PROVIDING KNOWLEDGE AND SUPPORT TO FOSTER PARENTS

A thesis submitted in partial fulfillment of the requirements

For the degree of Master of Arts in Education,

Educational Psychology

By

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PREFACE

During my graduate education at California State University, Northridge I began working with families that have an open case with the Department of Children and Family Services (DCFS) and Probation. I have always liked helping others – I always knew I wanted to work with families in the community; however, I did not know to what capacity. Moreover, I never knew where this journey would take me. I spent a lot of time observing families in their environment. As a result, I learned not only about the family’s dynamics, but about each of the family members individual personalities and who they are as human beings.

Throughout graduate school, working with families has remained my main focus. During my time working in Mental Health, I have gained knowledge and experience collaborating closely with foster parents and other working professionals. I have the highest respect for foster parents for their work with the children in their care. I have observed the immediate need for foster parents; yet, foster parents receive minimum support by the department of DCFS and other community based programs. That is why one of my goals is to develop a resource (e.g., an informational brochure) that can assist foster parents in getting the support they need through DCFS and other community programs.
DEDICATION

I would like to take this time to dedicate this thesis to foster parents and working professionals (Social Workers, Foster Care Social Workers, Therapists, Psychiatrists, Case Managers, Facilitators, Child and Family Specialists) for their commitment to serving others. As a Facilitator, I recognize the amount of time every professional spends nurturing children’s development. Thus, I hope this thesis can represent a reminder of the support that foster parents need in order to continue providing adequate care to children in foster care. My goal is to encourage change in a system of high demand yet lacking in accessible support and community links to foster parents. I admire the hard work and dedication foster parents have for helping others.
ACKNOWLEDGEMENTS

I always knew that developing a thesis was not an easy task; however, I never imagined that typing this acknowledgement would be hardest part of all. Having said that, I would like to take this opportunity to acknowledge my mother, Martina Ruiz who sacrificed everything to give me a chance for a better life. Although you are no longer here, you live in my heart and memories. I love you, I miss you and a day does not go by in which I do not think about you. Gracias por todo el amor y carino que me rindio. You were a strong, resilient single parent who loved me unconditionally. I always admired your compassion for others and your resiliency. Thank you for making me the man I am today.

I also want to acknowledge my wonderful, caring, amazing and supportive wife, Martha. Thank you so much for your continuous support. I would not have done this without you. Martha, you have never stopped believing in me. You have given me the strength to accomplish my goal. I know this has been a long process, but thank you for supporting me from the very first day of school to the final day of submitting my thesis. I love you!

Carrie Rothstein-Fisch, I cannot thank you enough for the encouragement you have given me throughout graduate school. You gave me the confidence I needed to complete graduate school and a thesis while always putting forth my best work. Thank you for never losing faith in me. You are a great inspiration.

Sloane Lefkowitz Burt, I want to thank you as well for believing in me. Thank you for taking time from your busy schedule to help me with all the edits; thank you for
keeping calm when I felt frustrated thinking I would never finish. You were always willing to help and guide me closer to success and for that I am grateful.

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ABSTRACT

Qualitative Study: Foster Parents and Retention

By

Fredy Ruiz

Master of Arts in Education,

Educational Psychology

Based on a study conducted by U.S. Department of Health and Human Services (2013), foster parent turn over rates are influenced by the experiences with child welfare agencies, personal circumstances, and potential difficulties with foster children. Thus, this thesis project seeks to develop a brochure that can serve as a resource for foster parents, providing important information about preventing burn out, providing resources and ultimately retaining foster parents. As Danielson and Lee (2009) explain, with better recruitment, preparation, and support for foster families it is possible to break this vicious cycle of high turn over rates in foster parents. In addition to creating the brochure, a feedback survey was created and piloted to assess the usefulness and design of the brochure. For the objective of this project, surveys were administered to mental health professionals (e.g., licensed therapists) and current foster parents. A total of ten people completed the survey; this included eight mental health professionals and two foster parents. The responses from the feedback survey were analyzed to gain the reviewer’s perspective on the usefulness and overall organization of the brochure.
CHAPTER ONE
INTRODUCTION

“A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove…But the world may be different because I was important in the life of a foster child”

(Omang & Bonk, 2009, p.201).

Being a foster parent is truly a talent and gift. A foster parent is generally one who assumes the responsibility for a child and provides shelter, food, clothing, medical care, nurturing, and discipline. A foster parent is called upon to help a child generally on a temporary basis when the child’s biological parents are not able to safely care for their child (Omang & Bonk, 2009). Foster parents come from all backgrounds, occupations, and lifestyles, ensuring a child's connection to the community and culture.

Just as foster children have unique histories and needs of their own, so do the individuals caring for them. Heller, Smyke and Boris (2002) identified four major areas in which foster parents face considerable challenges. Such challenges include comprehending medical, educational and health systems; collaborating with the legal and child welfare systems; managing difficult and/or maladaptive child behavior and finally, addressing the demands and unique aspects of foster parenting. Further, Rork and McNeil (2012) suggest that establishing effective solutions to meet foster children’s special needs may help alleviate foster parents’ concerns, thus increasing the likelihood that they will continue to open their home to future foster children. In addition, foster parent training programs rooted in behavioral theory, parent-child interaction theory, and pre-educational training have been found to be of great success (Chamberlin et al., 1992).
Statement of the Problem

The recruitment, support, and retention of foster parents are important and ongoing concerns due to the fact that as of July 2012 there are 400,540 children and youth in foster care in the United States (www.acf.hhs.gov/programs/cb). According to the Adoption and Foster Care Analysis and Reporting System (AFCARS, 2012), the average age of children in foster care was 9.3 years old and roughly 210,000 children in foster care were males, which translate to 52 percent (AFCARS, 2012). Moreover, data shows that out of the total number of children in foster care, 51 percent are eight years of age or younger (AFCARS, 2012). The AFCARS (2012) also shows that the average time these children spent in foster care was 24 months. In addition, 47 percent (188,222) of children were placed in a Foster Family Home (non-relative) and 27 percent (107,995) were placed in a Foster Family Home (relative) (AFCARS, 2012).

Furthermore, based on the 2011 California Context Data, 56,349 children were in foster care in the state of California (U.S. Department of Health & Human Services, Administration for Children and Families, 2011). It is reported that 47 percent of children in foster care in California were ages zero through eight (California Context Data, 2011). However, the average age and sex of children in foster care in California was not provided. Nevertheless, the average stay in foster care was 15 months (California Context Data, 2011). No data were provided regarding who the caretaker is (foster parent, relative or other).

Furthermore, the numbers of available foster families has been in steady decline nationwide over recent years, just as children coming into care are increasing in number (The Annie E. Casey Foundation, 2013). More than ever, there is an urgent need to find
effective strategies to sustain foster parents with proper training and support in various areas such as community outreach programs, therapy, and in-home behavioral services. This issue is confounded by the fact that, according to Farber and Munson (2007), “studies have shown that the child welfare workforce faces significant challenges in meeting the needs of vulnerable children and their families. High case loads, lack of adequate training and supervision, limited resources, and low wages are frequently cited as barriers to recruiting and retaining qualified staff” (p. 55) to support foster children and foster families. This creates a perfect storm for children’s wellbeing at a highly vulnerable time when the need for competent foster care is increasing at the same time the number of people willing to become foster parents is decreasing. Furthermore, the system is challenged by the sustainability of the foster care providers and an overworked child welfare workforce. Ultimately, the most basic of human relationships, attachment, can be severely jeopardized in the foster care system where children are pulled away from their families (albeit for their own safety), and often bumped from home to home.

**Purpose of the Project**

Given the multitude of challenges that foster children and families are faced with, it is the objective of this thesis project to create a resource, in the form of a brochure, to provide critical information to foster families on nurturing the foster parent-child relationship. Specifically, the brochure will include resources focused on addressing issues of attachment that can increase the likelihood a successful placement for both foster parent and child.

Through an examination of the literature, current programs, and with the help of professionals who specialize in working with foster families, a brochure will be
developed to summarize general effective parenting practices as well as to provide information on how to seek effective resources in the San Fernando Valley, California, a suburb of Los Angeles, California. The brochure will target the general population residing within this region and it will initially be developed in English and later in Spanish. It is not the scope of this project to assess the effectiveness of the brochure at this time in its long-term use. However, professionals and foster parents will be asked to evaluate the general usefulness and design of the brochure. The hope is that by compiling information on effective parenting practices and community resources into a single resource, such as the brochure, foster parents will obtain valuable information that will support their efforts and thus increase the number of foster parents recruited, trained, and retained.

**Terminology**

The following terms are defined as they are important for understanding key ideas presented throughout the thesis project.

*Attachment Theory:* foster children with attachment disorders are often not accurately diagnosed when they enter foster care and that improper diagnosis may prevent attachment problems in foster children from being addressed (Sheperis, Renfro-Michel & Doggett, 2003).

*Behavior Theory (BT):* BT is a broad term referring to a therapy approach analyzing one’s thought (feelings) process regarding the behavior in question. BT branches to several other disciples such as Applied Behavior Analysis (ABA) and Cognitive Behavior Therapy (CBT) (Dozier, 2005).
*Department of Children and Family Services (DCFS):* Any of various professional activities or methods concretely concerned with providing social services and especially with the investigation, treatment, and material aid of the economically, physically, mentally, or socially disadvantaged (Rork & McNiel, 2012)

*Foster Care:* Is regarded as a time-limited form of care where preparations are made for the child’s permanent placement (Maluccio, 2003).

*Foster Family Agency:* Recruit, train and certify foster parents; place children in foster care homes; supervise foster care placements and provide ongoing support for foster parents (Koinonia Foster Homes, 2011).

*Foster Parent:* Is generally one who assumes the responsibility for a child and provides shelter, food, clothing, medical care, nurturing, and discipline for children who cannot remain in their own homes due to abuse, neglect, abandonment or exploitation (Olang & Bonk, 2009).

*Instability:* The situation in which the child has experienced two or more foster placements or other placements within four months (Barber, Delfabbro & Cooper, 2001).

*Parent Child Interaction Theory (PCIT):* PCIT is a form of therapy treatment that combines parent and child behavioral training. It is an evidence-based treatment approach generally for young children with emotional and behavioral disorders that places an emphasis on improving the quality of the relationship (Dozier, 2005).

*Placement:* When a child stays in the same care facility for at least 30 days, regardless of any brief stays in the home situation during placement (Vogel, 1999).
Preview of the Thesis Project

In the next chapter, the Literature Review, current literature will be described as it provides a context for understanding the issues foster children and families face, as well as ways to support them. The Methodology of the thesis project is presented in Chapter Three, as well as the design and evaluation of the brochure detailed in this chapter. Finally, Chapter Four presents the results of the evaluation of the brochure as well as a discussion of the project including limitations and suggestions for the future.
CHAPTER TWO
LITERATURE REVIEW

“Don’t take my memories; they make me who I am”

~ Quotes from Foster Children Anonymous ~

Introduction

Currently there is evidence that multiple placements of children in foster care impacts both children and foster care providers, indicating a need for careful recruitment of foster families and thoughtful placement of foster children. Chapter two presents information and current research on foster children and families, beginning with background information of foster care and the demographics of children in foster care. Next, foster care and children’s development is addressed and how they can be affected by early experiences.

Background

The history of foster parenting dates back for more than five centuries. In the mid 1600’s after the founding of Jamestown Colony, a child by the name of Benjamin Eaton became the first American foster child (Cohen & Davidson, 1990). Later in 1853, Charles Loring Brace began the free foster home movement due to concerns regarding the number of immigrant children sleeping in the streets of New York (Cohen & Davidson, 1990). Mr. Brace developed a plan to recruit families from the Southern and Western United States who could provide homes or assistance for children who were homeless. In many cases, these children were placed in circumstances similar to indentured servants (Cohen & Davidson, 1990). However, Mr. Brace’s daring and creative action became the foundation for the foster care movement as it exists today.
This movement led social agencies and state governments to become involved in foster home placements. Subsequently, around 1865 several states passed laws regulating foster care and families began to incorporate foster youth into their homes (Cohen & Davidson, 1990). During the early 1900’s social agencies began supervising foster parents. Thus, records began to be kept, children’s individual needs were considered when placements were made, and the federal government began supporting state inspections of family foster homes (Gopal, 2011). Foster parents were now seen as part of a professional team working to find permanency for dependent children (Hollinger & Bussiere, 1990).

Historically, the objective of foster care has been to provide temporary care for children who need to be placed into protective custody due to neglect or abuse with the ultimate goal of one day reuniting them with their biological families or to find permanent homes when reunification is not possible (Gopal, 2011). However, numerous studies indicate that reunification often takes longer than expected and in some cases children ultimately age out of the system before this takes place (Gopal, 2011).

**Current Practices**

In 1980, Public Law 96-272, the Adoption Assistance and Child Welfare Act, was enacted because of an increase in the number of children entering foster care, and concerns about child welfare practices (Taussing, Clyman & Landsverk, 2001). The goal of this law was to decrease the number of children in foster care, decrease the length of time children spent in foster care, and increase permanent placements. Although modest changes occurred initially in the number of children who were ultimately reunified with
their biological parents, by the mid 1980’s there was a drastic increase of children entering foster care (Taussing et al., 2001).

Society today views foster care as a protective service to children and their families when families can no longer care for their children (National Foster Parent Association, 2012). There are many reasons and circumstances that make it difficult for biological families to meet the needs of their children which may include; poverty, homelessness, mental illness, substance abuse, loss of a job or lack of support from extended family and community (NFPA, 2012). Ultimately, the purpose of foster care is to provide children with a safe, nurturing, and loving family for a temporary period of time.

Types of Foster Care

There are many types of foster care including traditional care, emergency/ shelter care, medical/ therapeutic care, relative/ kinship care, respite/ short-term care and tribal care (NFPA, 2012). In contrast to adoption, foster parenting is not a lifetime commitment to a child and his or her family, but a commitment to be meaningful in the lives of children and families for a specific period of time. For the purpose of this study, foster care or traditional foster care is defined as a “time-limited form of care where preparations are made for the child’s permanent placement” (Maluccio, 2003, p. 23).

Children in Foster Care

According to The Adoption and Foster Care Analysis and Reporting System (AFCARS, 2012), although the number of children entering foster care has steadily declined since 2006 (505,000 down to 401,000), an alarming trend across America is the increasing number of children entering the foster care system in the early years of life.
Further, as noted in the AFCARS Report (2012), in America there were 401,000 children in foster care during 2011 (AFCARS, FY 2011). More than half of these children were under 8 years of age, and nearly 40% were under 5 years of age when they first entered foster care.

Moreover, AFCARS report of Child Welfare Outcomes Report Data for California, there were over 56,000 children residing foster care in FY2011 (AFCARS, 2011). It is striking to see that nearly half are represented by children age 8 years and under, and even more alarming, 24 percent are children under 3 years of age. Figure 2.1 provides a detailed breakdown of the percentage of children in California’s foster care system in 2011 by age from under 1 year to 8 years of age (AFCARS, 2011).

Figure 2.1: Foster Children in California

<table>
<thead>
<tr>
<th>Percentage Of Children in Foster Care by Age</th>
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Reasons Why Foster Care is Needed

There are many reasons why children enter foster care such as poverty, homelessness, physical abuse, sexual abuse, neglect, medical neglect, parental incarceration, substance abuse or abandonment, truancy, death of parents, and in some
cases parents voluntarily place their child/children up for adoption (Troutman, Ryan & Cardy, 2009). These various causes are identified in depth in the section to follow.

**Poverty**

Poverty remains one of the leading underlying factors associated with children entering the foster care system (Farber, 2006). Children living in households with income at or below the federal poverty level (currently set at $23,050 annual income for a family of 4) are more likely to suffer from a lack of resources, such as adequate housing and proper nutrition, which can increase parental stress, domestic violence, and child risk for neglect and/or abuse (Farber, 2006). Families with limited resources often find it increasingly challenging to provide adequate care and supervision for their children (Chipungu & Bent-Goodley, 2012). Even though most low-income parents do not abuse their children, children who experience poverty are more likely than middle-class children to be reported for abuse and neglect. Alarmingly, Chipungu and Bent-Goodley (2012) report that children in families with income below $15,000 are 45 times more likely to be victims of substantiated neglect than children in families with incomes above $30,000. Additionally, low-income children are also at higher risks of physical and sexual abuse than children from middle class families (Chipungu & Bent-Goodley, 2012).

In addition to poverty, children of color appear to be removed from the home at greater levels than Caucasian children when domestic violence is involved and children of color remain in the foster care system longer than Caucasian children (Chipungu & Bent-Goodley, 2012). In addition, Chipungu and Bent-Goodley (2012) noted the African American and Latino children are entering foster care at a higher rate than Caucasian
children. Moreover, African American and Latino families are more likely to be reported for child abuse or neglect often leading to children being removed from the home in comparison to Caucasian families. In addition, once in care, children of color received fewer familial visits, fewer contacts with caseworkers, fewer written case plans, and fewer developmental or psychological assessments (Chipungu & Bent-Goodley, 2012). The authors utilized data collected in 2001 from the National Child Abuse and Neglect Data System (NCANDS) and the American Child Protective Services (CPS).

**Child Abuse and Neglect**

Of the more than 400,000 children who are in foster care in the United States, many have been victims of repeated abuse and/or prolonged neglect (Chipungu & Bent-Goodley, 2012). Children who come into state care often live in fragile family systems experiencing multiple stressors such as poverty, substance abuse, mental illness, physical illness and domestic violence. Moreover, these family challenges tend to co-exist and interact, presenting a complex family dynamic and a complicated set of service needs (Chipungu & Bent-Goodley, 2012). Neglect has very profound and long-lasting consequences on all aspects of child development including poor attachment formation, development delay, poor physical development, mental health problems, and antisocial behavior (Schofield & Beek, 2005).

**Parental Factors**

Other issues that are common for children in foster care include parental substance abuse, domestic violence, and incarceration. Chipungu and Bent-Goodley (2012) suggest that a high percentage of children in foster care are there because of parental substance abuse and they estimate that domestic violence takes place in at least
one-third of homes where child abuse occurs. Thus, the removal of children may be subsumed under the general category of child neglect; however, domestic violence or parental substance abuse may be the real source of the problem. As a result, child welfare agencies tend to focus their attention on infants and very young children of substance abusers, particularly children who have been prenatally exposed to illicit drugs (Chipungu & Bent-Goodley, 2012). Moreover, children from families with substance abuse problems tend to come into the system at a younger age, remain in care longer, and are more likely to be adopted than other children (Chipungu & Bent-Goodley, 2012).

An alarming trend in the past decade is the doubling of the number of parents in prison. Farber (2006) reported that 1.5 million children have an incarcerated parent and more than 7 million children have a parent under some form of correctional supervision. In 1999 it was estimated that 1.8 percent of men and 9.6 percent of women in state prisons had children placed in foster care (Farber, 2006). Growth in the female inmate population suggest growth in the number of children placed in foster care as children with incarcerated mothers are more likely to come into care than those with incarcerated fathers.

**Entry into the Foster Care System**

After the judicial court system and or the Department of Children and Family Services (DCFS) determines that it is in the best interests of a child to be removed from their current placement (e.g., family of origin, extended family, or foster family), the child is placed under the care of the State’s child welfare system and is considered a “foster child.” The child will be assigned to a Welfare Social Worker, who will then place the child in a temporary foster home or a long-term foster placement depending on
the child’s situation and needs (Baum, Crase & Crase, 2001). Unfortunately, children may experience frequent transitions and multiple caregivers, resulting in high levels of instability and later attachment difficulties (Farber, 2006).

**Challenges for Foster Children and Families**

As previously noted, children who enter foster care may frequently experience abuse, neglect or abandonment by a biological parent. Furthermore, many of them have been raised in conditions of poverty, and many have been in more than one placement (Brown & Calder, 2009). All of these factors have a significant impact on these children.

Some of the challenges foster parents face includes children’s behavioral and emotional problems and lack of knowledge about resources available to them in their region (Farber, 2006). Per interview with Mrs. Trip (May, 2012), a current foster care provider, she reported that when receiving a new child into her home she is given very little information regarding the child. Thus, the foster parent is left to deal with the child’s emotional needs that when left untreated, may become more serious behavioral challenges leading to high burn out rates and ultimately, foster parents leaving the system. Moreover, Dozier, Albus, Fisher and Sepulveda (2002) point out that reasons for quitting can also include lack of agency support, poor communication with caseworkers, lack of say in foster children's future, and difficulties with foster children's behavior.

**High Turn Over**

Based on a study conducted by U.S. Department of Health and Human Services (2013), foster parent turn over rates are influenced by the experiences with child welfare agencies, personal circumstances, and potential difficulties with foster children (http://aspe.hhs.gov). Data reported by the Annie E. Casey Foundation (2005), show that
as many as 60 percent of foster parents quit in the first twelve months when the hard realities of being a foster parent become apparent. Inconsistent procedures, lack of positive feedback, lack of trust between service agency and foster parent, and inaccessibility to experienced staff are some of the reasons cited that may lead certified foster families to become dissatisfied with their experiences and quit fostering within the first year of service (Chipungu & Bent-Goodley, 2012). As foster parents quit, foster children are subject to repeated placements, increasing the likelihood that they will suffer difficulties in each new home and thus delaying the prospect of a successful reunification with biological families (Farber, 2006). This is a great section – well stated and gets at the essence of your study!

**Foster Care and Children’s Development**

Children’s development is affected by their early experiences, as described by various theorists and researchers. This section will describe some of the ways the development of children in foster care is influenced. Moreover, it will address children’s brain development, effects of attachment and how children respond to loss of stability.

**Brain Development**

During the first three to four years of life, the brain is developing at a rapid rate and is heavily shaped by young children’s early experiences and relationships (Murph, 2011). Children are most vulnerable to harmful experiences (e.g., child abuse, neglect, or domestic violence) in these early years when personality traits, learning processes, and strategies for coping with stress and emotions are developing (Murph, 2011). Research conducted by Murph (2011) on early brain development shows that emotional and
cognitive disruptions during the first few years have the potential to impair brain
development and the child’s future developmental trajectory.

Physical and mental abuse during the first few years of life tends to fix the brain
in an acute stress response mode that can result a child behaving in a hyper vigilant,
fearful manner (Murph, 2011). The age of the child dictates the developmental response
and manifestations to stress. For example, when an infant is under chronic stress, the
response may be apathy, poor feeding, withdrawal, and failure to thrive. However, when
an infant is under acute threat, the typical “fight” response to stress may change from
crying (because crying did not elicit a response) to temper tantrums, aggressive
behaviors, or inattention and withdrawal. Some children, rather than running away (the
“flight” response), may learn to become psychologically disengaged, leading to
detachment, apathy, and excessive daydreaming (Spitz & Eissler, 2006).

The same areas of the brain that are involved in the acute stress response also
mediate motor behavior and such functions as state regulation and anxiety control (Perry
& Pollard, 1998). Some abused and neglected children learn to react to alarm or stresses
in their environment reflexively with immediate cessation of motor activity (freeze
response). Older children who have been repeatedly traumatized often suffer from
posttraumatic stress disorder and automatically freeze when they feel anxious, and
therefore are considered oppositional or defiant by those who interact with them (Perry &
Pollard, 1998). Repeated experiencing of traumatic events can lead to dysregulation in
these various functions resulting in behaviors such as motor hyperactivity, anxiety, mood
swings, impulsiveness, and sleep problems (Perry, Pollard, Blakley, Baker & Domerico,
1995). Clearly, allowing a child to remain in an environment that fails to provide a
developmentally nurturing and stimulating environment makes it more difficult for a child to develop the brain connections that facilitate language and vocabulary development, and therefore may impair communication skills. However, recent findings in infant mental health show that development can be facilitated and the ill effects of neglect mitigated when children receive specific prevention strategies and treatment that enhances brain development and psychological health (Rork & McNeil, 2012).

While these children have suffered significant emotional stress during critical periods of early brain development and personality formation, the support they require is reparative as well as preventive. Basic stimulation techniques and stable, predictable nurturance is necessary during these periods to enable optimal cognitive, language and personal socialization skills (Costello & Agold, 2005). A knowledgeable foster parent informed of the child's medical and family history, can provide valuable assistance to the social service and judicial systems in determining the best setting to help the child feel safe and heal (Rork & McNeil, 2012).

**Relationships and Attachment**

Based on research conducted by Gorge and Wulczyn (1998) in several states, the incidence of placement in foster care for children under age 5 (4 per 1,000) was double that of children aged 5–17 (2 per 1,000). The study further suggests that the younger the child is when they enter foster care, the more time they tend to stay in foster care. The study’s researchers concluded that out of home placement creates a disruption in the child’s life and for some it becomes increasingly difficult to form effective bonds with non-biological caregivers. Furthermore, the more transitions and placements a child has during infancy, the more likely he or she is to exhibit oppositional behavior, crying and
clinging. Thus, understanding attachment theory is critical to aid foster caregivers in providing a secure base for foster children (Schofield & Beek, 2005).

Furthermore, a study conducted with preschool-age foster children conducted by Fisher, Burraaston and Pears (2005), examined the association between the number of prior placements and the likelihood of achieving permanent placement. Fisher et al. (2005) demonstrated that for children who had four or more prior placements, the probability of achieving permanency was quite poor. However, children who had one to two prior placements had an estimated 80 percent probability to achieve permanency via foster parents, reunification with biological parents or family member.

Research by Chamberlain, Price, Leve, Laurent, Landsverk and Redid (2008) further clarified that children who demonstrate between six or more behavior problems on a daily basis were associated with very low rate of foster placement. It was estimated that due to behavioral concerns, foster parents were less likely to take on a child and it became increasingly difficult for placement agencies to provide appropriate services. It was also estimated that they had a 17 percent likelihood of finding a permanent placement. Furthermore, children who experienced difficulty with their placement and endured several transitions ultimately end up utilizing higher levels of county resources (Chamberlain, Price, Leve, Laurent, Landsverk & Redid, 2008).

**Effects on Attachment**

John Bowlby was one of the first theorists to describe attachment theory, which was later reinforced and expanded by Mary Ainsworth in the 1970’s (Carlson, 1998). According to Carlson (1998), attachment theory refers to the dynamics of long-term relationships between humans and it has become the dominant approach to understanding
early social development. This issue is especially important to consider given that children in foster care appear to be at increased risk for attachment disorders due to early pathological care, such as abuse and neglect from their biological families (Beckman-Weidmen, 2006). Sheperis, Renfro-Michel and Doggett (2003) explained that foster children with attachment disorders are often not accurately diagnosed when they enter foster care and that improper diagnosis may prevent attachment problems in foster children from being addressed.

Children develop attachments and recognize their parents as adults who provide “… day-to-day attention to [their] needs for physical care, nourishment, comfort, affection, and stimulation” (Martinez, 2010, p.179). Abused and neglected children (in or out of foster care) are at increased risk for not forming healthy attachments to anyone (Rosenfeld, Pilowsky & Fine 1997). Children with attachment disorders who have an inability to trust and love often grow up to vent their rage and pain on society (Hendrix & Ford, 2011). In combination with additional life stressors, many children who enter foster care have emotional issues that foster parents are not often equipped to handle.

Secure or insecure attachment. Attachment refers to the relationship between two people and forms the basis for future long-term relationships or bonds with other persons. Attachment is an active process that may be secure or insecure, maladaptive or productive. Secure attachment to a primary caregiver is essential to the development of emotional security and social conscience (Rork & McNeil, 2012). Children who manifest attachment disturbances refuse to seek out the caregiver for soothing and comfort and is likely to reject the caregiver’s attempts to provide nurturance (Goldsmith, Oppenheim & Wanlass, 2004).
**Productive or maladaptive attachment.** To develop into a psychologically healthy human being, children must have a relationship with primary caregivers who nurture, protect, foster trust and security (Rork & McNeil, 2012). Optimal child development occurs when a spectrum of needs are consistently met over an extended period. Successful parenting is based on a healthy, respectful, and long-lasting relationship with the children. This process of parenting, especially in the psychological rather than the biological sense, leads children to perceive a given adult as his or her “parent.” That perception is essential for children’s development of self-esteem and self-worth (Martinez, 2010). Having at least one adult who is devoted to and loves a child unconditionally, who is prepared to accept and value that child for a long time, is key to helping a child overcome the stress and trauma of abuse and neglect (Costello & Angold, 1995).

The psychosocial context and the quality of the relationship from which children are removed, as well as the quality of alternative care that is being offered during the separation, must be carefully evaluated. This information should be used to decide which placement is in the child's best interest. The longer a child and parent have had to form a strong attachment with each other (i.e., the older the child) the less crucial the physical proximity will be to maintain that relationship (Dozier, 2005).

**Effects of Multiple Placements**

Children typically are placed in foster care because of concern for the child’s well being. However, interruptions in the continuity of primary caregivers are often detrimental, and this is especially true for very young children (Perry, 2004). A key systemic issue that appears to consistently be of concern is that once a child enters foster
care, the child level of permanency is at risk. Permanency refers to the amount of transition the child will have during the time in foster care, as the Department of Child and Family Services (DCFS) will generally make placement decisions based on open space and available foster homes. It is estimated that the average length of stay is about 14 months, although that will vary depending on children’s needs and determination by DCFS (Gibbs, 2005).

Any intervention that separates a child from the primary caregiver who provides psychological support should be cautiously considered and treated as a matter of urgency and profound importance (Perry, 2004). Furthermore, the time spent by a child in temporary care should be therapeutic and generally safe. The emotional consequences of multiple placements or disruptions are likely to be harmful at any age, and the premature return of a child to the biologic parents often results in return to foster care or ongoing emotional trauma to the child.

Separation during the first year of life - especially during the first 6 months - if followed by good quality of care thereafter, may not have a deleterious effect on social or emotional functioning (Dozier, 2005). Separations occurring between 6 months and about 3 years of age, especially if prompted by family discord and disruption, are more likely to result in subsequent emotional disturbances (Dozier, 2005). This partly results from the anxiety that children in this age range typically demonstrate around strangers and the normal limitations of language abilities at this age (Schofield & Beek, 2005). Children older than 3 or 4 years placed for the first time with a new family are more likely to be able to use language to help them cope with loss and adjust to change. These preschool-aged children are able to develop strong attachments and, depending on the
circumstances from which they are removed, may benefit psychologically from the new setting.

**Loss of Stability**

A study done with preschool-age foster children conducted by Fisher, Burraston and Pears (2005) examined the association between the number of prior placements and the likelihood of achieving permanent placement. This study utilized 3 to 6 year old foster children from Oregon Social Learning Center in need of a new foster home that were expected to remain in care for more than three months. Researchers used a randomized efficacy trial to evaluate the Early Intervention Foster Care Program (EIFC). The control group consisted of foster parents who received extensive pre-service training and ongoing consultation and support from program staff, children who received individual therapy, and birth parents or other permanent placement resources that received parent training. The EIFC intervention uses a developmental framework in which the challenges of foster preschoolers are viewed from the perspective of delayed maturation, rather than as strictly behavioral and emotional problems.

Fisher et al. (2005) discovered that for children who had four or more prior placements, the probability of achieving permanency was quite poor. However, children who had one to two prior placements had an estimated 80 percent probability of achieving permanency via foster parents, reunification with biological parents or family members.

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The more stability a child has, the more likely the child will be able to establish a stronger and more varied network of social support and enduring relationships with adults who care about him or her (Fisher et al., 2005). Thus, foster parents are generally responsible for providing day to day care to children entering foster care. The role of a foster parent is critical for the success of effective upbringing.

**Foster Care Providers**

A foster parent is generally one who assumes the responsibility for a child and provides shelter, food, clothing, medical care, nurturing, and discipline. A foster parent is called upon to help a child generally on a temporary basis when the child’s biological parents are not able to safely care for their child (Omang & Bonk, 2009). Foster parents come from all backgrounds, occupations, and lifestyles, ensuring a child's connection to the community and culture.

Just as foster children have unique histories and needs of their own, so do the individuals caring for them. Heller, Smyke and Boris (2002) identified four major areas in which foster parents face considerable challenges: managing difficult and/or maladaptive child behavior; addressing the demands and unique aspects of foster
parenting; comprehending the medical, educational and health systems; and collaborating with the legal and child welfare systems (Rork & McNeil, 2012).

The recruitment, retention, training, and support of foster parents are important and ongoing concerns. According to Forum on Child and Family Statistics, as of June 2011 there are more than 401,000 children and youth in foster care in the U.S. (2011). Moreover, Farber and Munson (2007) note that the child welfare workforce faces significant challenges in meeting the needs of vulnerable children and their families. High caseloads, lack of adequate training and supervision, limited resources, and low wages are frequently cited as barriers to recruiting and retaining qualified staff (Farber & Munson, 2007).

**Recruitment and Retention of Foster Care Families**

Zinn (2009) suggests that potential foster parents enter the system with the idea of making a difference in the lives they will touch. However, after initial placement, the level of care the child might need and a system that might at times be intimidating overwhelms many foster parents. Danielson and Lee (2009) suggest that efficient pre-training and recruitment is the best way to maintain and gain new foster parents. Goodman et al. (2005) identifies education, extensive positive contact with the Foster Family Agency (FFA), and a sense of unity as being associated with foster parents referrals of potential foster parents. Through the FFA mutual assessment process, foster families discover their strengths and limitations. They establish a good working relationship with the child welfare agency and they feel empowered and eager for their first placement. While there are several ways to recruit foster parents, the most effective
has been found to be targeted recruitment as it draws in the right kinds of families for the particular kinds of younger and agency has on its rolls (Danielson & Lee, 2009).

It is important to consider that based on findings from Danielson and Lee (2009), placement should be led by appropriate match and not solely based on where there is space, as this may lead to additional stress. In addition, the foster parent should be provided all information pertaining to the child in terms of number of previous placements, health history, behavior challenges, post trauma, mental health illnesses/diagnosis, psychotropic medication (if any), therapist, psychiatrist, and biological family involvement. Such information is crucial in helping foster parents welcome children into their home and paving the way for a successful experience (Goodman et al., 2005).

Once a child is placed, the foster family provides care and works closely with agencies to adequately provide a service to foster children. It was noted that when foster parents feel a sense of empowerment and self-worth they continue to recruit others to be foster parents, and if needed at some point may be open to becoming adoptive parents (Gibbs, 2005). Ideally, foster parents are viewed as full partners and part of the team that includes the child’s biological family, social workers, and other involved service providers (Gibbs, 2005). Furthermore, it is advantageous for foster families to view themselves as partners with children’s birth families. All are actively involved in developing and implanting the child’s permanency plan with the ultimate objective of looking out for the best interests of the child, which, if at all possible, is reunification of the child and birth family (Gibbs, 2005). However, when reunification is not possible,
then the team must commit to keeping a child in the foster home for as long as necessary, without disruption (Gibbs, 2005).

Based on a study conducted by U.S. Department of Health and Human Services foster parent turnover rates are influenced by experiences with child welfare agencies, personal circumstances, and potential difficulties with foster children (Baum, Crase, & Crase, 2001). According to the National Foster Parent Association, as many as 60 percent of foster parents quit in the first twelve months, when the hard realities of being a foster parent set in (Goodman et al., 2005). As foster parents quit, foster children are subject to repeated placements, increasing the likelihood that they will suffer difficulties in each new home and thus delaying the prospect of a successful reunification with biological families (Farber, 2006).

**Training**

When a family becomes interested in fostering a child, they should research local FFA programs available to them (Goodman et. al., 2005). Adults in the home should be ready to apply and to expect training on what their role will be. Potential foster families should consider the type of training and support they should receive once a child is placed in their home. Training should include issues such as understanding and handling the emotional problems of children, behavior management, child development and how to navigate the different community agencies that may provide service to the child (Goodman et. al., 2005). In addition, there should be some level of corroboration as needed with the biological parents who are seeking reunification as this will allow the child to heal appropriately, and to be open to his/her new environment.
A second study conducted by Rhodes, Orme, Cox and Buehler (2003) gathered data from foster family applicants recruited during a pre-service Model Approach to Partnerships in Parenting (MAPP) training in three large counties in Tennessee. MAPP consisted of 30 hours of training over 10 three-hour sessions. As part of the training surveys and interviews were collected and analyzed as part of this longitudinal study. However, almost 50 percent of families who started the pre-service training did not complete it. Of the 131 families who completed training, 46 percent had already discontinued or planned to discontinue at six months. Rhodes, Orme, Cox and Buehler’s (2003) findings suggest that families with more resources, especially income, were more likely to continue as opposed to single parent families. Families with more psychosocial problems and fewer resources were more likely to express uncertainty about continuing. These results have important implications for recruitment and retention of foster families

**Support**

Strong support programs and staff that show foster families appreciation and respect, as well as provide care-giving assistance, crisis services, professional development opportunities, emotional support and personal involvement (Goodman et al., 2005; Gibbs, 2005; Danielson & Lee, 2009). Foster parents need to be aware that emotional and behavioral challenges may emerge at any time and are to be expected in foster children (Danielson & Lee, 2009). Additionally, foster parents need to know how to access resources in the community and know effective strategies for managing the day-to-day stress that both child and foster parent may feel (Danielson & Lee, 2009)

Per interview with County Licensed Social Worker, Stefany Delieno (May, 2012), Mrs. Delieno stated that developing continued foster parent education would significantly
enhance safety, permanency and wellbeing for children. A large body of literature supports Mrs. Delieno’s logic (U.S. Department of Health and Human Services, 2012). Children who enter foster care may have been abused, neglected or abandoned by a biological parent; have been raised in conditions of poverty; and may have been in more than one foster care placement (Brown & Calder, 2009). Foster parents often face challenges such as behavioral and emotional problems of foster children combined with their own lack of knowledge on resources available to them in their region (Farber, 2006). Mrs. Trip, a current foster care provider, reported that when receiving a new child into her home, she is given very little information regarding the child, leaving her to manage the child’s unmet emotional needs that often become behavior challenges (Personal Interview, May 2012). This may often lead to high burn out rates and difficulty maintaining efficient foster parents.

Several studies suggest that establishing effective solutions to meet foster children’s special needs may help alleviate foster parents’ concerns, thus increasing the likelihood that they will continue to open their home to future foster children (Martinez, 2001). A study conducted by Brown and Calder (2009) in the University of Alberta, Canada described the challenges faced by foster parents as perceived by foster parents themselves. The study conducted phone interviews with 49 (27 females; 22 males) individuals from 30 foster families and utilized a non-parametric statistical thematic analysis that resulted in four themes. Foster parents reported that they would consider stopping fostering due to difficulty working with the department of Child Welfare and its staff, lack of understanding and value from the department of Child Welfare and others, threats to family and personal safety, both physical/ emotional and legal, and described
personal/familial and stress-related challenges that could cause thoughts of quitting foster parenting.

The Department of Health and Human Services conducted (Rehnquist, 2002) a study via interviews, focus groups and mailed surveys over five different states (California, Florida, Illinois, New York and Texas) with foster parents, case carriers, welfare staff and FFA programs regarding retention of foster parents. Researchers conducted focus group interviews that included over 115 foster parents; 107 welfare and FFA workers; 14 foster parents, and 11 child welfare/FFA workers.

Data was analyzed by categorizing reoccurring themes. Findings indicated that foster families desire greater opportunity to voice their concerns. Additionally, they reported experiencing limited case work support and needing more help in obtaining services for themselves and their foster children. Further concerns identified included false allegations of abuse and FAA program managers who lacked data needed to improve retention rates (Rehnquist, 2002). Findings also suggest that hearing first hand experiences allows foster parents to create family connections and bonds with other families; thus, providing them with increased community involvement and support. Such findings were also noted in a study conducted by Goodman et al., 2005, where experienced foster families became part of their FFA communities by participating and leading workshops to increase a knowledge based for foster parents.

Other suggestions by Rehnquist (2002) indicate the need to develop a state-wide foster parent tool kit to provide foster parents with information about what they can expect from foster care agencies, their role, rights, and protections as foster parents, and procedures for voicing their concerns regarding the children in their care. In addition,
Rehnquist (2002) suggests promoting the designation of foster parent advocates to work directly with foster parents and the agency to represent the concerns of foster families and give them a “voice” in determining both their best interests and the interests of the children in their care. Other recommendations included encouraging networking and information sharing among foster parents through local and national foster parent associations, support groups and foster parent community newsletters, as well as providing agency alerts regarding policy changes. Moreover, findings indicate that opportunities to develop consistent rapport between foster parents and caseworkers is essential to retaining foster parents. Providing foster parents with information (foster parent handbooks, manuals) to assist them in navigating the foster care system and accessing dental, medical, and any other needed services was found to be especially helpful (Rehnquist, 2002).

**Summary**

It takes a village to raise a child, and the reality is that foster parents need ample help to support the children that enter their home. Bridging the gap suggests that a team effort be made via community, social workers, foster parents and biological parents to increase success (Goodman et al., 2005). In addition, the U.S. Department of Health and Human Services (Gibbs, 2005) states that recruitment, training, and supports are essential for both the child and the foster family.

Every foster child and every situation is different; however, the need for greater support to foster parents is apparent. Thus, it is important to provide foster parents with the necessary tools to increase education, possible interventions, and self-advocacy skills.
The objective of this project is to provide a helpful brochure that outlines key concepts and resources that may be helpful to foster parents.
CHAPTER THREE

METHODOLOGY

“By failing to prepare, you are preparing to fail.”

~Benjamin Franklin~

Introduction

According to research, the National Foster Parent Association reports that as many as 60 percent of foster parents quit in the first twelve months when the hard realities of being a foster parent set in (Danielson & Lee, 2009). As foster parents quit, foster children are subject to recurring placements, increasing the likelihood that they will undergo difficulties at each new home (Danielson & Lee, 2009). Foster parents may have challenges when dealing with an array of difficulties they face when welcoming a new child into their home. Ultimately, the effects of failed placements can be devastating for children who may already have experienced turmoil and trauma in their young lives. Foster children are more likely to acquire healthy emotional and social development in within the context of foster care families who show empathy, assure children they are welcomed into their new family, and provide a loving, structured and caring environment. Therefore, it is critical that foster families receive support that will lead to positive experiences for both foster children and their foster families.

Thus, this qualitative study seeks to develop a brochure that can serve as a resource for foster parents, providing important information about preventing burn out, providing resources and ultimately retaining foster parents. Not only can such a resource provide assistance and support for foster parents, it can also be used by community professionals that work with this population on a daily bases. As Danielson and Lee
(2009) pointed out, better recruitment, preparation, and support for foster families can break this vicious cycle.

This chapter describes the present study including the development of the brochure for the intended audience: current and new foster families, as well as the professionals who work in the foster care system. In addition, the process of evaluating the brochure by professionals and foster families to gain their feedback on the usefulness of the brochure will be explained.

**Development of the Project**

**Initial Information Gathering**

In order to gather information that should be included in the brochure to make it most relevant to foster families and professionals, current professionals in the field were asked to answer a few simple questions based on their experience and knowledge. Questions related to what kind/type of resources foster parents should be provided with or referred to in order to better assist them in fostering children and dealing with/navigating the DCFS system was asked. Other questions centered on common challenges foster parents need to know they might encounter before committing themselves to being a foster parent. These professionals were co-workers of the current researcher. A total of eight professionals responded.

Their responses were reviewed and the input provided by the professionals was used to develop some of the ideas for what should be included in the brochure. For example, some professionals suggested that prospective foster parents must be prepared for behavioral issues, possible issues with the client’s family of origin, cultural issues, being able to accommodate any services that the client must participate in while in the
foster home, and other things on top of the day-to-day management of a client. In addition, prospective foster parents must also be careful about possible “burn out” and must be able to develop self-care skills. Another suggestion included that ideally, foster parents should have access to a case manager that is able to explain elements of the DCFS system or provide assistance in researching and connecting to resources as needed. In addition, foster parents should have a support system (friends, family, a support group, just someone to bounce ideas off of) in place. While there are services such as Wraparound, Family Systems Program, and Family Preservation that meet these needs, it is important that foster parents try to develop supports that will exist independent of formal services and be available in the long term. Moreover, foster parents would ideally have ongoing education on child development, behavior management techniques, and general classes on different types of special needs issues. Ideally foster parents would be required to attend these classes not just once but on an ongoing basis to ensure that their information is current.

Additional Resources

Additional resources were used from Neurons to Neighborhoods: The Science of Early Childhood Development, which explained how the brain develops rapidly in the first few years of life and is shaped by early experiences. Moreover, The Supportive Foster Parent, by Dr. Kalyani Gopal provided additional tips for foster parents. For example, some suggestions were learning to connect with the child by demonstrating a safe and nurturing behavior, which allows the child to know that you are strong enough to handle their pain.
Brochure Evaluation

Based on the body of literature compiled regarding foster parents, the researcher developed a survey instrument to gain a better understanding of essential information desired by foster families. The survey protocol consisted of five open-ended questions (Appendix A). The questions were designed to learn about the experiences of foster families as well as the professionals who work with foster families, and the difficulties this population may face when navigating their community and social welfare systems.

Based on participant’s responses the Principal Investigator concluded that the most effective way to disseminate the information to foster families was to create a brochure providing research based strategies geared towards the targeted population. This brochure contains information relevant to the research in supporting and empowering new and current foster parents. After developing the brochure, each participant was provided a copy of the brochure and requested to provide constructive feedback regarding the tool developed. Changes, if any, would be made accordingly to increase the usefulness of the tool.

Intended Audience

This thesis project aims to target new and current foster parents who could benefit from additional support, including information on the needs of the foster child and resources for them as parents. The reader friendly brochure will have information for foster parents who are caring for children ages 0-18 years old. The Principal Investigator also considered culturally sensitive modalities and socio-economic backgrounds. To make the brochure more accessible to foster parents, the tool was also translated to Spanish to consider the general population with the vicinity of the program. In addition,
different community programs working with children that are in foster care such as the
Department of Children and Family Services (DCFS), Foster Family Agencies (FFA),
Department of Mental Health (DMH), and other community programs can also benefit
from the brochure. The brochure is also intended to bring awareness to the many
programs and non-profit organizations that foster parents need to be equally supported, as
do the children they are caring for.

**Personal Qualifications**

Working closely in the field for the past eight years with the Department of
Mental Health (DMH), Department of Children and Family Services (DCFS), Probation
and Wraparound (Non-Profit Organization) has provided me with the experience and
tools necessary to understand divergent populations in the foster care system, as well as
populations living in low socio economic status and at risk youth. Presently, I assist in the
ongoing development and evaluation of the Program, which includes performing intakes,
conducting initial assessments and preparing all required paperwork. Additionally, my
responsibilities include facilitating the Child and Family Team meetings (CFT) and
assuring the ongoing development of individualized service CFT, safety, and transition
plans for assigned cases. Moreover, I lead the strengths-based, family-centered,
assessments of the child and family team and assure that all involved with the case
contribute to the assessment; collaborate with biological parents, foster parents,
therapists, psychiatrists, social workers, probation officers school personnel and other
network providers.
Project Outline

The brochure was developed in the spring of 2013 based on questions that were answered by licensed therapists from a non-profit organization called Wraparound who often work with children who are in foster care. Based on such findings, a brochure was developed with the objective of providing research-based interventions that have been proven to be successful with foster care children; for example, providing research on early development, links to resources in the community, as well as informal supports (Appendix B). The brochure is reader friendly, categorized in different sections and easy to follow. Moreover, the brochure was based on research to inform the reader on children’s early development; what a foster parent can do to help foster children in their home; accessible resources for both children and foster parents; and additional tips for foster parents.

In addition, an evaluation tool was developed and each participant was provided a copy of the brochure and requested to provide a constructive feedback regarding the tool developed (Appendix C). Changes if any would be made accordingly to increase the usefulness of the tool. For the objective of this project, surveys were administered to mental health professionals (e.g., licensed therapists) and foster parents via email on April 22, 2013. A total of ten people completed the survey; this included eight mental health professionals and two foster parents. The mental health professionals were licensed therapists or Marriage and Family Therapists (MFT) who are currently working with foster children and foster parents; the other two were qualified foster parents who currently had foster children/s under their care.
The next chapter discusses the findings and common themes and will be presented by each section of the brochure. In addition, the purpose of creating the brochure will be explained; the evaluation of the project will be discussed in detail; the feedback survey data will be analyzed; limitations of participants will be explained as well as future research.
CHAPTER FOUR

CONCLUSION

“I have a mom and a dad, but I also have a foster mother who has thought me to love me
and view the world with less anger”

~ Quotes from Foster Children Anonymous ~

Summary

The purpose of creating the brochure, “Helpful Tips for Foster Parents,” was to help develop a tool that would increase foster parents knowledgebase with the goal of retaining them. The goal of this project was to develop a brochure (Appendix B) in addition to a feedback survey measuring the effectiveness of the brochure. For the objective of this project, surveys were administered to mental health professionals (licensed therapists) and foster parents.

The brochure, “Helpful Tips for Foster Parents,” was created to provide insight based on current research about early development, ways in which foster parents and community programs can help, and specific tips when a foster child becomes part of a foster family. Empowering foster parents to be successful will in turn empower foster children and increase their future chances of succeeding in life. A change in one family member can change the lives of many others.

Evaluation

This chapter presents the results of the evaluation form based on the feedback survey. The feedback survey consisted of five questions and utilized a three-point likert-type scale (a lot, moderate amount, none at all) along with a comment section. However, one of the questions consisted of four response options (Improving Foster Parent Skills,
Quotes from foster children, Research about foster children and resources) in which multiple responses were acceptable. Furthermore, one question required the participant to indicate areas of improvements or possible growth (See Appendix C).

For the purpose of this thesis project, eight mental health professionals and two foster parents were given the feedback survey (N=10). Mental health professionals were considered licensed therapist or Marriage and Family Therapist (MFT) currently working with foster children and foster parents; the other two participants were qualified foster parents who currently had foster children/s under their care. Surveys were analyzed to gain insight into the use and overall organization of the brochure.

**Helpfulness of Brochure**

In response to the feedback survey question one, “In your opinion, do you think the brochure ‘Helpful Tips for Foster Parents’ will help foster parents and or professionals who work with foster families?” to which nearly all participants responded “A lot” (n = 9). See Table 4.1. Furthermore, notable comments indicated that the brochure provided useful information for foster parents and working mental health professionals. For example, a professional said it was “useful, practical, easy to understand and very accessible.”

**Increase in Knowledge**

In response to the feedback survey question two, “Please rate how much your knowledge about parenting a foster child has improved after reading ‘Helpful Tips for Foster Parents, ’ more than half (n = 6) noted “A Lot” and a few (n = 3) responded “A moderate amount.” See Table 4.1. Although the comments were broad in nature, both
mental health professionals and foster parents reported that information was presented in a manner that was not overwhelming the reader.

**Organization of Brochure**

In response to the feedback survey question three, “Overall, were you satisfied with the organization of the brochure, ‘Helpful Tips for Foster Parents’?” All ten participants indicated “A Lot” (See Table 4.1). Generally, both foster parents and mental health professionals felt that the organization, visuals and quotes were helpful in processing and understanding the material presented.

Table 4.1: Responses to Survey Questions 1 to 3

<table>
<thead>
<tr>
<th>Feedback Survey Questions 1 to 3</th>
<th>A Lot (n)</th>
<th>Moderate (n)</th>
<th>Not At All (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>9</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Question 2</td>
<td>6</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Question 3</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Most Helpful Areas**

Question four asked participants to, “Please indicate which area on the brochure ‘Helpful Tips for Foster Parents,’ you found the most helpful (more than one may apply).” It is important to note that responses may be greater than ten because respondents could mark more than one box (see Table 4.2). Results centered on information being critical for good foster parenting.
Table 4.2: Responses to Survey Question 4

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Quotes</th>
<th>Research</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>3</td>
<td>5</td>
<td>6</td>
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</tbody>
</table>

**Discussion of Participant Comments**

In this section, responses from professionals and foster parents based on the comment section on the feedback survey are listed.

*Question one: In your opinion, do you think the brochure “Helpful Tips for Foster Parents” will help foster parents and or professionals, who work with foster families?*

Professional 1: Contains useful information that is practical and easy to understand

Professional 2: Brochure gives a lot of important psycho-education

Professional 3: I like how you pointed out how not to mention removal of the child; this is commonly done and can be a barrier to the developing relationship

Professional 4: The brochure gives a good overview of the importance of fostering and the great role a foster parent has in helping children overcome trauma related to their losses and abuse experience

Professional 5: I am impressed by the presentation and information provided

Professional 6: Commentary/bullet point initiate discussions/suggestions about important aspects foster parents may be challenged with

Professional 7: No Comment

Professional 8: No Comment
Foster Parent 9: Better understanding on children’s behaviors

Foster Parent 10: Yes, it helps by letting you know why children behave differently

*Questions two: Please rate how much your knowledge about parenting a foster child has improved after reading “Helpful Tips for Foster Parents.”*

Professional 1: I don’t think I am its intended audience

Professional 2: Although I work with children in foster care and I’m familiar with some of this, the information presented here is well thought out and informed without being overwhelming. I particularly found the resources useful

Professional 3: It reminded me about me. Importance of developing rituals and how important modeling positive feelings and actions is

Professional 4: It is inspiring

Professional 5: Simply because I work in this field

Professional 6: Helps identify potential children challenges leading to available assistance

Professional 7: It is only a brochure, how much information can it provide

Professional 8: I have been working with foster parents for several years

Foster Parent 9: I intend to try some suggestions

Foster parent 10: It gave me other options to try

*Question three: Overall, were you satisfied with the organization of the brochure, “Helpful Tips for Foster Parents?”*

Professional 1: It was easy to read and look at
Professional 2: I like the way the pictures, graphics and quotes are scattered throughout the material – it keeps you engaged and strikes an emotional response

Professional 3: Yes, the brochure is easy to understand while it gives good information

Professional 4: Very professional and great visual

Professional 5: No comments

Professional 6: Awesome!

Professional 7: Identifies priorities and is presented in an organized structured manner

Professional 8: Very organized

Foster Parent 9: The brochure was well done

Foster Parent 10: It was easy to follow and gave good resources

*Question four: Please indicate which area on the brochure “Helpful Tips for Foster Parents,” you found the most helpful (more than one may apply)?*

Professional 1: Research on how you can help is informative

Professional 2: The skills information is simple, but critical for good fostering parenting. The resources are essential for support and to avoid burn out. The quotes are powerful and engaging

Professional 3: It is important for foster parents to know how to improve their parenting skills, while it is important for foster parents to know why foster kids are the way they are

Professional 4: I was unaware of C.A.S.A. good to know

Professional 5: No comment
Professional 6: Great practical reminders of meeting the child’s needs

Professional 7: Precaution and format is clear an concise

Professional 8: I though the tips for foster parents was helpful

Foster Parent 9: It gives you ideas on how to better understand children and their needs

Foster Parent 10: I like all the information especially the resources section

Question five: If any, please indicate areas of improvement for this brochure?

Professional 1: Seems fine to me

Professional 2: My only suggestion would be to further emphasize the importance of patience when working with foster children that interventions may need to be repeated many times before children feel safe enough to respond

Professional 3: Mention how all-negative behavior stems from unmeet needs. Maybe mention that a child’s brain does not fully develop until age 25

Professional 4: Maybe provide examples of activities people can do to connect to children (games, community activities) also include phone numbers and address in the event children/foster parents don’t have immediate access to the internet also number 211 (Services Los Angeles County)

Professional 5: No comment

Professional 6: The brochure evoked many emotions; mainly focusing on the magnitude of impact the foster parents can have on a child. The brochure was informative; yet practical in the way the information was presented.
Professional 7: The brochure/information was well thought out, organized and presented in a practical manner to further generate discussions to continue fostering insight.

Professional 8: Resources, mental health services, maybe add 311 (City of Los Angeles). Spanish version of form.

Foster Parent 9: Other related resources for foster parents (support groups).

Foster Parent 10: More suggestions on how to understand and help children behave.

Moreover, the comments provided suggest that this study can be expanded by emphasizing on additional needs specific in nature to the agency in question suggesting additional resources would be beneficial to foster parents. More specifically, comments suggest providing phone numbers of community agencies that would provide additional emotional support to foster parents. Other suggestions included additional strategies on how to improve child and foster parent relationship.

**Discussion**

The objective of developing and seeking feedback on the brochure, “Helpful Tips for Foster Parents,” was to develop a functional tool to be used in the community to support foster parents and professionals in the field. Of particular interest to professionals, who have been in the field for several years were the nature in which the massage was delivered. The quotes provided a grounding factor that is not generally found on other informational brochures. In addition, professionals found the information to be well thought out and informative for the intended reader. Furthermore, while it does
not provide new research information, the content provides a summative of the research currently available.

Limitations

Due to the preliminary nature of the current study, several limitations exist that can be addressed in future studies. To begin, study findings need to be replicated using a larger foster parent sample, as they are the intended audience. Interviewing present and former foster parents will assist in developing a well-rounded tool to help in meeting their needs and essentially retaining foster parents. This would insure that the present results do not merely represent the present sample.

Future Research

There are several factors that should be considered by future researchers in this area. First, future studies should expand to evaluate the effects of relationship quality between the foster child and foster parents. This question is significant because it would assist in defining what type of relationship provides greater positive growth. Moreover, gathering additional information from other foster parents would benefit the development of additional tools to enhance the role of a foster parent. Also, the brochure can be translated into multiple languages. Additionally, connecting with community agencies to provide the brochure in initial referral packets for foster parents would increase its effectiveness as a community wide tool.
REFERENCES


APPENDIX A

Aiding Foster Parents

Dear Colleagues:

I am in the process of completing my graduate exercise and I am seeking your assistance regarding my graduate thesis. Please complete the questions below regarding your professional experience with foster families.

1. What are some of the common challenges foster parents need to know they might encounter before committing themselves to becoming foster parents?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. What kind/type of resources do you think foster parents should be provided with or referred to in order to better assist them in fostering children and dealing with/navigating the DCFS system?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. What kind of training should foster parents have for dealing with DCFS, foster children they care for (emotionally disturbed and special needs children), biological parents or other foster parents?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
4. What do you think are some of the contributing factors that enable a foster parent to build a positive relationship with a foster child?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. What should be the goal of a foster parent in fostering a child? What are examples of that goal in action with foster children of different ages, 0-18 years?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Thank you for your time and feedback!
Why Foster Children Need YOUR Help

What Does The Research Say About Early Development?

- Children’s brains develop rapidly during the first few years of life and are shaped by early experiences.
- Loving relationships with parents and other caregivers during infancy are essential for children to develop attachment and trust.
- All children need to feel safe and secure; have caregivers who are warm, nurturing and responsive to their needs.
- Exposure to chronic stress such as neglect, abuse, or exposure to violence can permanently alter how the child’s brain develops affecting all future development.
- Children who receive positive, nurturing and responsive care can overcome harmful experiences.


How Can You Help?

As a foster parent, you can:

- Provide a warm, loving home that helps children feel safe and secure.
- Help children establish secure attachments and trust, and give them a chance to overcome the potentially harmful effects of neglect, abuse or exposure to violence.
- Change the future of children by helping them get back on track developmentally.
- Support the development of positive social skills, self-regulation, and ability to cooperate with others.

When a foster child is placed in your family:

- Show sensitivity. Observe the child’s behaviors and get to know his or her individual temperament, interests, areas of difficulty. Show the child that he or she is worthy of being loved.
- Be responsive. Tune into the child’s needs and interests. If the child seems playful build on that; if the child seems tired, suggest a shared activity that does not require a lot of effort. Being Adaptive to the child’s needs helps to prevent avoidant or disorganized relationships.

Resources

Foster Children
Big Brothers Big Sisters of America
http://www.bbbs.org

Boys and Girls Club
http://www.bgca.org

CASA (Court Appointed Special Advocate)
http://www.casaforchildren.org

Mental Health Services (individual therapy, psychiatric support)

Community Programs and Activities (fitness-based organizations, sports, arts/music/drama, parks and recreation)

Family Activities (recreation, social)

Foster Parents
National Foster Parent Association
http://nfpasonline.org

Mental Health Services (group therapy, Wraparound, Children Systems of Care)

Network with other Foster Parents

Extended Family Members

For more information contact:

Foster Family Agency
Department of Children and Family Services
APPENDIX C

FEEDBACK SURVEY

Helpful Tips for Foster Parents

By: Fredy Ruiz

Please take a few minutes to review the attach brochure, “Helpful Tips for Foster Parents.” Your feedback is a crucial aspect of the development and improvement of this thesis project.

1. In your opinion, do you think the brochure “Helpful Tips for Foster Parents” will help foster parents and or professionals who work with foster families?
   o A lot
   o A moderate amount
   o None at all

Comments: __________________________________________________________

2. Please rate how much your skills have improved after reading “Helpful Tips for Foster Parents”
   o A lot
   o A moderate amount
   o None at all

Comments: __________________________________________________________

3. Overall, were you satisfied with the organization of the brochure “Helpful Tips for Foster Parents?”
   o A lot
   o A moderate amount
   o None at all

Comments: __________________________________________________________
4. Please indicate which area on the brochure “Helpful Tips for Foster Parents” you found the most helpful (more than one may apply)
   - Improving Foster Parent Skills
   - Quotes from foster children
   - Research about foster children
   - Resources

Comments: ________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

5. If any, please indicate areas of improvement for this brochure

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Thank you for your time and feedback!