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Foster parents' experiences and withdrawal considerations: Comparing treatment and regular foster care

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Graduate Program in Education

A thesis submitted in partial fulfillment of the requirements for the degree in Master of Arts

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FOSTER PARENTS' EXPERIENCES AND WITHDRAWAL CONSIDERATIONS:
COMPARING TREATMENT AND REGULAR FOSTER CARE

(Thesis format: Monograph)

by

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Graduate Program in Education (Counselling Psychology)

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts

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Abstract

The current study investigated differences between the experiences of foster parents providing regular and treatment foster care, and their consideration to withdraw from their position. Survey responses from 852 foster parents were analyzed subsequent to separating the participants into two groups based on the type of care they provided (regular N = 454; treatment N = 398). Results from a chi-square test for independence revealed a treatment foster care parents considered withdrawing more than regular foster care parents. Cross-tabulations and independent samples t-tests revealed numerous differences between the two groups regarding foster parents reasons to withdraw and experiences fostering. The results indicate foster parents can no longer be studied as one homogenous group as differences in the experiences of foster parents providing different types of care are evident.

Keywords: foster parents, retention, treatment foster care, regular foster care, child welfare

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Introduction

The need for foster parents is on the rise, juxtaposed by a decreasing availability of foster homes. This incongruence has led to considerable research in the area of foster parents' experiences that relate to retention and recruitment. Research using both qualitative and quantitative methodologies has been completed over the years, but further investigations are still required. Foster parents' motivations, experiences and challenges have been reported in the literature and are pertinent to aid in the recruitment and retention strategies for child welfare agencies.

Motivations and Retention of Foster Parents

Considerable research has examined the motivating factors for becoming a foster parent, noting both the internal and external motivators for parents to enter fostering. Internal motivators reported by Daniel (2011) include: fulfilling a personal need to be needed, a love of children, joy in watching children grow and helping them in life. External motivators included an awareness of the shortage of foster homes and wanting to contribute to society to fill that gap (Daniel, 2011). Although monetary gain is part of foster care, Daniel (2011) did not find it to be reported as a motivating factor, and is typically minimal compared to the actual cost of caring for the child.

It is assumed that foster parents have these motivations prior to attending pre-foster training. Baum, Crase and Crase (2001) examined the influence of pre-foster training on the decision to become a foster parent. The researchers analyzed qualitative data gathered from 182 participants through a telephone interview in response to questions regarding the influence of pre-licensing training and factors other than training on the decision to become a fully licensed foster parent. This study showed that much of the motivation to become a foster parent comes

from external factors unrelated to the training, that the decision to foster was made prior to attending the pre-licensing training. Themes that emerged with regard to the motivations of fostering included: media influences; work influences; personal experiences; family expansion; family/friends influence; and response to the need of foster parents. However, this study's main purpose was to address the influence of training on motivations, and the researchers found that pre-foster training had little to no effect on whether someone went through with the decision to foster. One limitation of this study included unequal group sizes; significantly more individuals became or intended to become foster parents. Thus, most of the responses were relevant to why individuals want to become foster parents, with less focus on the issues causing them not to pursue foster parenting.

If foster parents decide to become licensed before participating in training, it can be assumed that their motivation to foster was high from the beginning. If motivation is so high, then what causes foster parents to end a placement? Brown and Bednar (2006) focused their research on foster placement breakdown. Their findings suggested that prior research was collected from the agency's perspective of why breakdown occurs, and not from the foster parents themselves. To address this issue, the researchers used a qualitative design and interviewed 63 foster parents by telephone and asked the question: "What would make you consider ending a foster placement?" This was a very direct way to access the answer of why placement breakdowns occur from the foster parents themselves. The responses were analyzed using concept mapping to create themes. They found 9 different themes emerged, including a lack of community resources, agency problems, a danger to family, changed circumstances, complex needs of the child, poor health, child not adapting to the placement and child conduct. Brown and Bednar's work was important because it identified the issues parents have that cause

a breakdown in placement based on their experiences rather than from the agency's perspective. Some unique factors emerged including violence in foster care, perception of contributions for children's transitions back to their birth family, and the decision making process when considering placement breakdown. One strength of this study was that it enabled the researchers to obtain actual statements from participants, allowing for an exploration of *why* placement breakdowns occur.

A weakness to the previous qualitative studies is that they used telephone interviews with very few questions. One group of researchers addressed this problem by using focus groups as a means of collecting information (MacGregor et al, 2006). By doing this, the researchers were able to "capture the rich, descriptive detail about fostering" (MacGregor et al., 2006, p. 355). The study included 9 focus groups with a total of 54 participants from southwestern Ontario. The focus groups examined four distinct concepts including why they entered fostering (motivations), what keeps them in their fostering role (commitment), what they see as the strengths and deficits in support received from the agency, and what they think agencies can do to improve their retention strategies. Analysis involved the creation of themes or categories from the responses to the four questions and a team of co-investigators achieved a consensus on the grouping of items relevant to each theme. The data was then coded into the themes and described in general (present in all 9 groups), typical (half or more of the groups) or variant terms (less than half of the groups). Findings were consistent with previous research in all areas. For example, motivators included altruism and the desire to have children in the home. Strengths and deficits from agencies were on a continuum and included emotional support, trust between workers and parents, foster parent recognition, resource support, crisis intervention and relief. Those viewing these aspects as a deficit indicated that retention would be enhanced if these factors were

improved. Others suggested that support groups for foster parents would be helpful as well for retention. This study, in opposition to the previous two, allowed for follow up questions.

Although there were four set questions asked, researchers were able to have follow-up questions and a full group discussion where participants could discuss ideas to provide the researchers greater detail. Also of note, these Canadian findings were congruent with the literature based in the United States.

Qualitative studies in this area are important to capture the range of motivations, challenges and experiences faced by foster parents. However, these results are limited in their generalizability. Researchers can use the responses and themes from the qualitative studies as a basis to develop quantitative studies that can be more generalizable.

Denby, Rindfleisch and Bean (1999) conducted a quantitative study aimed to determine what led to foster parent satisfaction and the intent to continue to foster. In this study, the researchers developed a survey based on previous literature findings (qualitative data) regarding foster parents' motivations, experiences, challenges and intent to continue to foster. A total of 539 respondents from a Midwestern state were included in the analyses. The researchers found satisfaction to be linked to: recognition from social workers, a feeling of competency to handle children in care, and having no regrets about their investment in their foster child. Due to the quantitative nature of this study, the researchers were able to provide analyses on predictive factors of satisfaction along with their intent to continue to foster. Some factors influencing the intent to continue to foster included overall satisfaction, readiness to call a social worker for assistance, and the total number of boys in the foster home. One strength to this study was the ability to find predictive factors. Agencies could use this information to strengthen their retention strategies and increase satisfaction since it is linked with the intent to continue to foster.

A similar quantitative study looked at the motivations and the needs of foster parents in order to predict who is more likely to discontinue fostering (Rodger, Cummings & Leschied, 2006). Using a survey method similar to Denby et al., these researchers asked 652 foster parents from southwestern Ontario about their motivations, satisfactions, challenges and intent to continue to foster. Five factors emerged using factor analysis and, along with discriminant function analysis, the authors identified the predictors of satisfaction and intent to continue fostering. This Canadian study was able to replicate many of the findings from a US study, reflecting the commonalities across North America. Rodger, Cummings and Leschied (2006) found that one factor, challenging aspects of fostering, was related to parents considering quitting. There were 13 items included in this factor. Item examples included the extent of conflict with the child's worker, dealing with the foster child's primary family, seeing children sent back to a bad situation and losing children they were fond of. As with the previous study, using this qualitative methodology allows for more interpretation and prediction of factors that are related to quitting and provides agencies with more detailed information on how to target their recruitment and retention strategies.

All of the aforementioned studies used samples of current foster parents and most asked questions regarding why they would *consider* quitting. Enlightening data could be found in asking former foster parents about their experiences and what actually caused them to quit fostering. Rhodes, Orme and Buehler (2001) examined differences between three groups of foster parents: current foster parents who planned to continue fostering; current foster parents who planned to quit fostering; and former foster parents that did quit. While differences were found amongst all of the groups, current foster parents reported uniquely that their reasons for leaving tended to reflect: health problems, returning to full-time work, receiving inadequate

financial reimbursement, lacking day care, experiencing problems with the child's birth parents, anticipating difficulty seeing the child leave and not having enough say in the child's future. Some of these items point to a shift in foster care. With dual income families becoming an increasing necessity, families may feel more financial reimbursement is needed than in the past. Day care was the most reported service in need both by parents who planned to quit, as well as by those who were wishing to continue. Similarities were found between the former foster parents and current parents planning to leave. These factors included a lack of additional training after licensure and feeling unprepared compared to the foster parents planning to continue. Overall it seems that the reasons for quitting have changed over time and agencies need to be aware of this information to improve their retention strategies of foster parents.

Presenting Issues of Children in Care

Contributing to this change in foster care are the children themselves that enter the foster care system and the types of issues with which they present. Children in foster care have elevated rates of both problematic physical and mental health. Kools and Kennedy (2003) reviewed the existing literature in this area and found considerable evidence to support the challenges presented in the physical and mental health status of children in care. The authors noted that many children enter care with physical concerns due to neglect and maltreatment, and children are not always receiving the proper care that is needed once entering the foster care system (Kools & Kennedy, 2003). As a result, children in care have an increased need for mental health treatment and special care. It is understandable, and even expected, that children entering care will have some deficits, but is the necessary treatment always available? In the United States where healthcare is costly, the best treatment may not always be possible. Halfon, Berkowitz and Klee (1992) examined medical claims in California that support the need for healthcare for foster

children. The researchers found that although only 4% of foster children are eligible for Medi-Cal (health care for individuals with low income/resources), they account for over 40% of users of mental health services. This demonstrates the high demand for healthcare service for this population.

Hebert and MacDonald (2009) suggest the same issues are arising in Canada and they have provided insight into the much needed changes to address the lack of availability in healthcare for foster children. Transitioning homes, lack of medical information available and misplaced records all contribute to the lack of care these children receive (Hebert & MacDonald, 2009). In order to ensure children obtain the care they need on a consistent basis, Hebert and MacDonald outlined systemic changes that would need to occur. Among these included are better collaboration between systems of care and less foster placement transitions, and a universal or portable health record available to all health, social and educational services (Hebert & MacDonald, 2009).

According to Farris-Manning and Zandstra (2003), children in care are now displaying more behavioural problems and have higher rates of special needs than in the past. Newton and colleagues (2000) examined the relationship between behavioural problems and placement change of the foster children. With a sample of 415 foster children, the researchers assessed problem behaviour using the Child Behaviour Checklist (CBCL) and examined the relationship of this measure to the number of placement changes. Behaviours were assessed at two points in time, upon admission, and 6-18 months later, to determine if placement change impacted behaviour problems. The results showed that externalizing behaviours were a strong predictor of placement changes. In addition, the researchers found that the number of placement changes was a predictor at time 2 on CBCL scores when controlling for time 1 scores. CBCL scores increased

as the number of placements increased. This study demonstrates that there is a bi-directionality with regard to problem behaviour and placement instability. One limitation of this study however was that time 2 varied for each participant, between 6-18 months, and results may have been different if time 2 remained constant. However the study still provides important information on the relationship between characteristics of children and changes in foster placement.

In addition to behavioural problems children display, a common challenge and reason for considering leaving fostering is the lack of training foster parents receive after becoming foster parents. Specific areas where training is lacking is on information regarding fostering adolescents, responding to the needs of sexually abused children, and children from different cultures (Rhodes et al., 2001), as well as the specific needs of children (MacGregor et al., 2006) and preparation in dealing with difficult behaviours children exhibit (Denby et al., 1999).

In relation to the findings by Newton and colleagues (2000) mentioned earlier, a study was conducted to examine the effect of a training intervention on placement change (Price et al., 2008). These researchers randomly assigned foster parents to a training intervention (KEEP model; keeping kinship and foster parents trained and supported) or control group. The KEEP intervention involved “16 weeks of training, supervision and support in behaviour management methods” (Price et al., 2008, p. 69). Goals of the training included teaching foster parents about the use of positive reinforcement, non-harsh discipline methods, monitoring children’s whereabouts, peer associations and avoiding power struggles. Price and colleagues examined the effect the number placement changes had on exit rates, the effect of the intervention on exit rates, and the interaction between the two factors. The researchers found that the number of prior placements was predictive of negative exits, being related to greater placement changes. This is consistent with the findings reported by Newton et al. (2000). With regard to the effectiveness of

the training, Price et al. found that the intervention increased the chance of a positive exit, providing evidence that training does have positive impact on care. These researchers noted that the intervention “mitigated the negative risk-enhancing effect of history of multiple placements” (Price et al., 2008, p. 72). Thus, even if children have been in multiple placements, at higher risk for problem behaviour and experience more placement change, the training intervention effectively decreased the probability of further placement change. Children in foster care need stability. Placement breakdown and transferring children can often negatively impact their development. Thus it is important to have training models in place to mitigate the chances of frequent placement changes for children.

With foster children presenting behavioural problems more frequently, foster parents may be discouraged from continuing due to these increased challenges. Rosenwalk and Bronstien (2008) examined the desirable characteristics of children reported by foster parents. Thirteen participants participated in focus groups to discuss this issue, as well as their motivations and experiences in foster care. Rosenwalk and Bronstien found that race and cognitive/physical (dis)ability did not impact their interest in fostering a child. Other factors varied including sexual orientation, gender, age and behavioural problems that extended from withdrawing to fire setting. A possible limitation of this study was the use of focus groups. Foster parents may not have felt comfortable stating they would not take a child because of certain characteristics due to fear of judgment or ridicule by other foster parents in the group. Thus, although the study provides some insight into the characteristics desired by foster parents, further research should be considered in this area.

A more elaborate quantitative study examined the willingness of parents to foster different “types” of children including those who set fires, engage in head-banging behaviour,

withdraw totally, act out sexually, display unruly behaviour, display destructive behaviour, have trouble behaving in school, lie or steal and those who are bed-wetting (Cox, Orme & Rhodes, 2003). These researchers found that most foster parents were “willing to discuss” fostering all types of children, except those that set fires, who were among the least favourable children to have in their home. The researchers found relationships among certain demographic variables of parents and their willingness to foster children as well. For example, those with more resources and in a helping profession were more willing to foster children with emotional/behavioural problems. Specific “types” of children were analyzed with various demographic variables and were reported in the study (see Cox, Orme & Rhodes, 2003 for full report). Overall, the study found that different factors influenced the willingness to foster difficult children, and these factors should be considered when targeting the recruitment of foster parents.

Types of Foster Care in Canada

One missing piece of this puzzle is the experience of foster parents who provide particular types of care. In the existing literature, foster parents are not separated by the type of care they provide, but rather are viewed as one large homogenous sample group. There are in fact many different types of foster care available in Canada including regular, kinship, treatment, specialized, therapeutic, and emergency. Interestingly, there is no universal list of the types of care in Canada and each Province and Territory utilizes their own subset of the types of care provided (Human Resources and Social Development Canada, 2006; see appendix A for a complete list of the types of care across Canada). Of particular interest to the proposed study is the type of care commonly referred to as treatment, specialized or therapeutic foster care. For purposes of simplicity, these various types of care will be referred to as treatment foster care, unless otherwise specified by the authors of reviewed literature. Treatment foster care involves

caring for children who present with needs that either by virtue of their nature or degree are unique, and require services beyond usual care. Parents are expected to help provide treatment for the children and are provided additional training (Wells & D'Angelo, 1994). Children can have physical, medical and mental health issues requiring special care from these foster parents. By having these types of programs, children can obtain the treatment they need while remaining within a family home environment (Reddy & Pfeiffer, 1997).

Reddy and Pfeiffer (1997) evaluated the effectiveness of treatment foster care based on a review of studies from 1974 to 1996. Forty studies were included in the review from various geographic locations including Canada, England, Finland and the United States. To analyze the effectiveness of treatment foster care in these studies, outcomes were noted as positive, equivocal or negative for each variable studied. Twenty-five different dependent variables were found amongst the 40 studies included in this review. The most frequent challenges included placement permanency, behaviour problems, social skills and psychological adjustment (Reddy & Pfeiffer, 1997). Weighted predictive values (WPV) were used to analyze the findings (see Reddy & Pfeiffer, 1997 for details). Overall, Reddy and Pfeiffer reported treatment foster care had a large positive effect on placement permanency and in the development of social skills (WPV of 0.78 and 0.88 respectively). Medium positive effects were reported for the reduction of behaviour problems and improvements in psychological adjustment with a WPV of 0.50 for both. Thus it is evident by these outcomes that treatment foster care can be effective and show positive outcomes for children and youth in care.

Even with these positive findings, it is important to consider the foster parents' perspectives of providing treatment foster care as well. Wells and D'Angelo (1994) examined the experiences of 40 specialized foster parents using focus group interviews. These parents cared

for children who had been “neglected, abused or abandoned and [were] considered by the individuals who [referred] them to the program to have serious emotional problems (Wells & D’Angelo, 1994, p.130). Four focus groups were formed with a range of 9-13 participants in each group, which lasted approximately 2 hours. Content analysis revealed the different issues faced by specialized foster parents. With regards to how children enter their care, foster parents reported some children enter care with considerable planning, whereas others do not and minimal information is provided. In terms of exiting care, some children depart abruptly. The lack of information was a difficulty noted by parents and had considerably negative consequences for the care of the child. Parents were at times unsure how to respond to children because they did not fully understand the complex needs of the child. This can greatly impact the foster parent’s ability to provide appropriate care. Wells and D’Angelo explain that this lack of information provided to foster parents can be the result of at least four factors. The first is that the adults involved in the child’s life at pre-placement had little interest in providing the information. Second is that caseworkers did not have knowledge regarding a child due to their high caseloads. Third is the belief that case workers withhold information, especially for very difficult children, in the belief that, were all of the information to be known, the placement would be rejected. One parent reported that the caseworker described a child very positively and left out important factors including that the child smeared feces. When the foster parent asked the caseworker why they had not been able to view all of the paperwork initially, they responded, “we were afraid you wouldn’t take her if we showed them to you” (Wells & D’Angelo, 1994, p. 133). Parents believed caseworkers were ‘marketing’ the children inappropriately. Fourth, information is not available due to a refusal from, or unavailability of, biological parents who have the pertinent information.

Providing specialized foster care presents many difficulties in the relationships with caseworkers, biological parents and the children. Since specialized foster parents are providing treatment care as well, they may feel that they are more of a 'coach' and not a mother, while others are unsure of the nature of their relationship with the children and have difficulties with their attachment to them (Wells & D'Angelo, 1994). Specialized foster parents also face the challenge of not feeling supported. Some parents report resentment towards caseworkers who appeared not as committed to the care of the child as they were. Problems also arose when caseworkers were not supportive, did not provide information or resources to assist the parents, and did not provide respite care or relevant training and consultation (Wells & D'Angelo, 1994).

Treatment foster care is a specific form of care with unique challenges that distinguishes it from regular foster care. The purpose of this study was to examine the experiences of treatment foster parents compared to regular foster parents across Canada as it related to retention and recruitment. The increased demand for fostering in combination with an increasing appreciation for the escalating behavioural and mental health concerns of children who enter foster care adds to the crisis in providing high quality services for these vulnerable children.

Method

Participants

This research was part of a larger descriptive field study organized by senior researchers in collaboration with the Child Welfare League of Canada (CWLC) to which ethics approval was previously granted (see Appendix B). The CWLC is a national organization that promotes the protection and well-being of vulnerable young people. It is membership-based and “plays a significant role in promoting best practices among those in the field of child welfare, child rights, children and youth mental health and youth justice” (CWLC, 2013). More information on the CWLC can be found on their website, <http://www.cwlc.ca/>. The current study included 852 foster parents from across Canada. Their demographic information is outlined below.

Parent 1 sample. The demographic information collected for the Parent 1 sample is outlined in Table 1. For both regular foster care (RFC) and treatment foster care (TFC) parents, 90% of the Parent 1 sample was female. The average age of TFC parents was higher ($M = 58.30$, $SD = 10.51$) than RFC parents ($M = 52.13$, $SD = 9.61$; $t(836) = -5.53$, $p < .001$). No racial differences were found between groups of the Parent 1 sample, with 75-80% of participants in both groups identifying as Euro-Canadian (Caucasian). With regard to marital status, over one-third of the Parent 1 sample in both groups (38% RFC, 34% TFC) reported being married. A significant difference was found pertaining to marital status, $\chi^2(6, N = 847) = 17.53$, $p < .01$. Post-hoc standardized residuals revealed that TFC parents reported being single less than would be expected (std. residual = -2.10). Education levels differed between the groups as well, $\chi^2(3, N = 843) = 13.32$, $p < .001$. TFC parents reported high school as their highest level of education less than would be expected (std. residual = -2.08). Over half (57%) of the RFC parents and over two-thirds (68%) of the TFC parents reported college/university as their highest level of education.

Table 1

Demographic Description of the Sample – Parent 1

Characteristic	Type of Foster Care						t	df	p
	Regular		Treatment		n	Mean (SD)			
	n	M (SD)	n	Mean (SD)					
Age (N=841)	451	48.30 (10.51)	390	52.13 (9.61)			-5.49 ^a	836	.00

Characteristic	Type of Foster Care						χ^2	df	p
	Regular		Treatment		All				
	n	%	n	%	n	%			
Sex (N= 847)							0.03	1	.85
Male	45	54.2	38	45.8	83	100			
Female	406	53.1	358	46.9	764	100			
Race (N=833)							8.31	9	.50
Metis	11	47.8	12	52.2	23	100			
First Nations	7	50.0	7	50.0	14	100			
Inuit	18	66.7	9	33.3	27	100			
Euro-Canadian (Caucasian)	335	51.9	310	48.1	445	100			
African-Canadian	4	66.7	2	33.3	8	100			
Latina/o-Canadian	5	55.6	4	44.4	9	100			
Caribbean-Canadian	3	50.0	3	50.0	6	100			
Middle Eastern-Canadian	6	46.2	7	53.8	13	100			
Asian-Canadian	9	81.8	2	18.2	11	100			
Other	47	59.5	32	40.5	79	100			

Marital Status (N=847)					17.53	6	.01
Single	47	71.2	19	28.8	66	100	
Married	318	52.4	289	47.6	607	100	
Separated	13	68.4	6	31.6	19	100	
Divorced	20	37.7	33	62.3	53	100	
Widowed	13	46.4	15	53.6	28	100	
Common Law	42	57.5	31	42.5	73	100	
Other	1	100	0	0	1	100	
Highest Level of Education Completed (N=843)					13.32	3	.00
Elementary School	11	64.7	6	35.3	17	100	
High School	158	62.2	96	37.8	254	100	
College/University	257	48.9	268	51.1	525	100	
Graduate Study	23	48.9	24	51.1	47	100	

Note: Values in boldface represent those in which post-hoc analyses revealed standardized residuals greater than +/-1.96. All analyses were considered to be two-tailed tests.

^aLevine's test for equality of variance was significant, values reported reflect equal variance not assumed.

Parent 2 sample. For those foster parents living in a two-parent household, demographic information for the second parent was also collected (see Table 2). Of the Parent 2 sample, the majority of participants was male (83% RFC, 82% TFC). Similar to the Parent 1 sample, TFC parents were older ($M = 53.73$, $SD = 10.22$) than RFC parents ($M = 49.19$, $SD = 10.22$; $t(671) = -5.75$, $p < .001$). Racial categorization was similar to Sample 1 parents reflecting that 74% of RFC parents and 83 % of TFC parents identified as Caucasian, however a significant difference was found, $\chi^2(9, N = 667) = 17.02$, $p < .05$. Although post-hoc analyses did not detect significant cell differences due to smaller sample sizes and thus less power, by examining the percentage differences presented in Table 2, the larger differences appear to be accounted for by unexpected representation of Inuit, Asian-Canadian and Other races between the groups. With regard to marital status, like the Parent 1 sample, most participants reported being married (86% RFC, 89% TFC), and no differences were found between groups. Differences were found once again with regard to education level, $\chi^2(3, N = 687) = 10.09$, $p < .05$; however post-hoc analyses did not detect significant cell differences. The largest residual differences were found for participants reporting graduate study as their highest level of education, with more TFC parents and less RFC parents reporting this than expected.

Table 2

Demographic Description of the Sample – Parent 2

Characteristic	Type of Foster Care				t	df	p
	Regular		Treatment				
	n	M (SD)	n	Mean (SD)			
Age (N=673)	360	49.13 (10.22)	313	53.73 (10.22)	-5.75	671	.00

Characteristic	Type of Foster Care						χ^2	df	p
	Regular		Treatment		All				
	n	%	n	%	n	%			
Sex (N= 688)							0.09	1	.77
Male	305	53.6	264	46.4	569	100			
Female	62	52.1	57	47.9	119	100			
Race (N=667)							17.02	9	.05
Metis	6	40.0	9	60.0	15	100			
First Nations	5	41.7	7	58.3	12	100			
Inuit	14	77.8	4	22.2	18	100			
Euro-Canadian (Caucasian)	264	50.6	258	49.4	522	100			
African-Canadian	4	80.0	1	20.0	5	100			
Latina/o-Canadian	5	55.6	4	44.4	9	100			
Caribbean-Canadian	2	40.0	3	60.0	5	100			
Middle Eastern-Canadian	6	66.7	3	33.3	9	100			
Asian-Canadian	8	80.00	2	20.0	10	100			
Other	41	66.1	21	33.9	62	100			

Marital Status (N=683)						4.50	6	.61	
Single	5	71.4	2	28.6	7	100			
Married	312	52.3	284	47.7	596	100			
Separated	1	100	0	0	1	100			
Divorced	2	40.0	3	60.0	5	100			
Widowed	1	33.3	2	66.7	3	100			
Common Law	41	58.6	29	41.4	70	100			
Other	1	100	0	0	1	100			
Highest Level of Education Completed (N=687)							10.09	3	.02
Elementary School	14	60.9	9	39.1	23	100			
High School	150	57.7	109	42.3	257	100			
College/University	180	51.4	170	48.6	350	100			
Graduate Study	19	35.2	35	64.8	54	100			

Note: All analyses were considered to be two-tailed tests.

Income Demographics. Demographic information relating to income for the foster families was also collected. Most families reported at least one parent working, if not both. Sources of income varied and participants could choose more than one response. The most common source of income was through employment for both groups (69% RFC, 62% TFC). Significant differences were found for three sources of income: employment, fostering (as a sole source) and retirement income (see Table 3). The largest differences that appeared to account for these differences can be inferred by examining the percentage differences and standardized residual values (not reported). TFC parents reported fostering as their sole source of income and retirement income more than would be expected.

Table 3

Family Income Demographics

Question	Type of Foster Care						χ^2	df	p
	Regular		Treatment		All				
	n	%	n	%	n	%			
Parents working outside the home (N=827)							1.43	2	.49
Neither	54	57.5	40	42.5	94	100			
One	241	51.8	224	48.2	565	100			
Both	148	55.2	120	44.8	268	100			
Source of household income ^a (N=852)									
Employment							4.46	1	.03
Yes	313	55.9	247	44.1	560	100			
No	141	48.3	151	51.7	292	100			
Social Assistance							0.28	1	.60
Yes	9	60.0	6	40.0	15	100			
No	445	53.2	392	46.8	837	100			
Fostering (sole source)							8.11	1	.00
Yes	50	41.3	71	58.7	121	100			
No	404	55.3	327	44.7	731	100			
Self-employment							0.60	1	.44
Yes	106	51.0	102	49.0	208	100			
No	348	54.0	296	46.0	664	100			

Retirement income							7.63	1	.01
Yes	78	44.1	99	55.9	177	100			
No	376	55.7	299	44.3	675	100			
Other							1.21	1	.27
Yes	63	48.8	66	51.2	129	100			
No	391	54.1	332	45.9	723	100			
Gross household income (N=804)							14.44	5	.01
Under \$20,000	33	37.9	54	62.1	87	100			
\$20,000-29,999	39	55.7	31	44.3	70	100			
\$30,000-49,999	110	59.5	75	40.5	185	100			
\$50,000-69,999	90	50.3	89	49.7	179	100			
\$70,000-84,999	63	61.2	40	38.2	103	100			
\$85,000 and above	96	53.3	84	46.7	180	100			

Note: Values in boldface represent those in which post-hoc analyses revealed standardized residuals greater than +/-1.96. All analyses were considered to be two-tailed tests.

^a Participants could choose more than one response.

Procedure

Potential participants were contacted by stakeholders from child welfare agencies across Canada and invited to respond to a questionnaire regarding their experience fostering (paper copy or electronically). In addition, the CWLC's website had an information page and link to the survey for consenting participants to access. By completing the survey, participants consented to take part in the study. All submissions by the participants were anonymous. For the current study, once all surveys were collected, participants were separated into two groups based on the inclusion criteria. A total of 941 surveys were returned by participants across Canada. Participants were selected for the current study and analyzed for inclusion criteria in the comparison groups: regular foster care (RFC) and treatment foster care (TFC). For inclusion in the RFC group, participants must have indicated in their responses that they provided one of the following types of care: i) regular foster care only, or ii) regular foster care and another type of care (including emergency, kinship, relief care, etc., and excluding special or treatment foster care). To be included in the TFC group, participants must have indicated in their responses that they provided one of the following types of care: i) treatment foster care only, ii) special foster care only, iii) treatment foster care and any other type of care (including regular foster care), or iv) special foster care and any other type of care (including regular foster care). The total number of participants included in this study and analysis was 852 (89% of the original sample). Of these participants, 454 were included in the RFC group (53%) and 398 were included in the TFC group (47%).

Instrument

The survey instrument used in this study was developed based on the current literature regarding the motivation to foster and the common experiences and challenges faced by foster parents. It was adapted from questionnaires used in previous research (Denby et al., 1999;

Rodger, Cummings & Leschied, 2006). The survey asked a variety of questions related to information on foster parents and their experiences. Answers could be selected from drop down menus, checkboxes (yes/no or Likert scale) or a short answer typed/written response.

The first section asked participants about their foster home and history of foster care including: type of care provided, details regarding which children are approved to be in their home (age/gender), and details regarding which children they have fostered (number of children, age/sex, length of stay). The second section asked for demographic information of the foster parent(s) including sex, age, race, marital status, and highest education level. The third section asked questions related to the foster parent(s) biological family including: how many biological/adopted children are in the home, the age range of their children, and source of income. The survey also asked questions regarding motivation to become a foster parent (4 point Likert scale ranging from not at all to a great deal), and if the foster parent had considered withdrawing from fostering at any one time (yes or no) and the reasons for this (4 point Likert scale ranging from not at all to a great deal). The last section involved questions related to the parents' experiences of fostering (responses on a 7 point Likert scale from completely disagree to completely agree; see Appendix C for instrument).

Data Analysis

The data was entered by the researchers of the larger study and permission was granted to use the information for purposes of this study (see Appendix D). Group variables were added to the data set to allow for comparison analyses. Various independent samples t-tests, cross-tabulations and chi-square tests for independence were used to compare the groups regarding numerous variables.

Results

Foster Parents' Home and Family

Participants were asked questions regarding their foster home and family. There were numerous significant differences between the two groups. These differences can be summarized as the following: parents providing TFC had been fostering for longer; fostered more children overall; fostered more children at one time; and fostered children for longer periods of time than those providing regular care (see Table 4). TFC parents also had more of their own biological children in the home, $t(847) = -2.02, p < .001$. Although TFC parents differed in all of these areas, the average number of contacts per month with agency workers did not differ between the groups, with parents making most contact through phone or email.

Cross-tabulations were used to analyze other differences between the two groups with regard to their foster home and experiences (see Table 5). Differences were found between the groups with regard to whether or not they met regularly with other foster families, $\chi^2(2, N = 846) = 8.02, p < .05$. Approximately equal number of parents reported fostering children from other cultures, however a significant difference was found in the cross-tabulation, $\chi^2(2, N = 846) = 20.41, p < .001$. Post-hoc analyses revealed RFC parents reported they did not foster children from other cultures more than would be expected (std. residual = 2.38) and TFC parents reported this less than expected (std. residual = -2.56). A difference was also found regarding the age of children primarily cared for by foster parents, $\chi^2(4, N = 846) = 13.66, p < .01$. Post-hoc analyses revealed the greatest influence of this difference was the over representation of TFC parents caring for children aged 13 and above (std. residual = 2.03). One notable significant difference between the two groups was whether or not they fostered children with special needs, $\chi^2(1, N = 846) = 88.68, p < .001$. Standardized residuals were all greater than +/-1.96 and TFC parents

Table 4

Foster Parent's Home and Family Responses – Independent Samples t-Tests

Question	Type of Foster Care				t	df	p
	Regular		Treatment				
	n	M (SD)	n	M (SD)			
Number of years of care provided	451	8.59 (8.24)	394	14.03 (9.65)	-8.74 ^a	778	.00
Total number of children fostered	450	19.41 (36.42)	383	40.88 (71.16)	-5.34 ^a	548	.00
Number of children in own biological family	453	2.23 (2.54)	396	2.54 (1.92)	-2.02	847	.00
Highest number of children fostered at any one time	452	3.24 (1.90)	396	3.84 (1.67)	-4.85	846	.00
Number of foster children that left in the last year	444	2.18 (3.05)	385	2.74 (4.67)	-1.99 ^a	643	.05
Number of times declined to accept a child	436	0.79 (1.53)	386	0.95 (1.96)	-1.28	820	.20
Longest length of stay for a child (months)	438	50.73 (51.56)	389	77.26 (59.23)	-6.83 ^a	774	.00
Average number of contacts per month with foster home worker(s) in the last 12 months							
In person	417	3.22 (5.19)	362	3.09 (4.91)	0.35	777	.73
Via Telephone	411	6.49 (10.48)	369	6.87 (10.48)	-0.51	778	.61
Via email	354	5.66 (12.70)	331	7.24 (11.16)	0.22	683	.09

Note: All analyses were considered to be two-tailed tests.

^aLevine's test for equality of variance was significant, values reported reflect equal variance not assumed.

Table 5

Foster Parent's Home and Family Responses – Cross-tabulations

Question	Type of Foster Care						χ^2	df	p
	Regular		Treatment		All				
	n	%	n	%	n	%			
Meet regularly with other foster families through your own network (N=846)							8.02	2	.02
Yes	216	48.7	228	51.3	444	100			
No	150	57.3	112	42.7	262	100			
No, but I would like to	84	60.0	56	40.0	140	100			
Fostered children from other cultures (N=846)							20.41	2	.00
Yes	301	49.8	303	50.2	604	100			
No	149	65.1	80	34.9	229	100			
Not sure	3	23.1	10	76.9	13	100			
Primarily care for children who are (N=846)							13.66	4	.01
Less than 1 year old	48	57.8	35	42.2	83	100			
1-3 years old	60	61.2	38	38.8	98	100			
4-12 years old	132	58.9	92	41.1	224	100			

13 and above	72	42.9	96	57.1	168	100			
All ages	141	51.7	132	48.3	273	100			
Sex(es) of children home was approved for (N=834)							6.72	2	.03
Male	20	43.5	26	56.5	46	100			
Female	24	72.7	9	27.3	33	100			
Both male and female	402	53.3	353	46.7	755	100			
Felt if refused a placement would not get offered another (N=817)							3.52	1	.06
Yes	134	48.7	141	51.3	275	100			
No	302	55.7	240	44.3	542	100			
Fostered children with special needs (N=846)							88.68	1	.00
Yes	315	45.7	374	54.3	689	100			
No	137	87.3	20	12.7	157	100			

Note: Values in boldface represent those in which post-hoc analyses revealed standardized residuals greater than +/-1.96. All analyses were considered to be two-tailed tests.

reported fostering children with special needs more than expected, and RFC parents reporting this less than expected.

Table 6 outlines similar results as TFC parents reported fostering medically fragile children more than RFC parents, $\chi^2 (1, N = 619) = 52.15, p < .001$. With regard to ages of children placed in care, both groups of parents cared for infants, toddlers, young children and latency aged children equally, however TFC parents reported fostering more adolescents, $\chi^2 (1, N = 657) = 25.25, p < .001$, and young adults, $\chi^2 (1, N = 505) = 10.21, p < .001$, than did RFC parents. As outlined in table 7, TFC parents fostered more infants than RFC parents, $t (198) = -2.33, p < .05$, however parents did not differ in the number of children fostered in any other age range.

Many children entering into foster care have special needs or have experienced abuse. Foster parents were asked whether or not they had fostered children with these needs or experiences. Table 8 summarizes the reported results. Both regular and treatment foster care parents reported fostering children with special needs, however more TFC parents reported fostering children specifically with physical special needs, $\chi^2 (1, N = 415) = 7.74, p < .01$, and behavioural special needs, $\chi^2 (1, N = 647) = 4.89, p < .05$. Both regular and treatment foster care parents also reported fostering children who had experienced different types of abuse, however extreme differences were found between the groups, whereby TFC parents reported fostering these children more than expected compared to RFC parents with respect to every type of abuse (see Table 8).

Table 6

Type of Children Fostered by RFC and TFC Parents

Age/Need	Type of Foster Care						χ^2	df	p
	Regular		Treatment		All				
	n	%	n	%	n	%			
Infants (0-1; N=583)							0.03	1	.85
Yes	142	56.4	110	43.6	252	100			
No	184	55.6	147	44.4	331	100			
Toddlers (2-4; N=596)							0.06	1	.81
Yes	179	55.8	142	44.2	321	100			
No	156	56.7	119	43.3	275	100			
Young children (5-6; N=562)							0.14	1	.71
Yes	129	54.4	108	45.6	237	100			
No	182	56.0	143	44.0	325	100			
Latency age children (7-12; N=619)							0.28	1	.60
Yes	209	54.4	175	45.6	384	100			
No	133	56.6	102	43.4	235	100			

Adolescents (13-18; N=657)								25.25	1	.00
Yes	182	44.1	231	55.9	413	100				
No	157	64.3	87	35.7	244	100				
Young adults (18+; N=505)								10.21	1	.00
Yes	27	37.5	45	62.5	72	100				
No	250	57.7	183	42.3	433	100				
Medically fragile children (N=512)								52.15	1	.00
Yes	28	24.4	87	75.6	115	100				
No	248	62.5	149	37.5	397	100				

Note: Values in boldface represent those in which post-hoc analyses revealed standardized residuals greater than +/-1.96. All analyses were considered to be two-tailed tests.

Table 7

Number of Each Type of Child Fostered by RFC and TFC Parents

Age/Need	Type of Foster Care				t	df	p
	Regular		Treatment				
	n	M (SD)	n	M (SD)			
Infant (0-1)	169	1.62 (1.49)	125	2.17 (2.32)	-2.33 ^a	198	.02
Toddlers (2-4)	193	1.85 (2.49)	152	2.26 (3.27)	-1.31	343	.19
Young children (5-6)	155	1.50 (1.84)	119	1.50 (1.75)	0.00	272	1.00
Latency aged children (7-12)	229	1.74 (1.41)	183	1.92 (1.16)	-1.19	410	.24
Adolescents (13-18)	212	2.17 (2.59)	238	2.23 (2.69)	-0.48	448	.63
Young adults (18+)	53	0.66 (1.16)	70	1.13 (2.26)	-1.38	121	.17
Medically fragile children	47	0.64 (0.70)	92	1.20 (1.02)	-3.36	137	.00

Note: Values in boldface represent those in which post-hoc analyses revealed standardized residuals greater than +/-1.96. All analyses were considered to be two-tailed tests.

^a Levine's test for equality of variance was significant, values reported reflect equal variance not assumed.

Table 8

Foster Parents' Experience Fostering Children with Special Needs

Child's need/experience	Type of Foster Care						χ^2	df	p
	Regular		Treatment		All				
	n	%	n	%	n	%			
Fostered a child with...									
Physical special needs (N=415)									
Yes	92	36.5	160	63.5	252	100	7.74	1	.01
No	82	50.3	81	49.7	163	100			
Medical special needs (N=489)									
Yes	152	41.5	214	58.5	366	100	2.43	1	.12
No	61	59.6	62	50.4	123	100			
Behavioural special needs (N=647)									
Yes	279	45.0	341	55.0	620	100	4.89	1	.03
No	18	66.7	9	33.3	27	100			
Emotional special needs (N=600)									
Yes	236	42.5	320	57.5	556	100	3.13	1	.06
No	25	56.8	19	43.2	44	100			

Fostered a child who experienced...

Physical abuse (N=653)								22.85	1	.00
Yes	179	54.5	214	54.5	393	100				
No	168	64.6	92	35.4	260	100				
Sexual abuse (N=595)								22.5	1	.00
Yes	111	42.2	152	57.8	263	100				
No	205	61.7	127	38.3	332	100				
Emotional abuse (N=719)								27.77	1	.00
Yes	247	46.7	282	53.3	529	100				
No	131	68.9	59	31.1	190	100				
Neglect (N=772)								3.97	1	.05
Yes	334	51.5	314	48.5	648	100				
No	76	61.3	48	38.7	124	100				
Multiple types of abuse (N=619)								37.03	1	.00
Yes	164	41.5	231	58.5	395	100				
No	150	67.0	74	33.0	224	100				

Note: Values in boldface represent those in which post-hoc analyses revealed standardized residuals greater than +/-1.96. All analyses were considered to be two-tailed tests.

Motivations to Foster

Foster parents were asked to what extent certain conditions were reasons they became foster parents and the results are displayed in Table 9. The conditions with the highest rating were that the foster parents “wanted to take in children who needed loving parents” and “wanted to save children from further harm”, with RFC parents endorsing the later condition more ($M = 2.50$, $SD = 0.75$) than TFC parents ($M = 2.37$, $SD = 0.84$), $t(738) = 2.30$, $p < .05$. Another difference was TFC parents endorsing that they “wanted to increase household income” more than RFC parents, $t(761) = -2.82$, $p < .001$. The last difference found was that RFC parents “wanted to adopt, but were unable to do so” more than TFC parent, $t(735) = 3.08$, $p < .001$, however this factor was amongst the least endorsed. The factor that was endorsed the least for both groups was parents “wanting to give care as a religious obligation”. Foster parents were given the opportunity to share their motivations not listed as well. Although these qualitative responses were not formally analyzed, unique responses included personal experience with fostering (i.e. was a foster child; knew someone who fostered); wanting to give back to the community; and a genuine desire to help children and adolescents. Numerous participants noted that they were motivated by a religious influence, however did not feel it was an “obligation”.

Table 9

Results of t-Tests Comparing Type of Foster Care and Motivations to Become a Foster Parent

Motivating Factor	Type of Foster Care				t	df	p
	Regular		Treatment				
	n	M (SD)	n	M (SD)			
Own family was grown, but still wanted to care for children	417	0.96 (1.22)	356	0.85 (1.16)	1.23	771	.22
Wanted to save children from further harm	427	2.50 (0.75)	367	2.37 (0.84)	2.30 ^a	738	.02
Wanted to increase household income	414	0.51 (0.74)	349	0.66 (0.75)	-2.82	761	.00
Wanted to provide a brother/sister for own child	412	0.41 (0.88)	340	0.35 (0.79)	0.98	750	.33
Wanted to take in children who needed loving parents	437	2.59 (0.70)	370	2.51 (0.76)	1.63 ^a	755	.10
Wanted to adopt, but were unable to do so	404	0.42 (0.89)	343	0.24 (0.67)	3.08 ^a	735	.00
Wanted to give care as a religious obligation	404	0.25 (0.66)	342	0.18 (0.56)	1.78 ^a	744	.08

Note: Extent of conditions for reasons to become a foster parent ranged from 0 (not at all) to 3 (a great deal). All analyses were considered to be two-tailed tests.

^aLevine's test for equality of variance was significant, values reported reflect equal variance not assumed.

Withdrawal Considerations

Foster parents were asked if they had considered withdrawing from fostering at any one time. A chi-square test for independence was used to analyze any differences in response to this question (see Table 10). A significant difference was found between the groups, $\chi^2(1, N = 843) = 15.30, p < .001$. Post-hoc analyses revealed standardized residuals greater than ± 1.96 in two cells. RFC parents reported they had not considered withdrawing more than expected (std. residual = 2.20), and TFC parents reported this less than expected (std. residual = -2.35).

Of those foster parents who had considered withdrawing from their role, the extent to which different situations influenced their decision was considered. Responses ranged from 0 (not at all) to 3 (a great deal), and few differences were found. Of the potential situations influencing withdrawal, the highest rated reason by the RFC parents was “seeing children sent back to a bad situation” ($M = 1.38, SD = 1.25$). This was also rated high for the TFC parents ($M = 1.42, SD = 1.21$), however the highest rated reason for the TFC parents was “agency red tape” ($M = 1.55, SD = 1.22$). TFC parents also endorsed this reason significantly more than RFC parents, $t(518) = -1.99, p < .05$. Other differences included “foster care boarding rates insufficient”, “significant personal loss of a family member(s)”, and “lack of support services such as respite care”, whereby TFC parents endorsed these as reasons for considering withdrawal more than RFC parents (see Table 11). Foster parents also had the opportunity to list other reasons for their consideration to withdrawal and these reasons were seemed to contribute the most for those parents who listed them ($M = 1.86$ RFC, $M = 1.92$ TFC). Some reasons listed were age, retirement, burnout/fatigue, issues with the agency and lack of support/understanding from workers and agency.

Table 10

Chi-Square Test for Independence for Type of Care and Withdrawal Consideration

	Type of Foster Care						χ^2	df	p
	Regular		Treatment		All				
	n	%	n	%	n	%			
Considered Withdrawing (N=843)							15.30	1	.00
Yes	279	48.9	292	51.1	571	100			
No	172	63.2	100	36.8	272	100			

Note: Values in boldface represent those in which post-hoc analyses revealed standardized residuals greater than +/-1.96. Analysis was considered to be a two-tailed test.

Additionally, foster parents were asked what influenced their decision to continue to provide care instead of withdrawing. Various reasons were given, and although qualitative responses were not analyzed in this study, it appeared the most prominent theme of the responses was the love of the children and continuing for their benefit.

Table 11

Reasons for Considering Withdrawing as a Foster Parent

Reason	Type of Foster Care				t	df	p
	Regular		Treatment				
	n	M (SD)	n	M (SD)			
Conflict with the foster home support worker	253	0.72 (1.09)	271	0.78 (1.12)	-0.66	522	.51
Conflict with the child's worker	263	1.06 (1.23)	283	1.14 (1.19)	-0.81	544	.42
Foster care boarding rates insufficient	256	0.66 (0.92)	272	0.92 (1.11)	-2.92 ^a	518	.00
Reimbursements for clothing, spending, etc insufficient	251	0.67 (0.97)	270	0.76 (1.03)	-0.98	519	.33
Significant personal loss of a family member(s)	238	0.16 (0.55)	254	0.35 (0.87)	-2.86 ^a	434	.00
Training requirements	246	0.26 (0.60)	266	0.30 (0.73)	-0.69	510	.49
Agency red tape	256	1.33 (1.30)	273	1.55 (1.22)	-1.99 ^a	518	.05
Named in allegation of abuse/neglect	239	0.44 (0.94)	258	0.55 (1.00)	-1.33 ^a	495	.18
Losing children I (we) was (were) fond of	248	0.93 (1.24)	269	1.01 (1.17)	-0.75	515	.45
Seeing children sent back to a bad situation	249	1.38 (1.25)	261	1.42 (1.21)	-0.40	508	.69
Dealing with the foster child's primary family	247	0.84 (1.03)	262	0.74 (1.02)	1.16	507	.25

Dealing with the foster child's difficult behaviour	255	1.16 (1.15)	276	1.18 (1.12)	-0.24	529	.81
Own child(ren)'s resentment of and conflict with the foster children	239	0.42 (0.75)	261	0.49 (0.82)	-0.96	498	.34
Lack of support services such as respite care	245	1.16 (1.23)	270	1.42 (1.22)	-2.37	513	.02
Other	85	1.86 (1.38)	76	1.92 (1.37)	-0.29	159	.78

Note: Extent of factor impacting consideration to withdrawal ranged from 0 (not at all) to 3 (a great deal). The option of “not applicable” was available to choose as well. All analyses were considered to be two-tailed tests.

^aLevine's test for equality of variance was significant, values reported reflect equal variance not assumed

Foster Parent Experiences

Foster parents were asked to rate, on a scale from completely disagree (1) to completely agree (7), various experiences they may have while fostering. Items were compiled into five categories based on previous research (Rodger et al., 2006) and the results are described below.

Perceptions of the Agency/Workers. Table 12 outlines the results for experiences relating to foster parents' perceptions of the child welfare agency and/or workers. The experience both groups of parents agreed with the most was with regard to not hesitating to call their agency or worker when they had concerns, however RFC parents agreed with this more than TFC parents, $t(716) = 2.17, p < .05$. Parents providing RFC also agreed more with the statement "agency workers share fully about the background and problems of children whom they ask my family to accept", $t(811) = 2.22, p < .05$. No other significant differences within this category were found, however the directionality of the results reveal TFC parents agreed with each experience slightly less than RFC parents.

Challenging Aspects of Fostering. Table 13 outlines the results for experiences relating to the challenging aspects of fostering. Numerous differences were found between the groups within this category. TFC parents identified that boarding rates were insufficient, $t(817) = -2.87, p < .001$, and that reimbursements for clothing, spending, etc., were insufficient as well, $t(810) = -2.39, p < .05$, compared to RFC parents. TFC parents also reported more challenges with agency red tape interfering with their ability to foster, $t(813) = -2.13, p < .05$. Parents providing RFC had more challenges with training requirements being met, as they agreed with this less ($M = 5.47, SD = 1.81$) than TFC parents ($M = 5.98, SD = 1.48$), $t(818) = -4.42, p < .001$. Additionally, RFC parents did not feel as respected when their family experienced a personal significant loss than did TFC parents, $t(732) = -2.11, p < .05$.

Table 12

Results of t-Tests Comparing Type of Care and Foster Care Experiences – Perceptions of Agency/Workers

Experience	Type of Foster Care				t	df	p
	Regular		Treatment				
	n	M (SD)	n	M (SD)			
Agency workers share fully about the background and problems of children whom they ask my family to accept	440	4.36 (2.14)	373	4.02 (2.18)	2.22	811	.03
When I need to talk over my concerns about a child, I do not hesitate to contact my agency's worker	445	6.10 (1.47)	377	5.84 (1.84)	2.17 ^a	716	.03
My agency's worker treats me as if I am a team member	441	5.39 (2.00)	374	5.24 (2.14)	0.99 ^a	771	.32
I have clear communication with the worker regarding who should be responsible for transportation, doctors visits, school conferences and the like	445	5.82 (1.68)	382	5.74 (1.82)	0.63	825	.53
I am secure about the soundness of the decisions my supervising worker makes	443	5.23 (1.87)	380	5.04 (1.97)	1.42	821	.16
My supervising worker is available to assist us in handling special problems/needs of the children in care	445	5.51 (1.84)	378	5.41 (1.85)	0.74	821	.46
I receive as much service from my supervising worker as other foster parents	442	5.38 (1.74)	379	5.37 (1.80)	0.08	819	.93

The less I have to do with my supervising worker, the better off my home is	439	2.86 (2.03)	378	3.00 (2.12)	-0.94	815	.35
Supervising agency workers respect my opinions regarding the foster child(ren) placed with my family	441	5.42 (1.81)	381	5.34 (1.95)	0.64	820	.53
It was clear what supervising workers expect of me as a foster parent	432	5.57 (1.68)	364	5.38 (1.82)	1.54 ^a	746	.12
Supervising workers are warm and friendly when I have distress/concerns as a foster parent	446	5.55 (1.78)	381	5.38 (1.83)	1.34	825	.18
Supervising workers show approval when I do well as a foster parent	443	5.75 (1.66)	378	5.74 (1.71)	0.10	819	.92
Supervising workers help me solve problems with my foster child when they arise	443	5.44 (1.79)	380	5.32 (1.75)	1.02	821	.31
Agency workers provide information about my foster child when I need it	442	5.14 (1.83)	382	5.00 (1.89)	1.08	822	.28
When I felt I needed to talk over my concerns about a child, I did not hesitate to phone my worker	443	6.02 (1.36)	380	5.87 (1.44)	1.60	821	.11

Note: Responses ranged from 1 (completely disagree) to 7 (completely agree). All analyses were considered to be two-tailed tests.

^a Levine's test for equality of variance was significant, values reported reflect equal variance not assumed.

Table 13

Results of t-Tests Comparing Type of Care and Foster Care Experiences – Challenging Aspects of Fostering

Experience	Type of Foster Care				t	df	p
	Regular		Treatment				
	n	M (SD)	n	M (SD)			
Conflict with the supervising worker occurs on a frequent basis	440	2.30 (1.85)	377	2.47 (1.90)	-1.30	815	.19
Foster care boarding rates are insufficient	440	4.27 (2.11)	379	4.68 (2.04)	-2.87	817	.00
Reimbursements for clothing, spending, etc. are insufficient	437	4.20 (2.17)	375	4.55 (2.04)	-2.39	810	.02
There was respect for my family when we experienced a significant personal loss of a family member(s)	404	4.85 (1.64)	362	5.11 (1.81)	-2.11 ^a	732	.04
My training requirements as a foster family were met	442	5.47 (1.81)	380	5.98 (1.48)	-4.42 ^a	818	.00
Agency red tape often interfered with my ability to care for my foster children	436	3.85 (2.15)	379	4.17 (2.13)	-2.13	813	.03
The fear of being named in an allegation of abuse/neglect by a foster child affected my ability to care	441	2.93 (2.06)	379	3.17 (2.11)	-1.69	818	.09
Losing children who I was fond of is a common concern I have	443	4.29 (2.07)	380	4.29 (2.02)	0.01	821	.99

Seeing children sent back to a bad situation is a common concern I have	438	5.33 (1.77)	376	5.28 (1.77)	0.35	812	.72
Dealing with the foster child's primary family is a common concern I have	441	3.80 (2.01)	377	3.69 (2.05)	0.71	816	.48
Dealing with the foster child's difficult behaviour is a common concern I have	444	4.18 (1.97)	377	4.33 (2.03)	-1.06	819	.29
I was challenged in my fostering by my own child(ren)'s resentment of and conflict with foster child(ren)	435	2.54 (1.88)	376	2.76 (1.99)	-1.59	809	.11

Note: Responses ranged from 1 (completely disagree) to 7 (completely agree). All analyses were considered to be two-tailed tests.

^aLevine's test for equality of variance was significant, values reported reflect equal variance not assumed.

Confidence and Satisfaction. Table 14 outlines the results for experiences relating to foster parents' confidence and satisfaction in fostering. No significant differences were found between the two groups. Both groups agreed with all of the statements in this category.

Training. Table 15 outlines the results for experiences relating to foster care training. No significant differences were found between the groups with regard to this category. The overall means for this category (see Table 17) revealed parents in both groups slightly agreed with the experiences.

Community and the Child Welfare System. Table 16 outlines the results for experiences relating to perceptions about the foster care system and its impact on the parents' community. More parents disagreed with these statements than any other category as the lowest mean was 3.66. Overall, few differences were found between the groups. RFC parents agreed that the child welfare systems respond appropriately to the needs of children throughout their lifespan than did TFC parents, $t(779) = 4.59, p < .001$. Parents providing RFC also were more satisfied with the child welfare system's ability to assess risk to children in a way that does not penalize biological parents/families for circumstances beyond their control, such as poverty, $t(741) = 2.19, p < .05$.

Overall. Table 17 outlines the mean responses for each category holistically. Overall, categorical differences existed in terms of challenging aspects of foster care, $t(769) = -3.70, p < .001$, and perceptions of the foster care system and community, $t(816) = 2.05, p < .05$. The category with the highest mean for both groups was confidence and satisfaction (6.31 RFC, 6.26 TFC), with no difference, indicating that parents in both groups feel equally confident and satisfied. When combining all means per group, there was no significant difference found, indicating that holistically, parents providing either type of care have similar experiences.

However, individual differences exist and were revealed when analyzing the responses separately as described above.

Summary

Differences were identified between the foster parent groups. Demographically, the groups varied with regard to the following variables: marital status (parent 1), education (both parents) and race (parent 2). Income differences were also found regarding source of income and gross income. Several differences were found between the two groups concerning aspects of fostering including TFC parents providing service for more years, to more children overall and at one time, for longer periods of time (length of stay), and had more children leave their home in the past year. TFC parents also had fostered children from other cultures to a greater degree, as well as fostering older children, those with special needs, especially medical and behavioural special needs, and children who had experienced all types of abuse. Some differences existed in terms of the motivation to become a foster parent with TFC parents identifying financial gain as a motivating factor more than RFC parents. Although TFC parents endorsed wanting to save children from further harm as a strong motivating factor, RFC parents identified this factor to a greater extent, as well as fostering as an adoption alternative. In addition to these differences, TFC parents considered withdrawing their services more than expected compared to RFC parents. The reasons foster parents identified for considering withdrawal differed as well, with TFC parents identifying insufficient rates, issues with agency red tape and a lack of support from workers to a greater degree. With regard to the foster parenting experience, overall differences were found with regard to challenging aspects of foster care and community/agency perceptions with TFC parents facing more challenges and having more negative perceptions of the community and agency's role in adequately caring for children.

Table 14

Results of t-Tests Comparing Type of Care and Foster Care Experiences – Confidence and Satisfaction

Experience	Type of Foster Care				t	df	p
	Regular		Treatment				
	n	M (SD)	n	M (SD)			
I am satisfied with the type of children the agency places with me	443	6.02 (1.36)	380	5.87 (1.44)	1.60	821	.11
I feel competent to handle the type(s) of children placed in my home	443	6.40 (1.01)	382	6.51 (0.96)	-1.64	823	.10
I have never had regrets about my decision to become a foster parent	443	6.11 (1.49)	383	5.91 (1.71)	1.75 ^a	824	.08
I saw positive changes in the children who were placed in my home	446	6.71 (0.66)	382	6.73 (0.60)	-0.27	826	.78

Note: Responses ranged from 1 (completely disagree) to 7 (completely agree). All analyses were considered to be two-tailed tests.

^aLevine's test for equality of variance was significant, values reported reflect equal variance not assumed.

Table 15

Results of t-Tests Comparing Type of Care and Foster Care Experiences – Training

Experience	Type of Foster Care				t	df	p
	Regular		Treatment				
	n	M (SD)	n	M (SD)			
The knowledge and skills I learned in foster care training were later reinforced by agency workers	436	5.18 (1.81)	380	5.33 (1.73)	-1.17	814	.24
The foster care training I received has been based on my training needs that I felt were relevant	436	5.03 (1.84)	378	5.22 (1.76)	-1.52	812	.13
Looking back, I was helped through orientation/ pre-service training to anticipate many of the difficulties I later experienced as a foster parent	441	4.70 (2.03)	379	4.56 (2.01)	1.00	818	.32
Overall, I consider the training I have received about fostering as appropriate	438	5.30 (1.78)	383	5.22 (1.80)	0.64	819	.52

Note: Responses ranged from 1 (completely disagree) to 7 (completely agree). All analyses were considered to be two-tailed tests.

Table 16

Results of t-Tests Comparing Type of Care and Foster Care Experiences – Community and the Child Welfare System

Experience	Type of Foster Care				t	df	p
	Regular		Treatment				
	n	M (SD)	n	M (SD)			
Positive programs, events, and activities are happening in this community to help children and families in a healthy way	441	5.08 (1.76)	382	5.19 (1.65)	-0.89	821	.37
I feel foster parents in my community have influence in the way our child welfare systems respond to the needs of the children and families	438	4.03 (2.01)	381	3.91 (2.15)	0.80 ^a	783	.43
I feel like our child welfare systems respect the cultural values of the children, community and my family	442	5.17 (1.74)	382	5.02 (1.92)	1.14 ^a	776	.25
Foster children have adequate access to programs and resources to develop and maintain fluency in their first (or heritage) language	439	4.82 (1.84)	379	4.57 (1.98)	1.86 ^a	779	.06
Child welfare systems respond appropriately to the needs of children throughout their lifespan	442	4.29 (1.90)	379	3.66 (2.05)	4.59 ^a	779	.00
I am satisfied that the child welfare system in my community assesses risk to children in a way that does not penalize biological parents/families for poverty, lack of access to adequate housing, or other circumstances that may be beyond their control	438	5.04 (1.57)	378	4.77 (1.86)	2.19 ^a	741	.03

I am satisfied that the child welfare system in my community assesses risk to children accurately and with cultural sensitivity	439	4.94 (1.64)	381	4.73 (1.81)	1.74 ^a	774	.08
I am satisfied that the resources and support for foster children in my community are equivalent to those available in other communities	439	4.91 (1.67)	378	4.76 (1.86)	1.24 ^a	763	.22
Foster children have adequate access to programs and resources to develop and maintain their cultural identity	439	4.99 (1.64)	379	4.90 (1.78)	0.74 ^a	775	.46
I am confident that the birth family, extended family, and child (if appropriate) are involved in placement planning for children in my community	440	4.67 (1.72)	382	4.56 (1.89)	0.91 ^a	777	.36

Note: Responses ranged from 1 (completely disagree) to 7 (completely agree). All analyses were considered to be two-tailed tests.

^aLevine's test for equality of variance was significant, values reported reflect equal variance not assumed.

Table 17

Results of t-Tests Comparing Type of Care and Foster Care Experiences – Overall

Category	Type of Foster Care				t	df	p
	Regular		Treatment				
	n	M (SD)	n	M (SD)			
Perceptions of agency/workers	437	5.30 (1.27)	371	5.17 (1.29)	1.35	806	.18
Challenging aspects of foster care	426	3.99 (0.87)	372	4.21 (0.84)	-3.70	796	.00
Confidence and satisfaction	444	6.31 (0.80)	383	6.26 (0.80)	0.93	825	.35
Training	438	5.06 (1.61)	382	5.08 (1.51)	-0.16	818	.88
Community and the social welfare system	438	4.79 (1.28)	380	4.60 (1.39)	2.05	816	.04
Overall	435	4.91 (0.78)	377	4.87 (0.76)	0.58	810	.56

Note: Responses ranged from 1 (completely disagree) to 7 (completely agree). All analyses were considered to be two-tailed tests.

Discussion

The purpose of this study was to identify any differences in experiences between foster parents providing regular and treatment foster care with respect to agency recruitment and retention. Canada-wide, 852 participants who had completed a questionnaire distributed by the Child Welfare League of Canada were included in this study based on group inclusion criteria mentioned earlier. Data related to their demographic characteristics, aspects of and experiences fostering, consideration to withdrawal from their role and the reasons prompting this were collected and examined. Data was analyzed using independent samples t-tests, cross-tabulations and chi-square tests for independence.

Overall findings suggested various differences between the foster parent groups. Key findings included TFC parents fostering for more years, fostered more children, more children at one time, and for longer periods of time than the RFC parents. These parents also fostered children who were older, those with physical and behavioural issues, as well as children who had experienced abuse. Motivations were similar, however differences were found between the groups. A significant difference was found between the groups in relation to consideration of withdrawing from their position, with TFC parents endorsing this to a greater degree. Reasons more common among TFC parents related to lack of sufficient funds, agency red tape and lack of support from workers. They had more challenges with fostering and different attitudes about the foster care system and community than the RFC parents.

Relevance to Previous Research

Motivations to foster. Previous research has shown that foster parents' motivation to foster children is related to internal variables, most prominently the love of children, and altruistic values and the desire to help those in need (Daniel, 2011; Denby et al, 1999, MacGregor et al., 2006). Consistent with this research, participants in this study rated "wanted to take in children

who needed loving parents” and “to save children from further harm” as the most influential reasons to foster. Of important note, to become a treatment foster parent, in most cases, one must have provided regular foster care for some time. Thus, motivations to foster generally should relate to becoming a regular foster parent. A difference was found with the current sample in the endorsement of monetary gain as an external motivating factor, although, it was rated lower than internal variables, which is consistent with previous research (Daniel, 2011; Kirton, 2001). One factor that may account for this difference in the current sample was the difference found in total gross income. More TFC parents had a gross income of under \$20,000 compared to RFC parents. Additionally, more TFC parents also indicated fostering as their sole source of income. Although initially a foster parent does not provide treatment care (typically), the lower income could have motivated these parents to begin fostering and later transition into providing treatment care as the monetary gain is higher.

Experience fostering. Due to the years of experience required to become a treatment foster parent, as would be expected, participants in the TFC group had fostered for more years and fostered more children. Due to the nature of the work, it would also be expected that TFC parents fostered more children with special needs and those experiencing abuse, which was evident in this study. As the previous research outlined, more children entering care currently are those who have been neglected or abused and require more special care (Kools & Kennedy, 2003; Farris-Manning & Zandstra, 2003). Thus, it would seem that there would be a higher demand for parents providing treatment foster care. This could also be contributing to the increased number of children fostered by these parents, relative to those providing regular foster care.

The current research did find that TFC parents were fostering more children with behavioural and medical/special needs, as well as children who had experienced various types of abuse and neglect. Thus, these parents are fostering the more challenging children as would be

expected given the mandate of treatment foster care. Newton and colleagues (2000) discussed the relationship between children exhibiting difficult behaviours and the number of placement changes. The current research found that TFC parents are fostering more children with behavioural special needs and had more children leave their home in the past year, supporting this relation. However, the reason for the child leaving is not known and could have been a positive exit, rather than a negative one.

Withdrawal considerations. The current study revealed a difference in the consideration to withdraw from the foster parent role, with TFC parents endorsing this more than RFC parents. Although no past research has examined the differences between these two types of care, it is apparent that foster parents, in general, consider withdrawing from service to a very high degree for various reasons. Denby and colleagues (1999) found variables predictive of the intent to continue fostering included overall satisfaction and the readiness to call a social worker. The current research found that TFC parents hesitated more when calling their worker for support which, according to Denby et al., could account partly for their withdrawal consideration. Rodger and colleagues (2006) found challenging aspects of care to be predictive of parents withdrawal considerations. In the current study, TFC parents encountered more challenges than RFC parents. Thus, consistent with previous research, areas in which TFC parents encountered more difficulty were those that have been found to be predicative of considering withdrawal, which supports the difference seen between the groups in the current study.

As previously mentioned, other researchers proposed reasons for considering leaving fostering to be a lack of training after becoming a foster parent, especially in relation to fostering adolescents, children from other cultures, and those who experienced sexual abuse (Rhodes et al., 2001), all of which the current study revealed TFC parents foster more. Although there was no difference in training experiences overall between the two groups in the current study, RFC parents

did endorse the statement “my training requirements were met” less than TFC parents. One potential reason for this could be the current increase in children with special needs in the foster care system. Children with special needs could be placed in regular foster care if a treatment home is not available. Parents providing treatment care do receive more unique training, as well as ongoing training, in order to provide such care (Reddy & Pfeiffer, 1997; Wells & D’Angelo, 1994). It is not unforeseen then that parents providing regular care might endorse the above statement less because they are not trained specifically for the types of children coming into their care at a higher rate.

One finding of the current research suggests that TFC parents are not informed fully about the children being placed in their care. Wells and D’Angelo (1994) found this to be prominent with their sample of specialized foster parents as well. By leaving out pertinent information, foster parents are not able to provide the most effective care, and trust between worker and parent may be compromised. MacGregor and colleagues (2006) reported that foster parents value this trust and maintaining it may improve retention. These authors reported that foster parents reported that an increase in respite care would improve retention as well. In the current sample TFC parents reported a lack of support services from agencies including respite care. Another specific difference found between the groups was with regard to finances. TFC parents believed they received insufficient financial reimbursement and boarding rates. Rhodes et al. (2001) found receiving inadequate financial reimbursement to be a reason for planning to withdraw in their sample of current foster parents. They however did not find this to be an ultimate reason for parents to leave. Kirton (2001) reported that parents providing care for more difficult children tended to view their financial compensation as low compared to when they fostered less compromised children. As previously mentioned, the findings reported by Rhodes and colleagues (2001) point to a shift in foster care, as the necessity for dual family income increases. With the

increase in number of children entering foster care with more difficulties than in the past (Kools & Kennedy, 2003; Farris-Manning & Zandstra, 2003), this could lead to more strain on treatment foster parents, thus potentially leading to less financial satisfaction for the work and care they contribute to the children's lives.

Although there were no differences between groups with regards to personal satisfaction as a foster parent, there was a difference with satisfaction of the community and child welfare system. TFC parents were less satisfied and did not agree that the child welfare system responded appropriately to children's needs as much as parents providing regular care. As previously stated, Denby and colleagues (1999) reported overall satisfaction to be predictive of the intent to continue fostering. While both groups in the current study rated levels of personal satisfaction and competence equally, TFC parents did have more challenges and dissatisfaction with the foster care system. Of the five factors of satisfaction outlined by Rodger and colleagues (2006), the current study revealed differences between the group with regard to one factor, challenging aspects of care, which was the specific factor Rodger et al. found to be predictive of the consideration to withdraw from fostering. The additional factor relating to satisfaction with the community and child welfare system was added to the survey in the current study, which was also an area of discontent for the TFC parents. Since the TFC parents scored lower on more factors of satisfaction, including the factor predictive of considering withdrawal, it is reasonable to assume that this could have contributed to the increase in withdrawal considerations for this group.

Despite the struggles, challenges, issues and dissatisfactions, foster parents continue to provide care. When asked what motivated them to continue, parents responded most notably that their love of the children superseded all obstacles. This was similar to Kirton's (2001) finding that despite dissatisfaction with the financial aspects of fostering, parents reported it would not impact their ultimate decision to accept or refuse a placement, and that gaining additional funds would

only assist them in providing more effective care. It seems as though the intrinsic value of fostering due to love of children and altruistic factors outweigh the potential financial burden or discontent. However, there still remains a crisis in foster care and the demand for parents is increasing over time. The love of children is not always sufficient for the retention of foster parents.

Implications for Child Welfare Agencies

This study investigated foster parents' motivations, satisfaction and reasons to consider withdrawing from their role. This information is essential for child welfare agencies to better understand foster parents and the care that they provide to children. A foster care crisis exists, and child welfare agencies can utilize these findings to assist with recruitment, retention and training strategies.

Recruitment. The motivations to foster have remained stable over time and include primarily internal factors such as the love for children and wanting to care for those in need (Rodger et al., 2006; Denby et al., 1999; Daniel, 2001; MacGregor et al., 2006). Although the current study was not focused on the motivations of foster parents to become involved, the findings are consistent with previous research. Thus, child welfare agencies can consider many of the recruitment strategy suggestions made by past researchers.

Retention. The current study focused on the experiences of foster parents providing different types of care including both regular and treatment. The findings suggest that those providing treatment foster care face more challenges and consider withdrawing from service to a greater degree. With the increase of children with more challenging behaviour and special needs (Kools & Kennedy, 2003; Farris-Manning & Zandstra, 2003), treatment foster care parents will be in high demand. Improving retention with these foster parents will be of specific importance. Child welfare agencies should ensure these parents are provided accurate and complete information

about the children being placed in their care, as this was an area of identified concern. Since children in treatment programs require more intense care, sharing pertinent information with the foster parents can alleviate miscommunication and improve the quality of care provided.

It should come as no surprise that those foster parents who are less satisfied in their role would consider withdrawing (Denby et al., 1999; Rodger et al., 2006). Child welfare agencies need to be aware of what factors impact satisfaction and how they can assist in improving the foster parents' experience. Treatment foster care parents reported more challenges, especially regarding finances and support. Although these parents do receive higher pay, it would appear that it remains insufficient to provide adequate care. Further research in this area is necessary to adequately understand the dissatisfaction and how to better allocate funds.

Lack of respite care was a concern for the parents providing treatment foster care. Caring for those with more difficult behaviours and special needs can lead to burnout at a higher rate than those providing regular care. Improving support services to treatment parents specifically could potentially improve their foster care experience and satisfaction. Agencies could provide respite care on site for groups of children to allow parents a break, and also time to connect with other foster parents and share their unique experiences. Additionally, a positive rapport between the parent and agency/worker is essential in the parents feeling valued. Treatment parents are less willing to call the agency/worker for assistance, suggesting a potential relationship breakdown. For foster parents to feel supported, a trusting relationship must exist. The agency generally, and social workers in particular, must attempt to repair relationships when breakdowns occur, and provide as much support as possible. Due to a lack of funding and other work related constraints (high case loads), this may not always occur. However, it is essential that workers try to maintain positive relationships to allow for improved satisfaction and care for children.

The current study revealed differences between the experiences of regular and treatment

foster care parents. Thus, their concerns should be addressed by child welfare agencies separately. Agencies need to understand the concerns of the specific type of parent to implement changes that would be beneficial to them and improve satisfaction and retention.

Training. Considerations for training improvements are common in the foster parent literature. However, when separating the parents by type of care, a difference in training experience was revealed. Thus, targeting training strategies to those in need is crucial to improving the quality of care for children. One area of concern for parents providing regular care was training, as they reported their training requirements were met less often than treatment parents. Although treatment foster care parents receive ongoing training due to the intensity of care they provide, child welfare agencies should consider ongoing training for parents providing regular care. Training regarding special needs of children should be offered to these parents in the event that a child placed in their care requires additional support. The positive impact of additional training is evident, as outlined by Price and colleagues (2008). Thus providing additional training to all foster parents, regardless of their classification (regular, relief, kinship), should be considered.

Research in the foster care field is constantly growing and child welfare agencies need to be aware of the experiences of foster parents. The current study provides insight into the differences between the two types of care, which can help agencies understand the particular experiences and challenges of these parents and improve retention strategies for each group of parents. The concerns and reasons to withdraw may change over time as well, thus it is necessary for child welfare agencies to remain informed on the current experiences of their foster parents and constantly adapt their strategies to accommodate the present issues.

Considerations for Future Research

The current study analyzed differences between the two groups of foster parents. Although

differences were found, no predictive analyses were conducted with this data. Based on previous studies (Denby et al., 1999; Rodger et al., 2006) the results suggest a link between satisfaction and an intent to withdraw. However no statistical evidence was present in the current study. Future research should consider utilizing statistical analyses to expose which variables are predictive of the intent to withdraw. The current findings parallel those reported by Denby et al., however a specific question regarding overall satisfaction was not asked of the current sample of foster parents. Thus the degree to which there is a relationship between satisfaction and intent to withdraw is not possible to determine.

Although the current study was the among the first to separate foster parents into distinct groups for analyses, the sample only included current foster parents who have potentially considered withdrawing from their role. Future research should consider comparing a similar sample of foster parents to those who have withdrawn, maintaining the separate groups based on the type of care provided. Including former foster parents would provide information on which factors supersede the love of children and lead to a permanent withdrawal from their role.

Lastly, there are various types of foster care available across Canada. The present study compared two of these types. Future research could investigate differences in the experiences of parents providing other types of foster care. This could provide specific information child welfare agencies could use to improve recruitment, retention and training strategies, as well as the care for children, relative to each particular group of foster parents.

Limitations

The findings of this study provide important information on the differences between foster parent experiences when providing different types of care. It is important to note however that several limitations to the current study exist and should be addressed through further research.

Sample. The use of a convenience sample in this study allows for the potential of biases

within the data. Participant involvement was voluntary, thus those motivated to respond to the survey represent a portion of the population and certain experiences could be over or underrepresented due to this. Further, although the sample was large and included foster parents from across Canada, the representativeness of the sample to the population of foster parents is not known. For example, there was an overrepresentation of Euro-Canadian (Caucasian) participants in the study. It is unknown whether the current study is culturally representative to the degree that is necessary to generalize the findings. Last, as aforementioned, the sample only included current foster parents, thus the experiences of former foster cannot be known.

Instrument. Although the instrument was constructed using current literature on foster parents motivations and experiences, no specific question relating to overall satisfaction was included. The current study inferred satisfaction based on the inclusion of questions from the Foster Parent Satisfaction Survey (Denby et al., 1999). These variables relate to different aspects of fostering one could be satisfied or dissatisfied with. An overall rating of satisfaction could have provided insight regarding the weight each aspect has on overall satisfaction. In addition, although the survey was provided in both English and French in order to be inclusive regarding language literacy, the survey was text-heavy. Thus, those foster parents with literacy concerns may not have volunteered to participate in the study and the experiences of these parents may have been missed. The results indicated that majority of foster parents were educated beyond secondary school. Foster parents with lower education may be underrepresented in the sample due to literacy concerns and an inability to respond to the questionnaire.

Summary

Notwithstanding the aforementioned limitations, the current study suggests that foster parents' experiences are not homogenous. Unique differences were found between the two groups of foster parents in this sample. Parents providing treatment foster care fostered more children,

fostered more children with difficult behavioural and special needs, encountered more challenges and considered withdrawing from their position to a greater extent than foster parents providing regular care. This research suggests child welfare agencies need relate to foster parents differently, relative to the type of care they provide. It is evident that no longer can assumptions be made about parents providing any type of foster care and having similar experiences. Each group of foster parents has unique experiences that potentially impact their intent to continue or withdraw from their position. Research regarding foster care continues to evolve and this study provides preliminary data regarding differences in experience and withdrawal considerations between parents providing regular and treatment foster care.

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Appendix A

Types of Foster Placements Across Canada

Province/ Territory	Types of Placements
Newfoundland & Labrador	Family or significant other
	Non-custodial parent
	Caregiver service
Prince Edward Island	Regular
	Kinship
	Specialized
Nova Scotia	Regular
	a)pre-service
	b)introductory
	c)advanced
New Brunswick	d)specialized
	Parent counsellor homes
	Special relative/non-relative
Quebec	Regular
	Therapeutic
	Young offender
Ontario	Formal placement
	Kinship placement
	Emergency placement
	Adult group homes
Manitoba	Regular
	Specialized
	Treatment
	Kinship
Saskatchewan	Regular
	Kinship
	Regular
	Intern homes
	Practitioner homes
	Emergency/receiving homes
Alberta	Therapeutic
	Extended family
	Level one
	Level two
British Columbia	Specialized
	Kinship
	Regular
	Restricted
	Specialized
	Level 1
	Level 2

	Level 3
	Bed subsidy
	Respite resource
	Relief
Yukon	Regular
	Relative/kinship
	Restricted
	Special rate
	Boarding
Northwest Territories	Regular
	Provisional/ extended family
	Emergency
Nunavut	Kinship
	Provisional
	Regular

Appendix B

Ethics Board Approval



RE: Ethics approval for research involving foster parent recruitment and retention in cooperation with the Canadian Child Welfare League

FROM: Dr. Alan Leschied

This letter is to indicate that Jessica Smith has permission to draw on the data for her research project.

This data has been given ethical approval through Western University. The ethics approval form is attached to this letter.

Western Education
WESTERN UNIVERSITY
FACULTY OF EDUCATION
USE OF HUMAN SUBJECTS - ETHICS APPROVAL NOTICE

Review Number: 1211-2
Principal Investigator: Alan Leschied
Student Name:
Title: *Canadian Foster Parent Survey - Retention and Recruitment of Foster Parents in Canada*
Expiry Date: June 30, 2013
Type: Faculty
Ethics Approval Date: January 17, 2013
Revision #:
Documents Reviewed &
Approved: Western Protocol, Letter of Information

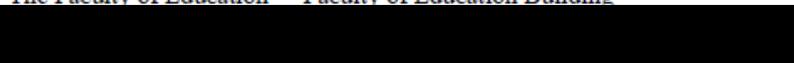
This is to notify you that the Faculty of Education Sub-Research Ethics Board (REB), which operates under the authority of the Western University Research Ethics Board for Non-Medical Research Involving Human Subjects, according to the Tri-Council Policy Statement and the applicable laws and regulations of Ontario has granted approval to the above named research study on the date noted above. The approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the REB's periodic requests for surveillance and monitoring information.

During the course of the research, no deviations from, or changes to, the study or information/consent documents may be initiated without prior written approval from the REB, except for minor administrative aspects. Participants must receive a copy of the signed information/consent documentation. Investigators must promptly report to the Chair of the Faculty Sub-REB any adverse or unexpected experiences or events that are both serious and unexpected, and any new information which may adversely affect the safety of the subjects or the conduct of the study. In the event that any changes require a change in the information/consent documentation and/or recruitment advertisement, newly revised documents must be submitted to the Sub-REB for approval.


Dr. Alan Edmunds (Chair)

2012-2013 Faculty of Education Sub-Research Ethics Board

Dr. Alan Edmunds	Faculty of Education (Chair)
Dr. John Barnett	Faculty of Education
Dr. Wayne Martino	Faculty of Education
Dr. George Gadanidis	Faculty of Education
Dr. Elizabeth Nowicki	Faculty of Education
Dr. Julie Byrd Clark	Faculty of Education
Dr. Kari Veblen	Faculty of Music
Dr. Jason Brown	Faculty of Education
Dr. Susan Rodger	Faculty of Education, Associate Dean, Research (<i>ex officio</i>)
Dr. Ruth Wright	Faculty of Music, Western Non-Medical Research Ethics Board (<i>ex officio</i>)
Dr. Kevin Watson	Faculty of Music, Western Non-Medical Research Ethics Board (<i>ex officio</i>)

The Faculty of Education Faculty of Education Building


Appendix C

Instrument

Foster care systems across Canada are under stress. There are more children needing homes than there are homes available, yet all children deserve to grow up in a family.

There are many reasons that cause children to come into care, including a family situation that could put a child at risk, or where a child has been abused, neglected or abandoned, but sometimes it is about a parent who is ill or who cannot make other arrangements for their child during a difficult life period. Foster parents care for a child who cannot live safely with their parents or caregivers and are not yet old enough to live on their own.

In order to address this issue of a diminishing resource within our communities it is essential to appreciate the challenges associated with the recruitment and retention of foster parents for children and youth in need.

In conjunction with the Child Welfare League of Canada, we have put together this inventory of questions and concerns that can help examine relevant issues related to the recruitment and retention of foster parents in Canada.

By the virtue of your experience and knowledge we truly hope that you will assist us in completing this series of questions. We estimate that it will take approximately 25 to 30 minutes. Your responses are confidential. The data that will be reported will be in aggregate form. No individual's specific response or set of responses will be distinguishable in the final report.

We want to thank you in advance for your assistance. If you have any questions related to the full project please do not hesitate to contact either of the principal investigators, Dr. Alan Leschied or Dr. Susan Rodger, or Ms. Kelly Stone Director Program Development of the Child Welfare league of Canada.

Dr. Alan Leschied



Dr. Susan Rodger



Ms. Kelly Stone



Concerns regarding specific questions within this protocol can be directed to our research assistant:

Ms. Wendy den Dunnen
[REDACTED]

There are two ways to submit your completed responses.

If you are completing this questionnaire on-line please direct the completed form as an attachment through email to our Research Assistant Ms. Wendy den Dunnen at [REDACTED]

If you are completing this questionnaire as a paper copy, could you please mail it to:

**Ms. Wendy den Dunnen
Child Welfare League of Canada**
[REDACTED]

Canadian Foster Parent Survey [2012]

Dr. Alan Leschied
 Dr. Susan Rodger
 Western University
 London Ontario CANADA

Your Home and Family

Current date (mm/dd/yyyy): _____

Please answer the following questions about you and your family by selecting the response that fits the best, or by filling in the blanks:

		Regular	Provisional	Other (please specify)
1	What type of foster care does your home provide?	_____	_____	_____
2	Our home has provided foster care for _____ years.			
3	The total number of children we have fostered in our home is : _____			
4	The number of children in our own biological family: _____			
5	The highest number of children we have fostered at any one time: _____			
6	The number (on average) of face-to-face contacts we have with a supervising worker(s) per month: _____			
7	Do you meet regularly with other foster families through your own network?	____Yes	____No	____No, but I would like to
8	Have you fostered children from other cultures?	____Yes	____No	____Not sure
9	Primarily, I/my family care for children who are (check the most common age group):			
	_____ Less than 1 year old		_____ 1-3 years old	
	_____ 4-12 years old		_____ 13 and above	
	_____ All ages			
10	Our home has fostered children with special needs.	____Yes	____No	
	<i>*Special needs relates to children with unique physical, medical, behavioural or emotional needs that require special efforts on the part of the foster parents to attend such things as frequent appointments or alterations to the family home to meet the needs of the child(ren)</i>			
11	If you answered 'yes' to the question above, please tell us what types of needs the children had (check the one you considered to be the most important special need, if children had more than one need for which they needed special support)			
	_____physical	_____medical	_____behavioural	_____emotional

12 In what province or territory, county or district, and town or city, did you reside as of January 1, 2012? _____

13 About when was your home first approved for foster care? _____ Month _____ Year

14 For what age range of children was your home approved? _____ to _____

15 For what sex(es) of children was your home approved? _____ Male _____ both male and female
_____ Female _____ female

16 In the blanks below at the left, check the type(s) of care provided in your foster home during the last 12 months. In the spaces at the right, enter the total number of children you had during the last 12 months for each type of care. Be sure to report all types of care that you provided.

(*) Type of Care	Number of children placed in your home
___ Regular foster care	_____
___ Special foster care	_____
___ Treatment foster care	_____
___ Emergency foster care	_____
___ Relief foster care	_____
___ Provisional foster care	_____
___ Foster with a view to adopt	_____
___ Kinship Care	_____
___ Other (Please specify) _____	_____

17 In the blanks below at the left, check ages and specific needs or situations of the children placed in your foster home during the last 12 months. In the spaces at the right, enter the total number of children you had during the last 12 months for each age or specific need/situation.

Ages of children placed in your	
___ Infants (0-1 years old)	_____
___ Toddlers (2-4 years old)	_____
___ Young children (5-6 years old)	_____
___ latency age children (7-12 years old)	_____
___ adolescents (13-18 years old)	_____
___ medically fragile children	_____
___ a relative	_____
___ Other (Please specify) _____	_____

18 In the blanks below at the left, check the type(s) of care provided in your foster home during your last 12 months as an approved home. In the spaces at the right, enter the total number of months of service you gave for each type of care during the last 12 months as an approved home. (For example, if you had one infant for 3 months and a second infant for 4 months, the total months of infant foster care would be 7.)

(*) Type of Care	Total number of months of care
___ Regular foster care	_____
___ Special foster care	_____

Treatment foster care _____
 Emergency foster care _____
 Relief foster care _____
 provisional foster care _____
 other (Please specify) _____

19 How many foster children left your home during the last year? This includes all children including those placed on emergency, respite and/or relief placement. _____Number

20 How many times during the last year did you decline to accept a child who was offered for placement? _____Times

21 Did you ever feel that if you refused a placement that you might not get offered another placement? _____Yes _____No

22 What was the longest length of stay for a child placed in your home? _____Years _____Months

23 How long did you expect children to remain in your home when you first became a foster family? (Please check one)

Temporary (less than 3 months)
 Intermediate (3 to 12 months)
 Long Term (more than 12 months)

24 What was the largest number of foster children placed in your home at any one time? _____Number

You as a Foster Parent

25 What is your sex? _____Male _____Female

26 What is your age? _____Age

27 What is your race? (check one)

Métis _____
 First Nations _____
 Inuit _____
 Euro-Canadian (Caucasian) _____
 African-Canadian _____
 Latina/o-Canadian _____
 Caribbean-Canadian _____
 Middle Eastern-Canadian _____
 Asian-Canadian _____
 Other (please specify) _____

28 What is your marital status? (check one)

single married separated divorced widowed common law other

29 What is the highest level of education you have completed? (Circle the appropriate number below)

Elementary School (grade) 5 6 7 8
 High School (grade) 9 10 11 12
 College/University (year) 1 2 3 4

Graduate Study (year) 1 2 3 4 5

These questions pertain to parent #2 (if a two-parent household) in the home:

30 What is your sex? _____ Male _____ Female

31 What is your age? _____ Age

32 What is your race? (check one)

Métis _____

First Nations _____

Inuit _____

Euro-Canadian (Caucasian) _____

African-Canadian _____

Latina/o-Canadian _____

Caribbean-Canadian _____

Middle Eastern-Canadian _____

Asian-Canadian _____

Other (please specify) _____

33 What is your marital status? (check one)

single married separated divorced widowed common law other

34 What is the highest level of education you have completed? (Circle the appropriate number below)

Elementary School (grade) 5 6 7 8

High School (grade) 9 10 11 12

College/University (year) 1 2 3 4

Graduate Study (year) 1 2 3 4 5

Your Family

35 How many of your biological or adopted children were living at home when the last foster child was placed in your home? _____ Number of girls _____ Number of boys

36 What was the age range of your own child(ren) living at home when the last foster child was placed in your home? _____ Age of youngest _____ Age of oldest

37 How many foster children were living at home when the last foster child was placed in your home? _____ Number of girls _____ Number of boys

38 What was the age range of the foster child(ren) living at home when the last foster child was placed in your home? _____ Age of youngest _____ Age of oldest

39 Please check which parent(s) was working outside of the home when your home was approved.
Neither parent one parent both parents

40 What was the source of household income as of January 1, 2012? (Check all that apply)

_____ Employment

_____ Self Employment

_____ Social Assistance

_____ Retirement Income

_____ Fostering is our/my sole source of income

_____ Other income - please specify

-
- 41** How much was your total gross household income from all sources (excluding rates related to fostering) for the calendar year 2011? Check the income group that applies to your household.
1. Under \$20,000 ___ 2. \$20,000 - 29,000 ___ 3. \$30,000 - 49,000 ___
4. \$50,000 - 69,900 ___ 5. \$70,000 and above ___

- 42** About how many contacts on average did you have with agency workers per month during your last 12 months? Enter the number in the blanks below.
- Average number of contacts a month with the foster home worker
- In person _____
By telephone _____
By email _____

- 43** What prompted you to originally call your child welfare agency to inquire about being a foster parent?
- ____ television advertisement ____ radio advertisement
____ newspaper advertisement or article ____ billboard advertisement
____ information on the Internet ____ parents fostered
____ know other foster families ____ know foster children
____ was in care myself
____ other, please specify _____

44 To what extent was each of the following conditions a reason you became a foster parent? (check all that apply)

- a) Own family was grown, but still wanted to care for children.
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___
- b) Wanted to save children from further harm.
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___
- c) Wanted to increase household income.
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___
- d) Wanted to provide a brother/sister for own child.
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___
- e) Wanted to take in children who needed loving parents.
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___
- f) Wanted to adopt, but were unable to do so.
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___
- g) Wanted to give care as a religious obligation.
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___
- h) Other (Please specify) _____

45 At any one time have you considered withdrawing from fostering?

Yes _____ No _____

46 To what extent did the following impact on this consideration? (Rate all items that apply)
(In the following items, the term *worker* will refer to a social worker, support worker or resource worker)

- a) Conflict with the foster home support worker
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- b) Conflict with the child's sworker
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- c) Foster care boarding rates insufficient
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- d) Reimbursements for clothing, spending etc. insufficient
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- e) Significant personal loss of a family member(s)
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- f) Training requirements
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- g) Agency red tape
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- h) Named in an allegation of abuse/neglect
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- i) Losing children I (we) was (were) fond of
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- j) Seeing children sent back to a bad situation
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- k) Dealing with the foster child's primary family
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___

- l) Dealing with the foster child's difficult behaviour
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- m) Own child(ren)'s resentment of and conflict with foster child(ren).
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- n) Lack of support services such as respite care
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- o) Other (Please specify) _____
Not at all ___ A Little ___ Pretty much ___ A Great Deal ___ NA ___
- p) What made you decide not to quit?

Your Experience of Fostering: Please answer the following items in the space provided, using the following scale:

	1	2	3	4	5	6	7
	Completely Completely Disagree Agree	Moderately Disagree	Slightly Disagree	Neither Disagree nor agree	Slightly Agree	Moderately Agree	

1. ___ Agency workers share fully about the background and problems of children whom they ask my family to accept.
2. ___ When I need to talk over my concerns about a child, I do not hesitate to phone our agency's worker.
3. ___ Our agency's worker treat us as if we are a team member
4. ___ We have clear communication with the worker regarding who should be responsible for transportation, doctor visits, school conferences and the like.
5. ___ We are secure about the soundness of the decisions y our supervising worker makes.
6. ___ Our supervising worker is available to assist us in handling special problems/needs of the children in my care.
7. ___ We receive as much service from our supervising worker as other foster parents.
8. ___ The less we have to do with our supervising worker, the better off our home is.
9. ___ Supervising agency workers respect our opinions regarding the foster child(ren) that are placed with our family.

10. ___ It was clear what supervising workers expect of me/us as foster parent(s)
11. ___ Supervising workers are warm and friendly when I have distress/concerns as a foster parent.
12. ___ Supervising workers show approval when I do well as a foster parent.
13. ___ Supervising workers help me solve problems with my foster child when they arise.
14. ___ Agency workers provide information about my foster child when I need it.
15. ___ Conflict with the supervising worker occurs on a frequent basis.
16. ___ Foster care boarding rates are insufficient.
17. ___ Reimbursements for clothing, spending, etc. are insufficient.

	1	2	3	4	5	6	7
Completely Disagree		Moderately Disagree	Slightly Disagree	Neither Disagree nor agree	Slightly Agree	Moderately Agree	

18. ___ There was respect for our family when we experienced a significant personal loss of a family member(s).
19. ___ Our training requirements as a foster family were met.
20. ___ Agency red tape often interfered with our ability to care for our foster child.
21. ___ The fear of being named in an allegation of abuse/neglect by a foster child affected our ability to care.
22. ___ Losing children who we were fond of is a common concern my family and I have.
23. ___ Seeing children sent back to a bad situation is a common concern my family and I have.
24. ___ Dealing with the foster child's primary family is a common concern my family and I have.
25. ___ Dealing with the foster child's difficult behavior is a common concern my family and I have.
26. ___ We were challenged in our fostering by our own child(ren)'s resentment of and conflict with foster child(ren).
27. ___ When we felt we needed to talk over our concerns about a child, we did not hesitate to phone our worker.
28. ___ We are satisfied with the type of children the agency places with us .
29. ___ We feel competent to handle the type(s) of children placed in our home.
30. ___ We have never had regrets about our decision to become foster parents.
31. ___ We saw positive changes in the children who were placed in our home.

32. ___ The knowledge and skills we learned in foster care training were later reinforced by agency workers.

33. ___ The foster care training we received was based on my training needs that we felt were relevant.

34. ___ Looking back, we were helped through orientation/pre-service training to anticipate many of the difficulties we later experienced as a foster family.

35. ___ Overall, we consider the training we have received about fostering as appropriate.

36. ___ What positive programs, events, and activities are happening in this community to help children and families in a healthy way?

37. ___ I feel foster parents in my community have influence in the way our child welfare systems respond to the needs of children and families.

38. ___ I feel like our child welfare systems respect the cultural values of the children, community and my family.

39. ___ Foster children have adequate access to programs and resources to develop and maintain fluency in their first (or heritage) language.

40. ___ Child welfare systems respond appropriately to the needs of children throughout their lifespan.

41. ___ I am satisfied that the child welfare system in my community assesses risk to children in a way that does not penalize biological parents/families for poverty, lack of access to adequate housing, or other circumstances that may be beyond their control.

	1	2	3	4	5	6	7
Completely Disagree		Moderately Disagree	Slightly Disagree	Neither Disagree nor agree	Slightly Agree	Moderately Agree	
Completely Agree							

42. ___ I am satisfied that the child welfare system in my community assesses risk to children accurately and with cultural sensitivity.

43. ___ I am satisfied that the resources and support for foster children in my community are equivalent to those available in other communities.

44. ___ Foster children have adequate access to access to programs and resources to develop and maintain their cultural identity.

45. ___ I am confident that the birth family, extended family and child (if appropriate) are involved in placement planning for children in my *community*.

Appendix D

Data Use Agreement



226 avenue Argyle Avenue, Ottawa ON K2P 1B9 | tel/tél : 613-235-4412 | fax/télé : 613-235-7616 | www.cwlc.ca | info@cwlc.ca

DATA USE AGREEMENT

This Data Use Agreement (this "Agreement") is made this 10 day of September 2013 (the "Effective Date") by and between the Child Welfare League of Canada (the "League") as part of its research and data policy, and Dr. Alan Leschied

("User") (collectively the League and User shall be referred to as the "Parties").

The purpose of this Agreement is to ensure the integrity and confidentiality of the Data-set collected through the Canadian Foster Parent Survey (2012), and outline the parameters of use for external research and analysis.

In consideration of the foregoing and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, the League and User agree as follows:

1. DEFINITIONS

- 1.1 "Data-set" means the data collected through the Canadian Foster Parent Survey (2012), in both English and French.

2. SCOPE OF PROJECT

- 2.1 Using the Data-set, User will conduct research and analyses in the subject area of foster care.
- 2.2 The League will grant access to the Data-set at no cost to the User. However, the User will bear its own costs regarding the transfer of the Data-set and research.
- 2.3 If the User wants to use the Data-set for conducting analyses into other subject areas outside of foster care, the User will notify the League and request approval.

3. OBLIGATIONS AND ACTIVITIES OF THE USER

- 3.1 **Non-disclosure:** User will not use or disclose the Data-set other than as permitted or required by this Agreement, or as otherwise authorized by the League.
- 3.2 **Safeguards:** User will use appropriate safeguards to prevent use or disclosure of the Data-set other than as provided for by this Agreement. User will maintain and use appropriate administrative, technical, and physical safeguards to preserve the integrity and confidentiality of the Data-set.



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- 3.3 **Mitigation:** User will mitigate, to the extent practicable, any harmful effect that is known to the User of a use or disclosure of the Data-set by User in violation of the requirements of this Agreement.
- 3.4 **Reporting:** User will report to the Chief Executive Officer of the League, in writing, any use and/or disclosure of the Data-set that is not permitted or required by this Agreement of which the User becomes aware. Such report shall be made as soon as reasonably possible but in no event more than five (5) business days after discovery by User of such unauthorized use or disclosure. This reporting shall include breaches by the User and any other agents involved. Each report of such a breach will to the extent possible include: (i) identify the nature of the non-permitted or violating use or disclosure; (ii) identify the particular sections of Data-set used or disclosed; (iii) identify who received the non-permitted or violating use or disclosure; (iv) identify what corrective action User took or will take to prevent further non-permitted or violating uses or disclosures; (v) identify what User did or will do to mitigate any deleterious effect of the non-permitted or violating use or disclosure; and (vi) provide such other information as the League may reasonably request.
- 3.5 **Agents/Subcontractors:** User will not provide access to any part of the Data-set to an external agent/subcontractor without expressed written approval from the League. The League will require the User and/or agent/subcontractor to submit an approval request in writing outlining the purpose for access to the Data-set prior to the User disclosing any elements of the Data-set to the agent/subcontractor.
- 3.6 **Identification of Individuals:** User will not include any direct personal identifiers of the subjects in the Data-set in their research and analytical reports.

4. PERMITTED USES AND DISCLOSURES BY USER

- 4.1 Except as otherwise limited in this Agreement, the User may use or disclose the Data-set for purposes of research on foster care.
- 4.2 To conduct different research outside the subject area of foster care, User must submit a research proposal detailing the purpose for using the Data-set, which must be approved by the League in writing.
- 4.3 User may disseminate its findings from the research using the Data-set in peer-reviewed journals, and other academic documents as necessary.



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- 4.4 User may not copy the Data-set, or transfer the Data-set for the purposes of allowing access to the Data-set by any third party not listed on this Agreement (except as set forth in Section 3.5 above).
- 4.5 User may not use the Data-set for commercial activities that result in monetary profit for the User, unless agreed to upon by the League. In this case, a separate agreement will be drafted to address the particularities of such relationship. The User may use the Data-set to develop proposals to obtain grants and other avenues of funding to further the research.
- 4.6 **Exclusions:** The provisions of this section 4 will not apply to any information that
 - a) is in the public domain at the date of this Agreement or which subsequently comes into the public domain other than by breach of this Agreement or any other confidentiality measure;
 - b) is obtained by User, free from any obligations of confidentiality, from a third party who has a right to disclose it; or
 - c) is independently developed, as documented by written records, by individuals within User who had no access to the Data-set

5. RETURN OR DESTRUCTION OF DATA

- 5.1 After completion of the research, expiration of the Term of this Agreement, or termination of this Agreement, whichever should occur first, User will return to the League the Data-set and destroy (at the League's option), all copies of the Data-set. If the League requires the User to destroy the Data-set, User shall provide a certification evidencing such destruction within thirty (30) business days of the expiration date. Notwithstanding the foregoing, if the User's request for the Data-set for further research as delineated within this Agreement is approved by the League, the User may retain the Data-set in a secure location for one (1) year from the date of the written approval. This one (1) year term will keep in force all articles under this Agreement and/or any amendments made to it by the Parties in writing. User may not use the Data-set to conduct different research in this one (1) year term without submitting a research proposal and obtaining approval from the League.

6. TERM AND TERMINATION

- 6.1 **Term:** The term of this Agreement shall commence as of the Effective Date, and shall be in effect for one (1) year from the Effective Date.
- 6.2 **Renewal:** The Agreement shall be open to renewal after the passage of the one (1) year from the Effective Date. A written request for renewal by the User shall



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be submitted to the League. The renewal may include amendments to the Agreement which will be authorized by the Parties.

- 6.3 **Early Termination:** The League may terminate this Agreement early if the League discovers a material breach of this Agreement by User, such termination will be effective immediately upon written notice to the User. Either Party may terminate this Agreement after thirty (30) days written notice to the breaching Party, in the event of a material breach of the Agreement by the other Party. In the event of a material breach by the User, the League shall determine, in its sole discretion, if the material breach can be cured. The written notice to User shall identify whether the material breach may be cured.
- 6.4 **Effect of Termination:** Upon receipt of written demand for termination, User agrees to immediately return or destroy, except to the extent infeasible, all of the Data-set demanded by the League, including all such Data-set which User has disclosed to agents/subcontractors. The User will follow the protocol on return and destruction of Data-set as indicated under Section 5 above.
- 6.5 **Survival of Obligations:** Obligations relating to the Data-set, confidentiality of Data-set, reporting and use of results, will survive termination of this Agreement, as will any other provision that by its nature and intent remains valid after termination.

7. ACKNOWLEDGEMENT, ATTRIBUTION, AND REFERENCE

- 7.1 User will acknowledge the League as the source and intellectual property holders of the Data-set in any publication and dissemination activity of research; such acknowledgement shall include a reference to the Foster Parent Survey (2012) and the Every Child Matters (ECM) project.
- 7.2 **Acknowledgement Language:** "This research project used data obtained from the Foster Parent Survey (2012) as conducted by the Child Welfare League of Canada for the Every Child Matters (ECM) project."
- 7.3 User will also include the following disclaimer language when providing attribution to the League for the Data-set in any publication and dissemination activity of research: "The interpretation and reporting of research using this data are solely the responsibility of the authors and does not represent the official views of the Child Welfare League of Canada."
- 7.4 When feasible, the User will provide acknowledgement/attribution of the Data-set to the League in a prominent manner on the research publication and



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dissemination activity of research. This shall include featuring the official logo of the League on the cover page of the research publication and in a prominent fashion on any dissemination activity of research. The User will also provide attribution to the League in any acknowledgement section of the research publication or dissemination materials.

8. GENERAL PROVISIONS

- 8.1 **Modification:** Any alteration, modification, or amendment to this Agreement must be in writing and signed by the Parties.
- 8.2 **Entire Agreement:** This Agreement represents the entire understanding between the Parties relating to this subject matter. This Agreement supersedes all previous agreements between the Parties (oral and written) relating to this subject matter, except for any obligations that, by their terms, survive termination.
- 8.3 **Notices:** The Parties will deliver notices and other communications relating to this Agreement by hand, by courier, by a postage-paid traceable method of mail delivery to the address below, or such other address that a Party may later designate by notice to the other Party in accordance with this Section.

To Child Welfare League of Canada:
Gordon Phaneuf, CEO
226 Argyle Avenue
Ottawa, ON K2P 1B9

To User:

DR. Alan Leschied
Faculty of Education
UWO

9. MISCELLANEOUS

- 9.1 In the event that any provision of this Agreement violates any applicable statute, ordinance, or rule of law in any jurisdiction that governs this Agreement, such provision shall be ineffective to the extent of such violation without invalidating any other provision of this Agreement. No provision of this Agreement may be waived except by an agreement in writing signed by the waiving party. A waiver of any term or provision shall not be construed as a waiver of any other term or provision.



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AGREED TO AND ACCEPTED BY:

CHILD WELFARE LEAGUE OF CANADA

Print Name: Goran Plamont
Title: Chief Executive Officer
Signature: 
Date: October 21, 2013

USER

Print Name: Alan Leschied
Title: Psychologist / Professor
Signature: 
Date: October 10, 2013

Curriculum Vitae

JESSICA SMITH

EDUCATION

Master of Arts , The University of Western Ontario, London ON Counselling Psychology	Expected 2014
Ontario College Graduate Certificate , Mohawk College, Hamilton ON Concurrent Disorders	2010
Honours Bachelor of Arts , McMaster University, Hamilton ON Major: Psychology; Minor: Sociology	2009

RELATED EMPLOYMENT & EXPERIENCE

Kings University College , London ON <i>Personal Counselling Intern (Internship – The University of Western Ontario)</i>	2013-2014
Changing Ways , London ON <i>Co-facilitator for Partner Assault Response (PAR) program</i>	2013-2014
Canadian Mental Health Association – Wait List Clinic , London ON <i>Student Counsellor</i>	2012-2013
Interval House of Hamilton , Hamilton ON <i>Frontline Counsellor</i>	2011-2012
Hamilton Assertive Community Treatment Team II , Hamilton ON <i>Team Member (placement practicum – Mohawk College)</i>	2010
Women’s Centre of Hamilton , Hamilton ON <i>Peer Support Counsellor</i>	2009-2011
Community Temper Tamers Program , Chedoke Hospital, Hamilton ON <i>Group Co-facilitator (placement practicum – McMaster University)</i>	2007-2008

AWARDS & SCHOLARSHIPS

- 2013** – Social Science and Humanities Research Council’s (SSHRC) Joseph-Armand Bombardier Canada Graduate Scholarship (CGS; The University of Western Ontario)
- 2012** - Western Graduate Research Scholarship (The University of Western Ontario)
- 2008** - Dr. Harry Lyman Hooker Scholarship (McMaster University)
- 2005** - Honour Award Level 3 Scholarship (McMaster University)