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Delivering foster care from an inclusive orientation:

Attitudes, willingness, and support needs of foster parents in the

Calgary Region.

by

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ABSTRACT

As a model being considered for adoption by the Calgary Region's Foster Care Program, this study sought to explore the attitudes of foster parents about inclusive foster care. In co-operation with the Programming and Service Enhancement Committee, a sub-committee struck by the Foster Care Council to explore and implement changes to the Foster Care Program supportive of birth parent inclusion, the focus of research was defined. As foster parents are key stakeholders in the fostering process, and the viability of inclusive foster care is contingent on their endorsement and support, discovering their attitudes and their willingness to practice it was thought important. The research questions thus centered on: 1) discovering these attitudes, 2) determining their willingness to practice from an inclusive orientation, and 3) exploring their thoughts about the program and organizational elements that could be in place to support this practice. A survey was subsequently developed and mailed to the 259 departmental foster homes in the Calgary Region. The study response rate was 53% (N=136).

Results indicate that respondents have largely positive attitudes about inclusive foster care, and express willingness to undertake its practice. Results also show however that foster parents have a variety of fears and concerns about working closely with birth parents. Findings suggest that successful implementation will require that these concerns be addressed, and policies and procedures developed to provide foster parents with a greater sense of safety and security. To this end, it will be important to allow them a degree of control over the process, particularly as respondents identified this element as

most helpful in supporting inclusive practice.

A significant relationship was also discovered between respondents' stated experience of having worked closely with birth parents and their overall attitudes towards inclusiveness. Findings indicate that attitudes may become more positive given this experience. This finding is important for its implications for recruitment, training, and retention.

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CHAPTER ONE

1.0 INTRODUCTION

Reunifying families separated through foster care has become a central aim of child welfare service systems (Hartman, 1993; Maluccio, 1985). Research has shown the factor that best predicts family reunification is regular contact and visiting between birth parents and their children in care (Fanshel, 1981; Fanshel & Shinn, 1978). Such contact and visiting, however, has been found insufficient for a significant proportion of families with children in care (Fanshel & Shinn, 1978; Hess, Folaron & Jefferson, 1992; Rzepnicki, 1987). The structure of foster care service delivery systems has been identified as a factor that limits birth family contact and involvement (Kufeldt, 1991; Palmer, 1992). As such, a re-conceptualization of foster care service delivery premised on purposeful inclusion and involvement of birth parents in the foster care process is gaining favor (Kufeldt, 1991; Kufeldt, 1994; Kufeldt & Allison, 1990; Palmer, 1992; Palmer, 1995).

The model is known as inclusive foster care and the role of foster parents in its delivery is central. This study explores the attitudes of foster parents about inclusive foster care and their willingness to practice from this orientation. This chapter defines the issues, and places this study in a logical context. Also presented is a picture of the current context and structure of foster care service delivery in Alberta, factors that have contributed to planning for changes to the foster care system, the study questions, and the significance of this research for foster care program planners.

1.1 Foster care service issues

Basic characteristics and principles of foster care services will be discussed first. A discussion of current issues in foster care pertinent to this study will follow. These will place the study's choices and objectives in a clear context, and will help establish the relevance of the study.

1.1.1 Foster care services

Foster care is a child welfare service provided to children and their families experiencing difficult circumstances. Foster care is generally arranged and provided through a public or not-for-profit social service agency; and denotes the transfer of responsibility for the daily care of children from their birth parents. This tends to be required as a consequence of either serious interacting conditions or parental inability to provide adequate care and/or protection to their children (Downs, Costin, & McFadden, 1996). It is a circumstance that often entails a "legal status in which a [birth] parent's legal rights of guardianship have been limited or removed for a brief period of time or longer" (Hepworth, 1980, p. 55). The primary service aim of foster care is providing good care for children, with reunification of families the longer term outcome. Thus, in addition to caring for children, time in foster care is typically used to address the factors preventing birth families from meeting the needs of their children.

Foster care may be provided within a variety of settings. Primary examples of these include family foster homes, treatment foster homes, group homes, and larger residential care facilities (Hepworth, 1980). For the purposes of this study, family foster care is the pertinent service environment. In this setting, foster parents are agency-sanctioned

caregivers responsible for the provision of daily full-time care to children unable to live satisfactorily with their birth parents.

Beyond care-giving functions, foster parents are achieving recognition as important members of the service team (Downs et al., 1996). Serving as role models to the families of children in their care, participating in the development of the permanency plan, and working to facilitate family reunification are examples of role functions that foster parents are now undertaking more frequently (Downs et al., 1996).

1.1.2 Legislated authority and foster care service principles

The authority to assume responsibility for children from their birth parents, and the circumstances under which it is permitted and prescribed, is defined and governed by child welfare legislation. In Canada, such legislation is a provincial responsibility, with each province able to establish and manage its "own child and family service legislation, unique model of service delivery, and child protective services" (Thomlison, Meade, & Pritchard, 1996, p. 2). Despite regional variations, practice principles guiding foster care practice in Canada today are fundamentally alike. Most regions, for instance, adhere to foster care service principles associated with the use of least intrusive measures; permanency planning; family-centered and child-focused services; and family reunification as a primary service goal (Downs et al., 1996; Hartman, 1993; Thomlison et al, 1996).

The concept of family continuity has also come to widely influence and guide foster care services (Allen, Lakin, McFadden, & Wasserman, 1992). The realization of the importance for children of family networks and connections has culminated in a family

focus to foster care services which increases for children the possibility of maintaining family connections. The engagement of families in foster care services is thus increasingly expected.

1.2 Foster Care in Alberta

Alberta's Child Welfare Act articulates and applies many of the previously outlined guiding principles to foster care service delivery. Permanency planning, family continuity, the family as the basic unit of society, and the use of least intrusive measures are all indicated as matters to be considered in the provision of services to children and their families (Child Welfare Act of Alberta, 1984). There are regional variations in the structure and design of foster care service systems. A brief review of the foster care model used by Alberta Government foster care programs is pertinent for two reasons: 1) This model shapes the Calgary Region's foster care program and, 2) the Calgary Region foster care program is currently subject to comprehensive evaluation and change.

Forming the basis of this section, details of Alberta's governmental foster care programs were found in AF&SS departmental documentation. These documents define the ideology and assumptions of governmental foster care in this province, from an articulation of rights and responsibilities of foster parents, to the objectives of foster care, to the training requirements of foster parents at differing classifications.

1.2.1 Foster Parent Classifications

Alberta's governmental foster care model classifies foster homes into five separate categories, with classification being contingent on the training level achieved by foster parents in training. From those with least to most training, current categories of foster

care are: Accepted, Approved, Qualified, Advanced, and Specialized. In addition to defining the requirements, rights, and responsibilities of foster parents, these classifications dictate the level of remuneration provided to foster parents, and the kinds of children eligible to be placed in their care (Alberta Family and Social Services, 1996a).

The challenges of providing foster care services to children vary according to the presenting problems of each child. Classification of foster care based on the skills and training of foster parents thus allows for a more appropriate match between the needs of children and the ability of foster parents to meet them (Alberta Family and Social Services, 1996b). As such, children placed in homes classified as Accepted and Approved may have either minor disabilities or are deemed able to have their needs met through the provision of quality care. Children requiring developmental care and professional resources to address needs related to moderate disabilities are placed in Qualified foster care. Children placed in Advanced foster care are those who present with serious problems of a medical, physical, emotional, or behavioral nature. Specialized foster care is provided to children who present with an array of problems that are characteristically intense and enduring.

As foster parents receive more training and become more skilled it is expected that their ability to care for children presenting with more challenging problems increases (Alberta Family and Social Services, 1996b). Consequently, the objectives of foster care vary by classification as well. For instance, the objectives for Approved foster care are to provide supplementary care, facilitate children's continued involvement with their birth families, and to maintain children's connections to their communities. Objectives of

Specialized foster care are of necessity more involved. These include resolving complex problems and needs, rebuilding children's relationships with their birth families, and assisting in the development of a community support network.

1.2.2 Requirements, rights and responsibilities of foster parents

Foster parents providing service through Alberta government foster care programs, regardless of classification, share common requirements, rights, and responsibilities. All must complete the training required for their classification level, receive positive evaluations of service each year, and participate in the required number hours of maintenance training prescribed for their classification level. It is the demonstrated competencies required of foster parents at different classifications that vary. For instance, only Advanced and Specialized foster parents are required to demonstrate specific knowledge and skill pertaining to the care of children with serious emotional, behavioral, developmental, physical, or mental difficulties (Alberta Family and Social Services, 1996a; Alberta Family and Social Services, 1996b).

Foster parents at every classification share the same rights. Examples include the right to decide which children they will provide care to, the right to supervision and support from the department, and the right to appeal decisions deemed unacceptable to them. The only substantive difference in rights occurs around the degree to which foster parents provide input around planning for children in their care. The higher the classification, the greater the degree of involvement and input into decision-making and planning (AF&SS, 1996b).

Responsibilities of foster parents at every classification are many and varied, ranging

from record keeping, to continuing professional development, to the creation of an intentional therapeutic milieu for children. It is important to note that foster parents in all classifications have a stated responsibility to support children in continued involvement with their birth families (AF&SS, 1996a; AF&SS, 1996b). Accepted and Approved foster parents are expected to "work cooperatively" with the birth parents of children in their care, and to "support family relationships" to the extent possible. At the Qualified level this responsibility is framed as "reaching out" to "work cooperatively" with children's birth families, as a means of "fully involv[ing] them" in the care of their children and strengthening their relationships. At the Advanced level foster parents are responsible for "establish[ing] a helping relationship" with the birth parents of children in their care. This is promoted as a means of developing the capacities of birth parents to care for their children.

1.2.4 Foster parent training

Developing the capacities of foster parents to care for children who often present with a multiplicity of problems is accomplished in large measure through formal foster parent training. Although many foster parents possess valuable skills from the outset, mandatory training allows for standard-setting and inculcation to the agenda and values of the umbrella organization, which in this case is Alberta's governmental foster care programs.

Each classification has its own training module comprising a set of courses, all of which are designed to prepare foster parents for the presenting challenges of the children eligible to be placed in their care. Accepted foster parents are provided a training

module that introduces them to, and prepares them for, the foster care process. Courses include introductions to abuse and neglect, separation and loss, and the foster child's family. The Approved classification requires 39 hours of courses, which include courses on family living, communication, native children in foster care, and guiding the behavior of children and youth. The Qualified classification also demands 39 hours of courses, with required courses including conflict management, drug and alcohol abuse, and working with the foster child's family. At the Advanced classification 48 hours of course work is expected, this includes courses on helping relationships, sexual abuse, service plans, and additional grounding in working with the foster child's family.

Procession to each successive classification requires successful completion of the previous level's training module. Maintenance of one's classification is contingent on engaging in yearly maintenance training. Approved foster parents must engage in six hours of maintenance training per year, Qualified foster parents in 9 hours, and Advanced foster parents in 12 hours.

1.3 The changing context of Child Welfare Services in Alberta

Public opinion and perception of the role Alberta's provincial government should play in the delivery of child welfare services has shifted markedly in the last decade. The centralized and hierarchical structure of service delivery once thought efficient for its consistency, efficiency, and common standards of practice (Rothery, Gallup, Tillman, & Allard, 1995), began to be questioned and criticized on a number of fronts (McKenzie, 1991). Objections to centralized authority included the inability of the system to tailor decisions on the basis of individual community needs, prevalent inequities in resource

allocation, and general inflexibility (McKenzie, 1991). That children receiving government-managed child welfare services were experiencing serious negative outcomes was also objected to (Thomlison, Meade, & Pritchard, 1996).

This mosaic of elements contributed to waning public confidence in the way child welfare services were being organized and delivered, and consequently set the stage for their restructuring. In 1993, after the release of a penetrating review of child welfare services by the Alberta Children's Advocate, the change initiative gained momentum (Alberta Children's Advocate, 1993). The review made a strong recommendation for the redesign of services to children and families; changing the relationship between government and the community was identified as the best means of doing this.

The Government of Alberta took heed, and the following year issued a report entitled "Focus on Children" (1994). This document outlined the "essential framework and mandate of the change initiative for improving children's services" (Thomlison et al., 1996, p. 5). Over a three-year period, a community-based service delivery system was to be organized and implemented through stakeholder participation. The intention was to significantly reduce the role of the provincial government in the provision of services to children and families, and ultimately improve the quality and responsiveness of child welfare services.

1.3.1 Foster care services

In 1995, the Calgary Region's Foster Care Program began a process of self-examination as part of the provincial restructuring of Child Welfare Services that began in 1994. The initiative was prompted by the belief that "today's children and youth in

family foster care [require] a level of service that traditional foster care and child welfare services were not designed to address" (Tillman, 1995, p. 1). It was also prompted by a growing awareness that child-centered approaches to foster care service delivery have been generating inadequate outcomes (Benedict & White, 1991; Rzepnicki, 1987; Sherman, Neuman, and Shyne, 1973; Wasson & Hess, 1989). Restructuring provided an opportunity to explore and implement a new approach to foster care service delivery, with the potential result of a program more responsive to the needs of children and their families, and more apt to lead to the positive outcomes sought in service provision.

In view of a growing body of empirical evidence highlighting the importance of family contact for children in care (Fanshel, 1981; Fein, Maluccio, Hamilton, & Ward, 1983; Kufeldt, 1990; Littner, 1981; Palmer, 1995), the relevance of a model of foster care more inclusive of birth families was recognized. Premised on working with and involving birth families in the foster care process, inclusive foster care was identified as having the potential to address some of the weaknesses inherent to more traditional approaches to foster care service delivery. Adopting principles of this approach became an important consideration in the redesign of the Calgary Region's Foster Care Program.

1.3.2 Calgary Region Foster Care Pilot Project

With restructuring of the Foster Care Program to be undertaken, it remained necessary to determine who would lead the process, and how it would be organized. To this end, a collaborative venture between Calgary Region Child Welfare personnel and the Calgary and District Foster Parents Association was forged, and the Foster Care Pilot Project developed. In keeping with the intention of the overall change initiative outlined in

"Focus on Children" (1994), stakeholder participation was a central characteristic of this process. As such, responsibility to direct the process of evaluating and implementing new services and models of practice was conferred to the Foster Care Council, an assembled body of eleven representatives from the community, Child Welfare, and the Foster Parents Association.

1.3.3 The role of the Foster Care Council

The Foster Care Council was vested with the authority to make decisions about and for the Foster Care Program, including decisions relating to the contracts in place to support Foster Care Program activities. Responsibilities included acting as the governing body for all aspects of foster care services; establishing and carrying out the mission and goals for the program; maintaining accountability for the financial operations of the program; and acting to increase awareness and support for changes to the Foster Care Program.

Authority to make necessary adjustments to existing policies and practices of the Calgary Region Foster Care Program was delegated to the Foster Care Council for approximately one year, in which time the Foster Care Pilot Project was expected to explore, develop, and implement new approaches to foster care service delivery. Again, the anticipated product of the process was to be a program of greater relevance and responsiveness to the service needs of foster parents, foster children, and birth families (Tillman, 1995).

1.3.4 The Programming and Service Enhancement Sub-committee

Over the pilot project period, all aspects of foster care service delivery were to be

assessed with a view to implementing necessary modifications, from recruitment and training of foster parents to financial operations related to the program. In view of the range of issues to be addressed, several sub-committees were struck to contend with distinct areas of concern and exploration. One of these was the Programming and Service Enhancement Committee (P&SEC) whose mission it was to explore and implement changes that would support the Foster Care Program to work more effectively with birth families. Fundamental principles guiding the work of the committee included moving to enhance the ability of foster parents to work with birth families and having the Foster Care Program of the Calgary Region adopt principles of inclusive care.

1.3.5 Informational needs of the Programming and Service Enhancement Committee

It was anticipated that the P&SEC's explicitly defined aim of implementing foster care service delivery inclusive of birth families would entail changes for all stakeholders to the process. The committee was interested in gathering information from stakeholders because they wanted to make program-related changes informed as much as possible by the input of parties relevant to the foster care process. It was expected that such input would make the program more relevant and appropriate, and enhance support for modifications to the program. The scope of the committee's tasks and responsibilities, however, limited their ability to undertake essential research and information-gathering. This researcher's proposal to undertake her Master's thesis research on the topic of inclusive foster care, with an intent to target research of use to the objectives of the committee, was determined a potential help in furthering the group's need for information.

1.3.6 Establishing the research focus

It remained necessary to clarify the focus of the research and to precisely define the research questions to be explored. Group discussions revealed an interest in exploring the attitudes of foster parents about delivering inclusive foster care services. As the foster parent role is central to the delivery of effective foster care services (Fanshel, 1961; Maluccio, Fein, & Olmstead, 1986; Pike, 1977), and one sure to be impacted by the practical and procedural changes being considered for the Foster Care Program, discovering their attitudes about inclusive care was important.

1.4 The research questions

Three principal research questions important to the objectives and informational needs of the committee were defined. These were:

1. What are the attitudes of foster parents about working inclusively with the birth parents of children they foster?

2. Are foster parents willing to practice from an inclusive orientation?

3. What program and organizational elements do foster parents feel must be in place to assist them in working inclusively with birth parents?

1.5 Significance of the study

The findings of this study are hoped to have a variety of practical applications. The potential for results to provide program planners with meaningful insight into the attitudes of foster parents about inclusive foster care, and their willingness to practice from this approach is significant. The ability to identify the level of support or opposition that exists among foster parents about undertaking inclusive foster care, and

the ability to identify the particular elements of the model which are problematic for them, will allow for a more intentional and informed approach to program planning, development, and implementation. Indeed, resistance to change is common, and in implementing changes to the foster care program, knowing who stands in opposition to what aspects of the model and on what grounds will be helpful in contending with that resistance effectively.

Re-conceptualizing foster care programming necessitates that serious consideration be given to the input of foster parents. Attention in program design and implementation to the attitudes of foster parents will lend greater legitimacy to the endeavor, and will enhance the probability that the program will be both relevant and responsive to the needs of foster parents. In accounting for unknowns such as the attitudes of foster parents about inclusive care, the process and product of program development and restructuring will be more informed, and thus more likely to be endorsed by these key stakeholders.

Insight into the attitudes of foster parents about inclusive foster care can also inform appropriate changes and improvements to policies and practices related to the recruitment, training, and retention of foster parents. Training around work with birth parents has demonstrated, for example, the capacity of foster parents to assume new roles, focused on helping the family, not only the children (Downs et al., 1996; Lee & Nisivoccia, 1989). Study results may thus show the need for foster parent training emphasizing the importance of such things as sustained and regular contact between children in care and their birth parents. The necessity of recruiting intentionally may be indicated as well, with persons open to working with birth families being sought and

selected. The results will also provide insight into ways of appropriately supporting foster parents in work with birth parents, which will have implications for their retention.

Study results may be helpful in planning policies for the Foster Care Program. For instance, although foster parents currently sign an Agreement to Foster that includes an agreement to work cooperatively with birth families, there is no policy-driven expectation that birth parents will be included or involved in the lives of their children in foster care. If the Foster Care Program is resolutely committed to adopting an approach to foster care inclusive of birth parents, then establishing these expectations in policy can be anticipated.

1.6 Organization of the study

This study of foster parent attitudes about delivering foster care services from an inclusive orientation is presented in five chapters. This chapter includes a statement of the issues, the study questions, and the significance of this research for foster care program planners.

Chapter 2 is a literature review. Relevant parental visitation, attachment, and reunification research is examined. The role of foster parents and the impact of attitudes for practice behavior is also addressed. Concepts central to the study are defined, a framework of tasks and activities representing the practice of inclusive foster care complete the review.

The methods used for this study are described in Chapter 3 along with the reasons they were chosen. Chapter 4 presents the empirical findings of the study.

A general summary of the study, implications of the findings for policy and practice

are presented in Chapter 5. Limitations of the study, and recommendations for future study are also addressed.

Relevant appendices and a reference section conclude this work.

CHAPTER TWO

2.0 LITERATURE REVIEW

The purpose of this chapter is to review literature that examines the suitability of foster care service delivery systems adopting an orientation to foster care inclusive of birth parents. The review examines seven topic areas: inclusive foster care, resiliency and protective factors, needs of children in foster care, permanency planning, family reunification, parental contact and visitation, and foster parent attitudes about inclusive foster care.

2.1 The concept of inclusive foster care

Inclusive foster care is foster care predicated on parental involvement and inclusion (Galaway, Nutter, & Hudson, 1994; Holman, 1974; Kufeldt & Allison, 1990; Kufeldt, 1991; Swindall, 1961). In contrast to more child-centered foster care that typically excludes birth families, inclusive foster care service delivery promotes birth parents as partners in the foster care process and emphasizes their maintaining active participation in the lives of their children (Holman, 1974; Kufeldt, 1991). The maintenance of family connections is facilitated through an atmosphere of teamwork between foster care providers and birth parents, with shared responsibility for parenting a central principle of the approach (Palmer, 1995).

Birth parents are not, in theory, relegated to a peripheral role in the lives of their children, but are as fully integrated into the foster care process as is reasonably possible, given the need to ensure the well-being and safety of children (Bluml et al., 1989; Watson, 1982). Research shows inclusive care practices lead to improvements in

children's adjustment in care (Thorpe, 1974), reductions in children's experience of loyalty conflict (Fine, 1985; Steinhauer, 1991), earlier return to birth parent care (Stein, Gambrill, & Wiltse, 1978), and decreased probabilities of children re-entering foster care after returning to birth parent care (Block, 1981; Fanshel & Shinn, 1978; Stein & Gambrill,1985).

The inclusion of birth parents in the foster care process is practical for several additional reasons. Parental involvement a) allows for the preservation of parent-child relationships, b) allows more opportunity for improvements to these relationships (Blumenthal, 1984; Palmer, 1995), and c) provides birth parents with an opportunity to enhance or develop parenting skills through contact with foster parents able to model these skills (Davies & Bland, 1978; Hess, 1981; Simmons, Gumpert, & Rothman, 1973). The inclusion of birth parents in the foster care process also permits service providers to better assess whether return to birth parent care is the appropriate permanency plan, and thus make more informed and timely plans for permanency (Maluccio et al., 1986; Watson, 1982).

2.1.1 Inclusive care in practice

In practice, inclusive foster care facilitates the maintenance of parental roles and responsibilities through the participation of birth parents in activities, tasks, services, and decisions affecting their children (Blumenthal, 1984). Pertinent tasks and activities include birth parents taking their children to dental and medical appointments (Hess, 1981), participating in school conferences (Palmer, 1995), exchanging child-related information with foster parents and other service providers (Bluml et al., 1989),

attending meaningful cultural or religious events, physically caring for their children during visits in the foster home (Blumenthal, 1984), making pre-placement visits to the foster home (Hess, 1981), and attending school related events and activities with their children (Kufeldt, 1991).

Foster parents play essential roles in facilitating the process of birth parent involvement. If birth parents are to maintain their parental roles and responsibilities, the cooperation and support of foster parents is necessary, without it inclusive foster care cannot be effectively delivered (Palmer, 1995). The two most important roles of foster parents in inclusive foster care are thus those of team member and parallel caregiver (Blumenthal & Weinberg, 1984). Responsibility for caring for children is shared, with foster parents also acting as resources to birth parents (Ryan, McFadden, & Warren, 1981).

2.2 Promoting resiliency in children

Research shows that resiliency is a characteristic that can protect children from developing life-compromising problems, many of which are a consequence of exposure to risk factors present within the family or social environment; abuse, neglect, poverty, and lack of opportunity being prime examples (Benard, 1987). As a large proportion of the children who come to the attention of child welfare services are exposed to such risk factors, one of the goals of child welfare service delivery should be the promotion of resiliency in children. Addressing these most meaningfully requires systemic shifts whereby families are provided the social and economic support conducive to healthy functioning, but the development of child welfare services that serve to intentionally

enhance protective factors would also contribute to this end.

2.2.1 Resiliency and protective factors

Resiliency is the term used to "describe a set of qualities that foster a process of successful adaptation and transformation despite risk and adversity" (Benard, 1995, p. 1). Attributes of resiliency have been identified as: 1) social competence, 2) problem-solving skills, 3) autonomy, and 4) a sense of purpose and future (Benard, 1991). These attributes are characterized by such qualities as responsiveness, empathy, resourcefulness, the ability to plan, a sense of one's identity, self-efficacy, goal direction, achievement motivation, and optimism (Benard, 1991). It is in the presence of certain environmental characteristics that resilience is fostered.

The environmental characteristics that promote resiliency in children are known as protective factors. Protective factors are found in the family, school, and community, and can be defined as traits, conditions, and situations that have the ability to promote well-being despite the presence of adversity and risk (Garmezy, 1991; Segal, 1986). Bonnie Benard (1991) divides these protective factors into three categories: 1) caring and supportive relationships, 2) positive and high expectations, and 3) opportunities for meaningful participation. The power of these protective factors lies in their ability to meet basic human needs for love and acceptance, respect and learning, and a sense of personal significance.

2.2.2 Inclusive foster care: Promoting resiliency

Intended as it is to provide children who cannot remain with their families with an alternate home environment that supports and nurtures them (Downs et al., 1996),

quality family foster care by definition assumes the presence of the protective factors outlined above. Indeed, an implicit goal and expected component of foster care services is the provision of an environment that promotes resiliency in children through their experience of caring and support, high expectations, and opportunities for meaningful participation. Although not all children will develop resiliency by virtue of having experienced quality foster care, the way it is delivered has an impact.

The adoption of inclusive foster care may be a means of increasing the potential for children to develop resiliency. Not only do children benefit in the immediate from the experience of protective factors in the foster home, but the inclusion of birth parents in the foster care process allows these parents an opportunity to experience and observe the protective factors themselves. Modeling by foster parents of support and caring, high expectations, and opportunities for meaningful participation affords birth parents a first-hand opportunity to observe and acquire appropriate parenting skills (Davies & Bland, 1978; Ryan, McFadden, & Warren, 1981). Exposure of this nature is valuable, for while children remain in foster care such skills can be practiced, developed, and generalized. The ability of birth parents to provide their children with the protective factors will benefit their development and will also contribute to the ultimate success of reunification.

2.3 The needs of children in foster care

Research of the last several decades has established the important roles of birth parents in providing stability, permanence, and continuity of care for children in foster care. This section looks at the theory and research about the needs of children in foster care for contact and sustained relationships with their birth parents, and the consequent

importance of a family focus in child welfare services.

2.3.1 Attachment theory

Attachment theory has drawn on several lines of thought to create an integrated body of knowledge about human emotional development. Attachment theory places deep affectional bonds between individuals within an evolutionary context, with the process of attachment advanced as an adaptive response of the infant to its need for protection and sustained care over the protracted period of infancy (Bowlby, 1982). Differentiating itself from previous theories, attachment theory views the attachments born of dependency as enduring features of human relationships over the life-span (Palmer, 1995).

An important premise of attachment theory is that all infants, however treated, form an attachment to the persons who care for them (Bowlby, 1982). The quality of the primary attachment relationship, however, will vary as a consequence of the nature and continuity of care experienced (Ainsworth 1982; Hess, 1982). This is an important point, as the quality of a child's attachment relationships will have long-term and far-reaching implications for their emotional health (Goldberg, 1990). Indeed, behavior, cognition, and emotional adjustment are all related to attachment experiences in childhood (Goldberg, 1990).

Attachment theory has provided a framework for understanding the importance of the relationship that develops between children and their primary caregivers in early childhood, the enduring nature of this bond, and the impact it has for personality development and emotional adjustment. These insights have contributed to a belief in

the primacy of parent-child attachment, and an awareness of the essential role of birth parents in meeting the needs of children for stable and continuous relationships (Hess, 1982). One of the key protective factors is secure supportive relationships.

2.3.2 Foster care and the impact of separation

Attachments and emotional bonds with birth parents are potentially so meaningful to the well-being of children that maintaining them should be a guiding priority in child welfare services and practice (Laird, 1979). In addition to knowledge of the enduring and meaningful nature of primary attachment relationships for children, this focus has been informed by knowledge of the negative implications for children of separation from primary attachment figures (Maluccio, Fein, & Olmstead, 1986). It has been suggested that among the most significant psychological and developmental risks to children in foster care are those associated with problems of attachment and separation from their birth parents (Steinhauer, 1991).

Children in foster care are more likely than most to exhibit insecure attachment styles and psychological disturbance as a function of less than optimal attachment experiences with birth parents prior to entry into foster care (Fanshel, Finch, & Grundy, 1989; Pianta, Egelund, & Hyatt, 1986; Schaughency and Lahey, 1985). The separation from birth parents which is entailed in foster care, particularly if it is frequent or prolonged, only serves to compound already significant risks to their development (Brown & Harris, 1978; Fanshel & Shinn, 1978; Rutter, 1979).

Researchers investigating parental deprivation have found negative consequences for children separated from their birth parents to include shallow relationships (Bowlby,

1982), low self-esteem (Laird, 1979), critical detachment (Cline, 1979), difficulties in impulse control (Fraiberg, 1977; Littner, 1960), chronic depression as a consequence of unresolved mourning (Ainsworth, 1982), and occasionally, limitations in cognitive functions (Bowlby, 1951). The implications of separation for a child's sense of identity, personal significance, and human connectedness have also been emphasized by researchers in the field (Colon, 1978; Day, Cahn, & Johnson, 1993; Frank, 1980; Germain, 1979; Jenkins, 1981; Laird, 1979).

Jenkins (1981) writes that the relationship, or tie, between birth parent and child provides the child with the basic framework of their identity, and that it allows for an emotional and symbolic sense of their place in the world. It is maintained that the severing of this tie through placement in foster care is harmful to the child for the dislocation it represents from the context of their identity (Bryce & Ehlert, 1971; McIntyre, 1970). Germain (1979) concurs, and indicates that for the child separated from the birth family through placement in foster care, the "ongoing task will always be to reweave the jagged tear in the fabric of his identity, to make himself whole again" (Germain, 1979, p. 175).

2.3.3 The importance of the birth family

Insight achieved into issues of attachment and separation assisted in establishing the significance of birth families for human connectedness (Colon, 1978; Littner, 1981; Maluccio et al., 1986; Ryan, McFadden, & Warren, 1981), and bringing to light the needs of children for permanence, stability, and continuity in their parental relationships and living arrangements (Maluccio & Fein, 1983; Maluccio et al., 1986). The discovery of

the association between experiences of attachment and separation and the well-being of children in foster care also underscored the necessity of managing their foster care careers more effectively, specifically from a policy and practice perspective (Thomlison, 1990).

2.4 Permanency planning

Permanency planning reflects the needs of children for consistency in relationships, and represents the conceptual framework that has strongly influenced child welfare policies, programs, and practice since the mid-1970's (Hartman, 1993; Maluccio et al., 1986). The framework encompasses a philosophy which highlights the primacy of the birth family, and the significance for children of being raised within a familial context (Maluccio, 1985; Steinhauer, 1991). From a theoretical standpoint it stresses that "stability and continuity of relationships promote a child's growth and functioning" (Maluccio et al., 1986, p. 16). Although there are several definitions of permanency planning, a widely accepted interpretation of the conceptual framework defines it as:

> the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish life-time relationships (Maluccio & Fein, 1983, p. 197).

2.4.1 Long-term foster care studies and permanency planning

The permanency planning movement was supported by the importance of parent-child attachment and the developmental implications for children of frequent or prolonged separation from primary attachment figures (Maluccio et al., 1986; Palmer, 1995). Results of long-term foster care studies that revealed the prevalence of children adrift in foster care also provided support for changes to policies governing children's careers in foster care (Fansel & Shinn, 1978; Maas & Engler, 1959).

One of the first studies to document the reality of many children drifting in foster care was reported by Maas and Engler (1959). Investigating the experience of children in foster care in nine communities, this study found that in no more than one quarter of study cases was it probable that children would return home to the care of their birth parents (Maas & Engler, 1959). Most children had living birth parents, contact between parents and their children was minimal or nonexistent, and there were no plans for parents to resume responsibility for the care of their children. In addition to a lack of stability in living arrangements, the virtual absence of discharge planning made long-term foster care in a series of different placements characteristic for many of these children (Maas & Engler, 1959).

Almost two decades later, a longitudinal foster care study conducted in New York by Fanshel and Shinn (1978) found evidence that little had changed. A significant proportion of the foster children in their study were remaining in foster care long-term, many exiting only as a consequence of having reached the age of majority. Although largely intended as a temporary measure, additional research confirmed that foster care was experienced by many children as a permanent situation (Fanshel & Shinn, 1978; Gruber, 1978; Wiltse & Gambrill, 1974). Gruber's (1978) investigation of a state foster care program, for instance, found that over two thirds of children in foster care stayed in foster care five or more years, and for over four fifths of these children no attempt had been made to reunify them with their families.

The pervasive lack of permanency and continuity for children in foster care revealed by these studies resulted in a renewed conviction of the need for permanency planning

(Maluccio et al., 1986). Greater knowledge of the developmental implications for children of remaining in foster care indefinitely, experiencing multiple placements, and losing virtually all connection to their birth families demanded that changes be made. The framework of policies and practice that permanency planning represented were advanced as a means of addressing and preventing the perpetuation of such foster care experiences for children (Fanshel & Shinn, 1978; Gruber, 1978; Maas & Engler, 1959).

2.5 Family reunification

Although the initial emphasis of permanency planning was to free children in long-term foster care for adoption, other viable options were revealed (Hartman, 1993). A demonstration initiative known as the Oregon Project, for instance, revealed that in spite of lengthy separations, many birth parents contacted by workers to discuss adoptive placement of their children were both anxious and able to resume their care (Pike, Downs, Emlen, Downs, & Case, 1977). The re-discovery of birth parents as potential care-givers to their children in foster care allowed family reunification to emerge as the preferred option for permanency planning (Downs et al., 1996). Today, family reunification remains a central aim and service goal of child welfare service systems across North America (Hartman, 1993; Maluccio, 1985; Maluccio et al., 1993; Smith & Smith, 1990). Indeed, provincial child welfare legislation in Alberta identifies family reunification as the first permanency planning option to be considered (Child Welfare Act of Alberta, 1984).

2.5.1 Family reunification defined

Family reunification has commonly denoted the physical re-entry of children in

foster care into their familial homes (Downs et al., 1993). A recently expanded definition, however, is gaining favor for its recognition of family reunification as an approach which is flexible, dynamic, and responsive to the individual needs of children and families. This definition promotes family reunification as:

> the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help each child and family to achieve and maintain, at any given time, their optimal level of reconnection—from full re-entry of the child into the family system to other forms of contact, such as visiting, that affirm the child's membership in the family. (Maluccio et al., 1993, p. 6)

2.5.2 Guiding principles of family reunification

This redefinition of family reunification is particularly valuable for some of the guiding principles it embodies. From this interpretation, family reunification a) recognizes the importance of continuity of care for children; b) is guided by awareness of the birth family as the preferred child-rearing unit; c) encourages the involvement of birth parents in the foster care process (Blumenthal, 1984; Downs et al., 1996; Maluccio et al., 1993); d) recognizes the need to follow through on "early and consistent contact" between children in foster care and their birth families (Maluccio et al., 1993, p.7); and e) promotes the establishment of partnerships between birth parents, foster parents, social workers, and other service providers (Maluccio et al., 1993).

The promotion of partnership is a central principle of family reunification. The importance of allowing birth parents an ongoing parental role with their children in foster care is recognized, and the promotion of birth parents as partners in the process represents a way of maintaining essential parental roles and relationships (Blumenthal,

1984; Hess, 1981). Indeed, it is suggested that effective family reunification programs are those that involve and include birth parents, and emphasize their ability to contribute to decision-making (Bullock, Little, & Millham, 1993; Gillespie, Byrne, & Workman, 1995; Maluccio et al., 1993; Stein, Gambrill, & Wiltse, 1978; Thomlison, Maluccio, & Abramczyk, 1996).

2.5.3 Family reunification and rates of foster care re-entry

The family oriented permanency planning policies adopted by child welfare service systems during the 1970's led to an increase in rates of returning children to their families, with studies showing rates of return between 59 and 79 percent (Downs et al., 1993; Downs et al., 1996; Fanshel & Shinn, 1978; Gillespie et al., 1995; Fein et al., 1983; Tatara, 1989). Rates of reunification this high suggest that efforts to reunify families were initially successful, but a fuller picture of their success emerges when rates of foster care re-entry are examined (Courtney, 1995). Findings have shown that between 20 and 40 percent of children returned to the care of their birth parents re-enter foster care (Rzepnicki, 1987; Tatara, 1992; Walton, Fraser, Lewis, Pecora, & Walton, 1993; Wulczyn, 1991). Although a proportion of foster care re-entry should be viewed as part of a safety net for children after their return home and should not be viewed as failures of family reunification, levels of re-entry as high as these indicate that factors exist that limit the success of family reunification efforts.

2.6 Parental contact and visitation

Much has yet to be discovered about the service factors associated with both positive and negative case outcomes. The growing body of family reunification research,

however, shows parental contact and visitation with their children to be the best predictor of children's discharge from foster care, and the best predictor of their remaining reunited with their families (Benedict & White, 1991; Fanshel, 1981; Fanshel & Shinn, 1978; Mech, 1985; Milner, 1987; Sherman, Neuman, & Shyne, 1973; Watson, 1982; White, 1981). Belief in the importance of visiting and sustained parent-child contact has in fact led authorities in this field to label these "the heart of family reunification" (Warsh, Maluccio, and Pine, 1993). Research indicates, however, that there is little or no parental contact for a significant proportion of children in foster care (Hess, Mintun, Moelhman, & Pitts, 1992b), and that service system case activity supportive of visits is usually inadequate (Gruber, 1978; Hess, 1988; Hess, Folaron, & Jefferson, 1992; Jenkins and Norman, 1975; Rowe, Cain, Hundleby, & Keane, 1984;).

<u>2.6.1 Problematic practices of foster care service delivery</u>

Problems associated with foster care service delivery contribute significantly to reunification disruption (Gruber, 1978; Hess et al., 1992; Rzepnicki, 1987; Sherman, Neuman, & Shyne, 1973; Walton et al., 1993). For example, in a three year evaluation of reunification services, Hess et al. (1992) found that families had been inadequately prepared for reunification in 81% of reunification disruptions. Additional service delivery system problems associated with re-entry into care included inadequate visiting plans, insufficient parental involvement, and poor cooperation among service providers (Hess et al., 1992).

Formal and informal practices of foster care service delivery systems are accountable for some of the difficulties that emerge for families in reunification. For instance,

service system case activity is often responsible for producing barriers to parental visitation and involvement (Marsh & Allen, 1993). Problematic practices include workers placing children in inaccessible or distant foster homes (Millham, Bullock, Hosie, & Haak, 1986); visiting schedules established primarily for the convenience of foster parents (Berridge & Cleaver, 1987; Borgman, 1985); and a general disregard for the input of birth parents into planning for their children (Hess, 1988; Palmer, 1995). Intentional restriction of parental visitation is also common, usually under the pretext that children require time to adjust to their foster homes (Proch & Hess, 1987). The emotional impact for children of renewing contact with their birth parents is subsequently used as a justification for not promoting increased visitation and contact (Rowe et al., 1984).

2.6.2 Benefits of promoting parental contact and visitation

The positive association between parental contact and visitation with their children in foster care and children's successful return to parental care is contributing to the belief that improving reunification outcomes for children and families requires an orientation to foster care service delivery that promotes and facilitates parental inclusion and involvement in the foster care process (Blumenthal, 1984; Bluml et al., 1989; Holman, 1975; Kufeldt, 1991; Maluccio et al., 1993; Swindall, 1961). The benefits of such an approach are wide-ranging. For children, these include better levels of adjustment in care (Palmer, 1995; Petrie, 1962), improved functioning, and greater levels of emotional and psychological health (Jenkins, 1969; Millham et al., 1986; Nutter, 1997; Weinstein, 1960). Parental contact, visitation, and involvement is also associated with an increased

likelihood of children returning to their families and returning to them more quickly (Fanshel, 1975; Fanshel & Shinn, 1978; Hess et al., 1992; Lawder, Poulin, and Andrews, 1986; Levitt, 1981; Mech, 1985; Millham et al., 1986; Simms & Bolden, 1991). The positive implications of contact and visitation for the post-discharge outcomes of families who have been reunified are perhaps most meaningful, with reunification disruption found less likely for those children who have had contact with their families while in foster care (Block, 1981).

2.6.3 The contact vs. no contact debate

Much of the literature reviewed presents visitation, contact, and involvement of birth parents with their children in foster care as a positive aim. Others contend, however, that parental contact is not always in the best interests of children (Goldstein, Freud, & Solnit, 1973; Poulin, 1985). This view is held most strongly where there is little likelihood that birth parents will be able to resume care of their children and the termination of parental rights is anticipated (Downs & Taylor, 1980; Muscwicz, 1981). From this perspective the continuation of relationships with birth parents does not serve children well because it acts to undermine the emotional consistency they require (Goldstein et al., 1973). Indeed, it is advanced that the inability of children to maintain positive emotional ties with varied individuals makes them susceptible to "severe and crippling loyalty conflicts" (Goldstein et al., 1973, p. 12).

Children can experience a degree of conflict as a consequence of sustained contact with their birth parents. For instance, in their study of children in long-term foster care, Fanshel and Shinn (1978) noted that social workers perceived the children who

continued to be visited by their birth parents to have greater difficulty coping with the foster care environment than children who were not visited (Fanshel and Shinn, 1978). Despite the perceived strain, however, these researchers continued to support the idea that continued contact with birth parents is good for most children in foster care (Fanshel & Shinn, 1978). This conclusion was based on the assumption that total parental abandonment creates more emotional turmoil than does the stress of contending with two sets of relationships (Fanshel & Shinn, 1978).

Some proponents of parental involvement acknowledge that in some cases parental contact and visitation may be detrimental to the best interests of children (Steinhauer, 1991). Steinhauer (1991), for example, contends that visitation may be contra-indicated where severely neglectful or abusive birth parents use visits to block the possibility of moving ahead with a permanent plan or placement for their children. It is proposed that the permanency needs of children in such cases must override the wishes of birth parents for continued contact. It is also advanced that termination of contact may be advised for children whose contact with birth parents results in sustained emotional distress for them, and particularly when therapeutic intervention fails to improve the circumstances (Steinhauer, 1991).

Visits that continue beyond the termination of parental rights can also prove problematic if children are not helped to understand that returning to live with their birth parents is not going to occur (Steinhauer, 1991). The wishful family reunification fantasies of children can prevent their forming stable and meaningful attachments in their permanent placements (Kufeldt, Armstrong, & Dorosh, 1995; Nickman, 1986).

Steinhauer (1991) was clear in indicating, however, that permanent cessation of parental contact is usually unnecessary given purposeful therapeutic intervention. Indeed, children are capable of forming multiple attachments, and parental involvement in itself will not compromise the ability of children to adapt to their circumstances or form attachments to their foster parents.

Even when parental rights are terminated birth parents can and should continue to play a role in the lives of their children, if only to assist in planning their child's permanent placement (Blumenthal, 1984; Kufeldt, 1994; Steinhauer, 1991). Sustaining such involvement is particularly important where children have formed strong and long-lasting bonds with their birth parents (Blumenthal, 1984; Bowlby, 1982).

2.6.4 The role of foster care service delivery systems

There are evident benefits to foster care service delivery systems placing greater emphasis on supporting and promoting parental contact, visitation, and involvement with their children in foster care. Effectively working with the birth parents of children in foster care, however, will require adherence to a framework of practice and service delivery wherein birth parents are integral partners to the foster care process (Maluccio, Warsh, & Pine, 1993; Smith & Smith, 1990; White, 1981). Despite empirical support for inclusiveness, and the compatibility of this approach with family reunification, such an approach to foster care is not yet widely practiced either in Alberta, or elsewhere in North America (Kufeldt, 1994; Palmer, 1995). Improving services to children and families requires the adoption of a new model of practice, one that has integrated accepted theory about the need for, and benefits of, parental involvement and visitation with supportive

practice principles.

2.7 Foster parent attitudes about inclusive foster care

As inclusive care represents a departure from current foster care that is child-centered and exclusive of birth families, its implementation requires both theoretical and practice shifts (Kufeldt, 1991; Kufeldt, 1994; Kufeldt, 1995; Kufeldt & Allison, 1990; Palmer, 1992). Because the attitudes of foster parents affect the extent and nature of parental contact and involvement (Blumenthal & Weinberg, 1984; Gibson, Tracey, & Debord, 1984; Hess, 1981; Littner, 1981; Oysterman & Benbenishty, 1992; Palmer, 1992), and inclusive foster care requires foster parents to actively promote and support birth parent contact and involvement (Kufeldt, 1995), an understanding of their attitudes about doing such work will provide needed guidance for implementation.

The adoption of inclusive foster care poses issues in behavioral and attitudinal changes of foster parents toward birth parents (Maluccio, 1981). The practical expectations of foster parents delivering services from an inclusive orientation, where the concept of partnership with birth parents is central, are different from those of foster parents delivering services from a child-centered model (Maluccio, Warsh, & Pine, 1993). The success of inclusive care is dependent on foster parents' a) willingness to work with birth parents, b) willingness to cooperate with plans for contact between children and their birth parents, and c) commitment and ability to develop effective partnerships with birth parents (Palmer, 1995).

To practice inclusive foster care, foster parents may need to adopt a new framework for practice and re-conceptualize their roles. Where shifts in practice behavior are

expected, "it is important to acknowledge the role attitudes play in facilitating or inhibiting the expected behavioral change" (Hess, 1981, p. 4). As inclusive care has been identified as the model to be adopted by the Foster Care Program in the Calgary Region, knowledge of the attitudes of foster parents about practicing inclusively becomes both pertinent and useful.

CHAPTER THREE

3.0 METHOD

The nature of the research questions to be explored, in conjunction with the needs of the Programming and Service Enhancement Committee, called for an accurate and timely portrayal of foster parents' attitudes. A descriptive cross-sectional research design was thus chosen for its ability to furnish "snap-shot" data on the characteristics and attitudes of a large population (McMurtry, 1993; Locke, Spirduso, & Silverman, 1993; Rubin & Babbie, 1993).

The decision to use a mailed survey method was made for the following reasons: 1) Surveys are a means of investigating "unobservable variables such as attitudes" (Mindel, 1993, p. 222). 2) The attitudes of foster parents about inclusive foster care were central variables of interest in this study. 3) A well-constructed questionnaire and defined population together make clear descriptions possible. The decision to use this method was further supported by the impracticality, both with respect to time and resources, of conducting interviews with a large number of foster parents in their homes.

Additional advantages of the survey method contributing to its selection included the ability of respondents to complete the questionnaire at their convenience, the considerable time and cost savings it permits, the greater assurance of anonymity, and all potential participants have an opportunity to respond (Bailey, 1987; McMurtry, 1993; Rubin & Babbie, 1993). These factors compensated for such disadvantages as the reality of a potentially lower rate of response, the inability to probe for more depth in responses, and

the inability to ensure that all questions are answered (Bailey, 1987; McMurtry, 1993; Rubin & Babbie, 1993).

The pages to come will outline and describe the study's design, population, data collection procedures, and the development of the Foster Parent Questionnaire (FPQ), including content rationale and pilot-testing. A brief description of the setting in which the study took place leads this discussion.

3.1 The study setting

Child welfare programs and services in Alberta are delivered through six Alberta Family and Social Services administrative regions. The study population from which data was collected were located within the administrative area known as the Calgary Region. This region encompasses the city of Calgary and the suburban and rural communities that adjoin it.

Calgary is a dynamic, entrepreneurial-oriented city located in the foothills of the Rocky Mountains in southern Alberta. With a population base of approximately 800,000 people, it enjoys the distinction of being the province's largest municipality. The communities that surround Calgary and make up the balance of the Region are largely rural, with small towns, ranches, and farms predominating.

3.1.1 The restructuring of Children's Services

Organized by a politically conservative populace, this decade has seen the Alberta Government modify its position and role in the delivery of health, education, and social services. Scrutiny of service system structures, and their methods of service delivery, were found inadequate in meeting the evolving needs of the service environment. This,

in conjunction with wide support for a governmental mandate to reduce provincial government expenditure, increase fiscal responsibility and accountability, and make changes to the social welfare system resulted in significant changes being made to core, publicly funded human services (Thomlison, Meade, & Pritchard, 1996). It is within this context that a plan to restructure provincial child and family services was endorsed and initiated. It is also within this context that foster care services in the Calgary Region are being re-evaluated and a new model of service delivery considered for implementation.

3.1.2 The population

The primary client for this study was the Foster Care Council of the Calgary Region. As the Foster Care Council had been delegated the authority to adjust the existing policies and practices of the foster care program in the Calgary Region, the most relevant sample was the foster parents actively providing services with the departmental foster care program in Calgary. All 259 foster homes in operation in the Calgary Region when this survey was conducted were included in this survey. Community-based treatment foster homes, and those under the administration of Native Child Welfare Services fell outside the jurisdictional mandate of the Foster Care Pilot Project and were not included in this survey.

Having obtained the support of the Programming and Service Enhancement Committee, it was necessary to seek formal permission to proceed with the study from the Calgary Region Foster Care Unit. The manager of this unit was approached and briefed on the proposed study's purpose and structure. Release of the foster parent mailing list was made contingent upon receipt of a written communication outlining the

relevance of the research, procedures to safeguard foster parent confidentiality, and the researcher's pledge to destroy the code list that could link questionnaires to individual respondents upon completion of the study.

The requested letter was provided to the Foster Care Unit Manager (Appendix A), at which time she obtained permission from Alberta Family and Social Services Calgary Regional Manager to proceed with the study. The foster parent mailing list was then made available. This mailing list comprised the study sample: It was the department's general pool of foster homes then providing foster care services, as indicated by the up-to-date address list. At the time the study was conducted, there were 259 foster homes on this list.

3.2 Demographic characteristics of the sample population

As a means of enabling the identification of potential relationships between characteristics of respondents and their attitudes and beliefs about inclusive foster care, the fifth and final section of the questionnaire sought demographic data. The findings from this section are furnished here to provide an understanding of respondents and their fostering backgrounds. Their general demographic characteristics and data specific to their foster care experience are presented in tables 3.1 through 3.9.

Surveys were mailed to each of the 259 foster homes on the mailing list provided to this researcher. Of the 259 surveys mailed, 136 were returned successfully completed. The rate of response achieved was thus 53% (n=136).

3.2.1 Gender breakdown of respondents

Eighty eight percent of respondents (n=120) were women, with men comprising eight

percent (n=11) of those who responded. Two percent of the questionnaires (n=2) were sent back indicating that both husband and wife had responded to the questionnaire as a unit. Table 3.1 shows the gender breakdown of respondents.

3.2.2 Age of respondents

Respondents were largely dispersed over four of the possible seven age categories listed in the questionnaire, but as a means of conveying this data most meaningfully the age categories were collapsed such that 10 year intervals are reported. Three percent (n=4) of respondents were in their 20's; thirty percent (n=40) were in their 30's; thirty-eight percent (n=51) were in their 40's; twenty-two percent (n=30) were in their 50's; and only six percent (n=8) of respondents reported themselves in the '60 or over' category. Table 3.2 shows the age breakdown of respondents.

3.2.3 Ethnicity of respondents

Eighty-eight percent (n=120) of respondents to the questionnaire identified their ethnicity as Caucasian. Two percent (n=2) identified themselves as Aboriginal, with another two percent (n=2) specifying their ethnicity as Metis under the "Other" category. Two percent (n=3) identified themselves as Hispanic, and two percent (n=2) indicated themselves to be Asian. One respondent (n=1) specified her/his ethnicity under the "Other" category as Canadian. Table 3.3 summarizes this data.

3.2.4 Educational attainment of respondents

With respect to the highest level of education achieved, thirty-two percent (n=44) of the respondents to the survey had attained a Grade 12 diploma, twenty-eight percent (n=38) had community college diplomas, and sixteen percent (n=22) had earned

university degrees. Four percent (n=5) of respondents were ticketed trades people. One (n=1) respondent indicated an education level of less than Grade 9, and ten percent (n=14) indicated having Grade 9 or more. Seven percent (n=9) of respondents chose to specify their levels of education achieved under the category "Other". Three percent (n=4) of these respondents indicated they had a professional designation but provided no further elaboration; two percent (n=3) of respondents were registered nurses; and the final one percent (n=2) remained unspecified. Table 3.4 summarizes data related to level of education of respondents.

Table 3.1
Gender of Respondents (N=136)

GENDER	NUMBER OF RESPONDENTS	PERCENT
Male	11	8.1
Female	120	88.2
Husband and wife	2	1.5
Missing	3	2.2
TOTALS	136	100%

Table 3.2
Age of Respondents (N=136)

AGE	NUMBER OF RESPONDENTS	PERCENT
25-29	4	2.9
30-39	40	29.4
40-49	51	37.5
50-59	30	22.1
60 and over	8	5.9
Missing	3	2.2
TOTALS	136	100%

Table 3.3
Ethnicity of Respondents (N=136)

ETHNICITY	NUMBER OF RESPONDENTS	PERCENT
Aboriginal	2	1.5
Hispanic	3	2.2
Asian	2	1.5
Caucasian	120	88.2
Other	4	2.9
Missing	5	3.7
TOTALS	136	100%

3.2.5 Classification of respondents' homes

The first of the five questions exploring the foster care experience of respondents related to the classification of their homes. Fifty-five percent (n=75) of the homes were classified as providing 'Advanced' foster care. Eighteen percent (n=25) of respondents indicated their home designations as 'Qualified'. Thirteen percent (n=17) were 'Approved' foster homes; four percent (n=5) were 'Accepted'; and six percent (n=8) specified the 'Other' category for their homes' designation. Of those specifying 'Other', one respondent (n=1) was no longer fostering, two percent (n=2) of respondents were not yet designated, and three percent (n=4) indicated they operated 'Specialized' homes. Table 3.5 shows the breakdown of respondents' home classifications.

3.2.6 Fostering experience

Sixty-six percent (n=89) of respondents had 10 years or less fostering experience. Eighteen percent (n=25) indicated they had been foster parenting '0 to 2 years'; twenty-four percent (n=33) indicated the '3 to 5 years' category; and twenty-three percent (n=31) indicated '6 to 10 years' experience. Thirteen percent (n=18) of respondents had fostered for '11 to 15 years'; seven percent (n=9) had fostered for '16 to 20 years'; and thirteen percent (n=18) had fostered 'over 20 years'. Table 3.6 summarizes these findings.

3.2.7 Cumulative number of children fostered

Thirteen percent (n=17) of respondents had fostered two or fewer children; eighteen percent (n=24) had fostered between 3 and 5 children; and another eighteen percent (n=25) had fostered between 6 and 10 children. Nine percent (n=12) of respondents had fostered '11 to 15' children, and another nine percent (n=12) had fostered '16 to 20'

children. Thirty-two percent (n=44) of respondents indicated having fostered over 20 children. Table 3.7 summarizes these findings.

3.2.8 Typical length of foster children's stay

Two percent (n=3) of respondents typically fostered for 'one month or less'; eight percent (n=11) reported fostering for '1 to 3 months'; and seven percent (n=9) indicated that children remain in their care for '4 to 6 months'. Nineteen percent (n=26) of respondents foster children between '7 and 12 months'; twenty percent (n=27) indicated they foster children for a period of '13 to 24 months'; and five percent (n=7) of respondents reported fostering within the '25 to 48 month' time-frame, which can be attributed to children being made permanent wards after a two year period spent in the department's care. Table 3.8 shows the breakdown of this data.

Thus children in foster care two years are likely to remain in care until they become adults at 18 years of age. Respondents fostering children for 49 months or more represented the largest group at almost one third (n=42), those children remaining in care for this length of time representing those in permanent foster care.

3.2.9 Experience working closely with birth parents

The majority of respondents (n=120) to the questionnaire indicated that they had had experience working closely with the birth parents of children they have fostered, with only slightly over one tenth (n=14) indicating no such experience. No follow-up item was included requesting an elaboration on what might constitute experience of having "worked closely" with birth parents.

3.2.10 Missing data

Questions that did not receive a response are referred to in tables as "missing data". Two respondents neglected to respond to Part Five of the questionnaire in its entirety, although no reason for having done so was provided. Question 34, which asked respondents to identify their ethnicity, had six respondents fail to respond, perhaps due to the sensitivity of the question. Question 38, which asked foster parents to indicate the typical length of stay of children in their homes had the highest number of non-responses (n=11). This may have been a consequence of the variability in length of stay, leading to respondents' having difficulty fixing a "typical" time-frame.

3.3 Instrument construction

Extensive literature research yielded no single existing survey instrument that addressed the three primary questions under study. The development of an instrument was thus necessary. The survey questions used evolved by means of two approaches. The use of existing research and literature on inclusive foster care constituted the first approach to developing survey questions. The second approach consisted of developing original questions based on the needs of the Programming and Service Enhancement Committee.

Table 3.4
Educational Attainment of Respondents (N=136)

EDUCATION	NUMBER OF RESPONDENTS	PERCENT
Less than grade 9	1	.7
Grade 9 or more	14	10.3
Grade 12 (Diploma)	44	32.4
Trade Designation	5	3.7
Community College	38	27.9
University Degree	22	16.2
Other	9	6.6
Missing	3	2.2
TOTALS	136	100%

Table 3.5
Home Classification of Respondents (N=136)

CLASSIFICATION	NUMBER OF RESPONDENTS	PERCENT
Accepted	5	3.7
Approved	17	12.5
Qualified	25	18.4
Advanced	75	55.1
Other	8	5.9
Missing	6	4.4
TOTALS	136	100%

Table 3.6
Number of Years Respondents have Fostered (N=136)

YEARS FOSTERING	NUMBER OF RESPONDENTS	PERCENT
0-2	25	18.4
3-5	33	24.3
6-10	31	22.8
11-15	18	13.2
16-20	9	6.6
over 20	18	13.2
Missing	2	1.5
TOTALS	136	100%

3.3.1 Questionnaire: Part One

The first of five parts to the questionnaire was specifically designed to assess foster parent attitudes about working more inclusively with the birth parents of foster children. A training manual developed to assist foster care workers increase both the frequency of birth parent/foster child visits and the involvement of foster parents with birth parents (Hess, 1981) was used as this section's model, specifically for its pertinent and well-conceived *Foster Care Worker Attitude Assessment Scale* (FCWAA).

Table 3.7
Cumulative Number of Children Fostered by Respondents (N=136)

NUMBER FOSTERED	NUMBER OF RESPONDENTS	PERCENT
0-2	17	12.5
3-5	24	17.6
6-10	25	18.4
11-15	12	8.8
16-20	12	8.8
over 20	44	32.4
Missing	2	1.5
TOTALS	136	100%

Table 3.8
Length of Stay of Children in Homes of Respondents (N=136)

LENGTH OF STAY	NUMBER OF RESPONDENTS	PERCENT
Less than one month	3	2.2
1 to 3 months	11	8.1
4 to 6 months	9	6.6
7 to 12 months	26	19.1
13 to 24 months	27	19.9
25 to 48 months	7	5.1
49 months or more	42	30.9
Missing	11	8.1
TOTALS	136	100%

Table 3.9
Respondents who Have ever Worked Closely with Birth Parents (N=136)

EVER WORKED CLOSELY	NUMBER OF RESPONDENTS	PERCENT
Yes	119	87.5
No	15	11.0
Missing	2	1.5
TOTALS	136	100%

The FCWAA scale seeks to assess foster care workers along four attitudinal themes. These are 1) attitudes related to foster parent involvement with birth parents, 2) children's needs for relationships with their birth parents, 3) the entitlement of birth parents to relationships with their children, and 4) foster parent capacities relating to involvement with birth parents (Hess, 1981). Only the first three of these themes were included in this survey. Having scale scores reflective of "attitudes toward the role of parent-child visitation in the overall permanent plan and toward the appropriate involvement of foster parents with [birth] parents" (Hess, 1981, p. 28), was viewed as a framework on which to base the first part of the research instrument.

The original scale's content was modified for use with foster parents as opposed to foster care workers. Nine items from the original scale were used without any modifications. Where the original scale sought to measure foster care worker attitudes about foster parent involvement this questionnaire asked foster parents to respond in reference to themselves. The first of the three attitudinal dimensions noted above were measured from results of Part One of the questionnaire.

Twenty items were included in Part One of the questionnaire (Appendix F). Each was presented as a belief statement to which foster parents were asked to respond on a five point Likert scale. The response categories were "Strongly Agree", "Agree", "Neutral", "Disagree", and "Strongly Disagree". Responses were coded "1" through "5" from Strongly Agree to Strongly Disagree with reverse items re-coded. Thus, strong agreement with a pro-inclusiveness statement, and strong disagreement with an anti-inclusiveness statement were coded 1. Alternatively, strong disagreement with pro-

inclusiveness statements or strong agreement with anti-inclusiveness statements were coded 5 (Bailey, 1987). On the basis of this coding system, low overall mean scores indicated attitudes that would support plans for frequent parent-child contact and appropriate involvement of foster parents with birth parents, while high scores would indicate the opposite (Hess, 1981). For each respondent, the highest possible mean score over the twenty items in this section was 5, and the lowest was 1. As these would be on the agree side of neutral, this researcher has determined overall mean scores of 2.9 or less to be indicative of pro-inclusive attitudes. Alternatively, scores of 3.0 or over would be indicative of anti-inclusive attitudes. These overall mean scores of Likert scale choices should provide a reasonably good measure of foster parents' attitudes toward inclusive fostering (Rubin & Babbie, 1993).

3.3.2 Questionnaire: Part Two

The same trainer's manual, Working with Birth and Foster Parents (Hess, 1981), contained a three-tiered graduated model of foster family involvement with biological parents. The three tiers were concrete examples of minimum, moderate, and maximum involvement of foster families with birth parents. These examples helped to establish a framework for inclusiveness based on an activity continuum. This framework informed the content of part two wherein foster parents are asked (a) to rate their support of ways biological parents could become more involved with their children in care, and (b) to rate their willingness to undertake such activities.

The second part of the questionnaire (Appendix F) maintained the same general structure and format as the first. The two sections of Part Two each consist of

statements with response categories along the same Likert scale used in Part One. The response categories of the first section were identical to those in Part One. The wording of response categories in the second section of Part Two was altered, these were "Very Willing", "Willing", "Neutral", "Unwilling", and "Very Unwilling".

The coding schedule of Part Two followed the same scheme as Part One of the questionnaire. Respondents' overall mean scores on the two scales in Part Two reflect either pro-inclusive or anti-inclusive attitudes (Bailey, 1987). Here again, pro-inclusive attitudes were reflected in overall mean scores of 2.9 or less, and anti-inclusive attitudes were reflected in overall mean scores of 3.0 or more. The highest possible mean score was 5, and the lowest was 1.

3.3.3 Questionnaire: Part Three

The Foster Care Program was delegated the authority to make program adjustments as a means of improving services to children and their families. As such, the Foster Care Pilot Project sought to obtain the views of foster parents about what program elements might assist them in working more inclusively with birth parents. Consultation with members of the Programming and Service Enhancement Committee yielded 12 items for inclusion in the questionnaire (Appendix F). Foster parents are asked to indicate whether the section's listed initiatives would be helpful to them in working inclusively with birth parents by checking "Yes" or "No" to each item. They were then asked to identify and rank order the 3 of these 12 items they felt would be most helpful. Items receiving a "Yes" response were coded 1, and "No" responses were coded 2.

The fixed-alternative formats of Parts One, Two, and Three were selected for ease of

comparison between respondents; the clarity, speed, and ease of response by foster parents; the ease and clarity of data analysis; and the straight-forward manner in which findings could be reported (Bailey, 1987).

3.3.4 Questionnaire: Part Four

In Part four respondents were provided six open-ended questions about working inclusively with birth parents (Appendix F). These were included to elicit the individual views of foster parents on a variety of matters related to undertaking such work (Bailey, 1987). The intent was to generate richer detail, probe for depth, achieve greater insight, and capture ideas that might not have been included in the fixed-response items of Parts One, Two, and Three (Bailey, 1987; Mindel,1993; Rubin & Babbie, 1993). The format was further useful as a comprehensive enumeration of all appropriate answer categories could not be anticipated, and an attempt to do so may have neglected the inclusion of key variables (Bailey, 1987).

3.3.5 Questionnaire: Part Five

Part Five of the questionnaire was conceived to collect demographic data describing each respondent. Such data was sought for use in describing respondents as a group, and to discover whether foster parents demographic characteristics were related to their attitudes about including birth parents in the fostering process. While important, this section was placed last for several reasons. Beginning the questionnaire with items relating to respondent demographics can put off respondents who fail to see the relevance of such information to the purpose of the study (Mindel, 1993). Furthermore, on a descending gradient of importance, the demographic data was least important to the

research at hand because these variables were the least accessible to manipulation. It was more important that sections preceding this one be completed because they addressed things potentially more easily changed. Therefore, if the questionnaire were not completed the least critical information was sacrificed (Mindel, 1993).

3.3.6 Considerations in instrument design and lay-out

Beyond matters related to instrument content, ensuring an adequate response rate is a central issue for studies using self-administered mail questionnaires (Rubin & Babbie, 1993). The 50 percent response rate that is advanced as the bare necessity for adequacy in analysis and reporting meant ensuring that everything that could be done to improve the instrument and increase the rate of response be considered (Babbie, 1973; Mindel, 1993). A multitude of factors have been identified as affecting response rates to mail surveys and were considered in the construction, organization, and use of the questionnaire. For instance, as sponsorship can lend greater legitimacy to a study and thus improve its rate of response (Bailey, 1987, Selltiz, Jahoda, Deutsch, & Cook., 1959), the support of the Foster Care Council's Programming and Service Enhancement Committee and this researcher's affiliation with the University of Calgary was stated in the letter of informed consent (Appendix B). It was particularly meaningful that the foster care organization be referred to given that "organizations generally receive a good response rate from their own membership" (Bailey, 1987, p. 154).

Close attention was also paid to the format of the questionnaire, to the end of creating an instrument that was both attractive and easy to complete (Bailey, 1987; Mindel, 1993; Selltiz et al., 1959). Questionnaire items were spaced comfortably apart; good quality

bond paper was used; print type was large enough to be easily read; the language was straightforward and simple; and the questionnaire was kept brief (Bailey, 1987; Mindel, 1993; Rubin & Babbie, 1993).

A critical element in increasing the rate of response is the construction of a quality covering letter (McMurtry, 1993). Covering letters were composed to engage the attention and interest of foster parents (Appendices C and E). The nature and purpose of the research was outlined, and the importance of foster parent participation in the study was stressed. As a means of promoting a sense of investment in the research process, the opportunity for foster parents to provide input into, and influence changes to the Foster Care Program was emphasized (Bailey, 1987).

Another inducement for foster parents to reply involved a promise to publish a report of the research findings in the Foster Parent's Association Newsletter. As a newsletter routinely sent to all foster parents on the mailing list provided this researcher, obtaining permission to publish a short report within it was both practical and efficient. Although this was to act as an inducement to participate, all of the foster parents on the mailing list had access to the findings, whether or not they participated. The importance of broad participation to the success of the study and the validity of its results was thus stressed.

3.4 Instrument pilot-testing

Pilot-testing was an important step in ridding the questionnaire of avoidable problems, and increasing its reliability and validity (Bailey, 1987; Mindel, 1993; Rubin & Babbie, 1993). Pilot-tests are used to identify poor question wording, redundancy in questions, ambiguous instructions, threatening items, and overly complex language (Mindel, 1993).

Two pilot-tests were conducted with the Programming and Service Enhancement Committee. In addition, four individuals with backgrounds and expertise relevant to both the topic and the research method pilot-tested the instrument. The process by which revisions were made is discussed below.

3.4.1 Instrument pilot-tests: Committee

The Programming and Service Enhancement Committee membership served as a convenience sample for pilot-testing the instrument. Committee members included several foster parents, two persons from the Calgary Board of Education, a foster care recruiter, a social worker from the Foster/Adopt Assessment Unit, a biological parent of children currently in foster care, a child therapist, and the Pilot Project manager. The vested interest of the group in the research being conducted and their varied perspectives and expertise made for useful observations and invaluable input.

Phase one of the pilot-testing process was held on May 16, 1996. The questionnaire was outlined in rough form, such that the goal of this pilot-test was to get input on content areas needing further development. The main element targeted for revision was the covering letter. Seen as lengthy, the main issue was the perceived overstatement of the ownership role of the committee in the research. Terminological revisions were suggested and adopted, and the subsequent draft of the letter was endorsed. Survey instructions were clarified; specific items were suggested for inclusion; repetitious questions identified; and it was suggested that confidentiality safeguards be elaborated at greater length.

Appropriate revisions were made and on May 30, 1996, phase two of the pilot-testing

process was conducted with the group members. Feedback was immediate and generally positive. It was noted, for instance, that the content of the questionnaire was relevant, the instructions were clear, items were more specific, and redundant questions not as evident. The pilot-test indicated that the questionnaire should take approximately fifteen minutes of time to complete. Increasing the font size was suggested; several complex terms were noted; and an ambiguous question identified. One person felt the instrument might be perceived as lengthy by respondents, but did not feel any section should be shortened or eliminated. No suggestions were made for the inclusion of additional items.

3.4.2 Instrument pilot-tests: Individuals

The individual pre-testers included two foster parents, a graduate studies colleague, and an academic with extensive experience with survey development and research. Each was separately asked to complete the questionnaire, comment on difficulties, provide input as to possible improvements, and return it to this researcher. Improvements to response categories in the demographic section were advanced; terminology was targeted heavily for simplification and uniformity; suggestions for clarifying instructions were provided; question repetition was identified; and suggestions were made for improving the flow of questions by ordering them more logically. This feedback was helpful in improving the questionnaire.

3.4.3 Instrument validity and reliability

Face validity was established through pilot-testing, a thorough review of the literature, and consultation with the sponsoring group. The absence of a standardized instrument with which to compare the questionnaire in this study precluded assuming either

criterion or construct validity. Pilot-testing also increased the questionnaire's reliability through identification of faulty or ambiguously worded questions that were then appropriately revised (Bailey, 1987; Mindel, 1993).

3.5 Data collection procedures

Data collection involved distributing the questionnaire by mail to the 259 general Alberta Family and Social Services foster care providers in the Calgary Region. A single questionnaire was mailed to each of the foster homes on this mailing list. Completing the development, pilot-testing, and revisions of the survey instrument was deliberately timed for the end of May, 1996, such that the first survey package could be mailed out to potential respondents on June 4, 1996. The timing of the first mail-out was critical as mailed questionnaires received during the summer holiday months are less likely to be completed and returned (Bailey, 1987).

This first survey package consisted of the questionnaire (Appendix F), covering letter (Appendix C), letter of informed consent (Appendix B), and a self-addressed stamped envelope in which to return the completed questionnaire. Allowing three weeks, the first reminder letter was sent to those who had not yet responded on June 27, 1996 (Appendix D). The letter acted as a gentle reminder of the study's purpose, and the original appeal for participation was restated. A request was also made that foster parents respond within a week of the letter's receipt, and in the event of any concerns or questions the number at which this researcher could be contacted was again included.

The second follow-up was mailed out July 15, 1996. This follow-up initiative consisted of a second reminder letter accompanied by another copy of the questionnaire,

letter of informed consent, and another self-addressed stamped envelope. Barring a response rate of less than 50% (Babbie, 1973; Bailey, 1987; McMurtry, 1993), this was to be the last appeal to potential respondents. Had the rate of response been less than this lower limit for adequacy in reporting and analysis, another round of follow-up would have been planned until a 50% response rate was attained. The last of the surveys were received on August 22, 1996, bringing the total number of completed questionnaires returned to 136 out of a possible 259. Table 3.10 reviews the data collection timeline, along with the rate of return each mail-out generated.

3.5.1 The master mailing list and questionnaire code numbers

Limited resources, in conjunction with having to engage in costly follow-up activity to reach an adequate rate of response, required the curtailing of unnecessary mail-outs. As a means of effectively tracking respondents from non-respondents during data collection, each foster parent household on the master mailing list received a unique code number that was placed on questionnaires being mailed to them. Each completed and returned questionnaire code number was used to remove the corresponding foster home from the mailing list for subsequent follow-ups.

Tracking respondents and non-respondents meant that strict anonymity was not maintained in this study. The letter of informed consent (Appendix B) thus outlined all of the confidentiality safeguards in effect, the most notable being that this researcher would have sole access to completed surveys and the corresponding code-bearing mailing list. Respondents were also advised that no identifying information would be reported with the results, and that results would only be reported on a grouped anonymous

response basis. Storage and the time-line for destruction of the completed surveys was also described to address the potential concerns of foster parents about participation in the study.

3.5.2 Unusable surveys

In addition to the 136 completed surveys, a few (n=15) were returned that could not be included in the analyses. Of these, three were returned due to incorrect addresses, four indicated they were no longer fostering, three stated they had just been approved to foster but had not yet cared for any children, three professed an unwillingness to participate due to lack of time, and two felt the survey was inapplicable to their fostering situation although no further elaboration was provided.

Table 3.10
FPQ Data Collection Timeline and Rates of Return (N=259)

DATA COLLECTION	DATE OF MAIL-OUT	NUMBER OF USABLE QUESTIONNAIRES RETURNED (N=259)	PERCENT
First mail-out	June 4, 1996	70	27.0
First reminder	June 27, 1996	22	8.5
Second mail-out	July 15, 1996	44	17.0
TOTALS		136	52.5%

3.6 Plan of analysis

The statistics used in the analysis of the survey's data are largely descriptive. Measures of central tendency, such as the median, mean, and standard deviation are prominent. Frequency distributions and graphing are also used to convey the overall picture of the data.

The Likert scaling used in three of the survey's sections provided an opportunity to sum scores across items within sections. For instance, the summed score for Part One of the survey is referred to as the "Attitude Toward Inclusiveness Score". Analysis of variance (ANOVA) on such scores using demographic variables to partition respondents into comparison groups was performed to discover the existence of meaningful relationships. Correlation among scale items was used to discover relationships among single and grouped items.

An analysis of the content of responses to each of these open-ended questions was conducted to transform qualitative responses into quantifiable data. Responses were examined to ascertain the common elements contained within them and then categorized into content themes defined by this researcher, thus making it possible to report them as frequencies (Bailey, 1987).

Responses to the open-ended questions were independently coded by both this researcher and another rater to establish inter-rater reliability. Low inter-rater reliability was anticipated as determining the boundaries of a theme is a subjective endeavor (Bailey, 1987). Appendix G lists the thematic categories into which responses were placed for five of the open-ended questions along with coding instructions.

In preparation for analysis, data entry was performed by the researcher using SPSS 6.13 for Windows. The chapter to follow presents the findings of the survey.

CHAPTER FOUR

4.0 RESEARCH FINDINGS

The objectives of this chapter are two-fold. To present the results of the survey in a straightforward, descriptive manner and to explore and communicate significant relationships. Response percentages for each questionnaire item are presented in Appendix F. Of the 249 potential respondents, 136 sent back useable questionnaires, for a response rate of 55%.

Four of the questionnaire's five parts addressed the three primary research questions. The fifth part was intended to describe respondents' characteristics. Data from this fifth section were presented in Chapter 3. Respondents' attitudes about inclusive foster care, as measured in Part One and the first question of Part Two, are presented first. The willingness of foster parents to actively practice an inclusive orientation to foster care is then examined, followed by their opinions about program elements that could assist them to deliver inclusive foster care services. Results of the six open-ended questions, included to allow respondents the opportunity to expand upon or identify issues of relevance to the practice of inclusive care, conclude the presentation of questionnaire results.

4.1 Attitudes and beliefs of foster parents about inclusive foster care

In Part One, 20 Likert scale items explored foster parents' attitudes about inclusive foster care, as did the 14 Likert scale items of question 21 in Part Two. These items addressed four inclusiveness topics: 1) the involvement of foster parents with birth parents, 2) the benefits to children of relationships with their birth parents, 3) birth

parents making parenting decisions for their children in care, and 4) specific ways to include and involve birth parents in the lives of their children and in the placement process. These four attitude areas will be presented before exploring their relationships to one another. Individual item results are available in Appendix F.

4.1.1 Foster parents' attitudes about involvement with BP's

Questionnaire items about foster parents' attitudes toward involvement with birth parents (IWBP), along with each item's mean and standard deviation are listed in Table 4.1, "Foster parents' attitudes about involvement with birth parents (IWBP)".

Respondents showed the most support for item 11, "It is helpful to children when their birth parents and foster parents get along", (M = 1.47, SD = .66). Three fifths (n=81) of the respondent's strongly agreed, and about one third (n=47) agreed. Very few respondents (n=6) remained neutral, none disagreed (n=0), and only one (n=1) respondent strongly disagreed.

Table 4.1
Foster parents' attitudes about involvement with birth parents (IWBP) (N=136)

ITEM #	FP INVOLVEMENT WITH BP'S ATTITUDE STATEMENTS	ITEM MEAN	ITEM SD
11	It is helpful to children when their birth parents and foster parents get along.	1.5	.66
12	There are no benefits to working in face-to-face situations with the birth parents of children I foster.	1.9	.86
15	Given an opportunity to work together, I feel that birth parents could benefit from the parenting skills I have to offer.	1.9	.68
2	I would rather have nothing to do with the birth parents of children I foster.	2.1	.99
7	It is a good idea to have foster parents become more involved with the birth parents of children they foster.	2.4	.98
6	In most cases, I would feel comfortable having birth parents visit their children in my home.	2.4	1.00
13	There are many advantages to having foster parents take more responsibility for maintaining regular contact between foster children and their birth parents.	2.6	1.02
17	The biological parents of children I have fostered have usually been difficult to get along with.	2.8	1.10
9	Having foster parents work with the birth parents of children they foster causes problems.	2.8	1.00
10	When birth parents know where their children are placed, they are likely to inappropriately interfere in the child's life.	2.9	1.02
8	It will be harder to keep foster homes if foster parents are expected to work more closely with birth parents.	3.1	1.17

Note. Scores range from 1 to 5, with means of 2.9 or less indicating the score to be on the agree side of neutral, and means of 3.0 or more indicating the score to be on the disagree side of neutral. The lower the mean score, the more pro-inclusive it is. The higher the mean score, the more anti-inclusive.

Support for item 11 contrasts with the responses to item 8, "It will be harder to keep foster homes if foster parents are expected to work more closely with birth parents"; (M = 3.11, SD = 1.17. Very few (n=8) respondents strongly disagreed with this anti-inclusiveness statement, although almost one third (n=43) disagreed. Nearly one fifth (n=26) remained neutral; slightly less than one third (n=40) agreed; and about one in eight (n=17) strongly agreed.

Three anti-inclusiveness statements addressed respondents' perceptions of the difficulties associated with working and having contact with birth parents. These are items 9, 10 and 17. Item 9 stated: "Having foster parents work with the birth parents of children they foster causes problems", (M = 2.82, SD = 1.00). Less than one tenth (n=9) strongly disagreed with this anti-inclusiveness statement, more than one third (n=50) disagreed, one quarter chose to remain neutral (n=38), one quarter (n=33) agreed, and very few (n=5) respondents strongly agreed that having foster parents work with birth parents causes problems.

Item 10, "When birth parents know where their children are placed, they are likely to inappropriately interfere in the child's life", elicited much the same pattern of responses; (M = 2.93, SD = 1.02). Very few (n=5) respondents strongly disagreed, about one third (n=50) disagreed, over one quarter (n=39) were neutral, about one fifth (n=30) agreed, and less than one tenth (n=10) strongly agreed.

Responses for item 17, "The biological parents of children I have fostered have usually been difficult to get along with" were proportionally similar to those for items 9 and 10, (M = 2.77, SD = 1.10). One tenth (n=13) of respondents strongly disagreed with

this anti-inclusiveness statement; about two-fifths (n=51) disagreed; one quarter (n=35) were neutral, about one fifth (n=25) agreed, and a few (n=10) respondents strongly agreed.

Items 13 and 6 looked at how favorable respondents were to facilitating parental visitation. The results showed respondents to largely support the participation of foster parents in maintaining and facilitating contact. Results of item 13, "There are many advantages to having foster parents take more responsibility for maintaining regular contact between foster children and their birth parents", achieved only slightly less support than item 6; (M = 2.55, SD = 1.02). One tenth (n=13) of respondents strongly agreed, one half (n=68) agreed, about one in six (n=25) were neutral, one in six (n=22) disagreed, and very few (n=6) strongly disagreed. The results of items 6, "In most cases, I would feel comfortable having birth parents visit their children in my home", indicated support; (M = 2.43, SD = 1.0). About one in seven (n=22) respondents strongly agreed, one half (n=67) agreed, about one eighth (n=16) were neutral, about one in six (n=23) disagreed, and very few (n=6) strongly disagreed.

Respondents' attitudes toward involvement with birth parents and the merits of same were explored by item 2, "I would rather have nothing to do with the birth parents of children I foster", and item 7, "It is a good idea to have foster parents become more involved with the birth parents of children they foster". Responses to item 2 showed that very few (n=4) respondents strongly agreed with this anti-inclusiveness statement, several (n=5) agreed, almost one quarter (n=32) were neutral, over one third (n=50) disagreed, and about one third (n=43) strongly disagreed; (M = 2.08, SD = .99). Item 7 showed

about one in seven (n=20) respondents strongly agreed, about one half (n=66) agreed, one quarter (n=31) were neutral, one tenth disagreed (n=13), and only a few (n=5) respondents strongly disagreed with this pro-inclusive statement; (M = 2.39, SD = .98).

Items 12 and 15 explored respondent's attitudes about benefits of working with birth parents. Item 15, "Given the opportunity to work together, I feel that birth parents could benefit from the parenting skills I have to offer", was a pro-inclusive statement that showed very strong support among respondents; (M = 1.86, SD = .68). About one quarter (n=37) strongly agreed, about three fifths (n=84) agreed, less than one tenth (n=11) were neutral, two (n=2) respondents disagreed, and only one (n=1) strongly disagreed. Item 12, "There are no benefits to working in face-to-face situations with the birth parents of children I foster", also showed a great deal of support for inclusiveness; (M = 1.9, SD = .86). Only two (n=2) respondents strongly agreed with this anti-inclusiveness statement, a few (n=5) agreed, one in ten (n=14) were neutral, almost half (n=63) disagreed, and over one third (n=50) strongly disagreed.

4.1.2 Foster parents attitudes about the benefits to children of

contact with their birth parents (BCCBP)

Seven items in Part One measured foster parent's attitudes about the benefits to children of contact with their birth parents (BCCBP). These items are listed in Table 4.2 with lower means indicating more agreement for contact between children in foster care and their birth parents.

Item 16, "Visiting between birth parents and their children in care is an important part of helping children return to the care of their parents", showed respondents' strong

support for this statement; (M = 1.73, SD = .75). Two fifths (n=55) of the respondents strongly agreed, nearly one half (n=66) agreed, less than one tenth (n=9) were neutral, very few (n=5) disagreed, and none (n=0) strongly disagreed.

Parental visitation of children in foster care was also explored by items 5 and 14. Item 5, "In most cases, it is important that children have as much contact as possible with their birth parents while they are in foster care", showed strong support among respondents' for contact between foster children and their birth parents. One fifth (n=28) of respondents strongly agreed, almost one half (n=65) agreed, one tenth (n=15) were neutral, almost one-fifth (n=24) disagreed, and very few (n=2) strongly disagreed; (M = 2.31, SD = 1.04). Item 14, "It is important for children in foster care to have frequent visits with their birth parents", also showed a high level of support among respondents; (M = 2.36, SD = .98). One fifth (n=26) strongly agreed, over two fifths (n=57) agreed, over one fifth (n=31) were neutral, one in seven (n=20) disagreed, and only one (n=1) strongly disagreed.

Items 3, 4, 18 and 19 specifically addressed respondents' beliefs about the role of parental involvement and contact for the emotional well-being of children in care. The most general of these statements, item number 18, "Regular contact between foster children and their birth parents is important to the emotional well-being of these children", generated the greatest support among the four items in this grouping; (M = 2.04, SD = .86). Over one quarter (n=38) of respondents strongly agreed with this statement, almost one half (n=63) agreed, nearly one-fifth (n=25) were neutral, very few (n=9) disagreed, and no (n=0) respondents strongly disagreed.

Less support was shown items 3 and 19, with both generating very similar patterns of response. To item 3, "Foster children would adjust better to foster care if their birth parents were more involved in the placement process", one eighth (n=22) of respondents strongly agreed, about one third (n=43) agreed, one quarter (n=32) were neutral, about one quarter (n=31) disagreed, and very few (n=6) strongly disagreed; (M = 2.7, SD = 1.11). Item 19, "The emotional turmoil children feel upon placement in foster care could be reduced if their birth parents were more involved in the placement process", saw the same level of support as item 3; (M = 2.7, SD = 1.07). One eighth (n=18) of respondents strongly agreed with this statement, over one third (n=49) agreed, over one quarter (n=36) were neutral, one fifth (n=26) disagreed, and few (n=6) strongly disagreed.

Table 4.2

Foster parents attitudes about benefits of children's contact with their birth parents while in foster care (BCCBP)   (N=136)

ITEM #	BENEFITS TO CHILDREN OF CONTACT WITH BIRTH PARENTS	ITEM MEAN	ITEM SD
16	Visiting between birth parents and their children in care is an important part of helping children return to the care of their parents	1.8	.75
18	Regular contact between foster children and their birth parents is important to the emotional well-being of these children.	2.0	.86
5	In most cases, it is important that children have as much contact as possible with their birth parents while they are in foster care.	2.3	1.04
14	It is important for children in foster care to have frequent visits with their birth parents.	2.4	.98
19	The emotional turmoil children feel upon placement in foster care could be reduced if their birth parents were more involved in getting them settled into their placements.	2.7	1.07
3	Foster children would adjust better to foster care if their birth parents were more involved in the placement process.	2.7	1.11
4	Having birth parents come with their children to pre-placement visits would only upset the children more.	2.9	1.22

Note. Scores range from 1 to 5, with means of 2.9 or less indicating the score to be on the agree side of neutral, and means of 3.0 or more indicating the score to be on the disagree side of neutral. The lower the mean score, the more pro-inclusive it is. The higher the mean score, the more anti-inclusive.

Item 4, "Having birth parents come with their children to pre-placement visits would only upset children more", generated the least support of items in this grouping; (M = 2.87, SD = 1.22). One tenth (n=18) of respondents strongly agreed with this anti-inclusiveness statement, one fifth (n=38) agreed, one quarter (n=34) were neutral, about one quarter (n=27) disagreed, and one in eight (n=15) strongly disagreed.

4.1.3 Foster parents' attitudes about birth parents decision-making
for their children in care

Items 1 and 20 were included to measure foster parents' attitudes about birth parents' parental decision-making role for their children in care (BPDM). Item 1, "Birth parents should be encouraged to be more involved in making decisions about their children while their children are in foster care", was a pro-inclusiveness statement; (M = 2.56, SD = 1.22). About one fifth (n=26) strongly agreed, one third (n=46) agreed, one fifth (n=28) were neutral, about one fifth (n=26) disagreed, and only a few respondents (n=7) strongly disagreed. Item 20, "Having birth parents make more parenting decisions while their children are in foster care is not a good idea", was an anti-inclusiveness statement; (M = 3.13, SD = 1.17). About one in eight (n=11) respondents strongly agreed, one quarter (n=33) agreed, one quarter (n=36) were neutral, one quarter (n=36) disagreed, and a few (n=18) strongly disagreed. These items are listed in Table 4.3 along with their mean scores and standard deviations.

4.1.4 Further analyses of findings from Part One

The 20 items of Part One were divided into three conceptual groupings. The first conceptual grouping was 11 items (see Table 4.1), measuring foster parents' attitudes

about involvement with birth parent's (IWBP). The overall mean of IWBP items was 2.37 (see Table 4.4). The second conceptual grouping was 7 items (see Table 4.2) measuring foster parents' attitudes about the benefits to children of contact with their birth parents (BCCBP). The overall mean for BCCBP was 2.38 (see Table 4.4). The third conceptual grouping was 2 items (see Table 4.3) measuring foster parents' attitudes about birth parents making parenting decisions for their children in care (BPDM); the overall mean of BPDM items was 2.84 (see Table 4.4).

Pearson correlations of the means of these conceptual groupings revealed they relate to each other well, with correlation coefficients of .62 or greater indicating that two fifths (39%) or more of the variability is shared. Table 4.5 presents these correlation coefficients and their associated coefficients of determination. As these correlation coefficients signify substantial internal consistency of foster parents' attitudes towards inclusiveness within Part One, reducing the means of the 20 individual items to one overall mean was reasonable. In addition to providing a snapshot summary of the responses within this section, this overall mean will allow results of this section to be easily compared with those of other sections. The mean of the respondents scores in Part One was 2.41, and will be referred to as the overall attitude towards inclusiveness score (OATIS).

The reliability or internal consistency of the 20 items in this scale was also assessed through calculation of Cronbach's Alpha, a commonly used reliability measure. Alpha is based on the average correlation of items within a scale, if the items are standardized to a standard deviation of 1. Calculation of Cronbach's Alpha indicates

how much correlation can be expected between this 20-item scale and all other possible 20-item scales measuring attitudes towards inclusiveness. Indeed, this scale was shown to have high internal consistency as indicated by Alpha = .93.

In an effort to determine whether any item adversely affected the reliability of the scale, Cronbach's Alpha was calculated having eliminated each of the items from the scale in turn. Elimination of any of the 20 items caused little change in Alpha, indicating that the overall reliability of the scale is not compromised by inclusion of any one scale item.

Table 4.3

Foster parent's attitudes about birth parents decision-making for their children in care
(BPDM) (N=136)

ITEM #	BP DECISION-MAKING WHILE THEIR CHILDREN ARE IN CARE	ITEM MEAN	ITEM SD
1	Birth parents should be encouraged to be more involved in making decisions about their children while their children are in foster care.	2.6	1.22
20	Having birth parents make more parenting decisions while their children are in foster care is not a good idea.	3.1	1.17

Table 4.4

Overall mean of items in Part One divided by conceptual groupings (N=136)

CONCEPTUAL GROUPING OF ITEMS	ITEM #'S INCLUDED IN GROUPING	OVERALL MEAN OF GROUPED ITEMS
FP's attitudes toward involvement with BP's (IWBP)	2, 6, 7, 8, 9, 10, 11, 12, 13, 15, 17	2.37
FP's attitudes about the benefits to children of contact with BP's (BCCBP)	3, 4, 5, 14, 16, 18, 19	2.38
FP's attitudes about BP's decision-making (BPDM)	1, 20	2.84

Table 4.5

Correlation coefficient matrix and the associated coefficients of determination (r2) for the
three conceptual groupings of items in Part One (N=136)

	IWBP	BCCBP	BPDM
IWBP	1.00 (100%)	.7435 (55%)	.6222 (39%)
BCCBP	.7435 (55%)	1.00 (100%)	.7591 (58%)
BPDM	.6222 (39%)	.7591 (58%)	1.00 (100%)

Note. IWBP = Foster parents' attitudes toward involvement with birth parents
BCCBP = Foster parents' attitudes about benefits to children of contact with birth parents
BPDM = Foster parents' attitudes about birth parent decision-making

4.1.5 Foster parents' attitudes about including birth parents in the lives of their children

Question 21 measures foster parents' attitudes about ways of including birth parents so they are able to maintain active roles in the lives of their children in foster care. These may reflect respondents' willingness to support and act to include birth parents in the foster care process. The 14 items that make up question 21 are listed in Table 4.6 along with their means and standard deviations.

Items 21a, 21b, 21g, and 21m measure foster parents' attitudes about the entitlement of birth parents to information about their children, and their entitlement to parental decision-making while their children remain in foster care. Item 21g, "At least twice a year, birth parents should be updated by service providers on the progress of their children in foster care", generated the most support of the items in this section; (M = 1.89, SD = .76). Indeed, about one third (n=41) strongly agreed, about three fifths (n=77) agreed, about one tenth (n=12) were neutral, and very few (n=2) disagreed or (n=2) strongly disagreed.

Table 4.6
Foster parents attitudes about ways of including BP's in the lives of their children
(N=136)

ITEM #	WAYS OF INCLUDING BIRTH PARENTS	ITEM MEAN	ITEM SD
21g	At least twice a year, birth parents should be updated by service providers on the progress of their children in foster care.	1.9	.76
21I	Birth parents should take their children to events meaningful to their religion or culture (e.g. a pow-wow, special mass, etc.	2.1	.86
21a	Birth parents should always be informed when crises emerge involving their children in foster care.	2.1	.93
21k	Birth parents should be included in the birthday celebrations of their children.	2.2	.89
21d	Birth parents should attend organized school activities in which their children are involved (e.g. plays, athletic events, etc.	2.2	.88
21c	Birth parents should get to know the foster parents who will be caring for their children.	2.3	.90
21n	If safe, children should have frequent overnight visits with their birth parents.	2.3	.97
21h	Birth parents should be encouraged to attend parent-teacher conferences.	2.3	.97
21b	Birth parents should be included in all case conferences about their children.	2.4	1.1
21m	Birth parents should be included in decisions about changes in their children's foster care placements.	2.4	1.0
21e	Birth parents should be encouraged to take their children to medical and dental appointments.	2.5	1.0
21l	Birth parents should accompany their children on supervised outings like school field trips.	2.6	.94
21j	Birth parents should be encouraged to shop for clothes with their children.	2.7	.99
21f	Daily telephone contact between birth parents and their children is okay.	3.0	1.1

Note. Scores range from 1 to 5, with means of 2.9 or less indicating the score to be on the agree side of neutral, and means of 3.0 or more indicating the score to be on the disagree side of neutral. The lower the mean score, the more pro-inclusive it is. The higher the mean score, the more anti-inclusive.

Foster parents also supported item 21a, "Birth parents should always be informed when crises emerge involving their children in foster care"; (M = 2.13, SD = .93). About one quarter (n=33) strongly agreed, one half (n=69) agreed, one in eight (n=17) were neutral, one tenth (n=15) disagreed, and only one (n=1) respondent strongly disagreed.

Item 21b, "Birth parents should be included in all case conferences about their children", received fair support; (M = 2.39, SD = 1.08). One fifth (n=28) of respondents strongly agreed, about two fifths (n=58) agreed, one in eight (n=18) were neutral, about one fifth (n=28) disagreed, and very few (n=2) strongly disagreed.

Item 21m, "Birth parents should be included in decisions about changes in their children's foster care placements", achieved slightly less support, but results were pro-inclusive overall; (M = 2.39, SD = 1.04). About one fifth (n=25) strongly agreed, two fifths (n=57) agreed, about one fifth (n=27) were neutral, about one in seven (n=21) disagreed, and very few (n=3) strongly disagreed.

Examples of ways birth parents could maintain a parental role, and a meaningful presence in the lives of their children were outlined by items 21i, 21k, 21d, 21h, 21e, 21l, and 21j. These will be reported in descending order of respondent support for the item. Item 21i, "Birth parents should take their children to events meaningful to their religion or culture (e.g. a pow-wow, special mass, etc.)", achieved the greatest support in this grouping; (M = 2.08, SD = .86). One quarter (n=33) of respondents strongly agreed, one half (n=68) agreed, almost one fifth (n=24) were neutral, less than one tenth (n=8) disagreed, and only one (n=1) respondent strongly disagreed. Item 21k, "Birth parents should be included in the birthday celebrations of their children", was also highly

favored by respondents; (M = 2.17, SD = .90). One fifth (n=29) strongly agreed, one half (n=69) agreed, about one fifth (n=25) were neutral, less than one tenth (n=10) disagreed, and only two (n=2) respondents strongly disagreed with this form of birth parent inclusion. Item 21d, "Birth parents should attend organized school activities in which their children are involved (e.g. plays, athletic events, etc.)", achieved a similar level of support; (M = 2.19, SD = .88). One fifth (n=26) strongly agreed, one half (n=68) agreed, about one fifth were neutral (n=26), less than one tenth (n=11) disagreed, and only one (n=1) respondent strongly disagreed. Item 21h, "Birth parents should be encouraged to attend parent-teacher conferences", was shown fair support; (M = 2.30, SD = .97). About one fifth (n=25) of respondents strongly agreed, about one half (n=65) agreed, one fifth (n=25) were neutral, one eighth (n=17) disagreed, and only two (n=2) respondents strongly disagreed. Item 21e, "Birth parents should be encouraged to take their children to medical and dental appointments", was only slightly less supported than previous items; (M = 2.50, SD = .97). About one in seven (n=20) respondents strongly agreed, about two-fifths (n=57) agreed, about one fifth (n=30) were neutral, one seventh (n=22) disagreed, and very few (n=4) respondents strongly disagreed. Item 21l asked respondents if "Birth parents should accompany their children on supervised outings like school field trips"; (M = 2.60, SD = .94). About one tenth (n=12) strongly agreed, two fifths (n=58) agreed, about one third (n=40) were neutral, one seventh (n=21) disagreed, and very few (n=3) respondents strongly disagreed.

The item in this grouping to which respondents were least favorable was item 21j, "Birth parents should be encouraged to shop for clothes with their children"; (M = 2.72,

SD = .99). Less than one tenth (n=11) strongly agreed, about two fifths (n=52) agreed, about one quarter (n=36) were neutral, about one quarter (n=31) disagreed, but only three (n=3) respondents strongly disagreed.

Items 21n and 21f addressed frequency of contact. Of the two, item 21n, "If safe, children should have frequent overnight visits with their birth parents", achieved greater support from respondents; (M = 2.30, SD = .97). One fifth (n=26) of respondents strongly agreed, about one half (n=63) agreed, almost one fifth (n=24) were neutral, about one eighth (n=19) disagreed, and only one (n=1) respondent strongly disagreed with the statement. However, item 21f, "Daily telephone contact between birth parents and their children is okay", achieved the least support in this section of the questionnaire; (M = 2.96, SD = 1.1). Less than one tenth (n=10) of respondents strongly agreed, one third (n=47) agreed, almost one fifth (n=24) were neutral, one third (n=45) disagreed, and a few (n=8) strongly disagreed.

Most respondents agreed with item 21c, "Birth parents should get to know the foster parents who will be caring for their children"; (M = 2.28, SD = .90). Less than one fifth (n=23) strongly agreed, one half (n=67) agreed, about one fifth (n=29) were neutral, one tenth (n=14) disagreed, and only one (n=1) respondent strongly disagreed.

4.2.2 Further analyses of findings from Question 21

The fourteen item means of Question 21 ranged from 1.86 to 2.96, indicating that no item was on the anti-inclusiveness side of neutral as would be indicated by means greater than 3.0. The overall mean of the 14 items in Question 21 was 2.32, and was thus on the agree side of neutral. This score will be known as the overall attitude towards specific

inclusive activities (OASIA).

As with the scale in Part One, it was reasonable to assess the reliability or internal consistency of the 14 items in this scale through calculation of Cronbach's Alpha. As with the scale in Part One, this scale was shown to have high internal consistency, as evidenced by Alpha = .90.

Again, in an effort to determine whether any item adversely affected the reliability of the scale, Cronbach's Alpha was calculated having eliminated each of the items from the scale in turn. Elimination of any of the 14 items caused little change in Alpha, indicating that the overall reliability of the scale is not compromised by inclusion of any one scale item.

4.2 Willingness of foster parents to undertake specific activities

inclusive of birth parents

Question 22 of Part Two included 12 items that measured respondents' willingness to engage in specific inclusive activities. A five point Likert scale was used in this section: The categories from 1 to 5 were, "Very Willing", "Willing", "Neutral", "Unwilling", and "Very Unwilling". Table 4.7 lists the items and their means from lowest (most support) to highest (least support), and their standard deviations. See Appendix F for itemized percentage frequencies.

Item 22k, "Talk to the children you foster about their birth parents in a realistic but positive manner", garnered the greatest support from respondents; (M = 1.62, SD = .70. Over two fifths (n=61) were very willing, about one half (n=66) were willing, very few (n=5) were neutral, only one (n=1) was unwilling, and only one (n=1) respondent was

very unwilling to undertake such activity. Most respondents also favored item 22f, "Develop a cooperative relationship with the birth parents of children you foster"; (M = 1.9, SD = .87). One third (n=46) were very willing, over one half (n=75) were willing, less than one tenth (n=11) were neutral, one respondent (n=2) was unwilling, and only one (n=1) was very unwilling. Support was also shown item 22j, "Help birth parents to interact in positive ways with their children"; (M = 1.9, SD = .70). About one quarter (n=36) of respondents were very willing, three fifths (n=84) were willing, less than one tenth (n=11) were neutral, two (n=2) were unwilling, and only one (n=1) respondent was very unwilling to undertake such activity.

Respondents were also very positive toward item number 22l, "Provide support to the children and families after the children return to the care of their birth parents (this support could include respite care, advice, mediation, friendship, etc.)"; (M = 1.9, SD = .87). About one third (n=47) were very willing, almost one half (n=64) were willing, one tenth (n=13) were neutral, a few (n=8) were unwilling; and only one (n=1) respondent was very unwilling. Item 22b had most respondents indicating a willingness to: "Contact birth parents [themselves] when foster children have expressed a need to see their parents"; (M = 2.0, SD = .88). About one quarter (n=37) were very willing, over one half (n=73) were willing, one tenth (n=13) were neutral, less than one tenth (n=9) were unwilling, and only two (n=2) respondents were very unwilling to initiate such contact.

Most respondents supported item 22g, "Share certain parenting responsibilities with the birth parents of children [they] foster"; (M = 2.1, SD = .90). About one fifth (n=30) indicated they were very willing, one half (n=70) were willing, about one in six (n=22)

were neutral, less than one tenth (n=10) were unwilling, and only two (n=2) respondents were very unwilling.

Three Question 22 items specifically explored respondents' willingness to receive and work with birth parents in their homes. Of these, item 22a, "Supervise regular visits in your home between a child you are fostering and their birth parents", achieved the greatest support; (M = 2.3, SD = 1.1). Over one fifth (n=30) were very willing, almost one half (n=65) were willing, about one seventh (n=20) were neutral, one tenth (n=13) were unwilling, and a few (n=7) respondents were very unwilling. Item 22e, "Have birth parents over to your home so they can learn more appropriate ways of parenting their children from you", also achieved a high level of support; (M = 2.5, SD = 1.1). Close to one fifth (n=23) of respondents were very willing, over two fifths (n=58) were willing, one fifth (n=28) were neutral, less than one fifth (n=22) were unwilling, and very few (n=4) were very unwilling.

Table 4.7

Foster parents' willingness to actively include birth parents in the lives of their children. (N=136)

ITEM #	SPECIFIC WAYS OF INCLUDING BP'S IN THE LIVES OF THEIR CHILDREN	ITEM MEAN	ITEM SD
22k	Talk to the children you foster about their birth parents in a realistic but positive manner.	1.6	.67
22f	Develop a cooperative relationship with the birth parents of children you foster.	1.8	.71
22j	Help birth parents to interact in positive ways with their children.	1.9	.68
22l	Provide support to the children and families after the children return to the care of their birth parents (this support could include respite care, advice, mediation of disputes, friendship, etc.).	1.9	.87
22b	Contact birth parents yourself when foster children have expressed a need to see their parents.	2.0	.88
22g	Share certain parenting responsibilities with the birth parents of children you foster.	2.1	.90
22a	Supervise regular visits in your home between a child you are fostering and their birth parents.	2.3	1.1
22e	Have birth parents over to your home so they can learn more appropriate ways of parenting their children from you.	2.5	1.1
22d	If an issue, go to the homes of birth parents to assist them in learning good homemaking skills.	2.5	1.2
22h	Provide birth parents with transportation to visits with their children, if they otherwise could not visit.	3.0	1.2
22c	Have the birth parents of the children you are fostering over to your home for a meal every two weeks.	3.1	1.2
22I	Help the birth parents of children you foster to find living arrangements suitable to the return of their children.	3.1	1.1

Note. Scores range from 1 to 5, with means of 2.9 or less indicating the score to be on the agree side of neutral, and means of 3.0 or more indicating the score to be on the disagree side of neutral. The lower the mean score, the more pro-inclusive it is. The higher the mean score, the more anti-inclusive.

Item 22c, "Have the birth parents of the children you are fostering over to your home for a meal every two weeks", was the least supported in-home activity; (M = 3.1, SD = 1.2). One tenth (n=15) were very willing, about one fifth (n=29) were willing, one quarter (n=33) were neutral, one third (n=46) were unwilling, and about one tenth (n=12) of respondents were very unwilling to host a bi-monthly meal at their home.

The remaining three items were examples of ways foster parents could provide assistance directly to birth parents, activities which could be characterized as parent-focused. Item 22d, "If an issue, go to the homes of birth parents to assist them in learning good homemaking skills", achieved fair support from respondents; (M = 2.5, SD = 1.2). About one fifth (n=25) were very willing, almost two fifths (n=52) were willing, one fifth (n=27) were neutral, about one seventh (n=21) were unwilling, and a few (n=9) were very unwilling.

Less support was shown item 22h, "Provide birth parents with transportation to visits with their children, if they otherwise could not visit"; (M = 3.0, SD = 1.2). One tenth (n=13) were very willing, about one quarter (n=37) were willing, one fifth (n=29) were neutral, one third (n=44) were unwilling, and about one tenth (n=12) were very unwilling. Of the items in this section, item 22i, "Help the birth parents of children you foster to find living arrangements suitable to the return of their children", was shown the least support by respondents; (M = 3.1, SD = 1.1). Less than one tenth (n=10) of respondents were very willing, one quarter (n=35) were willing, about one fifth (n=30) were neutral, about one third (n=47) were unwilling, and one tenth (n=12) were very unwilling.

4.2.1 Further analyses on findings from Question 22

Individual item means ranged from a 'mostly willing' low of 1.62 to a 'mostly unwilling' high of 3.12. Three items means were on the anti-inclusiveness side of neutral as is indicated by scores greater than 3.0. However, the overall mean of the 12 items in Question 22 was 2.30, indicating the majority of respondents to be on the agree side of neutral. This mean score will be known as the overall willingness for inclusiveness score (OWIS).

As a scale measuring the willingness of respondents to work inclusively with birth parents, it was again reasonable to assess the reliability or internal consistency of the 12 items in this scale using Cronbach's Alpha, an appropriate reliability measure. The scale was shown to have high internal consistency as evidenced by Alpha = .89.

Cronbach's Alpha was also calculated having eliminated each of the items from the scale in turn. Elimination of any of the 12 items caused little change in Alpha, indicating that the overall reliability of the scale is not compromised by inclusion of any one scale item.

4.3 Foster Care Program elements useful to the practice of inclusive foster care

Question 23 in Part Three of the questionnaire asked foster parents about programmatic initiatives that could help them practice inclusively. Respondents were asked to indicate whether each of these would be helpful by selecting "yes" or "no". Table 4.8 lists the items from question 23 in order of support, from most to fewest "yes" choices. All of these items were endorsed by at least three fifths of respondents.

Three items were examples of ways foster parents could retain a degree of

control over process. To item 23i, virtually all (n=133) respondents agreed it would be helpful to, "Have some control in deciding which birth parents you will work more closely with". Similarly, item 23c, "Hav[ing] the ability to negotiate on a case by case basis the level of involvement with birth parents you would be comfortable with", saw the vast majority (n=131) of respondents in agreement that this would be helpful. Nearly nine in ten (n=118) respondents also ticked "yes" to item 23a, "Have detailed written plans worked out from the time a child enters your care that defines the kind of involvement you will have with their birth parents".

Item 23f, the setting up of a "buddy" system for the provision of informal advice and support to foster parents without a lot of experience working with birth parents, was approved of by slightly over nine tenths (n=125) of respondents.

Item 23j, being paid at a higher rate for the additional work and skill involved in working inclusively with birth parents, and item 23k, the receipt of additional training, were equally well received. Over nine tenths (n=123) of respondents approved this potential initiative as helpful.

Increased access to foster care workers was a theme explored by three items. Reducing the caseload sizes of foster care workers, to the end of enabling them to provide more support to foster parents was outlined by item 23g and was viewed as helpful by over four fifths (n=113) of respondents. Item 23h, the introduction of a 24-hour telephone line staffed by foster care workers to provide support or advice, was also supported by four fifths (n=111) of respondents. However, item 23e, "Have a foster care worker available on-call evenings and weekends", was supported less (n=94) than the other items.

Four fifths (n=109) of respondent's felt that item 23l, remuneration for support provided to children and families after their reunification, would be helpful.

The helpfulness of direct foster care worker support and assistance to foster parents working with birth parents was explored by two items. Item 23b, "Have a foster care worker present for your first few contacts with birth parents to help you communicate with one another", was endorsed as helpful by three quarters (n=102) of respondents. In contrast, only about two thirds (n=87) ticked "yes" to item 23d, "Have team meetings between you, birth parents, and your foster care worker every two weeks, to address issues and concerns, until both the birth parents and you agree to less frequent team meetings".

Table 4.8
Respondents' approval of possible Foster Care Program initiatives and program elements
that could support inclusiveness (N=136)

ITEM #	IN WORKING WITH BIRTH PARENTS IT WOULD HELP TO:	% YES	% NO
23I	Have some control in deciding which birth parents you will work more closely with?	97.8	.7
23c	Have the ability to negotiate on a case by case basis the level of involvement with birth parents you would be comfortable with?	96.3	1.5
23f	Have a "buddy" system set up for informal advice and support, where foster parents who have not had a lot of experience working with birth parents are paired with foster parents who do have a lot of this experience?	91.9	6.6
23j	Be paid at a higher rate for the additional skill, time and effort working with birth parents may involve?	90.4	7.4
23k	Receive more training (e.g. in such areas as conflict resolution, mediation, and negotiation)?	90.4	5.1
23a	Have detailed written plans worked out from the time a child enters your care that defines the kind of involvement you will have with their birth parents?	86.8	11.0
23g	Reduce the caseload sizes of foster care workers, so that they have more time to spend addressing any difficulties you may be having working with birth parents?	83.1	13.2
23h	Have a 24-hour crisis telephone line staffed by foster care workers in case you need immediate support or advice?	81.6	16.2
23l	Receive payment for support you might provide to the child and birth parents after the child has returned to parental care?	80.1	16.2
23b	Have a foster care worker present for your first few contacts with birth parents to help you communicate with one another?	75.0	22.1
23e	Have a foster care worker available on-call evenings and weekends?	69.1	28.7
23d	Have team meetings between you, birth parents, and your foster care worker every two weeks, to address issues and concerns, until both the birth parents and you agree to less frequent team meetings?	64.0	33.1

Table 4.9

Respondents' rankings of the three most helpful Foster Care Program initiatives, from highest to lowest summed points (N=136)

ITEM #	PROGRAM ELEMENTS HELPFUL TO FP'S IN WORKING WITH BP'S	POINTS FOR ITEMS RANKED 1ST *	POINTS FOR ITEMS RANKED 2ND *	POINTS FOR ITEMS RANKED 3RD *	Sum of Points
23a.	Control in deciding which BP's you will work with.	72 (f=24)**	38 (f=19)	8 (f=8)	118
23c.	The ability to negotiate the level of involvement FP's would have with BP's.	72 (f=24)	34 (f=17)	11 (f=11)	117
23k.	More training.	33 (f=11)	28 (f=14)	11 (f=11)	72
23j.	Higher rate of pay for the additional skill, time, and effort working with BP's would involve.	12 (f=4)	32 (f=16)	26 (f=26)	71
23h.	A 24-hour crisis telephone line staffed by foster care workers .	42 (f=14)	8 (f=4)	11 (f=11)	61
23e.	A foster care worker available on-call evenings and week-ends.	33 (f=11)	20 (f=10)	7 (f=7)	60
23g.	Reduced caseload sizes for foster care workers.	6 (f=2)	16 (f=8)	3 (f=3)	55
23i.	Control in deciding which BP's you will work more closely with.	18 (f=6)	22 (f=11)	15 (f=15)	55
23f.	A "buddy" system set up for informal advice and support.	15 (f=5)	22 (f=11)	11 (f=11)	48
23b.	A foster care worker present for the first few contacts with BP's.	27 (f=9)	6 (f=3)	8 (f=8)	41
23d.	Team meetings between you, BP's, and your foster care worker every two weeks.	21 (f=7)	14 (f=7)	5 (f=5)	40
23l.	Payment for support you might provide to the child and BP's after family reunification.	3 (f=1)	14 (f=7)	10 (f=10)	27

Note. * Items ranked 1st choice received 3 points, those ranked 2nd choice received 2 points, and those ranked 3rd choice received 1 point.

** The numbers in parentheses are the frequency in which respondents chose these items as either 1st, 2nd, or 3rd most helpful. For example, (f=24) denotes that 24 respondents ranked item 23a as their first choice.

As a means of isolating the program elements foster parents perceived as most helpful, question 24 asked respondents to indicate their choices for the first, second, and third most helpful item. Respondents' choices were weighted so that items receiving a first choice ranking received 3 points, items receiving a second choice ranking received 2 points, and items receiving a third choice ranking received 1 point. The frequency in which individual items were selected over each ranking was calculated, these frequencies were then multiplied by the point value assigned to the ranking. Having done this, the points received by each item over the three ranking options were summed, which helped to identify the overall importance of each item. See Table 4.9 for a summary of this data.

Using this method of weighted scoring, item 23a, "Have detailed written plans worked out from the time a child enters your care that defines the kind of involvement you will have with their birth parents", achieved the overall first place ranking with a summed score of 118. A very close overall second place ranking was achieved by item 23c, "Have the ability to negotiate on a case by case basis the level of involvement with birth parents you would be comfortable with", with a summed score of 117. The overall third place ranking was achieved by item 23k, "Receive more training (e.g. in such areas as conflict resolution, mediation, and negotiation", with a summed score of 72. It is evident from the scores in Table 4.9 that respondents viewed items 23a and 23c as significantly more important than the other items.

4.4 Results of Part Four's open-ended questions

Five open-ended questions relating to the thoughts of foster parents about working inclusively with the birth parents of children they foster were included to complement

and develop issues being explored in other parts of the questionnaire. The number of responses and response percentages have not been totaled in tables as many respondents identified more than one issue per question. Percentages provided reflect the proportion of respondents whose responses were categorized into each of the content themes defined and described by this author; these are presented in Appendix G.

Response categories to each of the five questions, along with their ranks, frequencies, and percents are presented in Tables 4.10 through 4.14. After the categories had been decided and described by the author, she and a collateral independently categorized responses to each question into these previously established thematic categories. Inter-rater reliability was calculated using a formula for computing reliability in frequency recordings using two raters (Pollster & Collins, 1993). This measure of reliability is based on the percentage of agreement between raters in their categorization of responses to each question. The total number of agreements between raters is divided by the total number of categorizations, and the resulting number is multiplied by 100.

4.4.1 Question #25: Fears or concerns of foster parents about working with birth parents.

Response categories to question 25, "What are some of the fears or concerns you might have about working with the birth parents of children you foster", are presented in Table 4.10 along with their ranks, frequencies, and percents. The author reviewed the responses, and from this review described the categories into which responses would be coded. The author and a collateral then independently coded responses to the question into these categories.

An inter-rater reliability check was done using the formula described above that

determines the percentage of agreement between raters. For this question, agreement between raters was quite high. A total of 193 categorizations were made, with both raters in agreement in 140 instances, yielding a 73% rate of agreement. All 193 categorizations are presented in Table 4.10.

The threat of violence and harm to foster children, foster parents, and their families at the hand of birth parents was identified by two fifths (n=54) of respondents, making it by a wide margin the most commonly expressed concern or fear. Where the threat of physical violence was absent, about one in eight (n=19) respondents identified the potential for hostile confrontations with defensive, angry, and resentful birth parents as a concern.

Disruption of the foster home routine, and non-compliance of birth parents with the rules of the foster home were concerns cited by about one in eight (n=19) respondents. Examples of disruptions identified by respondents included birth parents showing up unexpectedly, not leaving when scheduled visits were over, and showing up late. No specific examples of birth parents interfering with foster home rules were stated.

One tenth (n=14) of respondents indicated that concern about working with birth parents stemmed from the belief that it is not, or might not be, in the best interests of the child. That it would be confusing to children; create an impediment to children's emotional healing; or lead to foster parents being seen as the "allies" of birth parents, were provided as elaboration. A related concern identified by less than one tenth (n=8) of respondents was the unwillingness of some birth parents to make the changes necessary to the return of their children, thereby rendering futile the efforts of foster parents.

Almost one tenth (n=12) of respondents expressed concern that having foster parents work with birth parents could lead to birth parents' emotional dependence. Fewer (n=10) cited the close association as problematic because power struggles, or birth parents attempting to control the care process, could develop.

Concerns or fears cited by five percent of respondents or fewer included: birth parents continued substance abuse intruding into the foster home (n=7); increased chance birth parents would make allegations against foster parents (n=7); increased time commitment for foster parents (n=7); instability of birth parents (n=5); inability of some birth parents to make sound decisions (n=3); and lack of systemic support (n=2).

Table 4.10
Fears or concerns of foster parents about working with birth parents (N=136)

ITEM RANK	IDENTIFIED FEARS OR CONCERNS OF FOSTER PARENTS	N	%
1	Violent or abusive birth parents place foster children and foster families at risk	54	40%
2.5	Confrontation with hostile and/or defensive birth parents	19	14%
2.5	Disruption of foster home rules and routine	19	14%
4	Not in foster child's best interests	14	10%
5.5	No response provided	12	9%
5.5	Promotes dependence of birth parents	12	9%
7.5	No concerns	10	7%
7.5	Power struggles emerge	10	7%
9	Birth parents unwilling to change	8	6%
11	Birth parents substance abuse infringing on foster home	7	5%
11	Birth parents making allegations against foster parents	7	5%
11	Increased time commitment for foster parents	7	5%
13	Instability of birth parents	6	4%
14.5	Inability of birth parents to make good decisions	3	2%
14.5	It is case-by-case dependent	3	2%
16	A lack of systemic support	2	1%

One tenth (n=12) of respondents did not respond to this question and fewer than one tenth (n=10) indicated they had no concerns about working with the birth parents of children they foster. A few respondents (n=3) indicated they could not respond because their fears and/or concerns are case dependent or specific. Table 4.10 provides a detailed look at the categorization of responses.

4.4.2 Question 26: Benefits to including birth parents in the foster care process.

Response categories for question 26, "What do you see as some of the benefits to having foster parents include birth parents in the foster care process", are presented in Table 4.11, along with their ranks, frequencies, and percents. The author reviewed the responses, and from this review described the categories into which responses were to be coded. The author and a collateral then independently coded responses to the question into these categories.

An inter-rater reliability check was done using the formula described above that determines the percentage of agreement between raters. The inter-rater reliability check done over all of the categories derived from this question yielded a very high rate of agreement between raters. A total of 181 categorizations were made, with both raters in agreement in 143 instances, yielding a 79% rate of agreement. All 181 categorizations are presented in Table 4.11.

The opportunity for birth parents to acquire better and more effective parenting skills from foster parents modeling these was cited by almost one third (n=42) of respondents as a benefit of inclusive foster care. The likelihood of improved emotional security and adjustment of children to foster care was a benefit identified by almost one

quarter (n=30) of respondents. Reduced separation anxiety and relief from loyalty conflict were conditions included in this category.

The facilitation of family reunification was recognized as a benefit of this approach by almost one fifth (n=24) of respondents. The likelihood of reunification occurring more quickly, and the stability of the transition were referred to within this category. Respondents also indicated that the inclusion of birth parents would assist foster parents in achieving greater insight into the nature of a child's needs, and those of their family. Such insight was seen by about one in seven (n=20) respondents to ultimately contribute to the provision of better foster care.

The opportunity for birth parents to maintain a meaningful parental role in the lives of their children was identified by about one in eight (n=18) respondents as a benefit to birth parents. Benefits accruing to birth parents specified by respondents included increases to their self-esteem, their feeling less threatened by foster parents, and a sense of empowerment. Birth parents feeling of value to their children as a function of a maintained and acknowledged parental role was also specified.

The maintenance of family connections was seen to be of benefit to children, particularly with respect to their sense of identity and self, by almost one tenth (n=11) of respondents. Almost one tenth (n=10) of respondents indicated that maintaining parent-child attachment and bonding would benefit children.

Table 4.11
Benefits to including birth parents in the foster care process (N=136)

ITEM RANK	BENEFITS IDENTIFIED BY RESPONDENTS	N	%
1	Assists birth parents in the acquisition of parenting skills	42	31%
2	Increases emotional security and adjustment of children in care	30	22%
3	Facilitates family reunification	24	18%
4	Foster parents achieve a better understanding of child, family, and their needs	20	15%
5	Birth parents maintain a meaningful role in the lives of their children	18	13%
6	No response	12	9%
7	Children maintain family connections	11	8%
8	Attachment and bonding is maintained	10	7%
9.5	Provides BP's with a support system	5	4%
9.5	Children know parents still care and have not abandoned them	5	4%
11	Foster care is normalized for children	2	1.5%
12.5	No benefits	1	1%
12.5	Christian thing to do	1	1%

Benefits to the inclusion of birth parents, cited by fewer than five percent of respondents, included: Children feeling less abandoned in the knowledge that their parents still care (n=5); birth parents gaining a support system (n=5); the normalization of foster care for children (n=2); and it being "the Christian thing to do" (n=1).

Almost one tenth (n=12) of respondents provided no response to the question. Only one (n=1) respondent, however, indicated there were no benefits to including birth parents in the foster care process.

4.4.3 Question 27: Circumstances in which involvement with BP's would be unwelcome.

Categorized responses to question 27, "Under what circumstances would you absolutely not want to have any involvement with the birth parents of children you foster?", are presented in Table 4.12, along with their ranks, frequencies, and percents. The author reviewed the responses, and from this review described the categories into which responses would be coded (Appendix G). The author and a collateral then independently coded responses to the question into these categories.

An inter-rater reliability check was done using the formula previously described that determines the percentage of agreement between two raters. A total of 234 categorizations were made, with both raters in agreement in 165 instances, yielding a 71% rate of agreement. All 234 categorizations are presented in Table 4.12.

Table 4.12

Circumstances in which foster parents want no involvement with birth parents (N=136)

ITEM RANK	CIRCUMSTANCES IN WHICH FP'S WANT NO INVOLVEMENT WITH BP'S	N	%
1	Where safety concerns exist due to threat of violence	68	50%
2	Where BP's are abusing alcohol and/or drugs on an ongoing and/or untreated basis	37	27%
3	Where sexual abuse of child by BP was or is an issue	17	13%
4	Where BP's are engaged in criminal activity or have committed violent crimes	15	11%
5	Where BP's are suffering from a severe or untreated mental illness	14	11%
6.5	Where abuse of the child is likely to be ongoing	13	10%
6.5	Where BP's exhibit hostile/uncooperative behaviors to FP's	13	10%
8.5	Where children have experienced extreme abuse	10	7%
8.5	No response provided	10	7%
10	Where BP's have not sought treatment for their problems (i.e. substance abuse, perpetration of sexual abuse)	7	5%
11.5	Where child is fearful and/or wants no contact with BP's	6	4%
11.5	When family reunification is not the permanent plan	5	4%
13.5	Where BP's disrupt or do not respect rules and routines of foster home	4	3%
13.5	Where BP's do not follow through on planned visits or are generally unreliable	3	2%
15.5	Where abduction of child a concern	2	1.5%
15.5	Where BP's make allegations	2	1.5%
15.5	In all cases involvement is considered	2	1.5%
15.5	Where contact is detrimental to best interests of child	2	1.5%
19.5	In no case is involvement considered	1	1%
19.5	Where BP's are in jail	1	1%
19.5	Where the time involved becomes burdensome to FP's	1	1%
19.5	Where visits are expected to occur in FP home	1	1%

As with question 25, maintaining the safety of foster children, foster parents, and the foster parents' families was the central issue of concern for respondents. Threats of, or potential for, violence on the part of birth parents was thus cited by one half (n=68) of respondents as the circumstance in which no involvement with birth parents would be sought. As related concerns, one tenth (n=15) of respondents indicated no wish for involvement with birth parents who remained engaged in criminal activity or who had committed violent crimes; and one tenth (n=13) indicated the same for birth parents who exhibit uncooperative and hostile attitudes to foster parents. Concern for the child, and the impact involvement would have for them was a theme in other response categories.

About one in eight (n=17) respondents indicated that they would absolutely not want involvement with birth parents that had sexually abused their children. Furthermore, the potential that children might experience ongoing abuse at the hands of their parents was cited by one tenth (n=13) of respondents as a deciding circumstance for wanting no involvement. Situations in which children have experienced extreme abuse (n=10), children are fearful of their birth parents and have indicated they do not wish to see them (n=6), the abduction of the child is a concern (n=2), and respondents determine it is not in the best interests of the child (n=2), were additional circumstances in which foster parents wanted no involvement with birth parents.

Respondents indicated wanting no involvement with birth parents that have serious personal issues for which they are not receiving treatment. For example, one quarter (n=37) of respondents wanted no involvement with birth parents who were abusing drugs and/or alcohol on an ongoing and untreated basis; one tenth (n=14) wanted no

involvement with birth parents who exhibit unpredictable and volatile behavior as a consequence of severe or untreated mental illness; and more generally, a few (n=7) respondents wanted no involvement with birth parents who exhibit no commitment to seeking treatment for problems that led to their children being in care.

Respondents cited additional circumstances in which involvement with birth parents would be refused. These included instances in which family reunification is not the permanency plan for the child (n=5), birth parents disrupt the routine of the foster home and disrespect its rules (n=4), birth parents have shown themselves unable or unwilling to follow through on plans or visits (n=3), birth parents make allegations against foster parents (n=3), birth parents are in jail (n=1), the time commitment is too great for foster parents (n=1), and visits are expected to occur in the home of foster parents (n=1).

Only one (n=1) respondent wanted no involvement with birth parents under any circumstances, and only one (n=1) respondent indicated there were no circumstances that would preclude involvement with birth parents. No response was provided to Question 27 by fewer than one tenth (n=10) of respondents.

4.4.4 Question 28: Important services that would assist in working with birth parents

Categorized responses to question 28, "What are the most important kinds of services the Foster Care Program could put in place (or improve) to help you work with the birth parents of children you foster?", are presented in Table 4.13, along with their ranks, frequencies, and percents. The author reviewed the responses, and from this review described the categories into which responses would be coded (Appendix G). The author and a collateral then independently coded responses to the question into these

categories.

An inter-rater reliability check was done over all of the categories derived from this question using a formula that determines the percentage of agreement between raters. Among the open-ended questions, the rate of agreement between raters was lowest for this question. A total of 182 categorizations were made, with agreement found in 127 instances, yielding a 70% rate of agreement between raters. All 182 categorizations are presented in Table 4.13.

Almost one fifth (n=26) of respondents provided no response to this question. Several response categories had to do with the roles of foster care workers and foster parents' access to them. Almost one fifth (n=24) of respondents indicated working with birth parents would require a greater level of support from foster care workers and a greater level of foster care worker availability to foster parents. A few (n=7) respondents indicated their belief that having a foster care worker available 24-hours per day would be of help; and a few (n=4) indicated availability of foster care workers could be improved through a reduction in their caseloads. Almost one tenth (n=9) of respondents felt that the supervision and monitoring of contacts between birth parents and foster parents would be a helpful role function of foster care workers, made possible through their increased availability. Having foster care workers mediate the introduction between foster parents and birth parents was also seen as important by a few (n=5) respondents.

Table 4.13
Respondent-identified services helpful to working with birth parents (N=136)

ITEM RANK	IMPORTANT SERVICES IDENTIFIED BY RESPONDENTS	N	%
1	No response provided	26	19%
2	Greater foster care worker support and availability	24	18%
3.5	Team approach wherein information is shared through regular and fully attended case conferences	17	13%
3.5	More training provided to foster parents (mediation, conflict resolution, and negotiation were mentioned)	17	13%
5	Increased access to, and sharing of, relevant background information on children, their families, and their situations for foster parents	12	9%
6.5	Written plans for involvement, addressing expectations of all parties	10	7%
6.5	Supervision or monitoring of BP and FP contacts by foster care worker	9	7%
8	Provision of relief or respite services to foster parents undertaking such work who have other children in home	8	6%
9.5	24-hour availability of informed foster care worker	7	5%
9.5	Programs and training available for birth parents –either strongly encouraged or mandatory	7	5%
9.5	Screening procedures for the appropriate matching of BP's and FP's	7	5%
12.5	Greater financial remuneration	5	4%
12.5	Availability of a transportation service, or transportation compensation for foster parents	5	4%
12.5	Introduction of FP's and BP's mediated by foster care worker	5	4%
15.5	Smaller case loads for foster care workers	4	3%
15.5	Neutral meeting site available (not AF&SS offices)	3	2%
15.5	Initiation of a "Buddy" program	3	2%
18	The choice to undertake this work should remain an option	3	2%
19.5	Programming is satisfactory as it is offered	2	1%
19.5	Programming available for children	2	1%
19.5	Greater availability of programming for whole family	2	1%
22.5	Limit the time commitment this work would involve	1	1%
22.5	Foster parents allowed more autonomy	1	1%
22.5	Legal protection for foster parents	1	1%

Undertaking inclusive practice was seen to require improvements to program elements and policies. For example, about one in eight (n=17) respondents stated that such work would require a committed team approach. In addition to foster parents being treated as equally contributing members of the service team, elements of this approach included the expectation of routine case conferences attended by all team members, including birth parents. About one in eight (n=17) respondents also saw the provision of more training to foster parents as necessary. Increased access of foster parents to relevant background information on children and their families was cited by one tenth (n=12) of respondents as a necessary program element that would provide them knowledge needed for appropriate inclusive practice.

A program policy of ensuring the development of written plans outlining the expectations of involved parties was important to almost one tenth (n=10) of respondents. Another few (n=7) indicated that the Foster Care Program should develop and implement screening procedures to ensure that birth parents and foster parents were appropriately matched. A few (n=3) respondents indicated that the choice to do this work should remain voluntary.

Some respondents identified the Foster Care Program's provision of concrete services as important. A few (n=8) respondents indicated the provision of relief, respite, or baby-sitting services to foster parents who were working with birth parents and who had other children in their home would be of great help. Access to a transportation service, or compensation to foster parents for the time and cost of transportation was also noted by several (n=5) respondents as important. A few (n=3) respondents wanted the Foster

Care Program to provide foster parents with a neutral site at which meetings between birth parents, their children, and foster parents could take place; the inadequacy of present office facilities was noted. Higher levels of financial remuneration was seen by a few (n=5) respondents as necessary for the added time, skill, and responsibility the work would involve.

The necessity, and benefits of additional programming and services for children (n=2), their birth parents (n=7), and the family as a whole (n=2) were noted. Training much like that received by foster parents was seen as potentially helpful to birth parents; its being a mandatory component of service for birth parents was suggested. Two (n=2) respondents indicated that the program and the services it provides are satisfactory as is.

Additional elements included the initiation of a "buddy" program (n=3); establishing parameters for the amount of time foster parents would be expected to devote to working with birth parents (n=1); and increasing the involvement of birth parents in pre-placement activities (n=1). Allowing foster parents greater autonomy and discretion in their practice (n=1); and providing them with potentially necessary legal protection from birth parents (n=1) rounded out the respondent-identified additions and improvements to the Foster Care Program.

4.4.5 Question 29: Additional training helpful in working more closely with BP's

Categorized responses to question 29, "What additional training could be offered by the Foster Care Program that you think would help you to work more closely with the birth parents of children you foster?", are presented in Table 4.14, along with their ranks, frequencies, and percents. The author reviewed the responses, and from this

review described the categories into which responses would be coded (Appendix G). The author and a collateral then independently coded responses to the question into these categories.

An inter-rater reliability check was done over all of the categories derived from this question using a formula that determines the percentage of agreement between raters. Of 207 total categorizations, 145 were agreements, yielding a 70% rate of agreement between raters. All 207 categorizations are presented in Table 4.14.

Almost one quarter (n=30) of respondents did not provide responses to this question. Over one tenth (n=18) indicated that the amount and variety of training currently provided is adequate. On the other hand, a few (n=5) respondents indicated that a vast array of training opportunities could be offered to improve upon or complement that currently offered; one respondent commented: "you name it, we could use it". A very few (n=3) indicated that there is little point in offering additional training opportunities since foster parents do not have the time to take advantage of those currently offered. One (n=1) respondent stated that the most promising training opportunity could be offered to social workers, sensitizing them to the realities of foster parenting.

Many responses referred to specific forms of training, many of which were grounded in the need to interact and communicate more effectively in the capacity of foster parent. About one in seven (n=20) respondents stated in general terms the utility of training aimed at improving the ability of foster parents to work and communicate with birth parents. Almost one fifth (n=22) of respondents identified mediation training as a potentially valuable addition to those opportunities currently in place. Other training

opportunities identified were conflict resolution (n=17), negotiation (n=14), assertiveness training (n=7), and anger management (n=7). A few (n=7) respondents indicated a training module stressing communication between birth parents and foster parents, to be taken simultaneously by them, might be quite helpful.

4.5 Demographic characteristics of respondents and attitudes toward inclusiveness

Analysis of variance (ANOVA) was used to examine relationships between respondents' demographic characteristics and their overall attitudes about inclusive foster care. For these analyses, the predictor variables were the categories of six of the nine demographic questions in Part Five, and the criterion variables were the Overall Attitude Toward Inclusiveness Score (OATIS), the Overall Attitude toward Specific Inclusive Activities (OASIA), and the Overall Willingness for Inclusiveness Score (OWIS). The OATIS represents the overall mean of the 20 items in Part One of the FPQ; the OASIA score represents the overall mean of Question 21 in Part Two of the FPQ; and the OWIS represents the overall mean of Question 22 in Part Two of the FPQ.

The demographic questions used included respondents' experience of having worked closely with birth parents (question 31), their age (question 33), length of time fostering (question 35), foster home classification (question 37), average length of time children remain in the foster home (question 38), and level of education (question 39). See Table 4.15 for the results of these analyses.

Table 4.14

Additional training that would help foster parent's in working with birth parents (N=136)

ITEM RANK	HELPFUL TRAINING IDENTIFIED BY RESPONDENTS	N	%
1	No response provided	30	22%
2	Mediation	22	16%
3	How to communicate and work with birth parents	20	15%
4	Enough training provided currently	18	13%
5	Conflict resolution	17	13%
6	Training for birth parents pertinent to improving their emotional, social and parental functioning	16	12%
7	Negotiation	14	10%
8	Understanding abuse and those who abuse	10	7%
9.5	Assertiveness training	7	5%
9.5	Anger management	7	5%
9.5	Joint communication training for FP's and BP's	7	5%
12.5	All kinds are required	5	4%
12.5	Cultural awareness	5	4%
14.5	Practical experience is only real training	4	3%
14.5	Addictions	4	3%
14.5	How to work as part of a team	3	2%
14.5	Self-defense	3	2%
14.5	No time for training as it is	3	2%
18.5	How to contend with the effects of abuse on children	2	1%
19.5	Workshops on available and relevant community resources	2	1%
19.5	Common syndromes affecting children (e.g. FAS)	2	1%
19.5	Behavior management	1	1%
19.5	Understanding mental illness	1	1%
19.5	Problem-solving	1	1%
19.5	Understanding the rights of birth parents	1	1%
19.5	Personality development	1	1%
19.5	A course on the reality of fostering for social workers	1	1%

Analysis of variance revealed that respondents' perceived experience of having worked closely with birth parents was statistically significantly related to all three of the overall attitude toward inclusiveness scores. Respondents who indicated having worked closely with birth parents had more inclusive overall attitude means, with alpha equal .05. Results of ANOVA's are presented in Table 4.15. The relationship between experience working closely with birth parents and each of the three overall attitude scores can be examined by referring to the F-ratios and probabilities in Table 4.15.

Those respondents who indicated never having worked closely with birth parents had less inclusive attitudes overall. For example, the mean OATIS for respondents who have had experience working with birth parents was 2.36, and for those without such experience, the mean was 2.79. The two other overall attitude scores showed the same pattern. The mean OASIA for respondents with experience working with birth parents was 2.28, while for those with none, the mean was 2.68. The mean OWIS for respondents with experience working with birth parents was 2.25, while for those with none, the mean was 2.66. The differences in these mean scores indicates that inclusive attitudes are stronger among those respondents who perceive themselves as having had experience working closely with birth parents.

Age, length of time fostering, level of education, average length of time children remain in the foster home, and the classification of the foster home were not significantly related to attitudes of respondents towards inclusiveness. F-ratios were clustered near 1.0, and probabilities were well above the .05 level of significance. It is important to note, however, that ANOVA for each of these predictor variables was calculated using

all of the categories within the questions. It is possible that collapsing categories within some of the questions, for instance age into three categories as opposed to five, could have led to statistically significant findings. Doing so would have balanced the number of respondents in each category and compensated for unequal cell size, reduced the degrees of freedom in the analysis, and thus contributed to the robustness of the calculation. The same collapsing of categories could have been undertaken for level of education (question 39), length of time fostering (question 35), and length of time children remain in the foster home (question 38).

The implications of these findings for recruitment and training of foster parents will be discussed in Chapter 5.

Table 4.15
Analysis of Variance for demographic variables and overall mean attitude scores
(N=136)

ITEM #	ANOVA FACTOR VARIABLE	ANOVA CRITERION VARIABLE	DF	F	PROBABILITY
31	Ever worked closely with BP's	OATIS	1	5.521	.020*
		OASIA		5.158	.025*
		OWIS		5.602	.019*
33	Age	OATIS	4	1.090	.372
		OASIA		1.451	.201
		OWIS		.525	.789
35	Time fostering	OATIS	5	.952	.450
		OASIA		.490	.783
		OWIS		1.031	.402
37	Home classification	OATIS	4	.891	.489
		OASIA		.083	.995
		OWIS		.541	.745
38	Average length of stay	OATIS	6	.891	.504
		OASIA		1.189	.317
		OWIS		1.077	.380
39	Level of education	OATIS	6	.855	.530
		OASIA		.638	.700
		OWIS		1.797	.105

* $p < .05$.

CHAPTER FIVE

5.0 DISCUSSION

Findings relevant to the three primary research questions will be discussed first. Implications for foster care policy and practice will follow, with an emphasis on training, recruitment, and retention. Limitations of this study will then be considered, followed by a discussion of additional research that should be undertaken on inclusive foster care and its practice. A brief summary of the study and its findings concludes the chapter.

5.1 Research Questions

Three principal research questions were defined in cooperation with the Programming and Service Enhancement Committee. The first question looked to explore foster parents' attitudes related to inclusive fostering, the second probed their willingness to practice inclusive fostering, and the third explored program elements that could support them in this work. Each of these will be addressed in turn through the presentation of significant results.

5.1.1 What are the attitudes of FP's about working inclusively with BP's?

As a model considered for implementation by the Calgary Region's Foster Care Program, discovering the attitudes of foster parents about fostering inclusively was important for several reasons. Insight into the level of support or opposition among foster parents about inclusive foster care may assist in better planning for its implementation, and provide a view to how difficult it will be to have foster parents re-orient themselves to the new model of service provision. As noted previously, in accounting for the attitudes of foster parents, the process and product of program development and

restructuring will be more informed, and the endorsement of these key stakeholders enhanced.

As measured by questions 1 through 20 in Part One and the fourteen items of question 21, the attitudes of respondents show more support for inclusive foster care than not. This is evidenced in an Overall Attitude Towards Inclusiveness Score (OATIS) of 2.41, and an Overall Attitude towards Specific Inclusive Activities (OASIA) of 2.32.

The benefits of inclusiveness

Respondents were very supportive of visiting between children and their birth parents. This finding is positive because it can be viewed as a basic and necessary attitude to inclusive practice. It is therefore an attitude from which other, more inclusive attitudes about birth parent involvement in the foster care process can be developed. In other words, the belief in the necessity and benefits of parent-child visitation can be used as a springboard for educating foster parents to the important role they can play in further promoting such activity.

Part One of the FPQ contains six anti-inclusive items. At means of 2.8 and higher, these items received the lowest scores of all twenty scale items (see items 2, 4, 8, 10, 12, and 20 in Appendix F). In other words, the negatively phrased items elicited lower overall ratings for inclusiveness. This may speak to the need to frame the concept of working with birth parents positively, and focus on the benefits of these efforts for families and children. Indeed, it is reasonable to expect that the attitudes of foster parents about inclusive foster care will be related to their perceptions of the benefits of this method of practice. Response to item 12 in Part One, "There are no benefits to working

in face-to-face situations with the birth parents of children I foster", made it clear that respondents believe there are benefits to working with birth parents. Over four fifths (n=113) either disagreed or strongly disagreed with the statement.

Question 26 in the FPQ asked respondents to identify benefits to including birth parents in the foster care process. About one tenth (n=12) of respondents provided no response at all to this question, and only one respondent was explicit in stating her belief that there are no benefits to including birth parents. The remainder, however, identified at least some benefits to doing this work. Furthermore, the seven items describing benefits to children of greater involvement with their birth parents while in foster care were responded to positively by most respondents, as evidenced by a mean of 2.38.

Birth parent decision-making

It is interesting to note the contrast between support for visiting and that for birth parent decision-making. On the two items exploring foster parents' attitudes about birth parent decision-making, respondents were much less favorable than they were to children's visits with birth parents, as evidenced by a mean of 2.84. This suggests that foster parents may question birth parents' entitlement to parental authority while their children are in foster care. However, foster parents otherwise mostly supported birth parents remaining involved in the lives of their children. For foster parents, birth parent decision-making for their children in care may represent more loss of control over the foster care situation than other forms of birth parent involvement.

Experience fostering inclusively and overall attitudes

Question 31 of the FPQ queried respondents about whether or not they had had

experience working with birth parents, and a majority (n=119) of respondents indicated that they had. Unfortunately, respondents were not asked to give examples of how they had worked closely with birth parents. Such examples would have indicated the variability among respondents as to what constitutes working closely with birth parents. What is of interest, however, is the relationship between such self-defined experience and overall attitudes towards inclusiveness. Analysis of variance revealed that experience working with birth parents was significantly related to more pro-inclusive attitudes among respondents.

Inferring causality on the basis of this relationship is not appropriate, but the finding is suggestive. Working with birth parents may improve foster parents' attitudes toward inclusive fostering. Conversely, attitudes favorable to inclusiveness may increase the likelihood that foster parents will work closely with birth parents in the absence of specific policies encouraging inclusive practice. Because expressed attitudes and behaviors about inclusive practice are related, it may be very important to carefully structure foster parents' early experiences with birth parents to be positive as a way of reinforcing the behaviors and increasing the favorability of the attitudes.

Summary

Results of the FPQ that speak to the attitudes of respondents about inclusive foster care are quite positive. There appears to be recognition of the benefits to children of contact with their birth parents, openness to working more closely with them, and overall agreement that birth parents should be afforded the opportunity to maintain varied and close involvement with their children in care. Although promising, it is important to

note that these attitudes may be more reflective of theoretical support for inclusiveness; it remains to be seen whether foster parents' positive attitudes will translate into actual practice.

5.1.2 Question #2: Are foster parents willing to practice from an inclusive orientation?

Question 22 in Part Two of the FPQ was conceived to explore the willingness of respondents to foster inclusively. As with attitudes towards inclusiveness, the willingness of foster parents to foster inclusively appears positive, as evidenced by an overall mean (OWIS) of 2.30. It is again important to point out such a score is promising, but should be interpreted in a measured fashion.

Specific inclusive activities and willingness

In reviewing the mean scores associated with each of the 12 items that make up the scale measuring willingness to foster inclusively, it is clear that willingness to undertake inclusive activities is less pronounced the more specific the activity is, and the more effort it will require. Referring to Table 4.7, one can see that five of the six items with the most pro-inclusive scores represent activities that require very little effort, or are so ambiguous that willingness may be offhand. The exception to this trend is item 22l, the provision of support to children and families after reunification.

The five scale items that had the least favorable responses are both more specific and require greater effort to undertake, which may account for their being less favored. It can also be speculated that two of the items received less overall support because the activities may not be perceived as relevant to the role of foster parent. These are items 22h, "Provide birth parents with transportation to visits with their children, if they

otherwise could not visit", and 221, "Help the birth parents of children you foster to find living arrangements suitable to the return of their children". This finding suggests the need to define very clearly the inclusive activities foster parents are to undertake. These definitions should be accompanied by a clear and convincing rationale supporting foster parent participation.

Fears of foster parents and willingness

The fears and concerns of foster parents about working closely with birth parents is the primary factor that dampens willingness to undertake this work. Results of open-ended questions 25 and 27 show that foster parents have legitimate concerns that limit the circumstances under which they would be open to involvement with birth parents. Less than ten percent (n=10) of respondents stated they had no fears or concerns, which leaves the decided majority indicating they have these.

Summary

Results indicate an overall willingness on the part of respondents to foster inclusively. It is very clear, however, that safety is an important and appropriate concern of foster parents. To the extent reasonably possible, inclusiveness must not decrease safety for foster family members or foster children. Willingness to foster inclusively will be in direct proportion to the level of threat perceived by foster parents in doing this work.

5.13 Question #3: What program and organizational elements do foster parents feel must be in place to assist them in working inclusively with birth parents?

Part Three of the questionnaire asked respondents to assess as either helpful or not, a number of possible initiatives aimed at facilitating their working with and involving the

birth parents of children they foster. One of the more interesting findings was the extent to which two of these choices were seen as 'most important' by a majority of respondents. These were, "Control in deciding which birth parents you will work with", and "the ability to negotiate on a case by case basis the level of involvement foster parents would have with birth parents", respectively. The most evident conclusion to be drawn from this finding is that foster parents want a substantial degree of control over the process, and want clearly defined role expectations in undertaking such work. This is reasonable, particularly in view of the concerns and fears respondents identified about working with birth parents.

Findings suggest that respondents are less supportive of initiatives involving increased access to foster care support workers than with other proposed initiatives. Table 4.8 shows five of the six items receiving the lowest level of "yes" votes for helpfulness to be initiatives that would allow for greater support by support workers. Higher remuneration, the institution of a "buddy" system, and more training opportunities were items that received greater support.

Summary

More than anything else, it is important to recognize the fears and concerns of foster parents about fostering inclusively. All other program initiatives that could support foster parents in fostering inclusively are secondary to this issue. The Foster Care Program will have to be sensitive to foster parents' need for a degree of control over the process, and will also have to work hard to structure situations that ensure the safety of foster families and foster children. Asking them to work with birth parents they perceive as

threatening, without incorporating program elements they have identified as allaying their fears would compromise their endorsement of the model. It would also have serious implications for the Foster Care Program's ability to both recruit and retain foster parents.

5.2 Policy implications

Study findings indicate foster parents to be largely in support of, and willing to practice, inclusive foster care. It does not necessarily follow, however, that their pro-inclusive attitudes and professed willingness to work with birth parents will translate into actual practice. If inclusive foster care is to be a central facet of foster care services and their delivery, it is essential that clear and resolute policies be developed which support its practice. Adherence of foster parents to expectations and standards for practice is more certain if these are reflected in, and derive from, policy (Hess, 1988). Indeed, policies to support inclusive foster care should be developed at all levels, from the administrative to the front-line. In so doing, a shared vision is more likely to emerge among all parties to the foster care process.

Results of this study show that foster parents have a variety of fears and concerns about working with birth parents, and many are clear in defining attributes of birth parents with whom they would not work. Foster parent concerns are legitimate, but it is important that arbitrary and unilateral decisions by foster parents to exclude or limit birth parent inclusion be avoided. A clear foster care program mandate espousing total parental involvement would counteract the tendency to develop restrictive policies around birth parent inclusion (Blumenthal, 1984), and would limit the likelihood of foster parents developing rigid stances about who they would choose to work with. Such a

policy must, however, be coupled with appropriate and practical arrangements that compensate for the objectionable attributes of birth parents. In other words, policies and procedures need to be developed that would effectively safeguard foster parents from threats they perceive in involvement with birth parents.

As a means of addressing the difficulties that could emerge, it will also be helpful to articulate written guidelines describing parent involvement in detail, and the circumstances in which it would be restricted. A negotiated contract of this nature would allow all relevant persons an understanding of their obligations and the boundaries around involvement. This would serve to clarify roles, reduce the potential for conflict, and possibly promote a spirit of greater cooperation. Indeed, the expectation in policy of negotiated and detailed contracts between foster parents, birth parents, and program staff would capture the two initiatives identified by respondents as most helpful for adoption by the Foster Care Program.

Instituting an appeals process would be yet another policy-driven initiative helpful to both birth parents and foster parents. Although it was not included as an element within the FPQ, it is likely that the provision of a forum to address disagreements with decisions being made to restrict or impose involvement would be empowering to both birth parents and foster parents.

5.3 Practice implications

Inclusive foster care poses a variety of challenges because systematically involving birth parents in the foster care process has never been a priority in Alberta. Inclusive foster care will require strong leadership and conviction to impart the belief that parental

involvement is essential, and to ensure that obstacles to implementation are effectively addressed. This conviction is put into practice by reflecting it within the objectives and goals of the program, incorporating it into policies and procedures, by recruiting and hiring staff committed to practice that involves parents, and by providing them with pertinent training (Blumenthal, 1984). As this study's results may inform these matters in a small way, this section enumerates implications of findings for foster parent recruitment, training, and retention.

5.3.1 Implications of the findings for recruitment of foster parents

Recruitment decisions based on the expressed attitudes of potential foster parents about inclusive foster care may not be indicated because these attitudes may improve with experience working with birth parents. If they do, recruiting on the basis of pre-experience attitudes may exclude some potentially appropriate foster parents from consideration. Giving clear messages that fostering inclusively is a fundamental expectation and requirement is more important. In this way, potential foster parents will be better informed to decide whether or not fostering is a role they are able and willing to undertake.

Persons currently fostering who do not possess pro-inclusive attitudes present a challenge. The experience of fostering inclusively, particularly if coupled with pertinent training and adequate support, may reduce the intensity of concerns, apprehensions, or misgivings of foster parents about working with birth parents, and contribute to the development of inclusive attitudes. If they cannot be persuaded to sincerely attempt inclusive fostering, they will not experience the benefits that could lead to attitude

change.

For those foster parents whose attitudes do not appear amenable to change, it will be necessary to determine an appropriate course of action. Recognizing the reality of chronic foster home shortages, this may involve compromising expectations and maintaining family contact through other means, and awaiting the attrition of foster parents unwilling to foster inclusively.

5.3.2 Implications of the findings for training of foster parents

Fostering inclusively will transform foster parents' roles, and will require them to acquire new skills and knowledge. Preparing foster parents for inclusive fostering will require increasing their understanding of birth parents, and the benefits to children of maintaining family connections while they are in care. Adequate preparation will necessitate focused and intentional training.

1. Findings suggest training aimed at reinforcing foster parents' beliefs about the benefits of inclusive practice may increase their motivation to actually undertake the work. Theoretical and anecdotal evidence of the benefits of inclusive foster care would be helpful to this end.

2. As a significant check on foster parents' willingness to practice inclusively, training focused on normalizing birth parent resentment and hostility could be very helpful in reducing foster parent apprehension and defensiveness. White (1981) indicates birth parents to be initially hostile, suspicious, and fearful of foster parents. Foster parents are not necessarily cognizant of the difficulty for birth parents of reconciling themselves to persons who have taken on the primary care of their children, and who

have been deemed better able to do so than they. An understanding of the emotional dynamics of foster care for birth parents could enhance the willingness and openness of foster parents to inclusive practice (Bullock and Little, 1989).

3. Foster parents experienced in inclusive fostering are a valuable resource and can be very effectively used as trainers (Blumenthal, 1984). Indeed, they are likely to speak most credibly about the knowledge base, skills, stresses, and rewards of this model of practice. Evidence that this may be appropriate is reflected in foster parents having rated contact with foster parents (n=125) experienced in inclusive practice as more helpful than contact with foster care support workers (n=94). Screening and selection of these trainers should be done carefully so that what is taught conforms to program expectations.

5.3.3 Implications of the findings for retention of foster parents

Although it appears that foster parents are theoretically amenable to inclusive foster care, it will be necessary to anticipate and meaningfully address issues that are bound to emerge and evolve for them in actual practice. The legitimate and varied concerns and fears identified by respondents about doing this work emphasizes the necessity of providing foster parents with more support than they currently receive. Additional elements that underscore the need for greater support to foster parents is the likelihood of their experiencing initial role ambiguity, increased demands, and the need to develop new skills and competencies (Davies and Bland, 1989).

Results suggest that commitment to the goals of the foster care program for inclusive fostering may be compromised and retention suffer if, on a program level, the support

needs of foster parents are not being met. About two fifths (n=57) of respondents either agreed or strongly agreed that expecting foster parents to work more closely with birth parents will have implications for foster home retention. This may reflect respondents' belief that demands of them will increase, but the level of support provided them may not. Support commensurate to the additional demands placed on foster parents practicing inclusively represents one means of (a) counteracting the potential for foster home attrition, and (b) bolstering their commitment to this model of practice.

The assumption by foster parents of new roles in relation to parental involvement has the potential of having profoundly positive effects on outcomes for families and the foster care system as a whole. Indeed, respondents were clear in recognizing the benefits to birth parents of their working together. Cooperation between parents and foster parents was seen to facilitate reunification, create more consistent emotional environments for children, and increase opportunities for birth parents to acquire appropriate parenting skills. It will be incumbent upon the Foster Care Program to recognize these contributions and ensure that foster parents are treated as the important team members they are (Gillespie, Byrne, and Workman, 1995). Leaving them at the periphery of decision-making and case planning represents an unacceptable double standard given the expectation that they work closely with birth parents as partners in parenting.

Results suggest that foster parents believe that inclusive fostering may have decided benefits for children and their families. If this belief bears out in reality, then inclusive fostering should be noticeably more rewarding for foster parents (Blumenthal & Weinberg, 1984; Palmer, 1995). This may act to compensate for the increased

complexity of the role, and higher attrition rates for inclusive fostering would not be expected.

5.4 Limitations of the study

As the scope of this study precluded an examination of many relevant variables, the results must be interpreted and evaluated within the context of its inherent limitations. This section enumerates and identifies some of these.

1. The study response rate was 53%. Although a response rate of 50% is advanced as adequate for reporting (Bailey, 1987), it remains a concern that almost half of the sample did not respond to the questionnaire. Respondents and non-respondents may differ in significant ways, and the lower the rate of response, the greater is the possibility of an unrepresentative sample. Such a threat to internal validity limits confidence in generalizing findings to any larger population. The relatively small number of subjects in the study in relation to the number of items they responded to further limits generalizability.

2. A threat to both the external and internal validity of the study, and a distinct limitation, was not having a standardized instrument to use in data collection. As no suitable standardized instrument was found, it was necessary to construct and design one. Pre-testing was conducted, but instrumentation in the absence of normative data with which to compare these results is a concern.

3. Another limitation of the study is that study results are only a reflection of the stated attitudes of respondents about inclusive foster care, and their stated willingness to practice it. The theoretical support of respondents for fostering inclusively may

not translate into its actual practice. A statistically significant relationship between positive attitudes and self-reported experience working with birth parents was found, but this result was conceptually and empirically weak.

4. Plans to reshape the Foster Care Program in Calgary were underway when the survey was conducted. Knowledge of the direction of changes being considered, in conjunction with taking part in a research study, may have influenced the way foster parents responded, affecting external validity.

5. The current study was not able to account or control for variables that may influence respondents' attitudes about inclusiveness. Such variables include personality traits, family history, and previous experience with birth parents. These variables are examples of the multiple dimensions associated with attitudes and are realistic limitations that this study could not overcome.

6. This study addressed only foster parents. As central stakeholders in the foster care process, the attitudes of birth parents, children in foster care, child welfare workers, and foster care support workers about inclusive foster care are also important considerations in implementation. This study is therefore only one small piece of a much larger picture.

7. Respondents' may have perceived researcher bias in favor of inclusive foster care, and this may have contributed to a positive, socially desirable response set. Indeed, respondents' wishing to present themselves favorably may have responded in ways that did not reflect their true attitudes.

5.5 Future research

Research that explicitly explores inclusive foster care and its practice is not vast, primarily because the model and its principles of practice have not yet been thoroughly conceptualized. Having been largely informed by findings from a wide range of related study areas, there is no shortage of research studies that could be undertaken to further knowledge about this model and its practice. This section notes examples of research studies that could follow from this one, to the end of providing needed insight into the topic.

As alluded to in the review of this study's limitations, a real understanding of openness to inclusive foster care, barriers to its practice, and the feasibility of its implementation cannot be achieved without knowledge of the attitudes of all stakeholders. Survey studies exploring the attitudes of other groups closely involved with the foster care process is thus necessary. The tool used with foster parents in this study could be modified for use with child welfare workers, children in foster care, foster care support workers, and birth parents. It would be interesting to observe where similarities and differences exist, particularly with respect to respondents' concerns and fears, and their perceptions of the advantages or disadvantages of inclusive foster care.

A question yet to be answered is the degree to which stated attitudes are reflected in actual practice. For instance, are positive attitudes likely to result in the practice of inclusive foster care? A longitudinal study that assesses foster parents' attitudes about inclusive foster care, and then assesses their practice for the kind and degree of work they undertake with birth parents might yield interesting insights. It would be best to

simultaneously gather attitude and behavior data from the fostered children, their birth parents, their child welfare workers, and their foster care support workers. This would provide systematic data about the relationship(s) between attitudes about inclusive foster care and how these vary with experiencing it. How do these stakeholders' attitudes about inclusive foster care vary with their participation in it?

Longitudinal studies examining reunification outcomes for children and families who have experienced inclusive foster care would address its potential value in this realm. Research of this nature would address such questions as: Is the success of family reunification, as measured in rates of children returning to foster care, demonstrably different for those children and families who experienced inclusive foster care? Is family reunification achieved more swiftly with inclusive foster care? Do parenting skills of birth parents show greater improvements when they have experienced more inclusive foster care? Is a child's transition home from foster care less stressful when birth parents have been encouraged to maintain a parental role than for those who were not? What is the impact on children's experience of loyalty conflict and overall emotional wellbeing when their parents are made an integral part of the foster care process? As reported by children, foster parents, and birth parents, child welfare workers, and foster care support workers, are there differences in levels of satisfaction with the foster care experience, depending on whether or not birth parents were included in the process?

The implications of findings from such studies are varied. For instance, they could allow for more informed and intentional program structure, development, and implementation. The insight gained through the study of attitudes as they relate to

practice could also inform the direction of policy, recruitment strategies, and training programs for foster parents. Outcome studies that shed a positive light on inclusive foster care may lead to wider acceptance of the model, and to its promotion in practice. At present, inclusive foster care seems to be a collection of really good ideas, but there is little convincing empirical evidence to support its positive effectiveness for all of the key stakeholders. Empirical research is the means by which the potential effectiveness of this model of practice will be proved or disproved.

5.6 Summary

There is a body of systematic evidence supporting the importance of relationships and sustained contact between birth parents and their children while in foster care (Benedict & White, 1991; Colon, 1978; Fanshel & Shinn, 1978; Mech, 1985; Milner, 1987; Sherman, Neuman, & Shyne, 1973). Inclusive foster care promotes the maintenance of parent-child relationships through the inclusion of birth parents as partners in the foster care process, and by emphasizing their entitlement to an active participatory role in the lives of their children (Holman, 1974; Kufeldt, 1991). This approach is being considered for adoption by the Calgary Region Foster Care Program, as its potential for better meeting the needs of children and their families has been noted (Kufeldt, 1991; Kufeldt, 1994; Kufeldt & Allison, 1990; Palmer, 1992; Palmer, 1995).

In co-operation with the Programming and Service Enhancement Committee, a sub-committee struck by the Foster Care Council to explore and implement changes to the Foster Care Program supportive of birth parent inclusion, the focus of research was defined. As foster parents are key stakeholders in the fostering process, and the viability

of inclusive foster care is contingent on their endorsement and support, discovering their attitudes and their willingness to practice it was thought important. The research questions thus centered on: 1) discovering these attitudes, 2) determining their willingness to practice from an inclusive orientation, and 3) exploring their thoughts about the program and organizational elements that could be in place to support this practice. A survey was subsequently developed and mailed to the 259 departmental foster homes in the Calgary Region. The study response rate was 53% (N=136).

Results indicate that respondents have largely positive attitudes about inclusive foster care, and express willingness to undertake its practice. Results also show however that foster parents have a variety of fears and concerns about working closely with birth parents. Successful implementation will require that these concerns be addressed, and policies and procedures developed that provide foster parents with a greater sense of safety and security. To this end, it will be important to allow them a degree of control over the process. Indeed, respondents identified this element as most helpful in supporting inclusive practice.

A significant relationship was also discovered between respondents' stated experience of having worked closely with birth parents and their overall attitudes towards inclusiveness. Findings indicate that attitudes may become more positive given this experience. This finding is important for its implications for recruitment, training, and retention.

The concept of inclusive foster care is intuitively appealing for the emphasis it places on maintaining and sustaining a meaningful role for birth parents in the lives of their

children in foster care. Academic research and professional practice have established for this researcher the significance of the birth family in promoting a necessary sense of place and connectedness for children, and knowledge of the importance of permanence, stability and continuity in their parental relationships and living arrangements. A great deal of empirical research is yet needed to confirm the potential of inclusive foster care, but such inquiry is worthwhile because the model may have real promise in improving outcomes for children and families.

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APPENDIX A

Letter of request for the foster parent mailing list

May 17, 1996

Jessica Tamblyn
Foster Care Unit - Calgary Region
Alberta Family & Social Services
Calgary, Alberta

Dear Jessica,

Re: Foster parent mailing list.

Pursuant to our conversation this morning, I am writing to provide you with the information you might need about my research to inform your decision about providing me with the foster parents mailing list. I'm not sure exactly how much Gene has told you, but I am a University of Calgary, Faculty of Social Work graduate student in the process of doing a Master's thesis. My advisor, Barbara Thomlison, knowing of my interest in foster care (with a particular interest in inclusive foster care and family reunification) had me contact and connect with Gene Tillman. Upon discussion, and at his invitation, I began sitting in on some of the Programming and Service Enhancement Committee meetings. It was felt that some of what this committee is looking would mesh with my research interests, and that in turn, I could do research which might provide them with useful insight.

In consultation with Gene and the Programming and Service Enhancement Committee, and with their support, I have proposed to survey the foster parents of the Calgary Region to look at their attitudes and beliefs about working more closely (or inclusively, if you will) with the natural parents of the children in their care. A second element to be explored is the thoughts of foster parents about what more they would require from the program if they were to undertake this kind of work more actively (i.e. more training, more support, what kinds?). As supporting the Foster Care Program, and particularly foster parents, to more effectively work with natural families is a central element to the team's mission, having an idea of what foster parents feel and believe about such work is important.

Both on an academic and practical level, there is greater and greater recognition of the importance of having natural parents and families remain well connected to their children while these are in care. Practice wisdom and empirical studies on attachment and separation theory have pointed to this quite clearly. The potential of foster parents to play a role in maintaining, encouraging, and facilitating family contact and relationships is tremendous. The question is, is this a role they want to play? Why or why not? Are there things which can be done on a program level to assist them in such work? These are important questions, certainly if the hope is to effectively assist foster parents in doing such work.

The surveys would be kept completely confidential, and only I would have access to individual surveys. As this study would provide the foundation for my thesis, the work would eventually become a published document. Be assured, however, that the findings of the study would be reported on an aggregate basis only, no individual identifying information would be reported. As the information generated from such a survey is likely to be of interest to them as well, I have proposed to provide foster parents with a summary of the results, to be disseminated to them through the Foster Parent's Association Newsletter. If you would be interested in a copy of the thesis upon its completion for your program, I would be happy to provide you with one. I certainly hope that you will feel comfortable in supporting this endeavor. I feel that the benefits are likely to be mutual.

If you would like more pointed information, or feel it would be helpful to discuss this at greater length, I would be happy to meet with you. What is more, I could provide you with a copy of my thesis proposal. As I hope to send the survey out by the end of May, to avoid the lower response rate likely to occur during summer monthes, I hope we can come to a determination relatively swiftly.

Thank you for your consideration of this matter, and your attention to it.

Yours sincerely,

Catherine E. Arnold

You can contact me at:

tel: (403) 431-0550
e-mail: **Garp@planet.eon.net**
address: 9830 - 90 Avenue
        Edmonton, Alberta
        T6E 2T1

APPENDIX B

Letter of informed consent

CONSENT FORM

WORKING WITH THE BIRTH PARENTS OF FOSTER CHILDREN

QUESTIONNAIRE

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Please take the time to read this form carefully and to understand any accompanying information.

As part of my research program in Social Work at the University of Calgary, and in consultation with the Foster Care Council's Programming and Service Enhancement Committee, I am seeking information from you about what you think and feel about (a) working with the birth parents of children you foster, (b) the level of involvement with birth parents you would be willing to consider, and (c) what the Foster Care Program could do to help you carry out this kind of work. With permission from Alberta Family and Social Services, all of the general foster care providers in the Calgary Region are being surveyed for their thoughts on these questions.

Improvements in foster care programs are always being explored, and having foster parents work more closely with birth parents is one of the important areas being looked at right now. Obtaining input about what you as a foster parent think about this kind of work can hopefully lead to program improvements that consider your views and reflect your needs. To obtain this important information, you are being asked to complete the enclosed questionnaire. The questionnaire will take about 15 minutes to complete.

Your participation is completely voluntary. There are no consequences to you if you decide not to complete the questionnaire. Your participation has no bearing on your role or employment as a foster care provider. Your responses will be treated strictly confidentially, and only the researcher will have access to the completed surveys. The results will be reported as grouped anonymous responses. No personally identifying information will be reported. Each questionnaire will be assigned a code number. Completed surveys will be stored securely in a locked filing cabinet, and will be destroyed one year after the study has ended.

The return of the enclosed questionnaire indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional

responsibilities. You are free to withdraw from the study at any time. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. If you have further questions concerning matters related to this research, please contact Catherine Arnold at (403) 431-0550.

If you have any questions concerning your participation in this project, you may also contact the Office of the Vice-President (Research) and ask for Karen McDermid, (403) 220-3381.

APPENDIX C

Covering letter for first questionnaire mail-out

June 4, 1996

Dear foster parent(s),

Foster care is a necessary and valuable service for many children and their families. Its importance as a service in our communities means that improvements to foster care programs are always being considered. Getting birth parents more involved in the foster care process is one of the important areas being looked at right now. Increasing birth parent involvement often means having foster parents working with them more closely. As part of my research program in Social Work at the University of Calgary, and in consultation with the Foster Care Council's Programming and Service Enhancement Committee, I am wanting to find out what you think and feel about having more involvement with the birth parents of children you foster, and what the Foster Care Program could do to help you do this kind of work.

Your opinions and beliefs on these issues are very important. The information you provide by participating in this study will be used to improve the Foster Care Program in the Calgary Region. In obtaining your views and learning of your needs as a foster care provider, improvements to the program will be more appropriate. Your participation is of real value to the success of this study.

Enclosed is a consent information package. Please read it carefully. Returning the questionnaire will indicate that you have consented to participate in this study.

The findings from this survey will be published as my Master's thesis. As well, this survey is being conducted with the support of the Programming and Service Enhancement Committee, so the grouped anonymous responses will be shared with them. A report of the survey findings will also be made available to you no later than September, 1996, through the Foster Parent Association Newsletter.

A stamped, self-addressed envelope has been included in this package. Should you agree to participate, I would ask that you complete and return the questionnaire to me as possible within the next week. If you have any questions or concerns about this survey or the use to which the information is to be put, do not hesitate to call me collect at (403) 431-0550, or at the address printed on the self-addressed envelope. I hope you will agree to help in this study. Thank you for your assistance and co-operation. Have a great summer!

Sincerely,

Catherine E. Arnold
Researcher

APPENDIX D

Reminder letter

June 27, 1996

Dear foster parent(s),

About three weeks ago I sent you a questionnaire seeking information about what you think and feel about working more closely with the birth parents of children you foster. Because I have not yet received a completed questionnaire from you, I am writing to request your participation again.

Although I know how busy you are as a foster parent, the time and effort you take to participate in this study is both appreciated and worthwhile. Many foster parents who were sent this questionnaire have completed it, but every completed questionnaire received will increase the quality of information reported from this study. Quality is important because these results will help to make improvements to the Foster Care Program. Your input is valuable. If you have not yet responded, I would encourage you to please do so this week.

If you did not receive the survey package, or it was misplaced, please let me know and I will get another one in the mail to you right away. If you have already responded, please accept my thanks.

Again, if you have any questions or concerns, don't hesitate to reach me collect at (403) 431-0550. Thank you very much for your help.

Sincerely,

Catherine E. Arnold
Researcher

APPENDIX E

Covering letter for second questionnaire mail-out

July 15, 1996

Dear foster parent(s),

Recently I sent you a questionnaire which seeks to learn what you think and feel about having more involvement with the birth parents of children you foster, and what the Foster Care Program could potentially do to help you do this kind of work. A follow-up letter was also sent two weeks ago. As I have not received a completed questionnaire from you, and in hopes of encouraging and facilitating your participation, I have sent you another survey package.

In case you were away or were too busy to complete the questionnaire before, would you be able to do so now? As the quality of results from this study are directly related to the number of completed questionnaires received, I am trying to get a reply from everyone who received a questionnaire. Although many foster parents have responded, your input will be invaluable in helping to increase the value and significance of the information being gathered by this study.

A consent form is enclosed which goes over the procedures and safeguards of this study. Only grouped anonymous responses will be shared. The coding, or identification numbers on your questionnaires are used only to check on the returns. Only I have access to the coding lists. Absolutely no personally identifying information will be shared or reported. Returning the questionnaire will indicate that you have consented to participate in this study.

It will take only 15 minutes to fill out and return the questionnaire in the stamped envelope enclosed. If you have already sent in your completed questionnaire, please disregard this latest package and accept my thanks for you participation.

As I have mentioned before, please do not hesitate to contact me if you any concerns or questions about this survey or the use to which the information will be put. You can call me collect at (403) 431-0550. Again, thank you very much for your time and help with this study. As this is likely to be my final communication with you, I hope that you have a wonderful summer!

Sincerely,

Catherine E. Arnold
Researcher

APPENDIX F

Foster parent questionnaire (FPQ)

WORKING WITH THE BIOLOGICAL PARENT OF

FOSTER CHILDREN

The following questionnaire is divided into five parts, and should take about 15 minutes of your time to complete. If there is more than one foster parent in the home, it is best if the foster parent who provides most of the caregiving fills out this questionnaire. In this study, the term "birth" parent will Include children's biological and/or adoptive parents. Also, in responding to questionnaire items it is not intended that you respond by thinking of a specific or individual case; respond to the questionnaire items from your general point of view and accumulated foster care experience.

Part One: *This section of the questionnaire is designed to obtain foster parent attitudes and beliefs about their roles. A series of statements about beliefs are presented. Please read each statement carefully and indicate how much you agree or disagree with each by* circling *the response category that best represents your opinion. Please keep in mind that since these questions look at attitudes and beliefs, there are no right or wrong answers.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Birth parents should be encouraged to be more involved in making decisions about their children while their children are in foster care.	19.1	33.8	20.6	19.1	5.1
2. I would rather have nothing to do with the birth parents of children I foster.	2.9	3.7	23.5	36.8	31.6

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. Foster children would adjust better to foster care if their birth parents were more involved in the placement process.	16.2	31.6	23.5	22.8	4.4
4. Having birth parents come with their children to pre-placement visits would only upset the children more.	11.0	19.9	25.0	27.9	13.2
5. In most cases, it is important that children have as much contact as possible with their birth parents while they are in foster care.	20.6	47.8	11.0	17.6	1.5
6. In most cases, I would feel comfortable having birth parents visit their children in my home.	16.2	49.3	11.8	16.9	4.4
7. It is a good idea to have foster parents become more involved with the birth parents of children they foster.	14.7	48.5	22.8	9.6	3.7

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8. It will be harder to keep foster homes if foster parents are expected to work more closely with birth parents.	12.5	29.4	19.1	31.6	5.9
9. Having foster parents work with the birth parents of children they foster causes problems.	3.7	24.3	27.9	36.8	6.6
10. When birth parents know where their children are placed, they are likely to inappropriately interfere in the child's life.	7.4	22.1	28.7	36.8	3.7
11. It is helpful to children when their birth parents and foster parents get along with each other.	59.6	34.6	4.4	0.0	.7

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
12. There are no benefits to working in face-to-face situations with the birth parents of children in foster.	1.5	3.7	10.3	46.3	36.8

13. There are many advantages to having foster parents take more responsibility for maintaining regular contact between foster children and their birth parents.	9.6	50.0	18.4	16.2	4.4
14. It is important for children in foster care to have frequent visits with their birth parents.	19.1	41.9	22.8	14.7	.7
15. Given an opportunity to work together, I feel that birth parents could benefit from the parenting skills I have to offer.	27.2	61.8	8.1	1.5	.7
16. Visiting between birth parents and their children in care is an important part of helping children return to the care of their parents.	40.4	48.5	6.6	3.7	.7

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
17. The birth parents of children I have fostered have usually been difficult to get along with.	7.4	18.4	25.7	37.5	9.6
18. Regular contact between foster children and their birth parents is important to the emotional well-being of these children.	27.9	46.3	18.4	6.6	.7
19. The emotional turmoil children feel upon placement in foster care could be reduced if their birth parents were more involved in getting them settled into their placements.	13.2	36.0	26.5	19.1	4.4
20. Having birth parents make more parenting decisions while their children are in foster care is not a good idea.	13.2	26.5	26.5	24.3	8.1

Part Two: *In this section of the questionnaire I am asking you to tell me what you think about specific ways of including birth parents in the foster care process. I am also asking you to tell me how willing you would be to do specific things to get the birth parents of the children you foster more involved in their lives.*

21. The following statements identify specific ways birth parents could be more involved in the lives of their children in foster care. Please read each statement carefully and indicate how much you agree or disagree with each by circling the response category that best represents your opinion. Again, I want you to respond from your general foster care experience.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Birth parents should always be informed when crises emerge involving their children in foster care.	24.3	50.7	12.5	11.0	.7
b. Birth parents should be included in all case conferences about their children.	20.6	42.6	13.2	20.6	1.5
c. Birth parents should get to know the foster parents who will be caring for their children.	16.9	49.3	21.3	10.3	.7
d. Birth parents should attend organized school activities in which their children are involved (e.g. plays, athletic events, etc.).	19.1	50.0	19.1	8.1	.7

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
e. Birth parents should be encouraged to take their children to medical and dental appointments.	14.7	41.9	22.1	16.2	2.9
f. Daily telephone contact between birth parents and their children is okay.	7.4	34.6	17.6	33.1	5.9
g. At least twice a year, birth parents should be updated by service providers on the progress of their children in foster care.	30.1	56.6	8.8	1.5	1.5
h. Birth parents should be encouraged to attend parent teacher conferences.	8.4	47.8	18.4	12.5	1.5
I. Birth parents should take their children to events meaningful to their religion or culture (e.g. a pow-wow, special mass, etc.).	24.3	50.0	17.6	6.0	.7
j. Birth parents should be encouraged to shop for clothes with their children.	8.1	38.2	26.5	22.8	2.2
k. Birth parents should be included in the birthday celebrations of their children.	21.3	50.7	18.4	7.4	1.5

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
l. Birth parents should accompany their children on supervised outings like school field trips.	8.8	42.6	29.4	15.4	2.2
m. Birth parents should be included in decisions about changes in their children's foster care placements.	18.4	41.9	19.9	15.4	2.2
n. If safe, children should have frequent over- night visits with their birth parents.	19.1	46.3	17.6	14.3	.7

22. The following items identify specific things foster parents could do to help birth parents be more involved in the lives of their children in foster care. Please consider each item carefully, and indicate how willing or unwilling you would be to do such work by circling the response category that best represents your opinion.

How willing or unwilling would you be to:

	Very Willing	Willing	Neutral	Unwilling	Very Willing
a. Supervise regular visits in your home between a child you are fostering and their birth parents.	22.1	47.8	14.7	9.6	5.1
b. Contact birth parents yourself when foster children have expressed a need to see their parents.	27.2	53.7	9.6	6.6	1.5

	Very Willing	Willing	Neutral	Unwilling	Very Willing
c. Have birth parents of the children you foster over to your home for a meal every two weeks.	11.0	21.3	24.3	33.8	8.8
d. If an issue, go to the homes of birth parents to assist them in learning good homemaking skills.	18.4	38.2	19.9	15.4	6.6
e. Have birth parents over to your home so they can learn more appropriate ways of parenting heir children from you.	16.9	42.6	20.6	16.2	2.9
f. Develop a cooperative relationship with the birth parents of children you foster.	33.8	55.1	8.1	1.5	.7
g. Share certain parenting responsibilities with the birth parents of children you foster.	22.1	51.5	16.2	7.4	1.5
h. Provide birth parents with transportation to visits with their children, if they otherwise could not visit.	9.6	27.2	21.3	32.4	8.8
I. Help the birth parents of children you foster to find living arrangements suitable to the return of their children.	7.4	25.7	22.1	34.6	8.8

	Very Willing	Willing	Neutral	Unwilling	Very Willing
j. Help birth parents to interact in positive ways with their children.	26.5	61.8	8.1	1.5	.7
k. Talk to the children you foster about their birth parents in a realistic but positive manner.	44.9	48.5	3.7	.7	.7
l. Provide support to the children and families after the children return to the care of their birth parents (this support could include respite care, advice, mediation of disputes, friendship, etc.).	34.6	47.1	9.6	5.9	.7

Part Three: *In this section I am asking you to tell me what the Foster Care Program should do to help you work with, and involve, the birth parents of children you foster.*

23. The following items identify specific things the Foster Care Program could do, or ways it could change, to help you work with and include birth parents. Please consider each item carefully and indicate whether or not you feel this would be helpful by <u>checking</u> either the "yes" or "no" response category next to each item.

In working with birth parents, do you think it would be helpful to...

	YES	NO
a. Have detailed written plans worked out from the time a child enters your care that defines the kind of involvement you will have with their birth parents?	86.8	11.0
b. Have a foster care worker present for your first few contacts with birth parents to help you communicate with one another?	75.0	22.1
c. Have the ability to negotiate on a case by case basis the level of involvement with birth parents you would be comfortable with?	96.3	1.5

d. Have team meetings between you, birth parents, and your foster care worker every two weeks, to address issues and concerns, until both the birth parents and you agree to less frequent team meetings? 64.0 33.1

e. Have a foster care worker available on-call evenings and week-ends? 69.1 28.7

f. Have a "buddy" system set up for informal advice and support, where foster parents who have not had a lot of experience working with birth parents are paired with foster parents who do have a lot of this experience? 91.9 6.6

g. Reduce the caseload sizes of foster care workers, so that they have more time to spend addressing any difficulties you may be having working with birth parents? 83.1 13.2

h. Have a 24-hour crisis telephone line staffed by foster care workers in case you need immediate support or advice? 81.6 16.2

I. Have some control in deciding which birth parents you will work more closely with? 97.8 .7

j. Be paid at a higher rate for the additional skill, time and effort working with birth parents may involve? 90.4 7.4

k. Receive more training (e.g. in such areas as conflict resolution, mediation, and negotiation)? 90.4 5.1

l. Receive payment for support you might provide to the child and birth parents after the child has returned to parental care? 80.1 16.2

24. Of the items listed in question 23, please identify the three you feel would be most helpful to you in working with the birth parents of children you foster. Rank your choices in order of helpfulness by placing the letter of the item in the spaces provided below. (For example, if having a foster care worker on-call week-ends and evenings is the most helpful thing, you would place "e" in the #1 space).

#1____   #2____   #3____

Part Four: *The following section of the questionnaire asks you to respond to several important questions in your own words. I am interested in your views about issues that may not have been looked at in other parts of this questionnaire. There are no right or wrong answers. Your views are important, regardless of their nature.*

25. What are some of the fears or concerns you might have about working with the birth parents of children you foster? See Table 4.9

_____

_____

_____

_____

26. What do you see as some of the benefits to having foster parents include birth parents in the foster care process? See Table 4.10

_____

_____

_____

_____

27. Under what circumstances would you absolutely not want to have any involvement with the birth parents of children you foster?
See table 4.11

_____

_____

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_____

28. What are the <u>most</u> important kinds of services the Foster Care Program could put in place (or improve) to help you work with the birth parents of children you foster?
See table 4.12

_____

_____

_____

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29. What additional training could be offered by the Foster Care Program that you think would help you to work more closely with the birth parents of children you foster? See table 4.13

_____

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_____

30. Please use this space to make comments, or let me know of particular concerns you have.

_____

_____

_____

_____

Part Five: *This final section of the questionnaire contains a few questions that ask for specific background information about you, your foster care situation, and your foster care experience. This information will be used to describe survey participants as a group, and to discover whether different groups of foster parents have similar or contrasting opinions about including birth parents in the fostering process.*

31. In your experience as a foster parent, have you ever worked closely with birth parents of children you have fostered? [*Check one.*]

> Yes: 87.5%
> No: 11.0%

32. What is your sex? [*Check one*].

> **Female:** 88.2%
> **Male:** 8.1%
> **Husband & wife** 1.5%

33. What is your approximate age? [*Check one*].

> **25 - 29:** 2.9%
> **30 - 39:** 29.4%
> **40 - 49:** 37.5%
> **50 - 59:** 22.1%
> **60 and over:** 5.9%

34. Please choose the one alternative below that best describes your ethnicity or race. [*Check one*].

> **Aboriginal:** 1.5%
> **Hispanic:** 2.2%
> **Asian:** 1.5%
> **Caucasian:** 88.2%
> **Other:** 2.9%

35. How long (in years) have you been providing foster care to children and youth? [*Check one*].

> **0 to 2 years:** 18.4%   **11 to 15 years:** 13.2%
> **3 to 5 years:** 24.3%   **16 to 20 years:** 6.6%
> **6 to 10 years:** 22.8%   **Over 20:** 13.2%

36. In the time you have been providing foster care to children and youths, approximately how many children have you fostered?

0 to 2:	12.5%	11 to 15:	8.8%
3 to 5:	17.6%	16 to 20:	8.8%
6 to 10:	18.4%	Over 20:	32.4%

37. At this time, what is the classification of your foster home? [Check one].

Accepted: 3.7%
Approved: 12.5%
Qualified: 18.4%
Advanced: 55.1%
Other: 5.9%

38. Typically, how may months do foster children stay in your care before they either return to their birth parents or move on to another placement? [Check one].

Less than 1 month:	2.2%	13 to 24 months:	19.9%
1 to 3 months:	8.1%	25 to 48 months:	5.1%
4 to 6 months:	6.6%	49 months or more:	30.9%
7 to 12 months:	19.1%		

39. What is the highest level of education you completed? [Check one].

Less than Grade 9:	.7%	Trade (Journey or Master):	3.7%
Grade 9 or more:	10.3%	Community college diploma:	27.9%
Gr. 12 (Diploma):	32.4%	University degree:	16.2%
Other:	6.6%		

Thank you for the time and effort you took to complete this important questionnaire.

Look for a summary of results in September's
Foster Parent Association Newsletter!

APPENDIX G

Coding instructions and response categories for the survey's

open-ended questions (25-29)

Coding Instructions for open-ended Questions 25-29:

I have arbitrarily established the following response categories by going through each of the completed questionnaires and grouping responses with similar themes. If you are unclear about the distinction between some of these categories, or are not sure how to code particular responses, use your judgement as to which category seems most appropriate. As this exercise is intended to measure inter-rater reliability, your selection of a particular response category is neither right nor wrong but only reflects personal interpretation.

Read each response carefully and choose the category that you feel best captures the thought or intent of the respondent. Place a single mark in the space beside the response category you feel fits the response. As many responses to these questions have more than one theme, select as many of these as you perceive apply.

Question 25: What are some of the fears or concerns you might have about working with the birth parents of children you foster?

RESPONSE CATEGORY	N
Violent or abusive birth parents place foster children and foster families at risk	
Confrontation with hostile and/or defensive birth parents	
Disruption of foster home rules and routine	
Not in foster child's best interests	
Promotes dependence of birth parents	
Power struggles emerge or have the potential of emerging	
Birth parents show themselves unwilling to make changes	
Birth parents' abuse of substances is infringing on the foster home	
Birth parents will make allegations against foster parents	
Increased time commitment by foster parents	
Birth parents show themselves to be, or are, unstable	
Inability of birth parents to make good decisions	
There will be inadequate support from the system	
It is case-by-case dependent	
No response provided	
No concerns about working with birth parents	

Coding Instructions for open-ended Questions 25-29:

I have arbitrarily established the following response categories by going through each of the completed questionnaires and grouping responses with similar themes. If you are unclear about the distinction between some of these categories, or are not sure how to code particular responses, use your judgement as to which category seems most appropriate. As this exercise is intended to measure inter-rater reliability, your selection of a particular response category is neither right nor wrong but only reflects personal interpretation.

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Question 26: What do you see as some of the benefits to having foster parents include birth parents in the foster care process?

RESPONSE CATEGORIES	N
Assists birth parents in the acquisition of parenting skills	
Increases the emotional security and adjustment of foster children	
Facilitates family reunification	
Foster parents achieve a better understanding of the foster child, the birth family, and their needs	
Birth parents are able to maintain a meaningful role in the lives of their children	
Children are better able to maintain family connections	
Attachment and bonding is maintained between children and their birth parents	
Birth parents are provided a support system	
Children know parents still care and have not abandoned them	
Foster care is normalized for children	
There are no benefits	
No response	
Christian thing to do	

<u>**Coding Instructions for open-ended Questions 25-29:**</u>

I have arbitrarily established the following response categories by going through each of the completed questionnaires and grouping responses with similar themes. If you are unclear about the distinction between some of these categories, or are not sure how to code particular responses, use your judgement as to which category seems most appropriate. As this exercise is intended to measure inter-rater reliability, your selection of a particular response category is neither right nor wrong but only reflects personal interpretation.

Read each response carefully and choose the category that you feel best captures the thought or intent of the respondent. Place a single mark in the space beside the response category you feel fits the response. As many responses to these questions have more than one theme, select as many of these as you perceive apply.

Question 27: Under what circumstances would you absolutely not want to have any involvement with the birth parents of children you foster?

RESPONSE CATEGORIES	N
Where safety concerns exist due to threat of violence by birth parents	
Where BP's are abusing alcohol and/or drugs on an ongoing and/or untreated basis	
Where sexual abuse of the foster child by the BP's was or is an issue	
Where birth parents are engaged in criminal activity or have committed violent crimes	
Where BP's are suffering from a severe and/or untreated mental illness	
Where BP's exhibit hostile/uncooperative behaviors to foster parents	
Where children have experienced severe abuse at the hands of BP's	
Where BP's have not sought treatment for their problems (i.e. substance abuse, perpetration of sexual abuse)	
Where the child is fearful and/or wants no contact with birth parents	
When family reunification is not the permanency plan	
Where BP's disrupt or do not respect the rules and routines of the foster home	
Where BP's do no follow through on planned visits or are generally unreliable	
Where abduction of the foster child is a concern	
When BP's are likely to make allegations against foster parents	
Where contact is detrimental to the best interests of the foster child	
When birth parents are in jail	
Where the time involved becomes burdensome to foster parents	
When visits are expected to occur in the foster parents' home	
In all cases involvement is considered	
In no case is involvement considered	
No response provided	
Where abuse of the foster child is likely to continue given contact	

<u>**Coding Instructions for open-ended Questions 25-29:**</u>

I have arbitrarily established the following response categories by going through each of the completed questionnaires and grouping responses with similar themes. If you are unclear about the distinction between some of these categories, or are not sure how to code particular responses, use your judgement as to which category seems most appropriate. As this exercise is intended to measure inter-rater reliability, your selection of a particular response category is neither right nor wrong.

Read each response carefully and choose the category that you feel best captures the thought or intent of the respondent. Place a single mark in the space beside the response category you feel fits the response. As many responses to these questions have more than one theme, select as many of these as you perceive apply.

Question 28: What are the most important kinds of services the Foster Care Program could put in place (or improve) to help you work with the birth parents of children you foster?

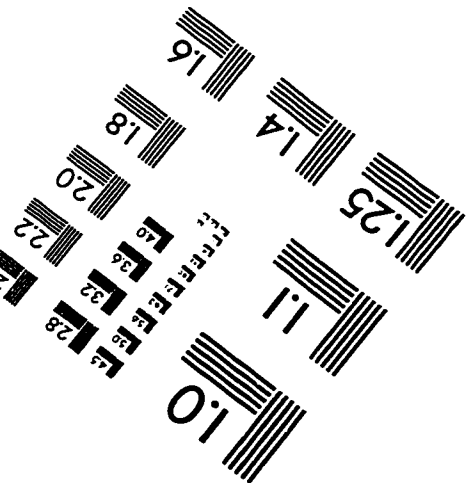| RESPONSE CATEGORIES	N
Greater foster care worker support and availability	
Team approach where information is shared at regular case conferences	
More training for foster parents	
Access to, and sharing of relevant background information on children, their families, and general circumstances with foster parents	
Written plans for involvement, addressing the expectations of all	
Supervision of BP and foster parent contacts by foster care worker	
Provision of relief or respite services to foster parents	
24-hour availability of an informed foster care worker	
Programs and training available for BP's – encouraged or mandatory	
Screening procedures for the matching of BP's and foster parents	
Greater financial remuneration	
Availability of a transportation service or compensation for such	
Introduction of BP's and foster parents mediated by foster care worker	
Smaller case loads for foster care workers	
Neutral meeting site available for contacts/visits with BP's	
Initiation of a "buddy" program	
Undertaking this work should remain optional	
Programming is satisfactory as it is offered	
Programming available for children	
Availability of programming for whole family (e.g. family therapy)	
Limit the time commitment this work would involve	
Foster parents allowed more autonomy	
Legal protection for foster parents	
Increased involvement of BP's in pre-placement	
No response provided	

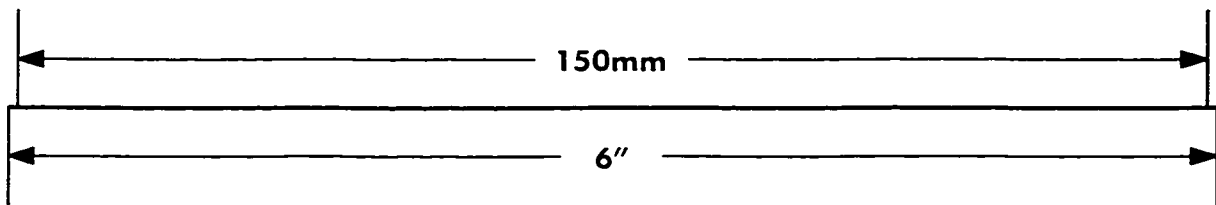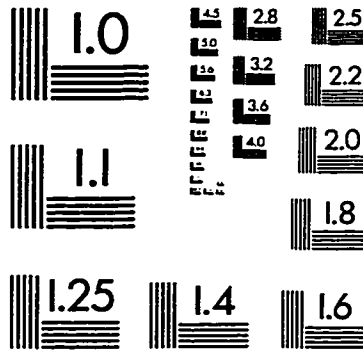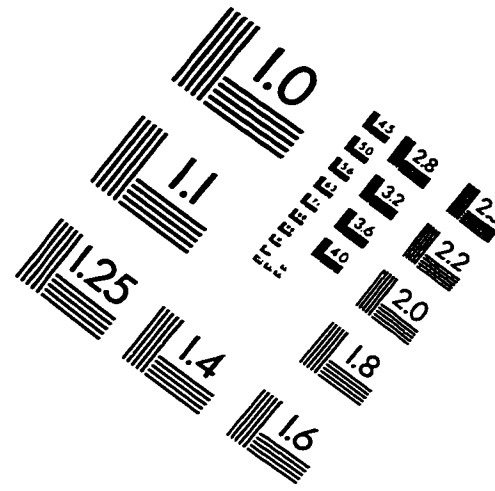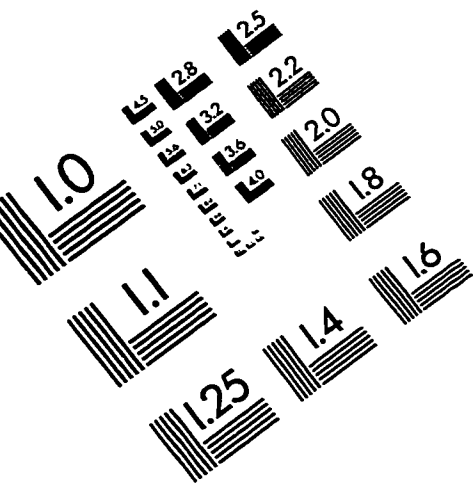## Coding Instructions for open-ended Questions 25-29:

I have arbitrarily established the following response categories by going through each of the completed questionnaires and grouping responses with similar themes. If you are unclear about the distinction between some of these categories, or are not sure how to code particular responses, use your judgement as to which category seems most appropriate. As this exercise is intended to measure inter-rater reliability, your selection of a particular response category is neither right nor wrong.

Read each response carefully and choose the category that you feel best captures the thought or intent of the respondent. Place a single mark in the space beside the response category you feel fits the response. As many responses to these questions have more than one theme, select as many of these as you perceive apply.

Question 29: What additional training could be offered by the Foster Care Program that you think would help you to work more closely with the birth parents of children you foster?

RESPONSE CATEGORIES	N
Mediation	
How to communicate and work with BP's	
Enough training currently provided	
Conflict resolution	
Training for BP's to improve their emotional and parental functioning	
Negotiation	
Understanding abuse and those who abuse	
Assertiveness training	
Anger management	
Joint communication training for FP's and BP's	
All kinds are required – none specified	
Cultural awareness	
Practical experience is only real training	
Addictions	
How to worker as part of a team	
Self-defence	
No time for training as it is	
How to contend with the effects of abuse on children	
Workshops on available and relevant community resources	
Common syndromes affecting children (e.g. FAS)	
Behaviour management	
Understanding mental illness	
Problem-solving	
Understanding the rights of BP's	
Personality development	
A course on the reality of fostering for social workers	
No response provided	

IMAGE EVALUATION
TEST TARGET (QA-3)

150mm

6"