitigate the effects of trauma by restructuring and normalizing the way foster care services are delivered. The MFM structure allows for an integrated and holistic approach to foster care service delivery and acts as a vehicle for practice change. The model incorporates: Children and youth ages birth to 21 years; Birth families; Formal and informal kinship caregivers; Foster families; Foster-to-adopt families; and Adoptive and chosen families. The MFM offers innovative solutions for some of the most frequent problems facing children in the foster care system, notably:

- Relationship-based planned and crisis relief care that prevents placement disruptions, provides a safe space for relationship pacing, and reduces caregiver burnout.
- Peer mentoring and coaching to eliminate the feeling of isolation caregivers often experience, facilitate conflict resolution and problem solving, and increase placement stabilization.
- Support for children to maintain connections with siblings and birth families while experiencing the safety, stability, and well-being associated with an extended family.

Outcome evaluations conducted on 11 active MFM constellations have reported that, "Child safety is improved because caregivers are supported in a myriad of ways and there is a larger community looking out for the needs of the child. Permanency is facilitated through effective efforts to stabilize placements, foster birth family connections, and support the participation of birth and future families before and after permanency is achieved. Child well-being is enhanced through the opportunity to place siblings together in the same Constellation when it is not possible to place them in the same home, through providing culturally sensitive care and through enhancing community engagement."



## Connecting Permanency and Foster Caregiving

The Annie E. Casey Foundation has supported the *Family to Family* initiative in forty child welfare jurisdictions throughout the USA. Several key themes are incorporated into the *Family to Family* permanency planning approaches, including: every child, no matter how old, can achieve permanence and should have a case plan for permanence; kinship families are an underused resource; and older youth should be involved in their own permanency planning. Their findings are consistent with other research findings. The approach spells out a significant role for foster caregivers as a bridge to permanency. As presented in the *Family to Family* visual, a comprehensive perspective on child welfare outcomes can be achieved simply by thinking of a child's involvement with the system as cycle of experiences.

### *Family to Family's* Theory of Change

To improve results for at-risk children, public child welfare agencies need to make the following systemic reforms:

- Deploy resources to routinely serve families in their own homes and communities.
- Better screen children being considered for removal to determine what the family needs to keep its children safe and what help the children need to flourish in placement.
- Provide the services needed by birth families and children early, to prevent more serious trouble and to speed reunification.
- When children must be removed, place them with culturally sensitive families in their communities.
- Reduce the system's reliance on shelters, group homes, and institutions.
- Build partnerships with the communities whose families are most affected by the system.
- Use outcome data to track the impact the system is having on children and families.
- Decide in a timely manner when reunification is not possible.
- Hold family permanence as the overarching goal of the work.

Through *Family to Family*, AECF will provide resources and technical assistance to help child welfare systems and community partners make the necessary changes. AECF's assistance focuses on four core strategies:

- Establishing and cultivating community partnerships
- Making decisions as a team that includes parents, case-workers, birth families, and community representatives;
- Recruiting, developing, and supporting resource families
- (both foster and kinship families); and
- Building capacity for self evaluation, so that hard data are collected and used to assess needs and progress.

### Core Assumptions of *Family to Family*

Children identify almost unbreakably with their families. Society has no practical, reliable replacement for a caring family. Reform of the child welfare system requires changes in practice, policy, and organizational systems.

The ability to respond well to child welfare needs comes from having a network of families that are ready, willing, and able to care for children in crisis, are linked to their communities, and are living in the neighborhoods where children need care. Much of what happens as part of *Family to Family* is organized around finding those families, training them, and giving them ongoing support.

Virtually all families feel a special obligation to their children, and many vulnerable families try to do right by their kids. Abuse and neglect cases are often the product of temporary family failures or changeable parental behaviors. These families need support to provide the stability, continuity, and permanence that are critical to their children's healthy development and well-being.

Foster families should take on a new role as supporters, mentors, and extended family for birth families. In *Family to Family*, a birth mother who needs emergency child care or has a personal crisis can turn to her foster family mentor for help; a birth mother who can't stay off drugs can let the foster "auntie" adopt her children so the family can remain in touch. Of course, there are some birth parents who need to be kept away from the foster family. Making that decision becomes part of the *Family to Family* team effort.

There is no single model for success, but there are good ideas and tools that can help systems and their stakeholders make significant improvements. Each *Family to Family* site uses the initiative's tools and strategies to make the ideas work locally.



## Other Jurisdictions - Treatment Foster Care

Given the complex needs of some children and youth in care many jurisdictions have developed foster care services that are focused on more intensive therapeutic interventions within a family care home environment. For children and youth in care who need this level of care and intervention it is vital to have strong linkages between Treatment Foster Care and the child's ongoing foster family and their birth or extended family. Treatment foster care services are also suited to providing specific time-limited interventions for children and youth with complex behavioural and mental health needs who remain in the care of their family but reside in the treatment foster home on a respite or planned stay basis while they participate in assessment, stabilization and treatment interventions. Treatment Foster Care, like other specialized residential services also have an important position on the bridge to permanency – supporting the stability, continuity of care needs of children and youth, while also addressing the child's unique developmental, behavioural, social, emotional and psychological needs.

### *Treatment Foster Care*

Treatment Foster Care (TFC) aims to provide children and youth with a combination of the best elements of traditional foster care and residential treatment centres. The approach combines the positive aspects of a nurturing therapeutic family environment with an active and structured treatment program. Proponents of TFC suggest that it is a clinically strong and cost-effective way of providing individualized, intensive treatment for children and youth who would otherwise be placed in institutional settings. This program is community-based allowing children to remain in their home communities. It allows children and youth to maintain a large degree of normalcy - maintain relationships with family and friends, attend the same schools, and continue extracurricular activities - which is an important factor in healthy development. The research and evaluative findings have demonstrated that children and youth in TFC experience more stability, have a positive perception of their placement, and that these home based interventions are more cost effective than tertiary care.

### *Multi-dimensional Treatment Foster Care*

Multi-dimensional Treatment Foster Care (MTFC) is an intervention designed for children and youth who display emotional and behavioral difficulties. The model emerged as a result of work undertaken at the Oregon Social Learning Centre (OSLC) during the 1970's and early 1980's, as a cost effective alternative to group and tertiary care. It is based on social learning and attachment theories and provides intensive support in a family setting. A multidisciplinary team of professionals work with MTFC caregivers to change behaviour through the promotion of positive role models. Placements are intensive and tailored to the child's specific needs, with 24-hour support from supervisors. MTFC has been implemented in a variety of jurisdictions in Canada, USA, UK and Sweden and is being implemented over 60 sites spreading across the world.

## Key Findings from Academic Literature:

### *Deliver consistent, proactive support for caregivers*

More recent directions in foster caregiver training and support hold promise, including The Keeping Foster Parents Trained and Supported (KEEP) program. This 16-week training program

accompanied by weekly homework and telephone calls focusing in tailoring behavioral interventions showed significant improvements in parenting skills child behavioral problems, placement stability and family reunification. The authors conclude their review by suggesting a two pronged approach that includes the basic messages about expectations and



preparation for being a foster caregiver delivered prior to taking a child and providing skills-based training for managing difficult and wide ranging behaviors. Two critical characteristics of the second prong appear to be providing the training and support after the child is placed in the home (not before) and providing opportunities to receive coaching and feedback on the skills that are being practiced. This research points to the importance of both content and timing of training and support.

A study undertaken by Nash, et al., in 2009 used cross-sectional data from a larger study of child welfare outcomes in Ontario to explore whether various types of foster caregiver training would be associated with foster child outcomes. The PRIDE foster caregiver training program has been incorporated into the new Ontario practice model so the researchers were curious to examine the impact this might have on child outcomes. The researchers looked at the foster caregiver training programs in widespread use (MAPP and PRIDE) and concluded that training interventions did not improve foster caregivers' behaviour management skills, attitudes or psychological functioning, and did not enhance the foster children's psychological functioning, extent of behavioural problems or interpersonal functioning. The authors did note however that the KEEP program appears to be the only foster caregiver training intervention that has shown positive impact on child behaviors and placement stability.

Barth, et al., also looked at Project KEEP and noted that children who were placed with foster caregivers who were trained and participated in Project KEEP, "... were almost twice as likely to leave foster care for reunification or adoption, while children whose foster parents were not using Project KEEP were more likely to run away, have their placement disrupt, or have another negative exit from care."

This suggests that there is some value in providing specialized training for specific practice approaches.

#### *Focus on targeted in-service training for caregivers*

The current evidence regarding training for foster parents suggests that pre-service training, while necessary for administrative and procedural purposes, has no or potentially negative impacts on child outcomes and that more attention should be paid to active, targeted postplacement training. Research suggest that effective elements of foster caregiver training programs include: increasing positive parent-child interactions (in non-disciplinary situations) and emotional communication skills; teaching parents to use time out; and teaching disciplinary consistency.

#### *Target services during known periods of high placement disruption*

Research suggests that the highest rates of placement disruption for children in foster care occur during the first 6 months of care and during the transition to adolescence, often due to behavioural issues. This finding supports the need for additional, proactive supports during these periods to reduce the likelihood of placement breakdown.

#### *Offer support to foster parents willing to adopt*

The prevalence of foster parents that ended up adopting and the research highlighting some of the barriers to such adoptions suggests a need for more comprehensive financial and social-emotional supports for foster parents considering adoption. There is also an emerging body of evidence on the characteristics of parents that are more likely to adopt that can be used in matching children with caregivers earlier in the care process, reducing the likelihood of placement disruptions.

For further information on the Project and any questions you may have, please refer to the Federation's website: [www.fcscbc.ca](http://www.fcscbc.ca) or contact Jennifer Charlesworth at [Jennifer@fcscbc.ca](mailto:Jennifer@fcscbc.ca)

