

A Case Study of Two Foster Parents and Their Experience Providing Care for Difficult
Children:
A Phenomenological Study

by


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B.A., University of Victoria, 1996

A Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of

MASTER OF ARTS

in the Faculty of Human and Social Development

We accept this thesis as conforming
to the required standard



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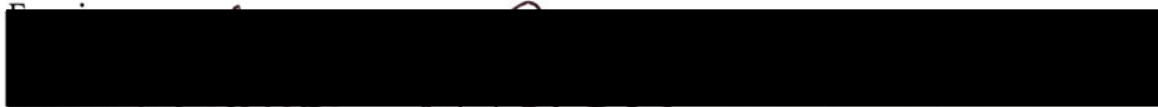
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ABSTRACT

The Ministry for Children and Families has a standard format/procedure for determining an individual's capacity for fostering "difficult" children. The procedure typically includes a thorough home study and assessment of the potential caregiver as well as a criminal record and reference check. The home study and assessment processes are considered to be critical in the provision of foster care. However, despite these procedures, foster placements break down, resulting in turmoil for both the foster parents and the children in care. In order to develop an understanding of foster placement breakdown and/or continuity, an inquiry using a case study approach and a phenomenological method was undertaken. The focus of the study was on foster parent experiences in providing care for "difficult" children. Two cases (foster parents) were studied. Each foster parent was engaged in interviews to elicit descriptions of their experiences of one foster child's placement within their home. One-to-one interviews were held to review the preliminary data analysis and provide feedback regarding the analysis. From this inquiry, three key factors relevant to foster placement breakdown emerged: foster parent motivation, ability to accommodate, and awareness of own knowledge. This thesis concludes by reviewing the significance of these key factors and suggests areas for further research.




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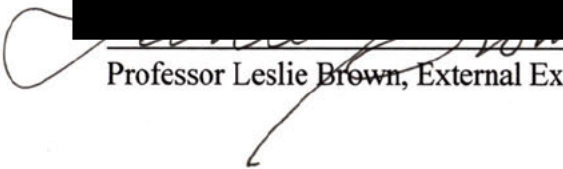


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Acknowledgements

I would like to thank the two foster parents for sharing their experiences with me. Their stories are emotionally powerful and invaluable to the understanding of fostering “difficult” children.

I also thank my husband, friends and family members for their continued support throughout this process. I would also like to express my gratitude for the special efforts of my good friends Rob, Steve and Wendy in their assistance, feedback and encouragement during the past two years. I also thank my thesis supervisor, Dr. Frances Ricks, for her guidance, perseverance and sense of humour throughout this project.

Finally, I thank the other members of my committee, Dr. Virginia Hayes and Professor Jim Anglin for their contributions and support.

Chapter 1: Introduction

The problem researched relates to the breakdown of foster care placements in the foster care program within the Ministry for Children and Families (MCF). In my opinion, the MCF, the foster parents, the children in care and their relationships and interactions all affect the foster care placement. Although I believe all these factors influence the foster care placement, my research focused on one element, foster parents' experiences of providing foster care for "difficult" children. The intent was to accumulate knowledge of foster parent experiences in order to develop a better understanding of why foster placements break down. The two overriding objectives of the research were to:

- Give voice to foster parent experiences of foster parenting, and
- Gain awareness of two foster parents' experiences under the conditions of placement breakdown and no placement breakdown.

The research followed a qualitative case study approach using phenomenological methods. The participants consisted of two foster parents. Each foster parent was considered a separate case. A phenomenological case study approach was chosen because of the lack of intensive literature on foster parents' experiences. This approach encourages exploration and appealed to me both as a practitioner and a foster parent; therefore, I believe it may appeal to other social service workers and care providers.

I believe understanding foster parent experiences is important to the provision of care to a child. Foster parents provide 24-hour care to children who may have different backgrounds, perceptions and behaviors than their foster family members. This extended day-to-day, 24-hour involvement, unfamiliarity with each other and frequent unresolved

troublesome interpersonal behavior increases the likelihood of placement breakdown. By placement breakdown I am referring to a child's unplanned exit from the foster home. A child's unscheduled move from the foster placement can occur as the result of a foster parent's request, the child's request, or closure/reevaluation of the foster home by MCF personnel.

Statement of the Problem

Foster parents are hired as contracted resources for the Ministry for Children and Families. Foster parents provide 24-hour services to children in care. The services are documented in a contract or "family care home agreement" between MCF and foster parent. This contract "sets out the purpose of the agreement, obligations of the caregiver, the obligations of the superintendent and the terms of agreement. Each level of care has a unique agreement. Regular home agreements set out the general conditions by which children will be placed and live in the home. Specialized family care agreements include additional expectations for service (Foster Parent Orientation, July 1994, Session 1: Handout 7).

The contract specifies the level of care to be provided by the foster parent. The level of care designation (restricted, regular, level 1, 2 or 3) is based upon caregivers' education and training, child related experience, knowledge, and demonstrated skills and abilities. According to Section 7.3 of the MCF policy manual (1994), family care homes and specialized residential services policy caregivers are to possess a specific set of knowledge and abilities. These include:

- Knowledge of the needs of children in care and an understanding of children's

rights under the Child, Family, and Community Service Act;

- Knowledge of the role of the caregiver in the Ministry as a service provider;
- Knowledge of the impact of providing care on the caregiver, and his or her family or staff;
- Ability to identify and meet a child's health needs and to access community resources for the child;
- Knowledge of child development and the special needs of particular children that is appropriate to the level of service being offered;
- Knowledge and ability to use positive and effective parenting skills (Family Care Homes and Specialized Residential Services Policy Manual, section 7.3, 1994).

Within these criteria, foster parents are designated as a restricted foster home, a regular foster home or a level 1, 2, or 3 foster home. Each designation has distinct criteria and defined service expectations. As the designated level increases so do MCF expectations regarding foster parents abilities and time commitments. Individuals designated as level caregivers are expected to possess specialized skills and experience in dealing with troublesome behaviors. Level 1, 2 or 3 foster caregivers should be selected for their ability and flexibility to provide placements for children in care with behavioral and developmental difficulties. Regardless of designation, each foster home receives documented details specific to the child being placed in their home. The details are defined in the child's individual plan of care and include the needs of the child and placement

goals.

One of the significant problems in these times is that more children entering care are displaying extreme behavioral difficulties. Their troublesome behaviors require special parenting skills and strengths from their caregivers. According to the Report to the Task Force On Safeguards for Children and Youth in Foster or Group Care (1997):

More children are entering care at an earlier age and staying longer than in previous years. They have far more diverse and complex needs, ranging from medically fragile babies to deeply traumatized youth to culturally isolated children. The foster care system cannot handle the volume of children and youth, let alone the nature of their emotional, physical and cultural needs (1997 p. VI)....Foster families take on responsibilities which far exceed those of normal parenting, and encounter stressful situations engendered by the foster parenting role and lack of resources and supports from the agency [or ministry] (p.18).

While children's needs are best met by foster parents who have the skills and time to provide continuous care, the reality is that foster placements are difficult to find, and sometimes due to placement breakdown, are of short duration. As a result, children are moved from foster home to foster home while under government care. The children's placements and subsequent moves exacerbate troublesome behaviour that further contributes to placement difficulties. In my experience, foster placement breakdowns are a result of interactions amongst the foster home, the child in care and the foster care system.

I was particularly interested in foster parents and their experiences providing care for “difficult” children, and how that can help us understand why foster placements break down. I was a foster parent and, as a foster parent, I felt that at times my input was not acted upon and my perspective was not valued. Through contact with other foster parents, I realized my feelings were not unique. In an effort to address this omission, I chose to focus my study on foster parents’ perspectives. By taking a detailed look at two separate cases, this study offers a foundation for further exploration and gives voice to foster parents’ experiences, which in turn gives insight into foster placement breakdown and/or continuity. Specifically in this research I addressed the following questions:

- What are foster parents’ experiences of the placement?
- What are foster parents’ expectations of the placement?
- What stands out for foster parents in their experience of providing care?
- How do foster parents evaluate placement outcomes? What are the foster parents’ reflections on their experiences of past fostering?

Significance of the Study

The study addresses an issue relevant to the care and welfare of children. This research will hopefully promote greater awareness of foster parent experiences caring for “difficult” children because, by increasing awareness, a greater understanding of foster placement breakdown could develop. This understanding may point to changes that could be made within the foster care system, and encourage continuity of foster care

placement.

Background

It is generally thought that a stable home environment is essential for a child's cognitive and social development. I believe that, without this base, the child is at risk for behavioral and emotional difficulties. In my view, removing a child from his/her biological parents and placing him/her in a foster home often results in emotional difficulties for the child. From my perspective, this is compounded when the foster placement breaks down and the child is moved to another foster home. With very young children this can affect the attachment process. Bee (1992) notes "an attachment is a subvariety of emotional bond in which a person's sense of security is bound up in a relationship. When you are attached you feel...a special sense of security and comfort in the presence of the other, and you can use the other as a 'safe base' from which to explore the rest of the world" (p. 414). "When the child's family environment or life circumstances are reasonably consistent, the security or insecurity of attachment remains stable...But when a child's circumstances change in some major way... the security of the child's attachment may change as well." (p. 429). Consequently, a child who is moved repeatedly throughout the foster care system will likely have attachment difficulties. Attachment difficulties affect identity formation. Identity is affected because it is formed through the developmental processes of "attachment, the development of a sense of self, and the emergence of independence in infancy. Identity reaches its final phase with a life review and integration in old age.... A person who develops a healthy identity is flexible, adaptive and open to changes in society, relationships, and careers" (Santrock 1992, p. 442).

Identity formation is enhanced by family relationships with the child's confidence in parental support being an important factor. In foster care, the child's confidence is affected by changes in foster parents and living arrangements. Frequent changes affect children of all ages; Aldgate, Maluccio and Reeves (1989) state that "during adolescence, people are expected to become responsible. [This is] difficult, when past experiences may have led individual adolescents to believe that they have no power to make decisions which affect their lives, that other people... always hold the power." Furthermore, moving a foster child from one home to another restricts the adolescent's "opportunities to learn to make decisions and be accountable for them" (p .44).

Therefore, the greater number of moves a child experiences, the more extreme his/her behaviour is likely to become. This statement is supported by John Bowlby's (1973) theory of attachment and loss. Bowlby believes that the relationship between an individual and his/her familiar environment is important. He states that a child's experiences lead:

Him [sic] to build a model of an attachment figure who is likely to be inaccessible and/or unresponsive to him when he desires her [sic]. The more stable and predictable the regime the more secure a child's attachment tends to be; the more discontinuous and unpredictable the regime the more anxious his attachment...some children subjected to an unpredictable regime...become more or less detached, apparently neither trusting nor caring for others. Often their behaviour becomes aggressive and disobedient and they are quick to retaliate (p. 225).

When frequent changes in living situations occur, the child's unresolved troublesome interpersonal behavior results in difficulty for MCF staff in finding and maintaining foster placements for the child. Therefore, since repeated moves have the cyclical effect of exacerbating the child's troublesome behaviors (which result in difficulty finding foster homes, leading to unsuitable placements and placement breakdown), I believe that the child should experience as few moves as possible. In my view, foster placements are maintained for longer periods of time when foster parents are prepared and then respond appropriately to placement expectations. Therefore, it is important to know how to prepare a foster parent for the role of fostering and, understanding the experiences of foster parents who provide care for "difficult" children, will provide insight into this process.

The exploration of foster parent experiences provides MCF staff, potential caregivers and community members with a better understanding of how they experience foster parenting. This comparative case study may be useful for a better understanding of the role of foster parents. For a practitioner in the foster care system, this research highlights the work of fostering and encourages an awareness of caregivers as co-professionals. The work of a foster parent consists of specific duties and responsibilities, as well as skills and abilities. An increased awareness of foster parents' experiences may assist in the creation and maintenance of working relationships in the community between foster parents and MCF workers, teachers, mental health practitioners, et cetera.

My research is intended to be read by foster parents, Ministry for Children and Family workers, and those involved in the foster care system, such as policy makers, BC

Federation of Foster Parents workers and representatives, foster home support workers, contracted resources, et cetera. The research highlights the experiences of foster parents who are working with “difficult” children.

The outcome of the research is a case study that highlights aspects of foster placement breakdown. The study adds to the literature, provides stimulus for further research and social action that impacts foster parent orientation, training and policy.

Chapter 2: Literature Review

The literature on foster care offers a broad spectrum of topics with respect to foster care. There is a variety of information on specialized foster care, residential care, family support services, and some items which review factors associated with foster placement breakdown and continuity. Also included are research articles on: the differences between specialized foster care and mainstream foster care, the importance of family contact and community connections; and maltreatment of children in foster care. This literature review is specific to the practices and outcomes of foster care, in order to locate this study in existing published work.

In spite of attention being given to the factors correlated to the “success” of foster care placements, there is a noticeable lack of information on the experiences of foster parents and their perceptions of foster care. The articles available and reviewed speak to practices and outcomes of foster care which have been broken down into the following categories: the professionalization of foster care including its history and pertinent definitions and foster care programming including programs, practices and outcomes. The literature also includes position papers on child welfare services, which look at the emotional development of the child in care, family reunifications and bonds with caregivers. The literature also includes government reports and policy aimed at accountability of program personnel, encouragement of specific outcomes, and safety of children.

History of Foster Care

Foster care has evolved from a voluntary parent-child relationship to one of paid caregiving. Fostering originated in the nineteenth century, as a mode of care for orphaned or neglected children. As society became more industrialized, the state was motivated, for humanitarian and economic reasons, to assume a greater responsibility for children, particularly those who, under the poor law provisions, were dependent upon state funds. It became the practice to seek families who would take children into their home and “bring them up... as we would a child of our own” (Hipgrave & Shaw, 1983, p.16).

Initially the relationship between the foster parent and the child was viewed as a typical parent-child one. Monetary compensation was considered a detriment to this parent-child relationship. The development of child legislation and children’s aid societies moved fostering from volunteer to paid status in the 1960’s and 1970’s (Carter, 1995; Ministry of Community and Social Services, 1985; Ontario Department of Social and Family Services, 1970; Whitelaw, 1995). Wells and D’Angelo (1994) note that “the deinstitutionalization movement, along with influential critiques of the use of institutional care for seriously emotionally disturbed children, gave rise to the development of a wide range of community-based treatment programs, including specialized foster care” (p.128). The movement towards the development of fostering and treatment oriented fostering was advanced by the following factors: (1) the increase of children entering care with troublesome behaviors, (2) the cost of services, (3) the introduction of contract based approaches, (4) the focus on permanency planning, and (5) the prevailing public opinion that children should remain within family settings (Hipgrave & Shaw, 1983;

Meadowcroft, Thomlison & Chamberlain, 1994; Thomlison 1992).

In spite of the existence of various foster care models, there is always a lack of foster homes for children in care, and the literature shows that historically this has always been true (Berridge, 1997). It is suggested that the shortage is especially evident today because of the awareness around child welfare issues and the overall population growth. When this increased population is coupled with the current child welfare criteria, the result is an increase in the number of children needing foster homes. The 1997 Task Force on Safeguards for Children in Foster or Group Home Care states that “in British Columbia, children are entering care at a faster rate than they are leaving it. This is likely the result of increased awareness of child abuse and neglect, and growth in the overall child population” (p. 7).

The shortage of foster homes is compounded by the increase in behavioral difficulties displayed by children entering care. Meadowcroft, Thomlison and Chamberlain (1994) state there is a “growing number of seriously troubled children entering the child welfare system” (p. 566). Nixon’s (1997) study of sixty-seven foster homes addresses this by examining the level of support provided to foster parents. His study notes that children in foster care tend to have “more emotional and behavioral problems than children not in care” (p. 913). Caring for children with behavioral difficulties creates fostering pressures directly related to “the loss of foster caregivers, the level of foster placement breakdown, and the frequency of abuse in foster care” (p. 914). The increased needs of children entering care and the shortage of foster parents are factors in foster placement breakdown that the foster care system needs to examine in order to

address these issues.

McFadden and Ryan (1991) add to this in their review of maltreatment in family foster homes, noting that foster children “have suffered separation from their family environment and often have a variety of behaviors that are difficult for caregivers” (p. 223). Berridge’s (1997) review of foster care in the United Kingdom supports this as well. He describes fostering as a complex activity involving children who are often “damaged” and caregivers that are often “unappreciated” (p. 77). Berridge also notes that placement continuity is often disrupted, resulting in problematic effects for the participants.

Although the initial intent of the fostering model was a charitable endeavour, it has evolved, through necessity, to a state-run system. Unfortunately, the attitudes of the public, and indeed many of the members of the fostering organizations themselves, have not evolved to the same degree. This, along with the fact that many of the children now coming into foster care display more difficult behaviors, could be part of the reason for the shortage of available foster homes, as well as for some of the placement breakdowns.

Factors Affecting Present Day Fostering

Despite the more professional focus of specialized foster care, the status of both mainstream and specialized foster care remains low. The literature indicates that, in general, the individuals employed by the MCF do not recognize foster care as a skilled professional activity. Berridge’s (1997) review of foster care in the United Kingdom reveals that there was “little formal involvement of care givers in planning processes for children...training and support were patchy and foster care givers generally were not seen

as professional partners of social workers” (p. 79). Furthermore, “evidence demonstrated that more professional approaches in which caregivers were better remunerated, adequately prepared and trained and were more fully involved in planning, and did not have the same recruitment problems and received better results for children” (p. 79).

It is my belief that the low value placed on foster care affects the recruitment and maintenance of foster parents, which in turn affects the placement of children in care. The articles reviewed for this thesis imply that the professionalization of foster care would assist in the reduction of foster placement breakdown. For this to occur, however, the attitudes of those connected to the foster care system need to change so that foster care can be regarded as a professional endeavour. This includes shifting the beliefs and working practices of frontline staff, management, and policy makers to one of respect for foster parents and viewing foster parents as colleagues and teammates.

Canadian literature reiterates the United Kingdom findings, suggesting that if foster care had greater value and were regarded as a skilled professional activity, the strengths of those providing care would be recognized and foster parent development would have a higher priority. Morrissette (1994) reviews foster parent professional development and note that society does not distinguish between capacity and skill of the foster parent. The article articulates the belief that anyone can be an effective parent, and that parenting has low status as a “skill” or “occupation” in North America. It is my view that this belief has a detrimental effect on the provision of foster care and foster placement continuity. The foster placement outcome is dependent on mutual respect and professional working relationships within the foster care system, including equal

treatment in case planning and implementation. I believe that when foster parents are viewed as nonprofessionals, incongruent belief systems amongst professionals develop, leading to a lack of respect for foster parents as colleagues. This creates obstacles in placement planning and the day to day work of a foster parent.

Furthermore, in my view, a more professional approach to foster care may provide a greater understanding of the role of a foster parent (both for the foster parent and those connected to the MCF system). Morrissette (1994) states that foster parents' "ego development and maturity are especially central, in that limitations in these areas can affect the personal growth of caregivers which directly affects the quality of care" (p. 245). Professionalization would promote foster parent development and encourage partnerships between "caregivers, social workers and others with entitlements to proper training and support; and realistic remuneration" (Berridge 1997, p.78). The literature notes that foster parents recognize the need for professional status and are striving to achieve it by advocating for better pay and "increased recognition of the skills required for proper care giving"(Swift & Longclaws, 1997, p. 248).

In other words, the low status and lack of recognition given to foster parents and fostering are reflected in the need for better training, which, in turn, would yield better results (i.e., fewer placement breakdowns). This is supported by the literature reviewed. Unfortunately, the overriding opinion of the general populace is that "anyone can be a parent." This general misconception has a negative effect on the value of a "good" foster parent. In order to counter this belief, there is a need for a more professional approach to the training and hiring of foster parents. This training would ideally prepare the new

foster parents for some of the more extreme behaviors of the foster child they may encounter.

Foster Care Programs

The literature highlights the increase in troublesome behaviors displayed by children entering care, and the difficulty finding and maintaining foster placements for them. It appears that specialized foster care programs do not experience the same level of placement disruption that mainstream foster care does. Characteristics of specialized and mainstream foster care are documented, but their influence on placements is unknown.

Berridge's (1997) review of the literature states that "on the whole, more specialized and professionalized approaches have achieved better results than mainstream foster care.

But we do not know what it is exactly about these approaches that brings advantages....

Thus it would be helpful if research could explore which of these are the salient criteria"

(pp. 84-85). Specialized foster care programs are noted as having the following

characteristics:

- Foster parents are paraprofessionals
- Professionals match foster parents with children and supervise the treatment they provide, and
- Agencies maintain a treatment philosophy and provide financial and other supports

(Wells & D'Angelo, 1994).

Specialized foster parents and residential services are recruited specifically to work with children with special challenges, treated as contract employees, receive more

extensive training and support, and function as members of a treatment team (Hudson et al., 1990 cited in Meadowcroft et al., 1994, p. 569). However, as noted at the outset of this section, the general tendency is an increase in troublesome behaviors displayed by children entering care. Further, specialized foster placements experience more success in terms of placement breakdown, which leads to the conclusion that better training of all foster parents would result in fewer placement breakdowns. This substantiates the need for an overall review of the present-day approach to foster care.

Foster Care Practices

The day-to-day practices of the foster parent and the systems within which they work greatly influence placement outcome. Training, support, teamwork and professional status are key characteristics of specialized foster care. These terms are repeated throughout the literature and apply to specialized caregivers rather than mainstream foster parents, suggesting that one type of foster care is different than the other. Swift and Longclaws (1995) note that “an advantage of treatment foster care is that it tends to be more inclusive, with the role of the foster caregivers clarified and focused in a more professional direction” (p. 247).

The literature addresses child attachment issues in foster placements, highlighting the importance of stability and continuity in the creation and maintenance of caring bonds between children and their primary caregivers (Aldgate, Maluccio & Reeves, 1989; Shaw & Hipgrave, 1983; Swift & Longclaws, 1995). Authors conclude that reducing the number of placements, maintaining connections with the child’s birth/extended family, community and or culture, and treatment for children in care are important factors in the

child's ability to develop and maintain trusting relationships. Daly and Dowd (1992) who discuss effective and safe foster care practice also document the importance of a stable and continuous foster placement. They note that "sometimes foster children with unsuccessfully treated behaviour problems are referred from foster home to foster home...consequently children with serious problems often experience multiple placement" (p. 488).

Therefore, foster parents who can effectively work with children who display troublesome behaviors without placement breakdown are necessary. The literature notes a variety of practices that may facilitate this. For example, Meadowcroft et al. (1994) attribute improved behavioral and social functioning for children in care to the following practices: "use of a case manager...to coordinate services across settings...family centered clinical casework... home based, counseling... collaboration with caseworker... facilitation of services for others connected to the child..." (p. 570). Daly and Dowd (1992) state that well integrated child care systems result in effective harm free environments for children. The characteristics of such environments include: "support for caregivers, a model of care, a focus on positive behaviour, a consumer orientation, training, program evaluation and an internal program audit" (p. 489).

The 1997 Report of the Task Force for Children and Youth in Foster or Group Home Care reviewed foster care practices. The report states that some of the attributes of effective placement coordination include "the involvement of the child or youth whenever possible in examining placement options and making decisions. Respecting foster parents preferences and self-assessments as to the type of child that they can care

for. Sharing information with the foster parent prior to the placement of the child to assess the potential for “fit” and pre-placement visits for the child or youth to allow all parties to assess the fit”(p. 20).

The literature reviewed shows that foster parents also consider the aforementioned practices as important. In a survey of foster parents conducted by Wheway, Durnford, and Frey (1997), it was noted that foster parents have the following concerns with the respect to foster care programming practices:

- Lack of information and social worker disclosure regarding the foster child’s behaviors and/or history,
- A lack of education and training opportunities;
- Issues related to social worker availability, attitudes and case planning; including recrimination and intimidation from MCF workers: foster parents feared recrimination when they advocated for children in their care, refused placements, or questioned decisions made by social workers (foster parents expressed fear that current foster placements would be removed if they complained or that future foster placements would not occur);
- Difficulties in their working relationships with the Ministry for Children and Families (foster parents not viewed as credible, valuable members of the team);
- Lack of support (recruitment and retention problem);
- Relief services as problematic (foster parents need time off, relief not available).

- Wrongful allegations/ home closures;
- Money issues (no pay increases, late payments, financial compensation not equal to care giving expectations); issues related to the levels of care (spilt designations, assessed at one level paid at another, “difficult” children being placed in a level resource lower than the one required); and
- Lack of public awareness for the role of fostering.

Therefore, the key characteristics of specialized foster care (training, support, teamwork and professional status) along with the importance of stability and continuity between children and their primary caregivers underscore the need for professionals who are trained and supported in their role as foster parents. Further, the concerns of the foster parent with respect to foster care programming practices could be give greater credence. This increased attention to the needs of the children and the concerns of the foster parents would result in a higher level of successful foster placement outcomes.

Foster Placement Outcomes

The literature highlights that foster placement outcomes are influenced by a variety of factors. The behaviors displayed by children entering care, the different characteristics of specialized and mainstream foster care, the low status, and the concept of professionalization, all affect placement continuity. The literature delineates these further by noting the following important components associated with placement maintenance:

- Pre-placement planning,
- Clarity of expectations , and
- Support offered by social workers.

According to the literature, these factors are fundamental to the foster placement breakdown process. Berridge (1997) notes that the foster home placement does not just end, it “unfolds over time” (p.38) due to “differences in placement expectations, professional and social isolation, lack of support, poor coordination of services, and supply problems of providing adequate foster caregivers” (p. 39). In regards to placement breakdown, the literature provides a variety of recommendations including the retention of foster homes, the appropriate matching of placements, the stability and continuity of placements, pre-service orientation, basic training and skill upgrading, and respite and after hours support (The Task Force for Children and Youth or Group Home Care, 1997).

Fostering outcomes are linked to the following factors: child related; social networks; foster parent careers; and placement related. The literature notes that troublesome behaviors displayed by children are key factors in the dissolution of foster placements and that placements have been found more likely to fail when:

- Children’s needs are not being met,
- Young people do not feel cared for or respected,
- The children do not have a clear understanding of their own circumstances, and
- There is a lack of contact with birth parents. (Berridge, 1997)

The availability and appropriateness of support is an important factor in placement outcome. The different components of support are also related to the aforementioned foster care issues. Therefore, support is a main theme in the literature reviewed.

Nixon (1997) highlights the importance in foster care by noting a lack of congruence between the type of support foster parents need and the support provided. He identifies the elements of support as: “financial and practical support, emotional/psychological support, social support, professional development including agency based training and development, task focused problem solving, respite care, and community support” (p. 916). He suggests enhancing support provided to foster caregivers in order to extend their time within the system. Nixon also notes that the provision of support and training are key features in the recruitment and retention of foster care givers.

The literature notes that inadequate support results in the following costs:

- Additional work involved with moving the child to another placement,
- Attrition of foster homes,
- More children needing to be accommodated in residential units,
- Loss of resources invested in recruitment and training of foster parents, and
- Emotional damage to the child caused by additional moves. (Nixon,1997, p. 929)

Foster placement outcomes are influenced by a variety of factors of which the need of the child and the support/training of the foster parent are critical in terms of placement continuation or breakdown.

Summary of the Literature

Foster placement breakdown has been an issue since the inception of foster care in the 19th century. This may be due in part to the low status and little value placed on the work of foster parents, which according to the literature is not defined as professional. Throughout the years, different models of providing out of home childcare have been utilized, depending on public sentiment and government funding. To date, keeping children within family settings is the preferred option. The literature examines fostering practices and the aspects related to placement continuity. It documents the attempts by various researchers to explain the significance of specific fostering practices and procedures (i.e., respecting foster parent self-assessment, service coordination, and professional relationships within the foster care system) and their relation to placement outcome.

The literature reviews a variety of foster care programs with articles indicating that specialized foster care achieves better results than mainstream foster care. Factors associated with this stem from cohesiveness of program personnel, policy and support services. The literature indicates that a more inclusive approach to foster care would enhance the foster care system. It highlights that the care of children includes a multitude of factors and that many individuals contribute to the continuity of care. Some of the literature indicates that movement towards valuing the work of foster parents is necessary. The articles emphasize a need for increased value of others' contributions and greater clarity regarding roles, activities and expectations.

The literature reviewed supports the need for research on foster parent

experiences, suggesting consideration be given to: compatibility of expectations of individuals from different environments, sources of support and stress, and relationships among key people involved in the child's life. In addition to these recommendations I found a significant lack of information on the day to day experiences of foster parents and their perceptions of placement outcome. The process of foster care is not examined nor is the context and content of the foster parents' experience explored. Further research on foster parent experiences, role perceptions and understanding of placement outcome needs to occur. Questions around the value of foster care and community perceptions could also be explored, as could the issue of professionalization and MCF construction of foster parents' roles.

The literature highlights factors associated with placement difficulties and examines the psychological effects of placement breakdown, for the child and those connected with the placement. The articles reviewed provide background into the foster care system and highlight the lack of documentation around foster parent experiences. The literature therefore lays the foundation for exploring foster parents experiences (how foster parents perceive themselves and how they view placement outcome). The areas requiring further study are compatible with my research interests of exploring placement outcome from the foster parents' perspective.

I chose a case study method because it provided the opportunity to explore each participant's lived experience in depth. I felt it was important to get as much information as possible in order to gain insight into providing care for "difficult" children. Two cases were chosen for the study in order to explore foster placements with opposing outcomes

(breakdown or not) in detail to see what the similarities and differences were in the foster parents' experiences. The two cases provide a bi-polar perspective of similar situations. This information creates a foundation for further study regarding the factors associated with foster placement breakdown.

Chapter 3: Research

Methodology

A qualitative case study was selected for this research in order to explore foster parents experiences in a real life context. Qualitative methods encourage exploration, and are best used when the researcher's goal is to display, describe and understand a phenomenon where present theory is not adequate or does not exist (Creswell 1998; Field & Morse, 1985 cited in Appleton, 1995). Since little is known about foster parents' experience providing care for "difficult" children a comparative case study using a qualitative method was appropriate.

The specific qualitative method used was phenomenology. The research questions were concerned with what the experience of fostering "difficult" children was like for the participants. The intent was to develop a greater understanding of what it means to be a foster parent and how the phenomenon of caring for "difficult" children was experienced. A phenomenological method utilizes interviews and observations as forms of data collection. The interviews consist of specific modes of questioning, reflecting, focusing, and intuiting in order to better understand the individual's lived experience (Baker, Wuest, Noerager & Stern, 1992; Van Manen, 1992).

A qualitative case study approach suited the research purpose, which was to explore foster parents' experiences of providing care for "difficult" children, because it fits with the intent to explore the subjective experiences of foster parents where little control over events exists. It also matches with my goal of promoting greater awareness of foster parent experiences, which could lead to greater understanding of foster

placement breakdown for MCF workers, foster parents and those connected to the foster care system.

The case study approach was selected because it encourages the development of a hypothesis which may be tested by other research, provides an in-depth look at a phenomenon, may be used to understand the individuals' subjective experience, focuses on contemporary issues without requiring control over behavioral events to study them, utilizes a variety of data collection techniques, and is interested in insight, discovery and interpretation. The case study method also maximizes the context and allows the situations of the case to drive the findings (Bromley, 1986; Merriam, 1988; Stake, 1978; Yin, 1989).

Research Context

As a researcher, I am conscious of my previous involvement with the foster care system. I was a foster parent providing level 2 contracted foster care services to MCF for approximately eight years. Before entering the Multidisciplinary Masters program at the University of Victoria, I was employed as a program coordinator, and responsible for the recruitment, training and support of contracted foster parents in the Quesnel area.

My work and personal experiences influence my understanding of foster parents and their work with "difficult" children. As a placement coordinator and a foster parent, I have developed assumptions regarding foster placement breakdown. I believe the foster parent's perception of his/her role (as a professional care giver or as a nonprofessional caregiver) greatly influences his/her work with "difficult" children (i.e., foster parents' perceptions affect their understanding of child's behaviour as well as the strategies

utilized to address behaviors). When foster parents are viewed as professionals, possessing specific skills, tasks and knowledge, foster parents tend to be more “successful” in providing care for “difficult” children (in terms of placement breakdown).

I believe foster parents are not typically thought of as professionals or paraprofessionals nor are they treated as such. The undervaluing of foster care is reflected in the literature (Berridge, 1997; Cohen & Westhues, 1990; Morrissette, 1994) and perpetuated within the foster care system. I am aware of the potential placement difficulties and the psychological effects of placement breakdown on the MCF worker, the foster parent, the child and those connected with the placement.

I see maintaining foster home continuity as a way of addressing these troublesome areas. Therefore, I am interested in what takes place prior to the child leaving the foster home as well as how the situation is regarded and responded to by foster parents. I have been involved in a variety of incidents where foster placements broke down. In listening to and speaking with the foster parent, the social worker, and the child, I often reflected back on similar situations and wondered why some placements ended and others did not. In my experience the “success” of a foster placement seemed to depend on more than the behaviors of the child, the experience of the foster parent and the amount of MCF involvement. Consequently, I became curious as to how foster parents viewed themselves and what they saw as necessary in providing care for “difficult” children.

Participants

This was a comparative case study of two foster parents (cases) in terms of placement outcome. Each case had one participant, the primary caregiver as defined by

their contract. Each case covered the time period of one child's placement and the interview occurred after the placement concluded. The first case consisted of a foster parent who did not experience a placement breakdown. The second case consisted of a foster parent who did experience a placement breakdown.

The two foster parents started the foster placement that was reviewed by this study from different points. Case One consisted of a participant who was the only adult residing in the home. The participant had 20+ years experience as a foster parent prior to this child's placement. Before contracting with MCF as a foster parent, participant one (P1) worked outside the home in an unrelated field. P1 described herself as a foster parent who was a mother and a co-parent. At the time of this placement, P1 was contracted to provide level 3 foster care for two youth. There were other foster children in the home, at different times, throughout the length of this child's placement (the number of foster children in the home at the same time did not exceed two). The youth was unknown to the participant prior to the placement. There were no biological children in the home at time of placement.

Case Two consisted of a participant who shared a home with an adult partner. Participant two (P2) was an individual who had not provided foster care before. Prior to contracting with MCF as a foster parent, P2 was employed in the human service field for 10+ years. P2 described herself as a professional foster parent. P2 was a level 2 foster parent contracted to provide care for 1 youth. As the placement progressed, contract changes occurred and the participant started providing care for 2 youth. There were no biological children in the home at the time of the placement and the number of foster

children in the home at the same time did not exceed 2.

Both participants characterized theirs as a “unique situation.” They both described experiences, which involve providing care for teenage children. One youth was a permanent ward who had been in and out of foster care/ MCF resources for several years. The other youth was in care by agreement and had never been in foster care before.

Data Collection Procedures

Permission was sought from the Ministry for Children and Families (MCF) from various location throughout the province for the purpose of participant selection. The researcher contacted three MCF offices via telephone and/or letter requesting assistance and permission to interview foster parents. The researcher requested that MCF contact foster homes that fit the research criteria (those who have experienced a placement breakdown and those who have not) and ask foster parents if they would like to participate in the study. MCF contacted participants fitting the criteria. Two foster parents responded by telephoning the researcher. Each stated they heard about the study through a friend and were interested in participating. The two foster parents fit the research criteria, one having experienced a placement breakdown and the other not.

Five days later I received one additional response (via telephone), that also fit the criteria for placement breakdown. I thanked the individual for her interest and explained that the study participants had already been selected. The individual agreed to act as a back up if a participant were unable to continue.

During the initial telephone contact the participants each provided an overview of their experience and self-categorized the placement as ending in a breakdown or not. The

researcher did not disclose the identity of the participants. The foster parents were previously unknown to the researcher. After the two consenting cases fitting the criteria were secured, I arranged meeting times via telephone with both participants for initial interviews.

Ethical Considerations

Because the study gathered information about individuals, each participant signed a consent form for participation. Both individuals were informed that they could withdraw from the study at any time and that information would be kept confidential. Approval for the research by the University of Victoria Ethics Review Committee on Research and Other Activities Involving Human Subjects was received July 3, 1998 (Project No. 194-98).

In the initial telephone conversations I explained to each of the participants the confidential nature of the study, what would be done with the information collected, and the informed consent form (Appendix B) which would be available for their signature at the first interview. At the first interview I again reviewed the purpose of the study; the participants signed the consent form, and each participant received a copy of the consent form.

In this case study the participants will be identified as P1 and P2 rather than names. Their placement experience will be referred to as case one and case two. Specific dates, times, events are masked. The foster children and those connected to the experience are identified by fictitious names and the age and sex of the child may also have been altered in order to protect anonymity.

Data Collection

Data collection included the use of interviews, personal observation, audiotapes, and field notes. The interviews were exploratory, open-ended and semi-structured. Data were gathered from individual interviews with each of the participants and the interviews were audiotaped. Each taped interview with the research participants was transcribed by the researcher. Throughout the interview process, rapport was established and information about the day to day experiences of the foster parent was readily obtained (Patton, 1980 cited in Merriam, 1988). I followed the model of the open ended interview, which has a semi-structured format and is characterized by the interviewer introducing an issue and following up on the subject's responses.

The intent is to seek new information on the topic (Kvale, 1996). The information from the initial interviews was used to develop questions for follow-up interviews. The subsequent interviews further deepened the relationship between researcher and participants and elicited more specific information regarding the placement and my understanding of the foster parents' experiences. The interviews followed a semi-structured format, consisting of open-ended questions. I reflected participants' comments back to the respective individuals, sought clarification, summarized statements and asked questions. I transcribed each interview immediately, so as to be able to begin analysis, making notes about the way the interviews felt, the kind of information I was receiving and soliciting, and about striking quotations.

Once the data had been transcribed from the first interview, I re-interviewed the participants (individually), asking questions in light of the transcribed data. Before

beginning the interviews I developed an interview outline consisting of five key areas to explore, based on the participant's first interview, the literature reviewed, my field notes and my experience as a foster parent and human service practitioner. I also received feedback from a friend who is a foster parent (not connected with the study) and my thesis supervisor. The five areas were:

1. What are the foster parent's experiences of the placement?
2. What are the foster parent's expectations of the placement?
3. What stands out for the foster parent in her experience of providing care?
4. What is the foster parent's evaluation of the placement outcome?
5. What are the foster parent's reflections on her experiences after fostering?

The initial interview for each participant started with a brief introduction and review of the research, I then asked the following question: *Could you tell me about (child's name), from the beginning of the placement until he/she left?* The first question, asking the participant to describe the placement, was purposely general, in order for the participant to tell her story in a way that fit for her. According to Kvale (1996), "such opening questions may yield spontaneous, rich, descriptions where subjects themselves provide what they experience as the main dimensions of the phenomena investigated" (p.133). The intent was to develop an understanding of the foster parent's experience of this particular placement and use their individual experiences to reveal differences that could help to explain foster care breakdown. My responses included questioning, reflecting, and focusing, in order to understand the individuals experience.

In the follow-up interviews with both participants, my purpose was to clarify

information, which seemed unclear in the first interview and to probe for information related to the participant's experience of fostering a "difficult" child. Prior to the second interview I listened to the taped interviews several times and reviewed the transcripts to identify issues or concepts for further exploration.

The second interview was more structured and focused than the first. This interview format falls within a case study approach. It is a "focused" interview as reviewed by Yin (1994). This interview followed an open-ended format consisting of specific questions aimed at exploring the participants' views of fostering and possible insights into occurrences. I chose this format because it allowed me to further explore areas previously discussed by the participants and get their insight on issues that arose for them in the earlier interview. The questions were:

1. Describe the difference between this placement and one that did not have a +/- outcome (breakdown/non-breakdown).
2. What is your evaluation of the outcome? Why do you think it ended this way? What could have changed the outcome?
3. If you could change anything about the placement, what would that be?
4. What was your relationship like with MCF during this time?
5. What do you see as the most important feature(s) of the relationship between MCF and foster parents?
6. Who do you see as important sources of information and support to the foster parent?
7. What do you believe to be the most valuable characteristic of the above people?

8. What do you think is important for a foster parent to know in order for the placement of a child to be as positive an experience as possible?
9. If you could tell future foster parents anything you wanted, what would it be?
10. If someone asked you what it means to be a foster parent, what would you say?

As the participants responded to the questions, new areas for inquiry were presented. I explored these areas through open-ended questions and active listening. I found that by the time we discussed the last question there was a shared sense that the foster parents' experience had been fully discussed by the participant. After all of the data was transcribed and analyzed, the participants were asked to confirm the analysis and meaning of the data.

The above interviews were supplemented by a spontaneous conversation with an MCF resource worker that occurred after the interviews were completed. Our conversation consisted of the resource worker's view of the things that make a difference in foster parents (what works/what doesn't) and did not include any discussion of the research interviews.

- What are the characteristics of a foster parent that aren't so successful?
- What are the characteristics of a good foster parent?

The Interview Process

Physical Context

Each of the participants was interviewed twice in the place of her choice. The length of the interviews varied. P1 chose to be interviewed in her home. There were no other occupants in the house at the time of the interview. The first interview was a three

and one half-hour session; the second interview was four hours. P1 lived in a three bedroom house. The rooms contained sturdy-looking furniture that was also comfortable to sit on. There were pictures of children, knick-knacks and toys in various location about the house. The living, kitchen and dining areas were shared by all household members, and each person had their own room. There was a sweater on the back of the couch and a few other personal belongings "out of place." I found the atmosphere warm and inviting, and this feeling remained with me throughout my contact with P1. P2 was interviewed the first time for three hours in the meeting room of a MCF building. The meeting room was large, private and furnished with couches and armchairs. Privacy was ensured by closing the meeting room door and conducting the interview after office hours at a time when building occupancy was low. The second interview occurred in P2's home for one and one half-hours. P2 lived in a four bedroom house. The furnishings were modern and delicate-looking. There were pieces of art in various locations around the house. Again, the living, kitchen and dining areas were shared by all household members, and each person had their own bedroom. There was an additional sitting room for the children. Every item was "in its place," and the house appeared very organized. There were no other occupants in the house at the time of the interview. In all of the interviews, the participant and I were the only people in the room. The interviews took place between July 10, 1998 and September 10, 1998.

Working with the Data

Data analysis was ongoing throughout the study with questions being reformulated as field notes were reviewed. The interviews were audiotaped and

transcribed. Field notes were written up and all the information was assembled to create a database.

The information in this database was organized by case and chronologically for easy retrieval. The transcripts were analyzed for patterns and regularities that were transformed into categories (themes) in order to derive meaning. The two cases within this study were completed individually and compared with each other in order to draw cross case conclusions as presented in Yin (1984). This process is congruent with the phenomenological method of systematic thematic analyzes discussed by Osborne (1990). Osborne describes this method stating that “the researcher identifies all the themes in the protocol for each participant then sorts them into thematic clusters which are sorted into higher order clusters....This stage of data analysis constitutes a within person analysis. When such an analysis has been conducted for all participants, an across persons analysis abstracts the shared themes to form a pattern or structure of the phenomenon” (p.172).

In order to identify the themes from the interviews, I numbered the meaning units for each of the four transcripts. The meaning units were developed from the words of the participants. Meaning units are “a part of the description whose phrases require each other to stand as a distinguishable moment” (Wertz, 1985, p.165 cited in Tesch, 1990, p.93). Tentative themes, representing the foster parents’ experiences, were then developed from each transcript.

Once meaning units were analyzed for each interview they were cross-referenced by reviewing themes from the other interview in the case, examining the meaning units and themes for commonalties between the two interviews. The common themes were color

coded to assist in further sorting. Cross case analysis compared the first interview for Case One and Case Two to each other, looking for commonalities and differences. This process was repeated with the second interviews. This resulted in two sets of cross case themes, one set representing the foster parent's unstructured reflections of the experience (interview one) and one set representing the foster parent's focused insight into the experience (interview two). At this point the data were reviewed and clarified by the participants. After their clarification of the data it became clear that the themes for interviews one and two were similar for the two participants.

The meta themes were created from the foster parent themes, which were analyzed and interpreted by the researcher. The meta themes arose from the data and resonated with my experience as a foster parent and a practitioner in the foster care field. The meta themes were congruent with concepts I had been thinking about for a long time. I always thought motivation, accommodation and knowing were important factors for foster parents. When I reviewed the data and the themes emerged, it became apparent that the participants were talking about the same three concepts. Realizing that the data from the two participants reflected the same themes as well as my own experience, I reviewed the data again to ensure that the process was as thorough and diligent as possible. The concepts were accepted as meta themes once I was convinced that they were derived from the data and only secondarily resonated with my own experience. In looking at the meta themes it was interesting to note that participants presented different perspectives on the meta themes. While both participants talked about the same meta themes, the meaning or focus for each was different. I realized that each meta theme could

be present in a different way for each participant.

The Post Interview Meeting

After completing two interviews with each participant, I did a member check where I met each participant individually to review data and potential themes. This third meeting (member check) with P1 lasted 6.5 hours. The meeting with P2 lasted 2 hours. I began the session with each participant by providing an overview of the data collection and analysis. P2 was familiar with the process and a less detailed description was provided at the participant's request. My third meeting with P1 varied significantly in duration from my third meeting with P2. The time difference is a reflection of the questions asked and further experiences shared by each participant. P1 seemed keenly interested in the research process and spent a great deal of time talking about the themes and their meanings. For each theme P1 provided examples in order to share or clarify meaning. These examples often led to several other related experiences. P2 was more concise when discussing themes and examples were brief.

In both cases I reviewed the preliminary themes identified for each participant during interview one and two as well as cross case findings. I provided each participant with index cards that documented themes from their interviews. Each index card contained one theme with meaning units written on the back of the card. The themes on each card were generic words like support and empathy. Participants were also provided with their interview transcript with the meaning units recorded beside the text. Together, the participant and I reviewed the transcript, meaning units and themes. As we discussed our interpretations and meaning of the data, their comments confirmed what they had

talked about earlier.

After the participant and I had clarified and refined their individual interview and case themes we looked at a chart that documented the case, the interview and the themes. The chart offered a visual display of emerging themes throughout both cases. Together the participant and I discussed the similarities and differences between the themes and potential meta themes. At this point the themes were documented as:

1. Support
2. Empathy
3. Expectations
4. Previously unknown behavior
5. Child's capabilities and needs
6. Information
7. Family lifestyle
8. Role as a foster parent
9. Fostering process
10. Rewards.

From these themes, meta themes became apparent. The meta themes are discussed in Chapter 4 and are themes that capture the larger meaning or essence of the foster parents' experiences providing care for "difficult" children. Throughout the research process, I kept field notes on hand and reviewed them continuously. I completed a thematic analysis of the participants' data and paid attention to when they were congruent. My field notes consisted of written thoughts, impressions and

comments and feedback from my thesis supervisor, friends and colleagues, as well as the interview with an MCF resource worker.

Summary of Methods

This study utilized a case study approach with a phenomenological method. As such, it has limitations in that two participants are not a large enough sample from which to draw generalizations. The research adds to the knowledge base but does not, in itself, make a body of knowledge. The study's strengths are that it draws attention to the experiences of foster parents and suggests areas for change. As an exploratory study it encourages thought and further study in this area, which could ultimately lead to the development, expansion and generalization of theory. The issues of validity were addressed by:

- Stating my background and personal beliefs that may have impact on this research,
- Keeping written field notes of my personal thoughts and responses to the research project and reviewing these notes throughout the data collection and analyses phases of the research process,
- Ensuring that my data collection and analysis were documented so that the process could be easily understood and followed by others,
- Using direct quotes from the participants to support my analysis,
- Reporting tentative themes back to the participants to ensure accuracy, and

- Reporting findings to foster parents and MCF staff not in the study to check for “fit.”

The case study method allowed me to explore two different foster parents’ experiences of providing care for “difficult” children. I was able to explore both foster placements from the beginning to the end of the child’s stay in the foster home. Since the two foster parents had contrasting placement outcomes, a case study approach provided the framework to compare these two participants’ experiences. The use of phenomenology augmented the case study approach by focusing on the participants’ emic experience. The data collection and analysis methods were congruent with both phenomenology and a case study approach. These methods worked for the study because they encouraged the researcher to focus on the participants, exploring their thoughts, feeling and beliefs around this one specific experience of providing foster care for a “difficult” child. The approach and methodology made it possible to capture revealed differences which help us understand placement breakdown. Further, the study provided the opportunity for foster parents’ experiences to be recognized in a more formal way, adding insight into foster care practices and procedures.

Chapter 4: Results

Analysis

The purpose of the study was to explore foster parents' experiences of providing care for "difficult" children in order to develop a better understanding of why foster placements break down. Analysis of the data provided by the participants highlights several key areas that formed the core of the two foster parents' experiences. Each participant was interviewed twice with a third meeting or member check occurring after the interview data for both participants was analyzed by the researcher. The two foster parents had different experiences. One participant experienced a foster placement breakdown, and one participant did not. One of the participants described an experience that seemed to have a negative impact on her life, and one participant described an experience that appeared positive. Both of these experiences are valid and both increase our understanding of foster placement breakdown. The revealed differences between the two experiences make more explicit our understanding of what is needed for foster placement continuity. The themes discussed in this section arose from the data. The slant of the themes comes from the participants' voices and reflects their lived experience.

This section will report the themes and detail P1 and P2's responses to both interview one and interview two. The second interview was cross-checked with the first interview for each case, looking for similarities and differences in themes. All themes were repeated throughout both participant interviews. No new themes emerged in the second interview. Interview one consisted of a free flowing description by the participants of their experiences providing care for "difficult" children.

The data from the first interviews revealed ten themes for Case One and ten themes for Case Two. Table 1 summarizes the interview themes. Column one notes the themes for P1 and column two notes the themes for P2.

Table 1: Participants' themes.

PARTICIPANT ONE: Interview One & Two	PARTICIPANT TWO: Interview One & Two
<ul style="list-style-type: none"> (1) Sees support and works with it (2) Empathy primarily for the child (3) Expectations are based on the situation at hand (4) Copes with the child's extreme and previously unknown behavior (5) Understands and works with the child's specific capabilities and needs (6) Knows information will evolve and require accommodation (7) Adjusts family lifestyle to meet child's needs (8) Is comfortable with who she is and can clearly define her role as a foster parent (9) Learns from the fostering process (10) Views fostering as having internal rewards 	<ul style="list-style-type: none"> (1) Wants support given, never enough (2) Empathy primarily for the foster parents (3) Has personal expectations of how things should be (4) Has difficulty coping with the child's extreme and unexpected behaviors (5) Understands the generic stages of child's development and needs (6) Draws conclusions on initial information, not open to new information and accommodating (7) Foster family does not have the capabilities to adjust to meet the needs of the at risk child (8) Does not view self as a foster parent and is unsure of her role (9) Makes judgments of the fostering process (10) Seeks recognition from society for work as a foster parent

P1 is a foster parent who did not experience a placement breakdown. P2 is a foster parent who did experience a placement breakdown. Examples of how the participants expressed the themes in interviews one and two are detailed below.

Thematically there are similarities between the two cases, although each has a different focal point. In this section I will talk about the themes by reviewing their similarities then I will discuss the variations between the participants. Quotations from the transcripts

will be used to highlight each participant's focus.

Support

The first theme has to do with support, both participants described this theme as consisting of financial and practical services such as relief, and counseling, as well as emotional and social support. P1 discussed accessing and developing support people and community services. P2 discussed the Ministry for Children and Families provision of support services.

For P1 the theme emerged as sees support and works with it. This covered working in collaboration with others and establishing and encouraging connections outside of the foster home (including child's biological family and others connected to the child's system). P1 used phrases such as *"terrific liaison worker who was able to relate to the situation," "I counted on her," "She felt that as a caregiver I needed backup and she advocated for me all the way."* P1 highlighted the foster parent's ability to *"develop and maintain ways of communicating with the child and those connected to the child,"* receive *"feedback from others,"* and advocate for themselves and the children in their care. Key areas for P1 were open communication - *"talking with each other and those connected to the child's life," "having a plan"* and working as a *"team"* towards common goals. P1 stated *"I started a process with the mother of how we could best deal ourselves with this."*

P1 stated:

My family, if I didn't have their support I probably wouldn't be doing this for any length of time... Other caregivers...I really feel lonely and well I count on their support...in working with the kids and the social worker so they have more

empathy, more understanding of the lifestyle, because this lifestyle can be somewhat disruptive at times and...at times isolating too.

Here P1 is expressing her need for support along with who she saw as support people and why their involvement was important to her.

For P2 the theme emerged as wants support given, never enough. The participant discussed support in terms of what is offered to the foster parent. She used phrases such as “*relief money,*” “*child care worker,*” “*they gave us respite,*” and “*they ended up giving us a break to get out of the house.*” P2 stated:

It took until... April or March to get her the six months to the wait list for tests and in the meantime we feel like we are hanging in with a thin wire...her social worker, over a couple of months was able to get a woman who is a specialist contracted through an agency whose specialty is ADHD to come and work with Tara before the diagnosis.

[Name of social worker] was very supportive and ...would be available anytime. I did not have a relationship with my resource worker...I don't think I saw her more than once or twice a year. In the end she was very supportive and understood where we were coming from and provided services for us to keep her.

Here P2 expresses a need for services and her inability to continue providing care for the child without additional support.

Empathy

The second theme looks at empathy. Both participants described experiences that reflected empathy. P1 discussed the importance of understanding what others were going through and P2 discussed the desire to have others understand her experiences.

For P1 the theme emerged as empathy primarily for the child. P1 used phrases such as “able to relate,” “felt such a connection,” “I could understand,” and “I can imagine.” P1 stated:

I really felt that I could see something here. I could cry about it right now. I could see this kid in pain totally, also, what I believe, missing some very vital, for lack of a better word, parts of being human that everybody else takes for granted. He was poetic. He knew the perfect time to do that, but, somehow - this is what I believe - whatever happened to him before he was born, there was no connection between the feelings and the act. There was not the empathy, not the relatedness, related to his acts, feelings, just having gaps you know, that we take for granted that everyone has these things. He recognized that it was different for him than it was for me in the feeling sense. Like I felt really connected to him, but I don't think he had the capacity to be connected back, and I think that's where one of the biggest pressures were. How can you miss something you don't even know about? I was totally driven. I think because I felt so bad. I had such a sadness over what this person had been going through because I wouldn't not want to connect with people. I wouldn't not want to have empathy. I could not imagine not having those thoughts, and that's what I believe I was seeing in him. It was not that he did

not know what was going on, he did. There is no doubt in my mind about that. He did not have the stuff that makes us stop at the line, you know, when you start to crank inside. He wasn't there that I could see.

Here P1 places herself in the child's mind and is able to understand his perspective and how the world may look for him. P1 expressed empathy for the child.

For P2 the theme emerged as empathy primarily for the foster parent. P2 used phrases such as "I felt like I was always trying to keep her, keep her held somehow, so that I could get her that far," "we had to have her move out," "it was just unbelievable sort of stress." P2 reflected on her experience stating:

It was so gut wrenching and hard to live with, and I can only give you the tip of the iceberg because it would take too long. It was so hard to be around (referring to the child's behavior and how it impacted the foster family). It was for my own sanity, I believe so thoroughly that she had it (ADHD). I believe if she did (take medication), it would make a difference to all of us (P2 is expressing her belief that the child's behavior would change if she took medication). I would have a real hard time with some of our friends who just didn't seem to get it and would say things like 'well, you know these teenagers.' That was hard.

Here P2 expresses the lack of empathy she felt others had for her, as well as the difficulty she had moving beyond her own emotions and simultaneously her desire for others to do things differently.

Expectations

The third theme has to do with expectations. It refers to what the foster parent and/or others expected of the placement and what actually occurred. P1 developed expectations after the child arrived and was living in the foster home. P2 had personal expectations in place prior to the foster child's arrival.

For P1 this theme emerged as expectations are based on the situation at hand. P1 knew that the pre-placement expectations might not be reflective of the actual experience. P1 believed that foster parents should be adaptable, that realistic expectations are developed from daily interactions with the child. P1 stated:

How can you make a plan for a person? Because a lot of our kids are very articulate; they're very verbal. They have a lot of emotion, you know, enthusiasm and all these great things. They aren't developed yet in areas where they can apply it at this point. They just aren't there yet, so, number one, you're setting the kid up, and this is why the placement breaks down. I believe it is one of the reasons the placement breaks down, because of the expectations. I think the bottom line for me is, if I feel that this is the place for this person at this time and there's not, for whatever reason, a better place for them out there.

Here P1 expresses her belief that each child is different, as well as the importance of realistic expectations.

For P2 this theme emerged as has a personal expectation of how things should be. P2 began the placement with preconceived expectations. She anticipated that the youth would behave in a specific way and expectations were not adjusted as the placement

proceeded. P2 stated:

We knew she wasn't going to be easy, but we had this belief that she was a strong personality with a very chaotic and abusive background. And that she could finally have a stable environment where people just expected her, that, you know, within a year or two she would, ah, some of those rough edges would soften up. There would be some changes in her. We had never experienced anything like this. We had kids and all my kids' friends would come over. The kids would be over talking with us and were friends with us. We're just used to normal kids and not this kind of shit. We had this idea that we could open our arms totally to her, and she wasn't a foster kid to us. If we had known what we discovered over the first 6 or 7 months of living with her in the beginning, we would not have done that. We would have kept it more business-like. Not more business-like, but there is a difference when you've got foster kids and you've got someone that feels like your own kid.

Here P2 expresses her expectation that the foster child would be like her own children and simultaneously her frustration around finding this could not be so.

Unknown, Unexpected and Extreme Behaviors

The fourth theme refers to the behaviors of the foster child that were previously unknown, unexpected and extreme. This theme included daily occurrences that build up and foster child's unexpected "*manipulation*" and "*violent behavior*." P1 discussed the unusual and unexpected occurrences that transpired during the foster care placement. She noted a need to be "*sensitive to the situation*" which meant understanding where the

behavior was coming from and how to “*best deal with it.*” P2 discussed how the foster child’s unexpected behavior hindered her ability to provide foster care.

For P1 the theme emerged as cope with the child’s extreme and previously unknown behaviour. P1 used phrases such as “*stuff would happen,*” day-to-day occurrences “*that wear you down,*” “*stealing, violence,*” and “*behaviors that had not been noted before.*” P1 stated:

I started to question what I was seeing on a daily basis with the behaviors that had not been noted before. A lot of anger, when I say anger, stomping feet, slamming doors, hitting the walls, just a lot of anger, towards the people in the house. So I thought I should talk to someone. This is a very volatile situation. With the proper support we can help them work through it. There are pressures here that we need to find out what it is. He has had all this mental health business. He has had testing. He has been to specialists, but now that he’s at this age maybe it could be done again so he could better understand where he is at. Over the placement, his aggression became less and less as we dealt with the violence through the police and the court and that route and at home too, but it still remained selective. I mean, like I would be there on my own and these things would happen. It never happened when my children were there. They could hear it from downstairs, and they would just come up to check and make sure I was still on my feet. We had things like he would go into the kitchen to the fridge and start cleaning out my fridge onto the floor, and I would start cleaning it up and he would say ‘good job, here have some more.’

For P2 the theme emerged as has difficulty coping with the child's extreme and unexpected behaviors. P2 also discussed the unexpected behaviors of the child. She did not, however, display an ability to cope with the behavior. P2 appeared to be torn between a desire to continue working with the child and the thought that doing so would damage her and her husband's emotional health. P2 noted that:

Home was chaos, absolute chaos, and it didn't matter whether she was going to get home at 9:00, 12:00, 5:00. There was always chaos and, sometimes, like throwing things in anger and screaming and frustration. I don't know if I can live with her any longer, but I am not having her leave until she is tested, for us. Because maybe I am thinking if the tester, if she comes out with ADHD and she'll acknowledge it, we can work together and I won't have to throw her out because I don't want to repeat the cycle in her life. I also don't want to damage myself, right, or my husband.

Tara presented a unique situation. We couldn't talk to Tara. Tara had a very convoluted way of seeing the world and to have a conversation, there was no way to chat with her. We felt up against the wall with our sanity at a certain point so, we, it was hard. I think that, if we had enough hindsight, that way back in the beginning we would have taken her in a little more cautiously, more as a foster kid or something... but we did not understand. We did not know about the diagnosis.

Here P2 expresses her desire to have known about the child's behaviors prior to the placement. She finds the child's behaviors difficult to cope with, doesn't know what to

do, and it's implied that she would like more direction/help with their management in the family.

Abilities

The fifth theme was very similar for both participants in that it referred to the child's abilities and the foster parents' ability to discern where the child varies from the typical course of growth and development. P1 looked at the child's capabilities and the importance of knowing what the child is physically and mentally capable of doing at that particular time in his life. P2 emphasized the importance of knowing and understanding the generic stages of child development. Her focus was less child specific consisting of a general theoretical standpoint.

For P1 the theme emerged as understands and works with the child's specific capabilities and needs. P1 stated the "*behavior might be normal for the child's situation... Most teenagers are at a rebellious stage...where they want to do their own thing in life...it's a very healthy time...they really try on their new values and priorities and what is going to work for them.*" She also noted:

He just doesn't get it. ("It" refers to the child's ability to understand the impact of his behavior on others as well as his ability to empathize.) He doesn't get it and, as the months wore into years, it's true. I can imagine what he was going through with people trying to explain to him, what he would go through having to listen to it over and over again but not get it. He listened to it often enough he could verbalize it. Could write poetry (The child would write poetry about feeling sorry for his actions, but P1 does not believe he was truly able to feel empathy for

others.), *but I do not believe that he thought that, it was not part of his early development.*

Here P1 expresses an understanding of this specific child and his abilities.

For P2 the theme emerged as understands the generic stages of child development.

P2 noted that it was essential to “*know some of the stages of adolescents*” in order to better understand the child’s behaviors. The participant stated she “*started thinking there’s something more with this young person than a harsh background and the dynamic personality because there were too many unusual things that she was doing.*” P2 noted that knowledge of “*typical*” behavior for teenagers was important. She stated that some friends “*didn’t seem to get it*” because they “*didn’t know teenagers very well.*” P2 also stated “*I know teenagers fairly well and this isn’t just teenagers. This is not typical. If it were your average kid, you could deal with it. I have been around teenagers long enough to know the difference.*”

Here P2 is searching for an explanation for the child’s behavior. P2 does not view the behavior as “*typical*” and thinks the child’s difficulty is based on factors other than environmental. P2 knows general growth and development and views this child’s behavior as unique.

Information

This theme has to do with information. It refers to accessing information from others, getting a diagnosis and/or having testing completed in a timely manner, knowing the child’s background, and having enough information before entering into and progressing with the foster care arrangement. P1 stated she knew she was not getting all

the information, but decided to go “*one day at a time.*” P2 felt she knew the child and, in my opinion, did not appear to be able to alter her way of working and adapt to new information.

For P1 the theme emerged as knows information will evolve and require accommodation. P1 used phrases like “*waiting for a response,*” and noted that information is “*usually in the works, but doesn’t happen until much later in the placement, unless there is a crisis.*” P1 stated that:

A lot of times, when we have kids that are acting out, we move them to a level two or three home to deal with this, but we don’t have a diagnosis. We have slim, if any, background. We have, we don’t see the testing for learning disabilities, you know, to be able to understand this. It’s coming into a situation of living and working with a child without actually knowing. The appearance is that we don’t have assessments with the kids before they come into care. They go into receiving, but there is little information, very little assessment done and the social workers, I believe, you know, have talks with parents and hear things. I suppose that goes for the kids too, but it is rather loose on the assessment as far as I can see. And, because there is a shortage of homes, a lot of times kids, maybe, will not have a level 3 option available to them so they will be placed in a level 2, maybe even a level 1.

Here P1 expresses an understanding that she is living and working with a child she doesn’t know and whom she can’t know better because of testing and placement realities.

For P2 the theme emerged as draws conclusions on initial information; not open to

new information and accommodating. P2 stated she did not have adequate information prior to the youth's placement in her home. P2 noted that they (husband and herself) were not prepared for the experience and that the initial information restricted her ability to gauge whether she and her husband would be able to meet the needs of the youth. P2 entered into the fostering arrangement believing that the child would behave in a certain way. When new information arose regarding the child's behavior, the foster parents did not hear it or adapt their interactions to better accommodate the needs of the child. They continued to base their interactions on the initial information received and assumptions made. P2 stated *"we were like family and we acted like it and if I had any inkling whatsoever that there was anything else going on that made living together this difficult I never would have entered into this arrangement."* P2 stated:

They (referring to foster parents) really need to know what it is they are getting into. And I would want them to redo, there are parts to the foster parent orientation. I would want them to expand their information.

Here P2 is expressing her desire to know how the child will behave and her wish not to foster a "difficult" child. She is wiser now, in hindsight. She wishes she knew then what she knows now, and wishes this for all foster parents so information received ahead of time is important for her.

Effects of Foster Placement on Foster Parents' Lives and Families

This theme refers to how the placement affected the lives of the foster parents and their families. It includes both external and internal factors. P1 discussed the changes that occurred in her family in order to maintain the foster placement. P2 discussed the

emotional turmoil experienced by the foster family during the foster placement and their inability to maintain the foster placement.

For P1 the theme emerged as adjusts family lifestyle to meets the child's needs. P1 used phrases such as “*losses in time together*” and “*restricted*” contact (with family members). P1 stated:

He stayed with us, and it was really difficult because what could I do? My grandchildren couldn't come over, but we managed. This lifestyle can be somewhat disruptive at times and, at times, isolating too. It is really important to be grateful for your family because there's times when they lose. There are losses - the losses in time together.

Here P1 is expressing the importance of family, how fostering may affect interactions and how appreciative she is of family time together. P1 adjusted her lifestyle to meet the needs of the child and, as a result, experienced “losses in time” with biological family members.

For P2 the theme emerged as foster family does not have the capability to meet the child's at risk social and emotional needs. P2 stated:

Nobody had any idea. It's like you fall in love with somebody and you say “let's get married and live together forever” and then that person starts to beat you up. There is a certain point where you say “I don't want to be your wife or your husband anymore,” but it is that kind of commitment and, at some point, that commitment shifts because it is too damaging. It is not because you don't like that person. It's their behavior. I kept thinking that maybe we should reevaluate. It's

not for the money. There's not enough money. My teeth are chattering. It's just a fairly deep thing. It's a long-term relationship, and the last thing we ever wanted to do was hurt her, so we were feeling so bad that our survival counted on this. It's a huge risk. We made a commitment to her when we first took her into the house. She had been abandoned before, and, through thick or thin, we were not going to return to that cycle so we took a lot of stuff that I wouldn't have taken otherwise. We felt up against the wall with our sanity at a certain point, so we, it was hard. It was like ripping a Band-Aid off, and we were going to peel it off really slowly. After that altercation, we just ripped the bandage off. We said get the pain over with real fast. This is way too hard.

Here P2 is exploring her turmoil around living with a “difficult” child. P2 finds it too emotionally draining to continue with the placement.

Construct of Fostering

This theme refers to the foster parents' construct of fostering and how it is expressed through their work. P1 discussed her personal view and style of providing foster care. P2 discussed her professional qualifications and the need for foster parents to be trained.

For P1 the theme emerged as is comfortable with who she is and can clearly define her role as a foster parent. In descriptions detailing her work with the children, P1 used phrases such as “*respect*,” “*sense of humor*,” “*empowerment of the child*,” “*connections*,” “*relationships*,” “*providing an open accepting environment*,” “*being flexible*,” “*building trust*,” “*understanding values*,” “*self awareness*,” “*understanding*

the child's needs," and "relating." She stated:

I think we often get into this place of thinking we can fix something. We need to get into that place where we see that, in this case, this was perfectly Adam and that's what you had to work with. The big thing is to be a people person, and you really need to be in touch with, uh, and to recognize continuously, you know, your own values, your own prejudices and beliefs, weaknesses and vulnerability and be comfortable with it, you know, don't be too hard on yourself. I am one of a team, an active member of a team who is working towards seeing that our kids are safe and welcome and loved. That's it. A lot of us, through parts of our life, project an image and, um, we do it for all kinds of reasons. I think the basic one is survival or whatever, and we have our defenses, and we want people to think of us in a certain way and, um, most foster parents that I know have dropped that totally from their life. I guess because there is that transparency. Well, because you live with other people, they see you in the good times and the bad times, all times. You are who you are, and it's important to really feel comfortable with yourself. You really need to have that thinking.

Here P1 is expressing who she is as a foster parent and how this fits with her as an individual.

For P2 the theme emerged as does not view self as a foster parent and is not sure of her role. While describing her experience as a foster parent, P2 used words such as "training" and "strong enough." For example, she stated:

We hadn't taken her on for financial reasons by any stretch and we didn't take her

in because we wanted foster kids. We came to it with the goodness of our hearts. We knew her already and we cared about her tremendously and we never ever understood, but over time it totally tore us apart because we had no idea. And I, we can't, the two of us are professionals, we can't keep these foster kids. Is there something wrong with us? We didn't want to be foster parents. We weren't foster parents to Tara. we never wanted to be a foster parent. It wasn't something we wanted to do when we grew up, but, in order to financially afford her, she had to be called a foster kid. Generally, I am thinking that foster parents need a hell of a lot more training than what they've got. I think I have got more training than most of them. I have been working with adolescents. I am trained outside of foster parenting. I have a [bachelors degree in the human service field] and all kinds of therapeutic training throughout the years. There are many people who are just foster parents, and they may have taken the odd developmental course, but I have a lot more training than what they do and I think it should be a profession. They put a very special job into the realm of parenting, and it's not.

Here P2 is expressing her need to have her previous training acknowledged and be viewed as a professional rather than a foster parent.

Potential for Learning

This theme refers to the fostering process and the potential for learning. It reflects the foster parent's ability to observe and learn from her own and the child's behavior. P1 viewed the entire foster placement as a learning opportunity. P2 viewed the foster placement in terms of commitment and emotional bonding with the child.

For P1 the theme emerged as learns from the foster process. P1 used phrases such as “self awareness, “being open to new ways of interacting,” the “learning moment,” “it’s challenging, you learn something everyday,” “moving to a new level” and she expressed a strong desire to “figure it out.” P1 stated:

There was a profound change in me, the things that I took for granted. I think it was a positive experience. Although we had all this stuff happening, a lot of good came out of it. I learned a tremendous amount over this two, three years. I think primarily you, you have to come to know the person, the child, the teenager, and, and go past the behaviors, if that makes sense, to come to an understanding of the person underneath there. How they process, how they put things together in order to form a new perspective, how they see things, how they interpret them, what they want for themselves, how they see themselves. You have to respect people and that’s the easy part for most of us. I think to give out that respect and hope, you have to have hope. And to treat, uh, maybe choices that maybe you don’t agree with, maybe where there’s consequences, misjudgment, poor judgment and choices we all make for ourselves. That can be destructive. Treat them as a learning experience and to allow the child or teenager to, not to have so much input tha, uh, they don’t have time to process that themselves, to go through the feelings of that experience. There’s a lot of times, when you have a crisis, everybody jumps in and you lose that window of opportunity for everybody to process, to feel it and decide what you’re going to do with it. And I think too, from that little bit they start to trust the process. They recognize that they are accountable. They can do it, and to

allow that process in a way that there is a benefit for everybody.

Here P1 is expressing her belief in process, how she learns from it and utilizes it to affect change both within herself and others.

For P2 the theme emerged as makes judgments of the fostering process. P2 stated:

I did the foster parent orientation. I resented it because I've been working with youth for years. I felt that the training was very basic, but I had to take it. It's mandatory that you take it. We had a commitment to her... We just kept pulling out our line, what we would take. We set a deadline and we had a commitment, you know it's that abuse cycle, this bond we had with her, commitment that we had. We never experienced this before. It's just a lot of pain that was going on, nothing good at all. We're really not sure what it's like or what it means to be a foster parent. We're still learning that. I don't know. I guess you can't make up your mind before you go into it. I guess, I mean, you have, like I was saying earlier, say you decide "O.K., lets do this." The people that decide that they are going to do this, they can have an idea of what it means, then you become one and you have another idea, then it continually adjusts. I think that my mind is in flux on this. You can get people that don't have any skills, especially new foster parents. They don't have the skills and they expect it to be just like, uh, I'll be helpful, try to give back something.

Here P2 is expressing her uncertainty about being a foster parent. She resented the training, saw new foster parents as being unrealistic and is not sure what being a foster parent means to her.

Motivation and Rewards

This theme refers to the participants' motivation to provide foster care and what they see as the rewards. The participants both noted that the work of fostering is “*not acknowledged*” or “*appreciated*” by society in general. The difference lies in how each participant responds to this knowledge. P1 finds the rewards to be internal, while P2 is motivated by external rewards.

For P1 the theme emerged as views fostering as having internal rewards. P1 stated:

I always had hope. There is so much that can happen. You see these miraculous things happen, you know, all of a sudden the connection is made. Somehow the connection is there and so you're moving on to another level, where the emotions can be there. I think the joyous part for me out of that was knowing that he did accomplish something he wanted to do that was important to him and that was graduation. And the reason I say that I believe it was important to him is because of the time and effort, wonderful effort that he put in to graduate and get to that point to be where he was at 19 leaving that other stuff off.

[Being a foster parent] is probably the most important job you will ever do in your life. It is very difficult. Whether it is your own kids or other peoples', it does not matter and, uh, it's, uh, it's not recognized by society as that (laughter) or the kids (laughter), but it is. I believe it is, you know, but it has it's rewards but those rewards come from the inside (laughter), very seldom from the outside (laughter). Well, if you're looking in that area, you're going to be very upset. Uh,

yeah, you know it's a challenge. You learn something new every day, every day there is something to learn.

In this quote, P1 expresses her fulfillment in fostering, how important it is and where the rewards are.

For P2 the theme emerged as seeks recognition from society for work as a foster parent. P2 stated “*so you're a level 3 and you're male, you know how to roll with the punches, you know how to take those tough boys and uh, it doesn't necessarily mean to outside professionals that you're more skilled, it may mean you're more resilient, tougher.*” P2 discussed the foster child and stated:

She spent the time telling Rob (husband) that we're unfit foster parents, that we're unfit people, that we should be, that we've ruined her life, that it's all our fault, that, you know, we're basically awful people. You have no idea what effect. Frankly, that night while I am going ballistic, she's out partying, she's just out partying, she's on the telephone having a pleasant conversation with somebody and I can't stand it any longer, her telling me that it's all her life. you know, like we're the ones walking around with our teeth chattering and sick to our stomachs. And she says over and over again, “you don't care. It doesn't affect you.” Well, yes, maybe in the long term it will affect you more, but don't tell me I don't care! I wouldn't have lasted this long if I didn't care. I wouldn't have gone through the ADHD if I didn't care! You know, I'm not, like on one hand, I feel that I owe it to her and, on the other hand, I don't feel ready to be able to sit there on my own and take her telling me how awful I am.

Here P2 expresses her need for recognition, how fostering has affected her and her inability to maintain a relationship with the child.

Placement Outcome

The themes reviewed in the previous pages highlight that the placement of a foster child into a foster home creates the opportunity for variety of interpersonal experiences. Participant (1) noted that *“the placement was expected to breakdown tomorrow and that it lasted three years, and was very unusual.”* It was not a typical placement in that the behaviors were *“extreme.”* The placement ended when the youth was 19 years of age. Participant (2) noted that their foster child was 16 years of age when she moved into their home. The plan at the time of entry was for the youth to remain in the foster home until she turned 19. Participant (2) stated *“we were going to keep her until she was 19...we were there for her until she was 19.”* The youth resided in the foster home for approximately 7 months, ending with the youth being removed from the home at the foster parents’ request.

Clearly, the foster placement outcomes were different for each participant, as were the themes that emerged from the data. Further analysis of the themes revealed meta themes that suggest key elements of the foster parent’s experiences providing care for “difficult” children. These meta themes are reviewed in the next section. It is important to note the differences between the meta themes of the two cases. Table 1 (see p. 45) and the accompanying data summarizes the thematic similarities and differences. The material highlights that generally the themes are alike but differ in their focus. Both participants cover the same core issues but look at the experience from different perspectives.

Interpretations: Considering Meta Themes

This section identifies and discusses each of the meta themes derived from the themes. The meta themes are reflective of the day to day involvement between the child and foster parent. This is relevant to the provision of foster care because, in the words of the participants, their experiences did influence the placement outcome. The meta themes are themes that capture the larger meaning or essence of the foster parents' experiences providing care for "difficult" children. The objective of foster care is:

To provide good "substitute" parenting for children who cannot, for whatever reason, remain with their families....Each child placed in a foster home is unique and his individuality must be respected...Children in care have special needs. They have all experienced traumatic separation and loss. They are likely to have also experienced other difficulties before having to leave their homes. Most foster children, because of their past experiences, have a greater than average need for attention and affection and may require more understanding and patience than is usually required of parents (Ministry of Social Services and Housing and the British Columbia Federation of Foster Parent Association, 1988, p. 2.1).

The meta themes listed below reflect the key elements necessary for foster parents to meet the physical, emotional and social needs of "difficult" children. The meta themes include motivation, accommodation, and knowing. What is interesting about the meta themes is that each one emerged for both participants, but the meaning differed between participants. Examples of this are: (1) Intrinsic versus extrinsic motivation, (2) foster parent accommodation versus child accommodation, and (3) knowing she doesn't

know versus doesn't know that she doesn't know.

(1) Motivation. The cornerstone of this meta theme is the motive behind the personal need to provide foster care. Each of the participants expressed a desire to work with the youth. However, their incentive or motivation differed. P1 saw the provision of foster care as having internal rewards. She stated that foster care:

Is probably the most important job you will ever do in your life. It is very difficult whether it is your own kids or other peoples' it does not matter and it is not recognized by society as that, or[by] the kids, but it is. I believe it is. It has its rewards, but those rewards come from the inside, very seldom from the outside.

In this quote, P1 is expressing her need to care for children as well as her ability to look internally for rewards.

P2 sought external rewards and recognition from society for her work as a foster parent. She noted the “*need to say I am not just a foster parent*” and the need to explain her educational background “*to get credibility.*” Overall, P2 felt that foster parents were not acknowledged as professionals. She stated “*it is not... atypical to be seen as certainly front line workers but as just not part of the professional team, we will get their opinions but they are just foster parents.*” In these statements, P2 expresses her need to be acknowledged by others as well as the methods she uses to get outside recognition. Also the process of providing foster care was viewed differently by each participant. P1 saw herself as a “co-parent” and an advocate for the child in her home, as well as for herself. She developed her own support systems and worked to enhance the foster care placement. P2 expressed discomfort with the foster care process and the amount of

support provided. She did not mention her own support system and appeared to rely on MCF personnel to assist throughout the placement of her foster child. Each of the two participants was motivated in a different way, and this motivation affected their experiences of providing care for “difficult” children.

(2) Accommodation. In the provision of foster care the interactions between a child and foster parent are effected by the understanding foster parents have of their role. How foster parents view their role is important to the way they will respond to the behaviors and needs of the child. This meta theme combines elements of foster parent attitude, opportunity for learning, and understanding. For the participants in the study their focus and level of accommodation set the tone for their interactions with the child. P1 and the rest of the foster family mentioned a high level of accommodation, operating from a child focused perspective, while P2 and the other members of the foster family spoke less about accommodation and appeared to be struggling with her experiences as a foster parent.

P1 commented on the provision of foster care, and how she viewed her role as a foster parent. Her comments were very child focused, highlighting that she accommodated her lifestyle to meet the needs of the child. P1 stated that she would continue with the placement as long as she felt it was the best place for the child. *“The bottom line for me is if I feel that this is the place for this person at this time and there’s not for whatever reason a better place out there.”* Her understanding of the role is reflected in the following response to the question: what does it mean to be a foster parent? *“parenting in a collaborative way ... I’m co-parenting with these people...you’re all on the same level.”*

In these statements, P1 expresses her need to provide what the child needs at this particular time in their life.

The descriptions offered by P2 also highlight this meta theme. The experience, however, is the opposite of that reflected in Case One. P2 described experiences that reflected a focus on self. She placed her needs first and appeared unable to accommodate her lifestyle to meet the needs of the child. P2 offered an example of this when she discussed her inability to meet with the foster child to inform her that the placement was over. She stated that she *“is not strong enough”* emotionally and *“I couldn’t face her, I was unable to face her, just absolutely sick to my stomach.”* She struggled with the placement outcome stating that *“part of me wants it to be over.”* P2 provided foster care to a youth that was known to her. They (the foster parents) entered the relationship thinking of the child as if she were their own. The participant stated *“she wasn’t a foster kid to us.”* As the placement progressed the participant felt obligated to continue the relationship because she had made a commitment. *“I kept seeing these things over and over again how she was treating my home and my family and I kept hanging in there because I made a commitment and the commitment is really important to me.”* P2 did not view herself as a foster parent and expressed difficulty in defining her role. When asked, *“what does it mean to be a foster parent?”* P2 stated *“that’s a really strange question for me to answer because... we didn’t come through it naturally or through our own process. We came to it just to help Tara.”* In these statements, P2 is expressing difficulty separating her emotions from the child’s behavior in that she seemed to take the child’s behavior personally. P2 appeared hurt, frustrated and unable to look beyond the child’s

behaviors to the underlying need. P2 focused on the things the foster child was doing to them. She reacted to the perceived ill-treatment of her “home” and “family” without mentioning the nature and origin of the child’s behavior.

(3) Knowing. The provision of foster care creates an opportunity for personal growth and awareness. As the placement proceeds the child and the foster parent experience a variety of occurrences. Each person learns from these experiences, and ways of relating or interacting are affected. This meta theme consists of the foster parents’ ability to engage in a helping relationship with clear boundaries, expectations and self-awareness. It hinges on the foster parent’s understanding and openness to learning. The two participants varied in this meta theme in that P1 knows she doesn’t know all the information while P2 is not aware that she doesn’t know all the information. One has an awareness and openness to learning whereas the other assumes she already knows.

P1 displayed knowledge that there were things she did not know about this particular situation. She noted the importance of turning occurrences into learning moments by *“taking the power out of an event by talking it out or relating it to them.”* P1 stated that she believed in *“putting the power into the learning aspect of it”* (for both herself and the child), stating: *“I know in this job you can become insensitive. I know that and that’s why I went and took more courses, just so I could get in touch with it because I don’t want to lose that sensitivity towards the kids.”* In these statements, P1 is expressing her need to be self-aware and simultaneously how she takes opportunities to learn and work in a sensitive way.

P2 related experiences with respect to their effect on her. She stated that she *“has*

a lot more training” than other foster parents. Her descriptions focused on the thoughts, feelings and emotions she went through trying to “*help*” this youth. She used phrases such as “*reach her,*” “*fix her*” and “*managing to complete something.*” When referring to the foster child, P2 noted that she and her husband came to view the placement as destructive to them. She paralleled the experience to the “*abuse cycle*” and could see no way to salvage the relationship; the placement ended with the child being asked to leave. P2 concludes that she doesn’t want to work with “difficult” children again.

A Resource Worker’s View Of The Foster Parent Factors That Affect Placement

Outcome (What Works/ What Doesn’t)

After I collected data from the two participants, I asked a resource social worker to articulate what she personally viewed as key factors for foster parents in the provision of foster care. The worker noted that foster parents tend not to be successful when they have poor communication, unclear motivation, poor boundaries, unrealistic expectations, and unresolved issues (i.e., grief/loss, or have not gone through the process and do not cope well when foster placement breaks down).

During our conversation, she also mentioned other factors such as being martyrs, filling an emptiness, only one person in the family wants to provide foster care, or that they do not manage stress well and are unable to ask for help. It was noted that foster parents tend to be more successful if they: i) use humor; ii) can accommodate; and iii) are insightful to human nature. To this resource worker, other qualities associated with successful foster parents are: i) the understanding of the child’s system and how to work with it, ii) mindfulness of others’ perspectives, iii) patience, iv) having a good support

network, v) having excellent communication skills, and vi) having a good understanding of child development. Also on her list, successful foster parents have strong family values, good coping skills, professionalism, and a clear awareness as to their role.

Finally, according to the resource worker, successful foster parents are able to provide consistency and have a willingness to be wrong, to change and to learn. The key factors noted by the resource worker reflect the same elements that emerged for the two foster parents. Once again, the elements of motivation, expectations, awareness of role, knowledge, and ability to accommodate appear. For example, the resource worker noted that unrealistic expectations of the foster child and the placement will “set up” both the child and the foster parent, and result in the placement breaking down. This was also reflected in the interviews of both participants. P1 stated *“I believe it is one of the reasons the placement breaks down, because of the expectations.”* P2 stated that *“people just expected that within a year or two there would be some changes in her.”*

The themes were similar between the two cases and further analysis revealed common meta themes. The meta themes displayed both similarities and differences between the two participants’ experiences. P1 and P2 varied in their motivation to provide foster care, ability to accommodate the needs of the child and level of awareness about their own knowledge. These differences seemed to be directly related to the outcomes experienced by each participant.

Chapter 5: Discussion

In this study, I have taken the two participants' stories regarding their experiences providing foster care for "difficult" children and compared them to each other. The study reflects the participants' lived experience and makes it explicit that one person experienced a placement breakdown and one person did not. The different slant for each theme and meta theme comes from the two participants' voices. This study respects that it is limited to these two participants and their lived experience. Studying the two participants' experiences has helped me to understand better how foster placements break down. The two stories were different in both the participants' experience and placement outcome. These differences can help us learn and develop a better understanding of what foster parents need when providing care for "difficult" children. The study is not about good and bad people. It is about having the right people together in a supportive atmosphere to facilitate a positive fostering experience.

I believe this study highlights that both participants have the same core issues as foster parents, but each looks at the experience from a different angle. The placement outcome and the timing of the interviews may be a contributing factor in this theme variation. In the case of P2, the foster placement recently ended (approximately 10 days prior to the first interview). The short time span between the placement ending and the interviews, along with the foster placement outcome (removal of the foster child) may be important factors in this variation. P1 shared a fostering experience with the researcher that occurred several years ago, where the placement did not breakdown and the youth moved out when 19 years of age. Consequently it would be interesting to re-interview

participant (2) in 6 months time, allowing the emotional impact to lessen or become more distant, in order to see if the participants' reflections of the placement have changed.

Implications for Foster Parent Recruitment, Training, Orientation and Maintenance

This study has reaffirmed for me the consequences of not preparing and supporting foster parents for their role. It highlights the importance for having skilled foster parents who have the desire and ability to foster "difficult" children. In this study, P2 was not experienced nor did she have the desire to foster high needs children, whereas P1 possessed both these qualities. The differing placement outcomes suggest that, when foster parents are inexperienced and/or unknowledgeable about their abilities, the training and level of support provided should be increased thereby reducing the likelihood of placement breakdown. While gauging foster parents' awareness, motivation and ability to accommodate children prior to their placement may be difficult and costly, it may not be as difficult or costly as having to move the child once breakdown occurs.

In my experience, social service officials have argued that the type of screening, training and maintenance needed for foster parent retention is not possible because of a lack of time and manpower. This lack of resources will not change the manpower and time issues. In my view these reasons are shortsighted and are destroying the foster care system. We need to rethink the shortage of foster homes as well as the methods used to address this shortage. In light of the meta themes that arose during this study, I suggest changing the foster care system to screen out those applicants who are clearly not intrinsically motivated, nor able to accommodate the child's needs and those who are not aware that they don't know what to do. When there is a lack of motivation and

awareness, there is little with which to work.

Meta Theme One: Motivation

The participants' description of working with others and the overall lack of recognition expressed by both foster parents indicated that the foster parent role is not valued. However, P1 joked of the low status placed on foster care and noted that the rewards come from the inside; while P2 noted her frustration around not being recognized as a professional. This is congruent with my own experiences as a foster parent. When I was providing foster care, I felt that my perspective was not considered and that my input was not acted upon until all other options had failed. As a practitioner in other roles, I experienced more positive and appreciative response to my involvement and work. Greater value seemed to be placed on my feedback and personal contributions were given more consideration in case planning.

P2 displayed a tendency to be more externally motivated than internally. Consequently, she needs recognition from others regarding her role as a foster parent. Perhaps MCF personnel could have supported P2 by validating the skills she does have. This might include encouraging P2 to recognize her own limitations and to increase her self-awareness. This process might be difficult since P2 has professional skills training and emotional commitment and/or attachments to the child but not the commitment required for the challenge of fostering "difficult" children. Because P2 is motivated by her emotional commitment to the child, MCF personnel need to find a way to support this commitment and encourage P2 to look beyond her own needs to those of the child. Perhaps the single most helpful conclusion that can be drawn from this example is that

training is not the solution. More insight into the needs of the foster parent or more time spent working through the issues at the front end of the case, may be time and money well spent in the long run.

This study suggests that foster parents who are more intrinsically motivated are more likely to be effective than those who are extrinsically motivated. The findings suggest that knowing how an individual is motivated may allow MCF workers to tailor their screening, training and maintenance strategies to fit the needs of the foster parent. The Ministry for Children and Families could enhance the way it provides support to foster parents by enhancing the screening, training and maintenance components of foster care. This way foster parents would be better prepared for the actuality of fostering “difficult” children.

Motivation and its implications for foster parent screening. The experience of P2 may be similar to others who are providing foster care. Therefore, the screening component is an important part of the foster care process. Because P2 was more externally motivated, without reinforcement from others, she was unable to cope with all the day-to-day experiences of fostering a “difficult child.” To increase the likelihood of successful foster placements, MCF could screen for intrinsically motivated applicants or change the way they train and support foster parents.

Screening tools are currently in place to address these issues, but I believe they are not used effectively. The tools include the home study and levels assessment of prospective foster parents. It has been said that the barriers encountered by MCF staff in the use of these tools are (1) MCF lack of manpower, (2) MCF lack of time and (3)

lack of foster homes. These factors inhibit effective use of current systems by creating a need to secure foster homes quickly. In my experience, potential foster parents wait several months after applying, before the home study process begins. It is a long process, not in the time spent with MCF workers, but in the time spent waiting for an appointment to be established with MCF workers. The actual home study and assessment procedure occurs quickly, and is often sped up if MCF is required to provide service for a child that can not be placed within existing foster homes or resources. Based on my personal experience, I believe the "crisis" of needing a foster home immediately motivates MCF workers to complete home studies quickly and/or to assess new or existing foster parents at a level which may be beyond their current abilities. Therefore addressing the issues of manpower, time and the recruitment of foster homes could alter the outcome of foster placements. MCF might consider sub-contracting foster care recruitment and assessment. This would reduce the possibility of workers "pushing" approval before families are ready. It would also reduce the pressure on the worker who can now focus on follow-up and ensuring adequate care of the child.

Motivation and its implications for foster parent training. This section discusses the question of how adequately current education and training in foster care prepares the foster parent for the day-to-day experiences of fostering. Both participants talked about how foster parent training provided an overview of the fostering system but did not prepare them for the child's extreme behaviors. The participants did not have a realistic view of the day-to-day work of a foster parent. Both participants recalled being surprised by the behaviors of their foster child. P1 was, however, able to adapt and

continue fostering the “difficult” child while P2 experienced greater obstacles moving beyond her preconceived judgment of the child’s behaviors and into her role as a foster parent. Because the same training was provided to both participants and the reality was two different outcomes, training per se does not explain the outcome. Changes to foster parent training could focus on methods to address the needs of foster parents who may be more externally motivated.

The certification would, however, need to be connected to a practical outcome, that is, certification (in a specific area) is needed for foster parents to move to the next higher level of foster care. The method and criteria chosen for certification would need to be universal in order to legitimize the process and allow for recognition of skills. The difficulty with this suggestion is that the above-noted certification process is very similar to the levels assessment. Although the concept seems feasible, it has been my experience that the levels assessment is not used consistently. In my view, the designation of a level of care accredited to a foster parent is dependent more upon MCF’s need for a “bed” than the actual skill and experience of the foster parent. The study supports my view in that MCF has a system that applicants go through in order to become foster parents. One aspect of the system is the levels of care assessment and designation. The participants in this study were designated as a level 2 foster parent (P2) and as a level 3 foster parent (P1). After spending time with both participants and based on my own experience, I believe MCF made an error in the assessment and designation of P2. In my view, P2 did not display the abilities necessary for level 2 foster care (see Appendix C for levels assessment and Appendix D for service expectations).

The largest barrier associated with the effective implementation of a certification process is not having a system that differentiates levels of care despite the demand. In my view, the current system is fiscally driven and not necessarily in the best interest of the child. I see a need to change from a cost focus to a child focus. Other barriers include lack of foster parent access to information, timeliness of MCF response, and having intervention available when the individual needs it rather than when MCF gets around to it. Early intervention should be available at the onset of the problem. Early intervention refers to the provision of support and/or resources to a foster home when the need first arises before it expands into a larger problem. Early intervention will save money as opposed to waiting until it is too late (crisis services are too late). I believe any system developed to address training needs of foster parents who are more externally motivated is dependent upon substantive changes to MCF's practice. Ideally these changes could include making children, not money, a number one priority. MCF funding could be the political choice of government, and foster parent certification and training could be funded by MCF.

Motivation and its implications for foster parent maintenance. The findings show that MCF support is not sufficient regardless of foster parents' motivation. The intrinsically motivated foster parent was successful as a foster parent regardless of the level of MCF support. Therefore, if only intrinsically motivated foster parents were screened in, then maintaining a foster care placement would not require any changes on the part of MCF. However, if externally motivated foster parents are screened in, then current MCF practices do not provide the support necessary to maintain a foster child

within these homes. Consequently, the placement of a “difficult child” within these homes will likely not be successful. MCF could address the needs of externally motivated foster parents by acknowledging their contribution to the child’s plan of care and by following through by providing feedback to the foster parent and by building community awareness around the role of a foster parent.

These suggestions are not new ideas. The literature in the field (Berridge, 1977; Nixon, 1997; The Task Force for Children and Youth on Group Home Care, 1997) has made similar recommendations which have not evolved into actual practice. Therefore, I believe that, until MCF is able to utilize established screening, training and maintenance tools effectively, extrinsically motivated people will continue to be foster parents and will continue to be unsuccessful.

Meta Theme Two: Accommodation

Accommodation articulates that a foster parent may be either child-focused or self-focused. The individual’s focus is displayed through his/her empathy, expectations, understanding, and ability to adjust. For example, as the foster child and the foster parent become familiar with each other, it may become apparent that the initial placement expectations are no longer realistic. The meta theme, accommodation, reflects how the foster parent responds to this, i.e., does he/she focus on his/her personal feelings and thoughts or does he/she look outside himself/herself and consider the needs of the child? The foster parent’s particular focus is evident in his/her attitude and presentation of himself/herself: (1) does he/she empathize with the child or himself/herself?, (2) are his/her expectations based on the needs of the child or his/her own needs?, and (3) does

he/she adapt or does he/she require the child to change? The participants in this study reflected contrasting abilities to accommodate. P1 seemed open and flexible, while P2 presented as more closed and rigid. P1 displayed a tendency towards a child focus and P2 exhibited a tendency towards a self focus.

The experiences of the two participants are congruent with mine, both as a foster parent and as a practitioner in the field. In these roles I experienced and observed differing outcomes to foster placement and developed specific beliefs around the provision of foster care. In the beginning of my fostering experience I may have been less accommodating than in later years. Initially I focused on doing a "good" job and how others would perceive me. Reflecting back, I see that my interactions with my first foster child were more about my needs than the child's. As I became more comfortable in my role as a foster parent, my level of accommodation increased. Further to this, the placements that I considered successful had foster parents who displayed an ability to accommodate to the needs of the child. This study reinforces my personal belief that foster parents who are child focused are more successful than those who are self-focused. Therefore, MCF would benefit by screening, training and maintaining foster parents who are child-focused.

Accommodation and its implications for foster parent screening. The implications for foster parent screening are that only foster parents who possess a child focus should move beyond the screening portion of the recruitment phase. The barriers are that the potential foster parent's child/self focus may not be readily apparent and/or there may not be enough foster parent applicants who possess a child focus. MCF currently has

systems in place that will reveal a potential foster parent's outlook (home study levels assessment). However in my view again, these tools are not utilized effectively. In my experience, finding foster parents who are child focused requires the use of skilled workers who have the time to do a thorough home study and assessment. Because it has been argued that MCF does not have the time or manpower to meet this requirement, I believe self-focused foster parents are hired because the need to provide a "bed" outweighs the requirement for a foster parent with a child focus. In my view, the lack of foster homes often leads to the hiring of foster parents who do not have the skills and experience to work with "difficult" children. Therefore, a level designation should not occur immediately after a foster parent begins providing care to children. The foster parent should move through the level system (i.e., 1, 2, 3) in phases, gaining direct foster care experience and displaying abilities prior to the placement of a "difficult" child.

Furthermore, it would be beneficial for the workers involved in the screening process not to experience pressure due to the shortage of foster homes. In order for this to occur, a system is needed that will (1) differentiate the skills of the caregiver and (2) not be driven by the demand for "beds." This system could consist of a separate group of individuals who are responsible for the recruitment and training of foster parents. These individuals would be experienced in the area of foster care and have the time and knowledge required to use current tools effectively. Their role would be to work closely with the potential foster parents, screening for child-focused applicants and/or making training recommendations for self-focused foster parents.

Accommodation and its implications for foster parent training. Ideally, all applicants would display a child focus, but, if potential foster parents are self-focused, MCF staff could provide training more suited to the foster parents' needs. This training would be around the role of the foster parent, with the foster parents: (1) defining how they view their role, (2) reviewing the case studies of actual foster placements, (3) providing relief and/or respite services to foster children prior to the placement of a foster child in their home and (4) beginning their foster parent role as a regular foster parent and moving through the level system as experience and skill warrants. This approach would provide opportunities to assess the foster parents' ability to accommodate as they move from level to level. It would also create an awareness both for the foster parent and for MCF workers of the foster parent's strengths and limits before the placement of a "difficult" child.

Having prior experience as a foster parent is a requirement for working within the level system. However, as a practitioner in the field and as a foster parent, I have observed this requirement being waived based upon the need for foster homes. I believe it is common practice for applicants who have never provided foster care to be assessed at a level 2 or 3 based upon their education or experience outside of the fostering field. If the person possesses the qualities of P1, as discussed in the meta themes, then this practice may lead to successful foster care placements. However, if the foster parents do not have the ability to accommodate and training does not change this, then the likelihood of the placement breaking down is greater. Since, in my experience, the outcome of the levels assessment seems to have less to do with the abilities of the potential foster parent than

the lack of foster homes and MCF's method of addressing this shortage, I suggest a change in the practice to include a more thorough screening and training component to target the areas highlighted in the meta themes (motivation, accommodation and knowing).

Accommodation and its implications for foster parent maintenance. Once the foster parents' needs have been identified through hands-on training (i.e., providing relief/respice services prior to the placement of a "difficult" child), contact with MCF should continue on a regular, rather than crisis, basis. The point here is that assisting foster parents in accommodating their lifestyle to meet the needs of the child could be addressed by more frequent contact with the Ministry for Children and Families or trained support workers. Monthly contact could include case planning/goal setting, as well as required group and individual contact with the foster parent around coping strategies. This would not be policing but putting support systems in place to support families. All training sessions could be organized and paid for by MCF. Two strategies for providing this level of support are hiring additional MCF staff or contracting out support services. In my view, an increase in both one-to-one and group support is needed. Until this type of support is provided, the maintenance of foster homes may continue to be an issue for MCF because foster parents who are not able to accommodate to the needs of the child are not being provided with the training and maintenance required to be successful.

Meta Theme Three: Knowing

What the foster parent knows and how they process information and communicate, suggests that the foster parents' awareness of their own knowledge is very

important to the success of a foster care placement. This includes both external knowledge and self-awareness. A foster parent who is open to learning has a very different experience from a foster parent who believes he/she know all the information.

The study suggests that the ability to be open to new information is an important quality for a foster parent. These findings align with my experiences, both as a foster parent and as a practitioner, in that discussion with others broadened my view and allowed me to look at situations in a different way. By talking with others and being open to feedback, I realized that, as a foster parent, my responses to the child's behavior were creating more difficulty than the behavior itself. When I accessed outside knowledge, my self-awareness increased, which, in turn, helped me learn alternate ways of interacting. As a practitioner, I noticed that foster parents who were able to go through a similar process also experienced more "successful" outcomes than those who were not as self-aware.

Successful outcomes are defined as a placement that ends in a planned way, with the child leaving the foster home as part of their plan of care, not as a reaction to crisis within the foster home. By self-awareness in this context, I mean understanding your own values and beliefs and how they affect your interactions with others, knowing which issues are yours and which are not and having the ability to reflect and learn from experiencing. This is important because the provision of foster care usually entails living with people previously unknown to you. Therefore, foster parents need to have an openness to learning about the child and themselves if they are to move beyond living together as strangers and start looking at some of the issues surrounding the child's

placement into foster care. For example, the foster parent and the child may have different values and beliefs and understanding these differences may place the behavior in a different light (i.e., the foster parent may be less inclined to personalize behavior if he/she understands its origin).

Knowing and its implications for foster parent screening. The study showed that while education can be a significant factor in predicting preparedness, given the education of these two foster parents, a foster parent's professional education does not fully reflect the ability to cope with "difficult" children. In the screening of foster parents, perhaps greater emphasis should be placed upon prior experience, flexibility and openness to learning. Better yet, recruitment needs to include an assessment of the potential foster parent's knowledge, skills and self-awareness. P1 was aware of her personal limits, abilities and boundaries and knew what her own issues were. She was able to recognize and differentiate her personal thoughts, feelings and beliefs from those of the child. P1 was open to looking at herself and was able to use this awareness for further learning within herself and throughout her interactions with the child. P2 did not display a high level of knowledge or self-awareness regarding her lack of knowledge. She did not seem to possess the qualities mentioned above, nor did she appear to see beyond her own experiences, beliefs and values. Most critical was the fact that she did not know what she did not know. Her degree was her credentials for knowing rather than what she knew.

Ideally foster parents who know they don't know all the information would be recruited. Therefore, MCF staff should look for applicants who fit this criteria in the assessment phase of the screening process. This could occur through the use of current

screening tools, such as the home study and levels assessment. As suggested above, the implementation of a separate system, one that is not driven by the need to secure as many foster homes as possible, would allow potential foster parents to be screened, assessed and hired according to their skills and not the needs of the children.

Consequently, applicants without the appropriate knowledge and self-awareness would either not be hired by MCF to be foster parents or, if hired, would be provided with the necessary training and maintenance. By addressing foster parent suitability in the screening phase, future foster placement breakdowns may be decreased. This, in turn, could lead to increased placement options for the child and greater longevity of foster homes.

Knowing and its implications for foster parent training. If MCF chooses to hire foster parents who do not possess a high level of self-awareness and knowledge, then training that addresses these needs should be provided. The training methods outlined under the meta theme accommodation are also applicable here. These methods include: increased individual and group contact with support workers, other foster parents and community members as well as ongoing training and certification by MCF or support workers funded by MCF. The target areas would be in self-awareness, that is, recognizing what foster parents' own needs are, identifying what types of behavior individual foster parents work best with, and defining own limits/boundaries and expectations. This type of training is recommended because this study suggests that applicants who are self-aware (who know that they don't know) have this self-awareness even with current training, whereas applicants who are not self-aware may not be open to

learning. The key for working with these foster parents is creating an openness to training and an awareness that they don't have all the answers.

In my view, few foster parents start fostering with a high level of knowing or self-awareness. Therefore, when individuals who do not possess a high level of knowing move beyond the screening process, their needs must be addressed during ongoing training. As stated in the meta theme accommodation, there are currently tools in place to address foster parent training needs. It is, however, my belief that these tools are not being utilized effectively and the implementation of additional training steps does not seem feasible unless MCF makes substantive changes to the training provided to foster parents.

Knowing and its implications for foster parent maintenance. Given that foster parents' needs may not be addressed through the screening and training currently provided by MCF, the implication is that foster parents who are not knowledgeable or self-aware will find themselves in the position of caring for a "difficult child." This study suggests that when a foster parent is not self-aware, the task of caring for a "difficult child" is greater because the foster parent is confronted by goals that are not realistic. MCF's objective in this case could be to support the foster parent in becoming more self-aware and assist them in understanding the child's behavior. In my view, MCF support would need to be provided in a way that was not judgmental, that did not imply that the child may be removed or that further placements may be restricted because the foster parent accessed support. I also believe it is important for foster parents to have bed-specific contracts with MCF. An ongoing contract, as opposed to one that starts and

stops when the child enters and leaves the foster home, may provide greater stability and remove any potential for perceived threats to the foster parent's financial health. With this stability, foster parents may be more comfortable in voicing their need for further training, support or feedback. This would lead to an increase in knowledge and heightened self-awareness for the foster parent.

This process could be further enhanced by encouraging foster parents to network with other foster parents, via Foster Parent Association meetings, as well as and on-call support worker in the event of a crisis. The Ministry for Children and Families could aid this through the formation of support groups for foster parents (both formal and informal) and joint participation in workshops/training sessions with contracted resources and agencies. In my view, foster parent networking should be a priority, with increased contact between all levels of caregivers and contracted agencies. This would encourage teambuilding and camaraderie as opposed to an adversarial relationship between foster parents and contractors/funders. Furthermore, the use of skilled recruitment personnel and a more hands-on supported approach to training would assist those foster parents who may not have a high level of self-awareness, have difficulty accommodating the needs of the child and/or are predominantly motivated by external factors.

Currently, many areas have family maintenance workers who work with biological families when they are in crisis or in danger of having their children apprehended by MCF. A similar system may benefit foster parents. In their initial stages of fostering, individuals could be assigned a support worker who would assist them throughout the placement of a foster child. The support worker could be available to three or four foster

families for a specified period of time (around three months). The goals would be for the foster family to gain a hands-on awareness of MCF procedures, establish contacts within the fostering community, increase their awareness of both themselves and the child, and learn strategies for understanding and working with troublesome behaviors. When the established time period was over, the foster family would continue with less intensive support and, if the need arose in the future (i.e., a change in level status, placement of a child with “difficult” behaviors, etc.) contact with the support worker could be reestablished. The support worker role could be one of a direct MCF employee or a contracted position.

Recommendations

In summary, there is evidence that MCF has a shortage of foster homes and, because they do not utilize current assessment, training and maintenance tools/options, there is a high level of foster placement breakdown, such as in the case of P2. This, in turn, creates an ongoing need for foster homes. Therefore, unless a larger number of child-focused, internally motivated and self-aware individuals, such as P1, apply to be foster parents, the foster care system will continue to place “difficult” children in homes that are not prepared. Thus, MCF’s core difficulties need to be addressed before significant changes in the foster placement process can be implemented.

Recommendations Not Previously Explored

This study is relevant to all social service workers and care providers as it offers some insight into the role of parenting “difficult” children. Such insights lead to a change of practice and philosophy in the foster care system, which will, in turn, benefit parents,

practitioners and children. Clearly, from my findings, there was a foster parent who was not prepared for the role of fostering. This suggests a need for preventative services so that foster care placements will be at less risk of breaking down. Both participants spoke of the need for services and, from my own experience, MCF could respond to this by exploring two key areas. These are (1) further contracting with the public sector and (2) a greater focus on preventative services. MCF could reevaluate what services it can provide and which ones would be best provided by other sources. In my experience, private contractors are quicker to adapt to community needs and are more in touch with their services than MCF managed programs. In addition to this, MCF could look at what the alternatives are to foster care and put greater effort into supporting biological families and accessing extended families. Financial support and resources could be offered to family members just as they are to foster parents. In my view, biological families often lack financial resources and this restricts their ability to cope with their child's troublesome behaviors.

MCF financially compensates foster parents, recognizing their need for recreational, educational and social opportunities. It therefore makes sense to offer similar resources to children and families who might have been placed in, but are not in, foster care. The provision of enhanced support services to biological families could alleviate some of the environmental stress that may accompany caring for the child. This, in turn, may assist families in providing a secure/consistent environment that would be an alternative to foster care. I believe the provision of these services early in a child's life may decrease the chances of the same child entering the MCF system later in life.

Furthermore, in my opinion, placing a child in a home that is not prepared, such as in P2's case, could be more intrusive than placing the same child with the biological or extended family, even if they are not viewed as ideal according to MCF criteria. Support, financial supplements and training may better be applied to the home where the child is to eventually return.

Reflections from Personal Experience

I began this study with a curiosity about foster parents' experiences. How they viewed themselves and how they experienced fostering. I considered several different aspects of fostering, but chose to focus on the foster parent and their experiences providing care for "difficult" children. My interest was prompted by my own experiences as a foster parent and as a practitioner in the field of foster care. The two foster parents studied had different perspectives and approaches to providing foster care. I recall having experiences similar to both of the participants. The first child placed in my home moved to a staffed resource after living with me for two months. I felt as if I had failed because I was unable to cope with the child's behavior.

My background included employment in a variety of childcare environments and I had the belief that I was prepared for the experience of fostering. I was wrong, and, when the child moved from my home, I felt as though I had not provided the child with what he needed. The next foster children placed in my home experienced different outcomes, as did I. My expectations of self and others had changed and I did not attempt to know and do everything myself. Previously I wanted to do a "good job" and not ask for help because doing so might indicate I was not a suitable foster parent. My experience

providing foster care taught me (1) to ask questions and (2) to advocate for the child and myself and (3) that providing care for “difficult” children are more complex than I expected. I am curious as to whether the differences between participants in this study can be accounted for by experience and learning or if the variation occurs because of innate factors. That is, are individuals born with the ability or the personality to provide care for “difficult” children or is their environment responsible for the development of this ability? Specifically, over time could P2 develop the key factors displayed by P1, or are these factors tied to personality traits or characteristics that remain constant throughout a person’s life?

Another critical reflection for me has been on the issue of being professional and what that means. My initial thoughts were that foster parents who viewed themselves as “professional” would have more success working with “difficult” children. The data revealed that a foster parent’s view of herself or himself (as a professional) might not accurately reflect the foster parent’s ability to engage with “difficult” children on a day-to-day basis. P1 discussed the need for foster parents to be accountable, to have ethics, to be respectful, and to possess specialized skills. P2 described herself as a professional and referred to her academic qualifications as evidence. She spoke about the professionalization of foster care and expressed a desire for foster parents to be viewed as professionals. P2 suggested that foster care services be standardized, making it necessary for foster parents to have academic credentials and training. In my view, P1 is talking about professionalism, and P2 is discussing professionalization. P1 described a way of interacting that is congruent with my views of professionalism. P2 discussed factors that,

for me, relate to professionalization of foster care. After completing the study, I now believe being a professional is more about who you are and how you act than it is about your formal qualifications. For me this raises the question, is behaving in a professional way innate or can it be learned? If it can be learned, how could it be incorporated into the screening, training and support of foster parents?

This study highlights foster parents' experiences caring for "difficult" children. It offers insight into foster placement breakdown and provides a foundation for further study on foster parent experiences, roles and placement outcomes. Questions that arose for me stemming from discussion areas were about biological families and how they experience having their children in care. I wondered what effect having the child live outside the biological parents' home has on the family identity? How do the family members view themselves and their relationships to each other? How do the relationships between 1) biological parent and foster parent and 2) foster parent and resource social worker affect placement breakdown? Further research could look at (1) the long-term effects of removing a child from their biological family and (2) whether the provision of support services (i.e., respite, funding for extracurricular activities, clubs, etc.) to biological families could decrease the number of children entering foster homes.

Other Areas of Interest

In addition to the above, further questions arose as I worked my way through the research process; some were around foster parent relationships with their biological families. Both participants discussed counting on their families for support and experiencing large amounts of stress in the household. I wondered how the provision of

foster-care affected the marriages of the foster parents and their relationships with their biological children. Consequently it would be interesting to study the effects of fostering on these relationships.

This study touched on the importance of working in collaboration and having respectful relationships. I am curious how MCF staff views their relationships with foster parents and the effect these views have on their interactions with foster parents and the children in their care. I wonder whether MCF's "levels of care" are being adhered to or if exceptions are being made. Ideally there is a match between the skills and experience of the foster parent and the needs of the children, but I question if our current system allows for this "match" to occur. In my view, further research needs to take place with foster parents, biological families and children with regards to their experiences of foster care. I believe knowing the perspectives of those involved will lead to theory development and systemic change as data on how foster care is experienced will offer a base from which meaningful change can occur.

This research has highlighted for me the importance of being cognizant of factors outside of myself. Working with "difficult" children can cause an individual to lose sensitivity and can color future interactions. At times in my experience as a foster parent, I found myself thinking, "No, I will not do this for the child after all he/she just robbed me, lied to me, set fire to the wastebasket etc. So I will not go out of my way for this child." Then it occurred to me that I needed to step back from the daily occurrences and be objective. The important piece for me was realizing that I was caught up in the event. This awareness created an opportunity to be flexible in my interactions with the child.

The stories shared by the participants were similar to my experiences as a foster parent. They highlighted the pain, frustration, and happiness as well as a whole spectrum of feelings and thoughts experienced while providing care for “difficult” children.

Foster parents have a very personal role with the children in their care, they are not highly remunerated, nor do the members of society hold their role in high esteem. These factors are exacerbated when the foster parent does not have the internal motivation, knowledge or accommodation in their personality necessary for working with “difficult” children. I believe that a greater awareness of these factors will influence foster parent recruitment, training and orientation, which will in turn better support foster parents and the children in their care.

Final Reflections

The information derived from the interviews of the two participants was both educational and emotionally powerful. The ten themes illuminated the experience of fostering from a very human perspective. Listed in black and white, the themes have lost some of the impact present in the relating of experiences. Both of the participants discuss highly emotional and volatile situations. Their stories highlight the day to day work of a foster parent and expose the foster parents underlying anxieties, emotions and beliefs.

It reflected my own experience of caring for someone who did not respond in the way I expected and my personal struggle to come to terms with the child’s needs and my personal needs. The participant’s stories have enhanced my awareness of what it means to work with “difficult” children. They have also broadened my perspective around the

impact that providing such care has on foster parents.

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Appendix A: Consent Form

I hereby give consent for my participation in the study entitled: A case study of foster parents who provide care for “difficult” children. I understand that the person responsible for this study is Ms. Kelli Kienas, Human and Social Development graduate student at the University of Victoria. Ms. Kienas has explained to me that this study has the following objective: to explore foster parents experiences of providing care for “difficult” children. It is hoped that the findings of this study will lead to a greater understanding of foster placement breakdown for the Ministry for Children and Families, foster parents and those involved in the foster care system (i.e., policy-makers, British Columbia Federation of Foster Parents workers and representatives, foster home support workers, contracted resources, etc.).

Ms. Kienas has explained to me she will tape record and take notes of any interview she conducts with me. Precautions for confidentiality and anonymity will be taken by coding each interview tape numerically. The tapes will not be identified by name and will be kept in a locked file cabinet in a secured room. Only the researcher will have access to the tapes. After the data analysis is completed, the audiotapes will be destroyed. During the research process, a fictitious name will be used to protect my identity on any written material throughout the analysis and with any discussions that occur between Ms. Kienas and her supervisor. In order to maximize anonymity the names of those connected to me will be eliminated and specific events, dates and times will be masked throughout the analysis and documentation process (including any discussions that occur between Ms. Kienas and her supervisor).

I am aware that this study provides a detailed account of my experiences as a foster parent and that my identity may be recognized from the descriptions of activities or experiences. I understand that at any time I may withdraw from the study. I may also refuse to respond to any questions during the interview. If I have any questions about the study, I can ask Ms. Kienas at the time of the interview or contact her or Dr. Frances Ricks (supervisor) by phone. Kelli (380-2705) Dr. Ricks (721-7989).

Your signature indicates that you are willing to participate, having read the above.

Signature: _____ Date: _____

Appendix B: Levels Assessment


 Ministry for
Children and Families

 Child, Family and
Community Services

**SPECIALIZED FAMILY CARE HOME
ASSESSMENT AND CHECKLIST**

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Child, Family and Community Services Act (CFCS Act)*. Under certain circumstances, the collected information may be subject to disclosure as per the *CFCS Act* and/or the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to the Director, Child Protection Division, (250) 367-7060, PO Box 9766, Stn Prev Govt, Victoria, B.C. V8W 9S5.

This assessment is to be used to assess an Applicant Caregiver's eligibility for classification as a Specialized Family Care Home, Level 1, 2, OR 3. Please refer to the instruction sheet on the back of the page to complete the form.

APPLICANT CAREGIVER

DATE OF ASSESSMENT

RESOURCE SOCIAL WORKER

CURRENT STATUS
DATE OF APPROVAL
 REGULAR FAMILY CARE HOME

 SPECIALIZED FAMILY CARE

 LEVEL 1

 LEVEL 2

 LEVEL 3

CHECKLIST THIS ASSESSMENT WAS PRECEDED BY:

- APPLICATION FOR SPECIALIZED FAMILY CARE
 REVIEW OF COMPLETE RESOURCE FILE AND HOMESTUDY:
 CONSULTATION WITH C.I.C.'S SOCIAL WORKERS FOR FEEDBACK
 CONSULTATION WITH RESOURCE SUPERVISOR AND RESOURCE TEAM
 INTERVIEW WITH PRIMARY CAREGIVER
 CONSULTATION WITH CIC'S FORMERLY IN HOME
 OTHER

CALCULATION FOR ELIGIBILITY

	POINTS
EDUCATION/TRAINING	max 7
CHILD-RELATED EXPERIENCE	max 15
KNOWLEDGE	max 12
DEMONSTRATED SKILLS/ABILITIES	max 46
TOTAL	max 80

ASSESSED LEVEL

SIGNATURES

APPLICANT CAREGIVER	DATE
---------------------	------

RESOURCE SOCIAL WORKER	DATE
RESOURCE/TEAM LEADER/SUPERVISOR	DATE

Instructions for the completion of the Specialized Family Care Home Assessment and Checklist

The Specialized Family Care Home assessment is based on a regular family care parent's substantiated actual abilities, rather than potential abilities. The assessment of applicants for Specialized Family Care Home classification is completed by a resource social worker.

PRELIMINARY ASSESSMENT

The resource social worker first reviews the Specialized Family Care application form (CF2442) received from a caregiver and completes the following process:

1. Review the complete Resource file and Home Study (annual review, feedback forms, criminal record checks, references, medical).
2. Contact relevant social workers who have had a child placed with this caregiver, and ask for feedback regarding particular areas of skill and ability noted on the assessment form (CF2442).
3. Consult other members of the Resource team who have knowledge of the caregiver. Team consultation for assessment leads to more consistency.
4. Consult with the resource team leader or supervisor.
5. Once this preliminary assessment is complete, meet with the primary caregiver.

ASSESSMENT

The assessment is designed to be completed for the primary caregiver. In homes where there is complete sharing of the caregiver role, the assessment is to be completed jointly. When completing joint assessments, one caregiver may be rated higher in a category than the other. In such a case, the higher rating is to be used.

The assessment form is made up of four categories:

- | | |
|-----------------------------|----------------------------------|
| A. Education/training | C. Knowledge |
| B. Child-related experience | D. Demonstrated skills/abilities |

The resource social worker and the primary caregiver discuss each item of each category which provides additional information and assists the worker in the development of the assessment ratings. The number of items in each category determines the "weight" the category carries on the overall assessment. The category 'D. Demonstrated skills/abilities' has 22 different sections and a highest possible score of 46 points. The other three sections have a possible score of 34 points.

The assessment form is also made up of three columns of caregiver profiles. The caregiver profiles, from column A to C, represent a continuum of education/training, child-related experience, knowledge and demonstrated skills/abilities most likely to be found among Specialized Family Care Homes.

You may only score once in each horizontal section, in column A, B or C, or none at all.

In each category, on each of the 22 items, across all three columns of caregiver profiles, the resource social worker decides which, if any, of the caregiver profiles represents the caregiver being assessed. The resource social worker may find that none of the profiles in a category apply to the caregiver. This is to be expected, as there will be caregivers who have not yet reached the column A caregiver profile or may never achieve that profile. They may, however, reach enough other profiles on enough other items to be assessed as eligible for Specialized Family Care Home classification.

Assessment points - Regular = 0 - 33 points
 Level 1 = 34 - 45 points
 Level 2 = 46 - 55 points
 Level 3 = 56 + points

The applicant and the resource social worker sign the CF2442 form with the attached assessment checklist

NOTE: Designation of a family care home at an assessed level is a separate process.

SPECIALIZED FAMILY CARE HOME ASSESSMENT CHECKLIST

ASSESSMENT CATEGORY	CAREGIVER PROFILES		
	A	B	C
A. EDUCATION/TRAINING 1. Formal Education 2. Training Sponsored By Ministry Of Social Services Or Band/Tribal Council, BCFPPA, Child Care Assoc. or Agency/Society 3. Other Related Training	Has completed secondary school or equivalent (eg. G.E.D., vocational or apprenticeship certificates). Has attended workshops, training sessions, courses, or pursued independent study, including reading, in order to maintain, update or expand knowledge gained from ministry orientation sessions. Has completed other training which improves knowledge and/or skills/abilities as family care home eg. sports coaching, leadership training, and/or training specific to the needs of a particular child (eg. medical procedures, First Aid/CPR).	Has completed some post-secondary education in a discipline/field related to Family Care of children. Regularly attends workshops, training sessions, courses or pursues independent study, including reading to maintain, update, or expand knowledge gained from orientation and experience	Has completed a certificate, diploma, or degree in discipline related to Family Care, eg Child Care Diploma, Early Childhood Education, B.S., IV, O.A (psychology), Nursing, Teaching Frequently assists with or leads workshops, training sessions, or courses, (eg. Ministry orientation,).
POINTS ▶	Boxes x 1 =	Boxes x 2 =	Boxes x 3 = TOTAL

NOTES:

SPECIALIZED FAMILY CARE HOME ASSESSMENT CHECKLIST

ASSESSMENT CATEGORY	CAREGIVER PROFILES		
	A	B	C
3. CHILD-RELATED EXPERIENCE	Experience caring for own children.	Experience caring for own children through the ages/stages of the children expected to be placed.	Experience as primary caregiver for own children through the ages/stages of the children expected to be placed.
4. With Own Child			Supervised and/or trained other caregivers staff in providing such care.
5. With Children Outside The Home (May Require References)	Experience caring for children outside own home or residential setting, primarily on a voluntary, casual, or short term basis, eg, child/youth groups, group daycare, (excluding in Residential Resources)	Experience caring for children outside own home, primarily on a paid part or full time basis, eg, group daycare worker, school child care worker, recreation worker.	Supervised and/or trained other caregivers staff in providing such care.
6. With Child Inside The Home/Residential Setting (Excluding Experience As MSS Foster/ Family Care Home. See 7) - May Require References.	Experience caring for a child within own home or residential setting, primarily on a voluntary, casual, or short term basis, eg, babysitting, caring for relatives.	Experience caring for a child within own home or residential setting, primarily on a paid, part, or full-time basis, eg, family daycare, child care worker, hospital activity worker, nurse.	Supervised and/or trained other caregivers staff in providing such care.
7. As Foster/Family Care Home For Ministry of Social Services or Other Child Welfare Jurisdiction	At least one year's experience providing MSS Family Care services on a full time basis.	At least three-year's experience providing MSS Family Care Services on a full time basis.	At least five year's experience providing MSS Family Care Services on a full-time basis.
8. Challenges Met	Experience providing respite and/or full-time Family Care for a child whose needs have required caregiver to possess a high level of parenting skills/abilities and knowledge of family care issues.	Experience providing respite and/or full-time Family Care for a child whose care required the caregiver to follow a prescribed care plan to meet identified developmental, emotional, behavioural, physical and/or mental handicaps or difficulties.	Experience providing respite and/or full-time Family Care for a child whose care required the caregiver to take a primary role in developing and monitoring a comprehensive care plan to meet identified handicaps or difficulties.
POINTS	Boxes x 1 =	Boxes x 2 =	Boxes x 3 = TOTAL

NOTES:

SPECIALIZED FAMILY CARE HOME ASSESSMENT CHECKLIST

ASSESSMENT CATEGORY	CAREGIVER PROFILES		
	A	B	C
C ¹ KNOWLEDGE	Identifies own strengths and limitations, views them realistically, and asks for help when required. • Is aware of the impact of providing Family Care on self and family and recognizes potential stress. • Values personal growth.	Identifies own strengths and personal limitations and describes methods to enhance/improve them. • Identifies the impact of Family Care on self, how to balance stress, and how to care for self and family. • Values personal growth	Identifies strengths and limitations of family and describes methods used to help the family and/or other caregiver's identity and enhance/improve such strengths/limitations. • Understands how to assist/support others with personal growth.
9 Self-Awareness			
10. Child Development	Understands child development as a progression through ages and stages. • Understands how a child's ability to progress through these stages may be impeded by mental/physical handicaps and/or by environmental factors such as family disruption, neglect, and/or abuse.	Describes indications that a child's development is not progressing as expected. • Identifies community resources available to assist in promoting healthy child development.	Describes methods or interventions to be used in daily living to improve a child's delayed development or to "tee" a child to move on to the next stage. • Identifies when intervention by others may be required, eg. speech therapist, sexual abuse counselor, addiction program.
11. Separation/Grieving	Understands the importance of natural family and the impact on a child of brief or lengthy separation from family. • Aware of the grieving process.	Identifies expected emotions/behaviors of a child due to separation from family. • Explains the importance of the expression of grief. • Explains appropriate responses of the caregiver to the child. • Describes impact on self of child moving and how to support move.	Identifies methods of intervention to manage acting-out behaviours and to assist child in learning appropriate expression of feelings. • Identifies methods to include child's family in the child's coping with separation. • Identifies methods to assist child to accept other caregiver or to move onto independence.
12. Behaviour Management	Understands how unmet needs, cognitive delay, or unrealistic expectations may lead to a child's difficult behaviour. • Understands MSS discipline policy and the difference between discipline and punishment.	Identifies signals a child may give prior to acting-out or losing control of behaviour. • Identifies methods used to assist a child to express feelings more appropriately or to learn appropriate behaviors. • Identifies effects of various child behaviors on self as caregiver.	Describes a variety of intervention strategies and explains how, when and with whom they use them. • Defines the concepts of power and empowerment. • Identifies methods to support other caregivers in learning strategies in dealing with challenging behaviours.
POINTS	Boxes x 1 =	Boxes x 2 =	Boxes x 3 =
			TOTAL

NOTES:

SPECIALIZED FAMILY CARE HOME ASSESSMENT CHECKLIST

ASSESSMENT CATEGORY	CAREGIVER PROFILES					
	A	B	C			
O. DEMONSTRATED SKILLS/ABILITIES	Provides a physically and emotionally safe, nurturing family environment. • Assists each child in understanding and accepting placement in the Family Care home in relation to the natural family.	Recognizes a child's difficulty in accepting care. • Works with team members to develop ways of assisting the child with physical needs, feelings and/or behaviours. • Responds to natural family in a manner which assists the child to accept in receive care and reduces competition between caregiver and natural family.	Anticipates and recognizes a child's difficulty in accepting care. • Employs a range of responses to assist the child with his/her physical needs, feelings and/or behaviours. • Assists the child in developing, accepting and maintaining relationship with the natural family or with the child's memory or history of natural family.			
				1) Recognizes a child's needs for a caring relationship. • Provides the child the time and space to develop trust in the caregiver. • Displays patience and commitment.	Recognizes a child's conflicting feelings and continues to provide care in spite of challenging behaviours OR recognizes a child's needs for specialized care and provides such care in spite of its demanding nature. eg. N.A.S. behaviour or physically handicapped child.	Recognizes a child's unmet needs and creatively develops and initiates strategies to meet the needs in spite of ongoing, severe, challenging behaviour and lack of developmental progress. Has ability to offer unconditional acceptance.
				ii) Available for Family Care for major portions of a 24-hour day and may otherwise be occupied with part-time school, work, or other conflicting responsibilities. • Available for daily telephone contact, meetings.	Is available for family care as a full-time caregiver (NO part-time school, work or other conflicting responsibilities).	Is available as a full-time caregiver and accepts placements on an emergency basis, day or night.
14. Availability	i) Has a support network (immediate family, extended family, friends) who frequently assists the primary caregiver with supervision and basic care of the child.	Has a skilled support network or spouse able to provide a continuity of specialized care for a child allowing relief for the primary caregiver.	Has a skilled support network or spouse who, for regular periods of time, can take the place of the primary caregiver not only in providing care for a child, but in relating to natural family, to the social worker, community, and professionals involved in the care plan.			
	ii) Is available to transport or drive a child, as necessary, including having ready access to an appropriate vehicle eg. transport a child to school.					
	iii) Describes how a child's behaviour has meaning and stems from physical, emotional, cognitive and/or environmental influences.	Identifies the meaning of a child's behaviour and uses this knowledge in providing reasonable behavioural expectations unique to that child's needs.	Supports a child to understand his/her own behaviour. • Teaches a child ways to modify his/her behaviour in order to live more successfully.			
15. Parenting/ Behaviour Management	i) States family rules and expectations in a clear, age-appropriate manner. • Uses discipline as a positive learning experience and in a manner sensitive to each child's unique needs.	Is skilled in providing clear and safe boundaries for a child when he/she is unable to be in control of behavior eg. child damaging property, child being self destructive.	Implements a behavior management plan for a child involving natural family and the community. • Includes modeling and teaching as appropriate • Structures opportunities for a child to learn and make appropriate choices of behaviour.			
	ii) POINTS ▶	Boxes x 1 =	Boxes x 2 =			
			Boxes x 3 =			
			TOTAL			

NOTES:

SPECIALIZED FAMILY CARE HOME ASSESSMENT CHECKLIST

ASSESSMENT CATEGORY	CAREGIVER PROFILES		
	A	B	C
D. DEMONSTRATED SKILLS/ADULTITIES - CONT	Accepts varying physical/medical needs of children. • Knows when to seek medical intervention or treatment. • Able to follow health care plan as outlined by health care professionals.	Accepts varying physical/medical needs of mentally/physically handicapped children, is not always equal to chronological age (eg, depending on 10 year old). • Demonstrates ability to follow prescribed medical routines (eg, bowel and bladder control, management, speech therapy, seizure medications). • Can work effectively with health care professionals. • Able to assist child in developing life skills leading to independence (eg, labeling, dressing, feeding, personal hygiene).	Able to assist child in developing life skills leading to independence (eg, labeling, dressing, feeding, personal hygiene). • Able to teach prescribed medical routines to other caregivers or support staff. • Able to accurately describe child's condition in order to occur health care professionals in providing necessary medical intervention.
16. Physical/Medical Care Section			
17. Natural Family	Willing to be involved with child's family. • Demonstrates an awareness of own feelings toward families who may neglect or abuse a child, or who are unable to care for a child due to child's special needs. • Demonstrates to the child a concern and respect for his/her family.	Involves, as appropriate, the child's family in the child's daily living making use of non-competitive opportunities to encourage contact. • Maintains a non-judgmental attitude presenting as supportive and caring to the child's family.	Has creative ability to involve, as appropriate, resistant families in the child's life. • As requested, teaches the child's family, through modeling and instruction, how to care for and/or meet the special needs of the child.
18. Cultural Competence	Has demonstrated sensitivity to ethnic and cultural differences. • Recognizes that his/her response to a child's heritage will impact the child and natural family.	Identifies cross-cultural issues as they apply to a child. • Maintains the child's ethnic and cultural heritage by supporting involvement with family and/or with cultural communities and events.	Assesses each child's needs for knowledge/involvement with his/her heritage. • Assists the child to understand/maintain/develop a cultural identity and pride.
19. Teamwork/Communication	Identifies and demonstrates sensitivity to issues relating to aboriginal families and children.	Demonstrates understanding of cultural issues as they apply to aboriginal families or children. • As requested develops an aboriginal support network for a child.	Has ability to present and practice aboriginal culture, beliefs, lifestyle. • Has ability to demonstrate specific aboriginal practices and beliefs to a child.
POINTS	Boxes x 1 =	Boxes x 2 =	Boxes x 3 =
			TOTAL
NOTES:	As requested, coordinates the team's care plan ensuring appropriate community resources are accessed and involved. • Identifies need for new or enhanced services, recommending to appropriate team members. • As agreed, accesses such services. • As requested, provides regular, comprehensive assessment/progress reports		

SPECIALIZED FAMILY CARE HOME ASSESSMENT CHECKLIST

ASSESSMENT CATEGORY	CAREGIVER PROFILES		
	A	B	C
D. DEMONSTRATED SKILLS/ABILITIES - COWT 20 Program/Community f)	Identifies appropriate community/school programs for a child and encourages participation	Enures and maintains a child's participation in specific community/school programs in order to meet goals of the care plan eg. improve muscular development/coordination, improve peer interaction, manage substance abuse.	As requested, effectively develops programs to meet a child's special needs or involves community in integrate a child into regular programs
(M.H. and P.H. Caregivers Only) Integration ii)	Under stands and implements philosophy of normalization and integration for child with physical/mental handicaps	Recognizes and assists child in accepting his/her limitations. • Works to reduce or eliminate barriers to child's development and acceptance within the community, school, etc.	Has ability to educate the community. Advocates for the child. • Develops strategies to integrate the child into the community.
21. Assessment/ Planning	Observes child's behaviour and describes it in clear terms. • Participates in meetings re: child assessment and care plan development • Follows directions of care plan seeking clarification as required.	Describes child's behaviour recognizing underlying developmental/emotional causes. • Is active in meetings providing suggestions re: assessment and care plan. • Implements care plan and appropriately recommends further care plan review meetings..	As requested, develops comprehensive care plan to meet child's developmental, emotional, and/or behavioural needs. • Includes team member/community as required. • As requested, initiates or leads team conferences, making service recommendation.
22. Professionalism	Makes a commitment to Family Care. Finds personal satisfaction providing Family Care. • Is open to improving knowledge, skills, and abilities. • Maintains tactful, cooperative attitude. • Displays good judgement. • Seeks resolution to difficulties. • May be participating member of BCFPPA or other related associations.	Recognizes Family Care as a career. • Seeks opportunities to increase knowledge and improve skills/abilities. • May specialize, eg. emergency home, NRS, siblings and mentally handicapped. Values the development of a professional attitude within the caregiver role.	Considers Family Care a career. • Has developed extensive knowledge of Family Care practices. • Reads/ shares this knowledge by supporting and/or teaching other caregivers • Maintains a professional attitude within the caregiver role.
POINTS	Boxes x 1 =	Boxes x 2 =	Boxes x 3 = TOTAL

NOTES:



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SCHEDULE "A"
SERVICE EXPECTATION - LEVEL 2
SPECIALIZED FAMILY CARE HOMES

Further to the obligations outlined in the Agreement the designated Level 2 caregiver covenants and agrees as follows:

- a) To be available on a daily basis to provide close supervision and/or one to one time with child/ren as required (may only have part-time employment unless otherwise specifically agreed to in writing by a director, and must have an emergency care plan in place approved by a director, should a child return to the caregiver's home unexpectedly);
- b) To consistently provide a physically and emotionally safe, nurturing, family environment for the child who may:
 - i) present moderate to severely challenging behaviour, developmental delay, and difficulty accepting care; and
 - ii) occasionally behave in a manner which presents a moderate to severe degree of risk to self, others, and/or property;
- c) To encourage and support, as appropriate, the child's relationship with their parent(s), extended family or guardian including:
 - i) involving the child's parent(s), extended family or guardian in the child's life; and
 - ii) supervising the child's visits with their parent(s), extended family or guardian;
- d) To actively work with members of the child's plan of care team (as directed by a director) by:
 - i) providing suggestions for the child's assessment and the child's plan of care;
 - ii) accurately representing the child's needs/viewpoint to team members;
 - iii) following the direction of the caregiver's service plan as part of the child's plan of care and appropriately recommending review; and
 - iv) ensuring the child's participation in specified community programs;
- e) i) To maintain a daily log recording the child's daily living information, development, significant events and other information as defined in the child's plan of care;
- ii) To provide regular, written summary reports of daily log recording, upon request related to the child's plan of care;
- f) To maintain the child's ethnic/cultural heritage by supporting involvement with the child's parent(s), extended family or guardian, and/or with cultural communities and events;
- g) To provide clear, reasonable, and safe behavioural expectations for the child unique to the child's needs; and
- h) To be willing to attend workshops, training sessions, courses, or pursue independent study (eg., reading) to maintain, update, or expand knowledge related to specialized family care and/or the care of individual children.

In addition, the caregiver covenants and agrees to the following specific services:

DIRECTOR'S REPRESENTATIVE'S INITIALS

CAREGIVER'S INITIALS



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SCHEDULE "A"
SERVICE EXPECTATION - LEVEL 3
SPECIALIZED FAMILY CARE HOMES

Further to the obligations outlined in the Agreement the designated Level 3 caregiver covenants and agrees as follows:

- a) To be available on a full time basis and to provide 24 hour supervision when required (may not have other employment);
- b) To consistently provide a physically and emotionally safe, nurturing, family environment for the child who may:
 - i) present extremely challenging behaviour, lack of developmental progress; and
 - ii) regularly behave in a manner which presents an extreme degree of risk to self, others, and/or property;
- c) To develop and maintain an effective relationship with the child's parent(s), extended family or guardian including, as requested:
 - i) involving a resistant family in the child's life;
 - ii) supervising the child's visits with the child's parent(s), extended family or guardian; and
 - iii) teaching the child's parent(s), extended family or guardian to provide care for the child by recognizing and meeting the child's special needs;
- d) To work effectively with members of the child's plan of care team (as directed by a director) providing direct assistance with:
 - i) developing, implementing, and modifying the child's caregiver service plan as part of the child's plan of care to meet the child's unique developmental, emotional, and or behavioural needs;
 - ii) identifying need for new or enhanced services;
 - iii) integrating the child into community programs; and
 - iv) developing at home or community programs to meet the child's specific needs;
- e) i) To maintain a daily log recording the child's daily living information, development, significant events, and other information as defined in the child's plan of care;
- ii) To provide regular, written, comprehensive child assessment and progress reports related to the child's plan of care as requested;
- f) To assess the child's need for knowledge and/or involvement with his/her ethnic/cultural heritage;
- g) To assist the child, as appropriate, to understand, develop, and maintain a cultural identity and pride;
- h) To assist the child, as appropriate, to understand the effect of his/her behaviour on self and others:
 - i) To teach the child strategies to modify his/her behaviour in order to live more successfully;
 - ii) To assist the child to accept, develop and maintain relationship with the child's parent(s), extended family or guardian, or, in the case of no involvement, with the child's memory or perception of their parents and extended family;
- k) To be willing to attend workshops, training sessions, courses, or pursue independent study (eg., reading) to maintain, update, or expand knowledge related to specialized family care, the needs of individual children, and/or the support/training of other caregivers;
- l) To provide support/assistance to other specialized family care homes as requested by a director; and
- m) To assist with or lead specialized family care home workshops, training sessions, or courses as requested by a director.

The caregiver covenants and agrees to the following specific services:

DIRECTOR'S REPRESENTATIVE'S INITIALS

CAREGIVER'S INITIALS

Appendix D: P1's Final Reflections

When I'm working with kids who are violent... who are intimidating or have that kind of behaviour, when I talk to them about it and when I tell them what my process is, as far as calling 911 and keeping things safe is the most important thing, I also tell them that I want them to learn that so that if they are ever in a situation where they're being abused or intimidated or worried, that they know the process, that they learn to trust us, you know, if they need intervention for their own safety or that of other people, I think that's really important so that it's not like a punitive measure as much as giving them a tool or a skill that they can use. The other thing is that when I'm talking to the kids, whether it's in a crisis or where they are yelling or screaming or saying terrible things or whatever, what I try to concentrate on is number one my own self-control, that's the primary thing...that's what I do, I cannot control what comes out of their mouth or what they do I can only control myself. The other thing is that, what comes out of my mouth, I want it to be something that is useful, effective and without harm, that maybe someday down the road they can use, so what you're always trying to - what you're always working at giving is something that is constructive and that is useful to them. That's what it's all about.

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Title of Thesis:

A Case Study of Two Foster Parents and Their Experience Providing Care for Difficult Children: A Phenomenological Study

Author



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August 27, 1999