Strategies of Group Home Workers & Foster Parents

What Types of Strategies do Group Home Workers and Foster Parents Use in Management of Behaviours of Teen Youth in Care?

by

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Abstract

Research over the last thirty years has focused on the increased risk that youth in care are predisposed to becoming involved in juvenile delinquency (Ryan, 2007). According to some reports, for youth who have at least one substantiated report of maltreatment, delinquency rates are upwards of 47% higher than youth who have no substantiated maltreatment histories (Ryan & Testa, 2005).

This research project focuses on the behaviour management strategies of Direct Care Workers (DCWs), who work with youth in the care of the Children's Aid Society (CAS), within a residential group home setting. This research project also looks at the behaviour management strategies of foster parents and will explore any differences of behaviour management strategies between these two caregiver types. One of the primary differences in the caregiving roles that face Direct Care Workers (herein after referred to as DCWs) and foster parents is that DCWs work with youth on a shift basis for a period of eight or more hours per day, while foster parents live with the youth in care, within their own home environment on a 24/7 basis.

A predominant difference for youth residing in these two settings is that youth placed in a foster home have to deal with one or two primary caregivers and perhaps the biological children of their foster parents (if they have any), in addition to a maximum number of four foster children placed in a home according to Ontario's legislation governed by the Ministry of Family and Children's Services (MFCS). Meanwhile, the youth residing within a group home setting have numerous staff that they are required to develop relationships with, in addition to upwards of nine (and sometimes more)

unrelated youth, who also reside in the group and/or treatment facility, as mandated by the MFCS.

The youth who are placed within group and/or treatment homes tend to be the youth in CAS care who present and manifest with the most challenging behaviours, though this is not necessarily always the case scenario. Unfortunately, sometimes due to a shortage of suitable foster home availability, youth may also be placed within a group home. Many times, youth that have had prior foster home placements which have been terminated due to behavioural issues and foster parent inability to manage or lack of tolerance of said behavioural issues will also be placed in group and/or treatment homes.

This study will explore the different behaviour management strategies that DCWs and foster parents use in their day-to-day interactions with the youth in their care. This study is predominantly interested in focusing on the use of police in behaviour management strategies used by DCW's and foster parents, as youth in CAS care have acknowledged that "calling the police was the only real power available to staff" according to one study (Taylor, 2003, p. 245).

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I.   Introduction

The current surge of interest in child abuse can be traced back to the ground-breaking research by Kempe and Associates in 1962, entitled: *The Battered-Child Syndrome*. There has been an avalanche of research following this innovative and unprecedented study. The following year, Curtis (1963, p. 386) speculated that "abused children would become tomorrow's murderers and perpetrators of other crimes of violence." Curtis's speculation was the starting point for the development of the cycle of violence theory which has dominated much of the thinking of social scientists, child protective service agencies, federal, state, and local governments, and the general public for the past 30 years. (Kaufman & Zigler, 1987).

During the 1960s, popular belief within society was that status offense behaviour (running away from home, truancy, etc.), if left unchecked led to the young adult later committing serious crime. By the 1970s, many persons in the field cited learning disabilities as a major cause of youth crime. The 1980s saw a resurgence of interest in biological determinants of crime and violence. The popular media, including television and radio advertisements pleaded with their viewers and listeners "to report incidents of child abuse 'to avoid the cycle of abuse'" (Kaufman et al., 1987, p. 186); depicting the victims of childhood abuse as tomorrows perpetrators of crime. Today there still persists a popular misperception that, "the existence of a relationship between child abuse, juvenile delinquency, and adult crime is so well accepted by professionals and lay people that it is considered common knowledge" (Schwartz et al., 1994, p. 639).

Schwartz et al., (1994) challenged the perception of the 'cycle of abuse', stating that "other scholars, conversely, have raised serious questions about the link between child maltreatment and delinquency, and believe that credible evidence does not exist to support such a claim" (p. 640). One of the reasons that Schwartz warrants this declaration is that within the field of child abuse, "there is an inability to agree upon definitions of basic terms, such as child abuse, child neglect, and child maltreatment" (p. 640). Widom (1989) also did not support the theory of the cycle of violence in her review of scholarly evidence. Widom felt that the knowledge of long-term consequences of child maltreatment was limited and the relationship between delinquency and child maltreatment was limited by existing studies.

Still, the theory of the cycle of violence persists today. According to Ryan et al. (2007), "there is at least thirty years of research that focuses on the increased risk of delinquency associated with child maltreatment" (p. 1035). Previous research by Ryan & Testa (2005) surmised that children who have been victims of physical abuse and/or neglect are at greater risk of engaging in delinquent behaviours and are 47% more likely to become involved in juvenile delinquency as compared with youth who have no prior maltreatment history. In this same study, Ryan & Testa (2005) further elaborated that "group homes, placement instability and weak social bonds are the most frequently identified factors associated with delinquency for adolescents in the child welfare system" (p. 1036). These same researchers acknowledged that the current literature available studying the maltreatment and delinquency link of youth in care ends at the point of arrest.

Other scholarly articles have examined the link between children who have been abused and their possible predisposition to become future perpetrators of crimes (Runyan & Gould, 1985; Litrownik et al., 1999; Leathers, 2004; Ryan & Testa, 2005; Alltucker, 2006 & Ryan et al., 2007). "In cases where a child has committed an offence and is thus subject to the jurisdiction of the criminal courts, the complex tensions between child welfare and criminal justice are at their most apparent and the distinction between care/welfare and control/punishment is finely balanced, if not strained" (Goldson, 2000, p. 256). Though these researchers agreed that the original maltreatment that children sustained in their families of origin had been damaging, it is further acknowledged that placement into foster care also potentially had negative effects for youth whose maltreatment was so severe, that it required their placement into societal care.

Is it possible that today's victims of abuse and neglect are tomorrow's perpetrators of crimes against society? Is it likely that such a popular perception becomes a self-fulfilling prophesy for the youth affected by childhood abuse and neglect? If so, are the caregivers of these youth perpetuating these popular misperceptions in their daily interactions with youth who have already been violated by their families of origin, further victimizing youth in care?

This research project focuses on the behaviour management strategies of Direct Care Workers (DCWs), who work with youth in the care of the Children's Aid Society (CAS), within a residential group home setting and also looks at the behaviour management strategies of Foster Parents and will explore differences of behaviour management strategies between these two caregiver types.

II. Literature Review

Within Canada, provincial and territorial governments have jurisdictional responsibility to provide services to children for whom it has been determined require protection. When local Children's Aid Society (CAS) agencies receive a report about potential child abuse in their community, the CAS agency is then mandated to investigate each claim received in order to determine, under Section 37 (2) of the Child and Family Services Act (CFSA), whether a child is in need of protection (Government of Canada, 1990).

Under Section 3.1 of the CFSA, a child is defined as a person under the age of 18 years; however in Part III the Act further clarifies that a child for the purposes of child protection does not include those youth who have attained 16 years of age, unless the child was previously the subject of a court order under the CFSA, placing them under the protective services of a CAS. Youth in care, 'age out' of the need for protective services at 18 years, with the exception of Crown Wards (CWs), who are eligible to receive Extended Care Maintenance (ECM) up until they reach the age of 21 years, provided that they meet the eligibility requirements for the ECM program.

In Ontario, there are currently 53 Children's Aid Societies (CAS), that operate under the Ministry of Family and Children's Services (MFCS). All child welfare agencies within the province of Ontario are governed by the MFCS. In turn, "the Child and Family Services Act (CFSA) and the associated regulations establish the obligations and powers of the Ministry, Children's Aid Societies (CASs) and other approved agencies" (Government of Canada, 2000, p. 1).

Various placement resources are utilized by CAS agencies when children do come into their care. Though each CAS often utilizes its own resources, consisting of foster homes and/or group homes and treatment homes; all of these homes operate independently of the MFCS. It is important to remember that the MFCS is responsible for the licensing of all residential care facilities and programs for youth while they are in CAS care, including the aforementioned placement facilities, in addition to other residential facilities such as mental health treatment facilities (Government of Canada, 2000).

Each CAS may operate their own foster and group homes, or they may purchase these placement services from independent private operators who are also required to be licensed through the MCFS. Each CAS is responsible for the recruitment, approval and management of foster homes operating under its jurisdiction. For those CAS agencies that maintain their own group and/or treatment homes, these homes must adhere to MCFS guidelines in order to remain licensed and operating within each jurisdiction. Each licencee and CAS agency is required under MCFS legislation to develop and maintain internal policies and procedures regarding the operation of said foster and/or group and/or treatment homes. "Alternatively, the Ministry can license an individual or organization for the purposes of recruiting, approving, and managing foster homes" (Government of Canada, p. 17). These Outside Placement Resources (OPRs) are often utilized by CAS agencies when they are unable to meet the needs of foster youth within their own care system.

Foster care is considered "the backbone of the child in care, child welfare services in Canada" (Levitt & Wharf, 1985, p. 146). Foster care is intended to provide

a child who has been abused or maltreated to "experience family life as close as possible to what they would have had at home had the circumstances not been adverse" (Thomas, 2000, p. 76). Foster care provides all of the essential elements of a family environment, with an emphasis on a stable, safe and healthy family environment. The child's needs are met through their integration into the foster family's daily routines and activities.

> Foster parents will serve as role models and should embody the traits we want children to develop…foster parents are those whose family and career plans are relatively stable, who have strong personal motivations for wanting to foster, who are emotionally mature and stable, and who can provide authoritative parenting in a stimulating home environment (Redding, et al., p. 438).

The quality of care provided by foster parents can "be related to the selection, training, and support of foster carers, most of whom remain volunteers, paid only an allowance for the cost of caring for children" (Minty, 1999, p. 992). In the same study, Minty (1999) states that some of the supports that foster parents require are: "to be paid on time, to have regular contact with social workers and to be able to discuss child management with them, and (for social workers) to meet with the foster children" (p. 992).

Children, who have been identified with developmental, emotional, behavioural and/ or physical delays or special needs, can often be placed directly into a group and /or treatment foster home or facility. Sometimes this is done when one or more foster home placements have 'broken down' because foster families have been unable or unwilling to meet the complex needs of the child. The child is then subsequently

placed in a group home and/or treatment facility with the intention of meeting the complex needs of the child within a community based program.

An alternative to foster home care is for the child in care to reside in a group home. Group homes differ from foster homes in several ways. "Group care provides residential services and associated care and supervision for up to ten children" (Government of Canada, 2000, p. 18). "Residential group care is defined as 24-hour supervised care of youth in a residentially located home and is one component of the foster care and child welfare systems" (Strack, 2007, p. 262).

Though group homes often operate within a 'staffing model', they sometimes utilize a 'parent model', whereby foster parents are responsible for providing the primary care giving functions. With the latter model, foster care parents "work in full partnership with the child's case/treatment team and collateral professionals to formulate treatment plans based on defined goals and objectives" (Government of Canada, 2000, p. 18). Group home foster parents often receive frequent respite in addition to in home supports that consist of Social Workers and Child & Youth Workers who come into the group home and assist with the care and maintenance of the home and the foster youth who reside there.

Group homes utilizing a staffing model employ staff who work various shifts throughout the day in order to provide 24 hour care to the residents of the group home. Alternatively, group homes are occasionally used for short-term placements such as emergency homes, whereby children are placed on a 24-hour basis in order to alleviate a crisis situation. There can also be an assessment component, where staff are trained to determine a plan of care for children in CAS care. Some group homes

have a treatment component integrated into their programming and are designated as a treatment facility. "Treatment foster care is intended to provide for children who require community-based treatment to meet their complex needs" (Government of Canada, p. 18). Some of these complex needs often include emotional and/or behavioural problems.

Placement breakdowns according to Minty (1999) are "one of the most serious deficiencies of long-term foster care" (p. 993). Breakdown rates vary greatly and "the problem of disruption seems widespread" (ibid., p. 993). Minty (1999) further elaborated that there is a "shortage of foster carers, (which) reduces the possibilities for matching between foster family and foster child" (ibid., p. 991). Though placement breakdowns occur in foster homes, placement breakdowns can also occur in group homes and/or treatment homes.

Placement breakdowns in foster homes are likely as a result of youth that foster parents are providing care to as being more disturbed children according to Rowe et al., (1989). Issues of conduct that can result in the breakdown of foster placements include foster parents being unable to manage the child's behaviours and stealing by the child. Rowe et al., (1989) also identified that the older a child was at the time of placement into foster care was also associated with an increased risk of the placement breaking down.

Farmer (2003) also noted that "higher levels of externalizing behaviour are related to more unstable residential placements" (p. 13). Blumberg et al., (1996) found that youth who were involved in both mental health services and the foster care system, were likely to be older and less likely to be placed in a kinship care home.

This often results in decreased tolerance by foster parents of behavioural problems that foster children may manifest, which can result in more frequent placement break downs.

According to Runyan & Gould (1985) a foster parent's inability to tolerate and manage a child's behaviour resulted in placement breakdown and that there was a "positive correlation between number of foster home placements and number of delinquency convictions and (therefore) the multiple home changes were an early marker of behaviour that later was manifested as delinquency" (p. 567). In this comparison cohort study of 114 children in foster care and 106 abused children who had been left in their family's care, Runyan surmised that "foster children are more likely to be charged with assault because of decreased tolerance for violence among foster parents or social workers" (p. 566) with the findings within this study showing that no child in the care of their parents was charged with assault, "whereas five children in foster care were convicted of criminal assault" (p.566).

In Australia, Ainsworth & Hansen (2005), found that " a ward of the State who was under the supervision of the child care and protection authorities was 15 times more likely to enter a juvenile justice centre than the rest of the juvenile population" (2005, p. 197). Ainsworth & Hansen further elaborated, stating that it is "unrealistic to expect foster carers to be able to manage extreme behaviours" (p. 198), resulting in a crisis in the foster system, due to foster parents being "exhausted and disillusioned by the placement, or more accurately misplacement of children and youth who by virtue of unmanageable behaviour should not have been placed in a regular home environment" (p. 197).

Leathers (2006) also reported that the foster parent's reporting of negative behavioural issues was a "strong predictor of negative placement outcomes including placement in residential treatment, imprisonment, and runaway status five years later" (p. 322). Leathers questioned whether the integration of youth in care into foster homes could mediate the association between a youth's behavioural issues and placement disruption. Within these findings, Leathers found that the ability of a youth in care to form relationships with the care giving family was a key factor in determining the placement outcome. Leathers hypothesizes however that this theory works in two ways, with the placement of youth in homes where the foster parents did not facilitate integration into the family also potentially resulting in behavioural issues for the youth and therefore resulting in later placement disruption

Other studies have questioned the possibility of foster parent bias in reporting behavioural issues. Foster parents and other alternate caregivers report higher rates of psychological morbidity among children in care (Armsden et al. 2000). Tarren-Sweeney et al., (2004) point out that the inference is that foster parents are more susceptible to bias when dealing with the behavioural issues of foster youth. "It is conceivable that foster parents might report the behaviour of children differently from birth parents. The experience of caring for many children with severe behavioural difficulties could influence a foster parent's rating of such behaviour" (p. 167). Tarren-Sweeney et al., further noted that an important factor in reporting bias was the length of placement of a foster child in the foster home and that the strength of the relationship between the foster parent and child in care was also very influential in the interpretation of the child's behaviours.

In a study by Charles Glisson (2002) of youth who are represented by both the

child welfare and juvenile justice system, Glisson noted differentiation in the various

behaviours of youth. Glisson noted the following: "Externalizing symptoms include

aggressive, delinquent, and acting-out behaviour. Internalizing symptoms include

depressed, withdrawn, and anxious behaviour. Using these two broad dimensions,

children can be classified as exhibiting externalizing symptoms, internalizing

symptoms, neither type of symptom, or both types of symptoms." (p. 86). Glisson

also noted that it is common for boys to have externalizing problems while girls more

commonly exhibited internalizing problems.

Certainly instability of foster placements is one of the greatest risks that these

children face (Redding, et al., 2000), which can further exacerbate externalizing

behaviours for youth in care. In a study by Alltucker et al., (2006), "most research

supports a developmental course that describes a youth's entry into juvenile

delinquency as a series of incremental criminal acts that begin with relatively minor

property crimes and, in some cases, progress to more serious violent crimes" (p. 480).

What many researchers do agree upon is that compared to other children, youth who

come into care are more likely to have to deal with mental issues, behavioural issues

and diminished academic achievement which can all result in the increased likelihood

of negative life outcomes for the youth in care. (Harden, 2004).

Jonson-Reid (2002) also acknowledged that there has been decades of research

that links child maltreatment to delinquency. However, like Widom (1989) and

Schwartz et al., (1994), Jonson-Reid (2002) further acknowledged that in prior

research studies, there have been methodological problems with these studies. Studies

that researched the linkage between maltreatment and delinquency failed to bring

understanding to the true underlying nature and relationship of child

maltreatment/abuse and future delinquent behaviours of youth who were or had

previously been in care. The existing research fails to adequately bring clarification to

the correlations between child maltreatment, foster care, and juvenile delinquency.

Jonson-Reid has written several scholarly articles on the topic of the pathway

between child abuse and delinquency. In an earlier study, Jonson-Reid & Barth

(2000), acknowledged the mandate of child welfare in providing substitute care

through foster care which is a "system designed to provide a safe substitute for the

family of origin for children who are maltreated and in continued danger or whose

parents are unable to care for them for other reasons" (p. 493). Jonson-Reid & Barth

(2000) further elaborate that "little is known about the benefits of foster care and it is

not uncommon to hear sentiment that foster care does as much harm as good" (p.

494).

Jonson-Reid & Barth (2000) also cite studies by Runyan & Gould (1985) &

Widom (1991) that found "few differences by service type in the likelihood of

delinquent acts" (p. 507). What Jonson-Reid did concur with, with respect to the two

aforementioned studies is that youth who were involved in "increased placement

moves were more likely to become involved in the juvenile or adult criminal court

system" (p. 507). In a previous study, Jonson-Reid (1998) acknowledged that the

"lack of stability while in foster care, however, has been consistently associated with

increased delinquency" (p. 165) while "serious youthful offenders are a small

proportion of juveniles with delinquent histories" Jonson-Reid & Barth (2000, p.

508). In a later study, Jonson-Reid (2002) states that, "children placed into foster care because of additional behaviour problems were more likely to have later juvenile arrests" (p. 571).

In England, Taylor (2003) stated that only "a mere four per cent of children currently enter care principally because of their own behaviour" (p. 241). Taylor (2003) also acknowledged popular misperceptions "that routinely link children in care with trouble, as being misleading, and ignore the various different pathways that individuals may take throughout the care system" (p. 243). Taylor cautioned that such misperceptions are dangerous and have impacts directly and indirectly on young people's lives through society's preconceived notions of the nature, morals and values of youth in care.

Taylor (2003) stated that "looked after children are three times more likely than their peers to receive a caution or conviction, and are over-represented in the prison population (and) there is a serious danger that they will be treated primarily as offenders, rather than as children in need" (p. 242). In Taylor's (2003) study of 39 youth who had left care,

> two of the young people interviewed had received a criminal record
> because residential staff had had them prosecuted for 'criminal damage'
> and/or 'assault' in their respective children's homes. Both individuals felt
> that the staff had been over-zealous in their reactions (pp. 244-245).

Within Taylor's (2003) study, Taylor also reported that several youth felt that their behaviour "was subject to excessive surveillance and control in some of the residential homes" (p. 245). Though the youth placed in foster homes generally reported a positive experience while in care, youth who had the poorest experience,

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"occurred whilst young people were living in children's homes. The stories of young people who had spent time in residential care serve as a reminder that the relationship between residential staff and young people can and does influence behaviour" (p. 248).

According to the interviewees of Taylor's (2003) study, there was prosecution by residential staff of some minor offences caused by young people while in residential placements. This resulted in the criminalizing of some of the children while in care. Of youth in care with no prior convictions upon entering care, 40% had attained a criminal record after residing for six or more months within a group home (Sinclair & Gibbs, 1998). Taylor (2003) acknowledged similar statistics with the possible explanation that "offending behaviour escalates once an admission into care takes place" (p. 245). At the same time, the population of youth served within the residential population tends to be characterized by those youth who manifest the most challenging behaviours.

Jonson-Reid (1998), Jonson-Reid & Barth (2000) & Jonson-Reid (2002 & 2004) argued that children in care should be a logical choice for the development of services in order to prevent later delinquency. Jonson-Reid at the same time acknowledged that there are deficits in our scholarly understanding of the outcome of maltreatment. Jonson-Reid & Barth (2000) stated that there are various definitions of delinquent behaviour and that "children who have contact with child welfare agencies experience different levels of risk for later serious delinquent behaviour according to the level of service provided" (p. 506).

Despite all of the negative findings of various studies indicating that foster care

had a detrimental effect on youth in care, many youth who had been in care reported

favourable outcomes. According to a study by Kufeldt et al., (1996): 90% of the 100

children interviewed between the ages of 9 and 15 who had been placed in foster care

in Ontario felt that their being placed into CAS care had been the best possible option

for them at that time. Jonson-Reid & Barth (2000) also amplified these findings in the

USA, stating that many youth in foster placement "reported significant benefits from

placement outside the maltreating environment" (p. 510).

III.   Summary of Literature Review

Much of the existing literature exploring the relationship between those working

in the child welfare field and the youth in care who crossover to become involved

within the youth criminal justice system has continued the proclamation of negative

outcomes for children in care. This has occurred to the point that in recent history, a

'cycle of violence' theory has dominated public perception. With the evolution of this

theory, followed numerous studies that demonstrated the increased risk that youth in

care faced and their susceptibility to increased criminal activity.

Very little research to date has focused on the long-term outcomes of youth in

care. Another area that requires further exploration within this field of study is the

outcome of child welfare intervention and later delinquency of youth who have been

in CAS care. The question that requires further exploration is: Why do some youth in

care transition successfully to adulthood and proceed to live productive lives, while

some of their peer's transition to delinquency and involvement in the criminal justice

system?

The current reality is that children in care continue to be at greater risk than their

peers to become involved in the criminal justice system, yet many youth who have

been in care have never had any involvement within this system. Further

understanding is needed to determine risk factors and preventative measures that the

caretakers of these at risk youth can utilize in the collective effort to prevent further

victimization of youth in care.

As the researcher, I am attempting to explore within this study by asking to what

degree, if any, do the primary caregivers, consisting of foster parents and Direct Care

Workers (DCWs) of youth in care have on influencing the pathway of youth in care?

Is it possible that these caregivers can influence the youth and prevent them from

heading towards a pathway of criminal activity and how does this manifest within

their day-to-day interactions. Specifically, what behaviour management strategies do

caregivers use with youth in care? As a result, the research question I formulated

explores the daily interactions of youth in care by their primary caregivers, by asking:

"What Types of Strategies do Group Home Workers and Foster Parents use in

Management of Behaviours of Teen Youth in Care?"

The reason that management strategies are explored in the daily interactions of

caregivers with teen youth in care is several fold. Teen youth can typically present

with more challenging behaviours than will younger children in their interactions

with their caregivers. Teen youth can also be charged under the Youth Criminal

Justice Act (YCJA), (2003), in Ontario, once they have attained the age of 12 years,

resulting in subsequent involvement in the youth criminal justice system.

IV. Methodology

All research is value laden and has political implications as a result of its

perception of the world around it (Absolon & Willett, 2005; Kirby & McKenna,

1989). Whether consciously or not, the researcher does not stand outside of the

individual research that is conducted within the research project; but rather plays an

instrumental role in shaping the information that transpires from it (Mauthner &

Doucet, 1998).

As the author of this research project, I also believe that the researcher is not

wholly neutral throughout the research process. Rather, from conception to

completion of the research project, the researcher influences the outcome of the

research project. Through the various roles that I have assumed within child welfare

field, it has been my observation via my own personal experiences that teen youth in

the care of CAS seem to be more frequently involved with the Youth Criminal Justice

System as a result of being charged under the YCJA.

Over the past twenty years, I have been a parent to three children, a foster parent

to five children: ranging in age from one to 12 years, over a four year period and a

Direct Care Worker (DCW), having worked professionally with over 100 children,

ranging in age from five to 17 years, over a seven year period. Many of the youth I

have worked with in the latter role, have had special needs. Some of the youth were

developmentally delayed, many had a dual diagnosis and most presented with

behavioural challenges, resulting in their not being able to be placed in a conventional

foster home within the community.

In my most recent professional role, I have been working with foster parents for six years, as a Resources Services Worker (RSW), providing support to foster parents who provide care for children in CAS care. Indirectly, I have been responsible for the lives of upwards of several hundreds of children, their well-being dependant on the caregivers that we as RSWs place them with. One of the primary functions of the RSW is to find placements for youth in foster homes and/or group and treatment homes.

When placing youth into foster homes, a RSW assesses the needs of the youth and attempts to collect identifying information about the youth in order to better 'match' a child into a prospective foster home, group home or other OPR. Often times 'matching' is a trial and error process and frequently when selecting a foster home, the RSW is confined by the limitation of availability and suitability of foster and/or group homes. RSWs subsequently and frequently become involved in seeking subsequent placements for youth as foster parents and group/treatment homes are unable to manage a youth's behaviours within the care setting, following the child's transition into CAS care. A RSW is part of the system and processes that determines the success of foster placements for youth in care. Ultimately this matching process will help provide a successful transition to placement for a youth or contribute to the negative experiences for youth in care if the placement breaks down.

As the researcher, I have chosen to utilize purposive sampling for this research project. Purposive sampling has been chosen for this research project on the basis of the researcher's knowledge of the populations being studied. Purposive sampling was also chosen in order to get a broad demographic of participants to include the

experiences equally of both foster parents and DCWs; equally of both women and men caregivers and lastly equally of Caucasians and people who identified themselves of another cultural and ethnic background. This broad spectrum of demographic backgrounds of the participants could not have been achieved in a sample of only eight participants had any other type of sampling been used.

By using purposive sampling, I have hoped to capture and reflect the diversity within the populations who provide primary care to youth in the care of CAS. By selecting this theoretical sample of participants, I sought to gain a degree of control through purposive sampling for the research project, rather than being subjected to any other type of sampling that would not necessarily ensure diversity in a smaller sample of participants.

After initiating contact with the Supervisors of the Resource Departments of the two participating agencies in southern Ontario, I received verbal support for the research and followed up by correspondence consisting of Letters of Information and Consent forms (Appendix A) sent to the Service Directors of the agencies. The Service Directors forwarded the information to Managers of the agencies for the purposes of consent and consultation of the research project. I was then provided with a list of potential participants who met the demographic criteria for the study and the actual sampling of caregivers was selected in order to meet the criteria as stated below.

The potential participants were approached about participating in the study and I introduced myself as the researcher. A small subset of each caregiver type were selected and Letters of Information and Consent forms (Appendix B & C, for DCW's

and foster parents respectively) were given to the participants. Participants were advised within the Letter of Information and Consent Form prior to the interviews taking place and also verbally that they had the right to withdraw from the research project at any time. Upon obtaining signed consents, I conducted the interviews individually with each of the participants.

Interviews were conducted by me, the researcher and interviews were approximately one hour in length. All interviews were taped and later transcribed. All interviews were conducted in person and took place in the participant's home. All of the participants were ensured of confidentiality prior to the research commencing and that their identities would not be revealed within the study. Even though a list of potential participants had been provided by the agencies, the agency was not told of the actual participants selected for the study.

The sampling consisted of four Foster Parents, who regularly have teen youth placed into their homes and four DCWs who have worked specifically with teen youth in CAS care. Within this subset of Foster Parents and DCWs, each subset consisted of two males and two females. Further to this breakdown, of each of the males and females selected, one is white or Caucasian individual and the other individual is non-white; specifically of a mixed racial (non-white) background.

The qualitative study consisted of interviews following a formatted Interview Guide (Appendix D) that all of the participants in the study were asked. Emerging data was highlighted and coded and then analyzed by common key words and themes resulting from the interviews (Strauss & Corbin, 1988).

V.   Findings - Direct Care Workers (DCWs)

Demographics

The DCWs, selected for this study consisted of two males and two female workers. Also, within this group, one of each of the males and females identified themselves of a European or Canadian cultural background, classified as Caucasian; while the other two workers identified themselves as originating from the Caribbean community, or non-white ethnic background.

Training and Education

All of the DCWs involved had several years of experience with the current agency, all having between five and eight years experience with their current employer. All of the DCWs had at least one year of previous experience prior to their current position, with one DCW having several years experience working for other service providers.

All of the DCWs had job-specific training in the social services field, prior to their professional employment. Three of the DCWs had co-op placements at other agencies, working in similar type settings as part of their education in order to become a DCW. The same three DCWs had completed a College Diploma in the Social Services field, with a specific emphasis on Child and Youth Work, a minimal requirement for many agencies in order to obtain employment as a DCW.

Two of these DCWs are currently completing undergraduate degrees, in a related field in order to advance their career opportunities. The fourth DCW has completed an undergraduate degree in Sociology and has worked in the Social Services field upon completion of this degree since graduation. Prior to working for the CAS, he

was employed by non-profit treatment group homes for various organizations for a number of years, before accepting his current role as a DCW.

Three of the DCWs work full-time and the other DCW identified themselves as a relief worker, accepting shifts on an on-call basis. Though she had previously been employed by the agency full-time, she has currently chosen this position as a casual DCW, in order to pursue her undergraduate degree full-time.

All of the DCW's interviewed had been required to complete some additional on the job training, prior to commencing their roles with this current agency. All of the DCWs have a current CPR/First Aid training and have also attended Prevention and Management of Aggressive Behaviours (PMAB) training, an intensive two-day training. PMAB training is also required to be updated by this particular agency for all DCWs on an annual basis. CPR/First Aid training is also required to be recertified, once every three years, with the agency providing both of these training sessions to its workers.

All of the workers have a wealth of experience working with youth of all ages, and youth identified as having special needs. They estimate having worked with a range of youth in CAS care. The numbers of youth provided care by these DCWs over the years ranged between a total of 80 to upwards of 500 youth in care.

In some of the group homes that the DCWs worked in, youth were provided care on a long-term basis, while in another group home, the care provided was considered transitional with the home being designated as a 'receiving home'; as the youth were considered transitional until other more suitable, or long-term placements could be found. The youth in the receiving home were often considered high-needs due to the

behavioural issues that many of the youth had at the time of entry or reentry into care.
Though these youth were to be transitioned to another placement, in some cases many
have resided in the receiving home long-term due to unavailability of other
placements. Some of the youth had 'broken down' previous placements and returned
to the 'receiving' group home following placement break down. Other youth returned
to the receiving home via a return into care following placement in a youth custody
facility.

Roles and Duties

The DCWs described the various tasks and duties that they completed while on
shift at the group home as follows:

"The workers are required to establish and maintain a caring, supportive
environment for the youth, ensuring that adequate care is provided them" DCWII.
One of the workers described their role as 'parental' in nature (DCWI), with one
DCW summing up the role played within the group home as a "parenting type role"
(DCWIII), while another worker described their role as "quasi-parenting" (DCWIV).

All of the DCWs described the numerous administrative type duties that they
engaged in while working their various shifts. They stated that there was a daily
expectation of paperwork that needed to be completed: Logs, which consist of a daily
briefing of the youth's day. There are also Incident Reports to be completed in the
event that DCW's had to deal with extreme behaviours in their daily interactions with
the youth in the care of the group home.

When these behavioural incidents became extreme, i.e., a child was AWOL for a
period of longer than 24 hours, the Ministry of Family and Children's Services

needed to be notified by the DCWs on shift via Serious Occurrence Reports – more paperwork.

Other than daily logs, all of the paperwork completed by the DCWs needs to be faxed and/or emailed to various other agency workers involved with the children. In addition to this, other community professionals indirectly involved in the youth's care would have to be contacted regarding incidents that the youth were involved in. These included but were not limited to parents and/or guardians of the children who were not Crown Wards (CWs) of the agency, police and probation officers. Police are routinely contacted in the event that a child has missed the group home curfew of 11 pm., and it is a mandated standard practice to file a Missing Persons Report (MPR) with the local police. For youth who had previous Youth Criminal Justice Act (YCJA) involvement and were on probation, a probation officer also needed to be contacted in order to update them of any types of extreme behavioural issues that the youth were manifesting.

In addition to this paperwork, the three full-time DCWs are also required to complete a Plan of Care (POC) for the youth on a monthly basis. This is done by reviewing the paperwork that has been documented by the various DCWs who have involvement with the youth in the group home over the prescribed period and then compiling the information for review by all parties with a vested interest in the youth. Full-time DCWs are each assigned one or two children in the group home for whom they are primarily responsible for, hence the term 'prime worker'. The prime workers are expected to attend mandatory POC meetings with other agency social workers,

vested family members and often the youth themselves to review and plan goals for the child while they are in the care of the agency.

Meetings are also attended by the full-time DCWs, consisting of weekly team meetings. In these meetings, the entire group home staff is updated on all of the youth's behaviours over the past week and goals set in an effort to strategize the DCW team's behaviour management as a whole and assess what strategies are working and which strategies are not, in their daily interactions with the youth.

In addition to all of these administrative duties, the DCWs are required to assist in the physical maintenance of the home environment in addition to their physical care of the youth who reside in the group home. In their daily maintenance of the youth, the DCWs listed off the following things that were incorporated into the daily routines of the household: The staff had to ensure that the youth followed daily routines, including daily hygiene, assisting in the youth's completing the cleaning of their rooms and doing their own laundry and preparing and ensuring the youth eat regular and balanced meals.

DCWs also described the administering of medications to youth who were prescribed medications and were also involved in taking youth to various professional appointments in the community, including medical and other professional appointments. DCWs also ensured that the youth engaged in regular school attendance, attended school related meetings or ensured that the youth were attending an alternative day program in the event that the youth had been suspended or expelled from school. For those youth not attending any of the aforementioned options, the DCWs would administer a home-school program that had been developed internally

to ensure that the youth were provided with some kind of educational program as many of the youth in the group home had issues with regular school attendance.

DCWs were questioned regarding the level of interaction that they had with the agency. The relief DCW described her contact with the agency as being minimal. She stated however that in her previous role as a full-time DCW that she had frequent contact with the agency. All full-time DCWs described having regular contact with their on-site Supervisor and colleagues within the group home. This occurred via team meetings, but could also occur in informal discussions. They stated that they could also consult with their Supervisor on an as needed basis to deal with any issues.

Outside of the group home, all of the DCWs stated that they had little contact with other social workers except for meetings that they were required to attend with respect to POC meetings and the contact that they initiated with respect to calls, faxes and emails that they made or sent with respect to updates on the youth's behaviours and any other incidents they were required to report. The DCWs stated that they had most frequent contact with the Children's Services Workers (CSWs) who acted as legal guardians of the youth while in CAS care. The DCWs described their day-to-day contact with their colleagues on shift and at team meetings as the primary contact and support that they received on a regular basis.

Behaviour Management Strategies of Direct Care Workers

The DCWs described their roles in the capacity of caregivers as providing support to the youth in care by assisting them in their daily interactions with agency social workers, peers and the community at large. One of the DCWs stated that though they were expected to assume a parental role, they could not identify themselves as a

parent. "There are professional boundaries and limitations to our roles, by agency policies and procedures. We function as part of a corporate parent but can't take the approach of a parent" (DCWIV). Another DCW however stated that nurturing the youth was important and "trying to create a family atmosphere and provide a home like environment" (DCWII) was important despite the group environment that the youth resided in.

All of the DCWs described communication as being a key component to their interactions with youth while they resided in the group home. Communication with the youth was important to find out what was going on in the lives of the youth. With respect to their interactions with the youth, all of the DCWs described structure, routine and house rules; with the youth assuming responsibility for themselves as integral in their day-to-day interactions with youth. All of the youth when placed in the group home, are informed of the, as DCWIV stated, "54 house rules."

Though youth are informed of the rules upon placement into the group home and sign a consent stating that they have read and understood the house rules, the DCWs acknowledged that they don't expect the youth to remember all of the house rules; rather the youth are given frequent reminders of what the house rules are on a day-to-day basis. "Positive reinforcement is helpful in working with the youth. So the child knows when they do well" (DCWII). All of the DCWs agreed that when engaging with the youth and giving instructions to them that "simple conversations" (DCWIII) were best with clear and concise options explained to the youth. DCWIII further elaborated that, "you have to get down to their level – basically understand them."

All of the DCWs described empathizing with the youth and recognizing where the youth was at emotionally and intellectually was important in their relationship with the youth. This was a requirement of good communication with the youth, because as DCW III stated, "often the youth that I work with are on medications or have diagnoses, like ADHD" given as a common example of some of the issues that youth placed in the home have to deal with.

Two of the DCWs stated that goal-setting was important with the youth, both short and long-term goals, with the DCW providing insight and positive reinforcements. DCWIV described focusing on the issues that the child had to deal with that brought the child into care. Goal setting with the youth in order to deal with issues; and for the youth who as part of the agency planning were to eventually return to the care of their parents - developing incremental goals that the youth helped to establish was important. The progress made with the youth was described as taking baby-steps with them (DCWIV).

All of the DCWs agreed that respect was a key ingredient in their relationship with the youth. When communication was not harmonious, that respect was a required and requested component in order to engage in interactions with the youth. Some of the techniques used by the DCWs included: Disengaging from youth when the youth presented as escalated, humour and reflective listening to youth during communication.

Disengaging or planned ignoring was mentioned by several of the DCWs as a behaviour management strategy. This is done so as to avoid power struggles with the youth. By ignoring the situation the youth are given an opportunity to calm down

before they approach the issue with staff. As a way of enforcing this, DCWII stated

that, " warnings – with a loss of privileges, starting from the least intrusive to the

most intrusive interventions" were given to the youth to encourage them to approach

the issues in a constructive manner, with interventions designed to encourage a

positive response from the youth.

One of the DCWs described using humour several times as a management

strategy to try and diffuse a youth who was exhibiting aggressive behaviours.

Focusing on the positive was important in communication in order to establish and

maintain a harmonious relationship with youth. Being natural, or yourself, was also

considered important by one of the workers (DCWIII) and that it was important to

remain non-threatening within all of the interactions with youth.

For the purposes of this study, the example of a youth arriving past curfew was

used in interviewing both DCWs and foster parents to gauge the types of

interventions used with youth in situations where youth were non-compliant. All of

the DCW's responded slightly differently and there were discrepancies with respect

to how they would deal with the situation.

One DCW stated that they would let the youth know that they were happy that the

youth had returned to the group home. However, they would be questioned as to why

they were late and whether there was a legitimate reason for them being late, i.e.,

missing a bus. Whether a youth was few minutes late, or very late would also play a

part in whether or not there would be subsequent consequences imposed by DCWIII.

The youth would also be prompted for future situations that they needed to call the

group home staff to inform them of their whereabouts and notify them that they

would be expected to be later than the agreed upon curfew. This DCW also identified that youth having self-medicated with drugs and/or alcohol was a common reason why the youth that he worked with were late and that in most of these instances there was little point in discussing the situation with the youth while they were in an altered state; and that the matter would be discussed with the youth on the following day with day staff to determine if any consequences would be imposed. This DCW stated that in such circumstances, the goal would be for the youth to settle for the night rather than disrupt the entire group home (DCWIII).

Each incident was situational and the DCW had to look at the individual and see if there was a legitimate excuse for the youth's lateness and also to look at whether the incident was isolated or chronic behaviour on the youth's part (DCWIV). Another DCW simply stated that she would question the youth to determine where they had been and why they had returned late (DCWII).

DCWI stated that she would not be bothered by a youth being a few minutes late and this was not an issue as far as she was concerned. She stated however that if a youth had a court ordered curfew, that this would then become an issue while she was on shift. This DCW further elaborated that she would be looking for a sense of remorse on the part of the youth if they returned late and that an apologetic attitude on the part of the youth would usually suffice as consequences. In the event that youth did not exhibit this type of behaviour upon their return consequences would be implemented, with the child 'owing' time the following day as a natural consequence for being late.

All of the DCWs again responded somewhat differently regarding their responses to youth if during the aforementioned situation, the youth arrived late and became verbally abusive in the ensuing interactions. One DCW stated that they were used to that kind of interaction with youth as verbal abuse was a frequent occurrence in the group home. She stated that she would not react and rather would redirect the youth and reinforce respectful communication (DCWI). Answering similarly, DCWIII would ask the youth why they were being angry and disrespectful, in an effort to redirect the conversation to become more positive. DCWIV also stated that he would disengage from the youth if they became verbally abusive and prompt the youth that they would need to engage in conversation respectfully before the conversation would recommence. And finally, DCWII stated that she would commence a discipline process, starting from the least intrusive by giving warnings to the youth to change their attitude within the interactions and would commence with more intrusive discipline if the youth was not able to change their verbal communication with staff.

When dealing with a youth who returned in a similar situation; however, if the youth presented as self-medicated on either drugs and/or alcohol, all of the DCWs agreed that they would assess the degree of intoxication of the youth. Reasons for doing this included safety of the child and the possibility of requesting outside intervention if DCWs thought this might be necessary. Supports for the DCWs included calling their on-call Supervisor and/or police and/or seeking medical treatment for the youth based on their assessment of the degree of the youth's intoxication.

One DCW stated that upon the youth's return they "would not want to agitate a known drug user" (DCWII). All of the DCWs were in agreement that they would want the youth to settle as quickly as possible for the night if they felt there weren't any medical risks involved with the youth's intoxication level and that consequences would be discussed with the youth the following day with the day staff in the group home. All of the DCWs agreed that it would be futile to verbally engage with a youth who presented in a somewhat altered state of mind due to drug and/or alcohol use and communication should be limited.

One of the DCWs (DCWIII) felt that in many cases consequences should not be imposed upon the youth for arriving in a self-medicated state. He felt that in many cases, the youth would suffer natural consequences the following day by feeling hung over or irritable due to effects of the drugs and/or alcohol subsiding from their system. This DCW also felt that he had a higher tolerance level for such behaviours as he stated that he too was once young and had indulged in similar type behaviours.

All of the DCWs agreed that the incident would be documented into an Incident Report (IR) and all parties involved with the youth notified of the incident. The IR would also be forwarded to a Probation Officer if the youth had a probation order. The purpose of the IR would allow the group home staff to monitor and keep track of chronic type behaviours of this nature.

All of the DCWs agreed that if the youth became confrontational while self-medicated that they avoid a power struggle with the youth, because there was no point in their opinion of engaging with the youth while the youth remained in this state. All of the DCWs agreed that if the situation escalated further and the youth

became verbally confrontational and threatening that they would call the police for back-up support if they felt in any way threatened or that the youth was attempting to intimidate them. The DCWs acknowledged that according to agency protocol in such situations that an on-call Supervisor would need to be called first in order to get an outside assessment on the situation. However, in cases where any of the DCWs felt an imminent threat by the youth, police would be called first followed by a call to the on-call Supervisor.

All of the DCWs agreed that if the youth assaulted themselves or another youth that police would be called immediately with the DCW urging police to lay charges with respect to the assault. The DCWs would also try to ensure the safety of all involved in such a situation until police arrived. All of the DCWs were able to relate more than one such situation that had occurred in the past where the youth had assaulted someone in the residence. Two of the DCWs described personally being physically assaulted by a youth while they were working within the group home. In both cases the youth were charged under the YCJA with the assault.

All of the DCWs had called the police in the past in situations that they felt were out of control as a result of youth behaviours. The DCWs stated that they would do so in situations when they felt that they were at an imminent threat by the youth or the safety of another resident in the group home had been compromised or was at risk.

One worker (DCWI) stated that in situations when police had been called, sometimes it took quite some time before police arrived. She further elaborated that often times the situation that had warranted the calling of the police had resolved itself by the time the police arrived and often times the police would follow-up with a

discussion with the DCWs and the youth. Often police provided verbal support to

staff and/or youth in addition to discussions with youth regarding the transpired

incidents with warnings to youth that they could be charged in any future incidents

that police responded to.

DCWIII elaborated that often once police had been called the situation then

resolved itself with youth becoming frightened of potential legal involvement,

resulting in the youth ceasing with their behaviours, crying and/or becoming

remorseful. Sometimes the youth ran out of the door and were considered AWOL by

the time that the police arrived. Often the very mention of the word police seemed to

resolve numerous situations with some of the youth.

DCWIV felt that police were often not helpful in the situations in which they had

been called to provide back-up, stating, "it depends also on the responding officer."

They can be either understanding or ignorant of what group homes are. Some police

think that the group home is a custody facility and don't understand why the DCWs

are calling the police in situations when a youth is escalated.

The DCWs were asked if they had specifically ever felt like calling the police on a

youth due to behavioural issues and then vigilantly watched the youth waiting for them to

do something that was illegal so that they could call the police. DCWI admitted that

though she had never done so she was aware of other workers who have called police as

part of their behaviour management strategies with youth. She elaborated that she felt that

for the most part it made no sense to contact police and have youth charged. She stated

that she had previously been employed by a youth custody facility and that in many ways,

group homes and custody facilities were similar. She felt that "charges are not useful to

these kids because of their issues." She further elaborated that because of already preexisting YCJA involvement, some of the youth become desensitized to their police involvement and seemingly unaffected about going into custody.

DCWIII admitted that he has felt like calling the police in such situations but makes a concerted effort not to engage in this type of behaviour management with youth. This DCW followed up by stating that in many situations the youth are engaging in attention seeking behaviours and often need to be heard or listened to by staff. The DCW further elaborated that in some situations youth are attempting to instigate staff and they themselves attempt to facilitate the calling of the police by daring staff to call as they attempt to determine what level of behaviours will be tolerated by the DCW. He felt that in many situations police involvement can be prevented and that this was the difference between having a personal issue with the youth and being professional in these situations.

DCWIV agreed that he had seen such practices but felt on a personal level that this was entrapment of the youth and not at all reflective of good social work. The DCW summed it up by stating that police were warranted to be called in some situations, i.e., when there were legitimate safety concerns, but that ultimately a goal was not to have the youth charged.

Another DCW felt that "there have been times when these injustices are committed and it is easy to get stuck in a system and culture of a system" (DCWII). The same DCW further elaborated that sometimes youth have engaged in activities and gotten away with illegal activities and felt that the calling of the police was a way to hold youth accountable for their actions and in these situations workers will "wait until a child commits a crime so that you can call them into the police".

Sexism, Racism, Ageism and Ableism and other Forms of Oppression amongst

DCWs

Both female DCWs agreed that sexism is a constant issue that they have to deal with

in their interactions with youth in care. One of the male DCWs agreed that within the

group home environment there were frequently issues of sexism, racism, ageism and

ableism. This DCW felt that there was a cultural aspect involved in their interactions with

youth as follows:

> We as middle-class, white Caucasians, have a belief or rule system that we
> follow. With our interactions with youth, we are often confronted with the
> opposite to what we are used to. Racist and sexist remarks are an everyday
> occurrence. We hear things all the time that within the community we would
> consider taboo to say. We have to be aware of these cultural differences, even if
> we don't agree with them (DCWIII).

Both of the male DCWs interviewed agreed that females working in these positions

were frequently targeted because of issues of sexism that the foster youth had. One of the

DCWs stated that she felt that "women are a lesser sex and weaker sex than men in their

(the foster youth's) eyes" (DCWI). She also acknowledged that this dynamic became

complex because the DCW has more 'power' in the group home.

The other female DCW stated that the majority of the clientele that she has worked

with over the years has been male. "They have a lot of issues coming from home because

many of their caregivers are often single moms. Through the abuse that they have

witnessed at home, these ideals are placed on the workers. Women are seen as a lower

class citizen" (DCWII).

She further elaborated that as a woman of color, she frequently had to deal with

racism. In her words, "as a different ethnicity, many youth played the racism card with

me. They call you names" (DCWII). In addition to having to deal with these two forms of

oppression this DCW stated that she also had to deal with ageism in the work place

because of her age and the fact that she looks younger than her actual years. She stated

that she deals with this by ensuring that clear social boundaries are established as a

ground rule for her interactions with youth to ensure her own professional integrity is

safeguarded. She felt that this was also an issue in her interactions with the parents of the

youth because she felt at times that parents saw her as someone who was too young to

have caregiving abilities.

VI.   Findings – Foster Parents

Demographics

Four foster parents were interviewed separately for this study and consisted of two

couples. One couple consisted of a Caucasian couple, who have fostered for over 30

years and estimated that they have looked after approximately 100 children during this

period. Of these children, the couple estimates that somewhere between 30 and 40 of

these youth were in their teen years during the period that they were in this foster home.

This couple has fostered full-time during this period and explained that the numbers of

children in their home were actually low considering the span of years that they have

fostered without taking a break; in comparison to other families that they know that have

had several hundreds of children reside in their home for a similar span of years. The

foster parent stated that, "we are committed to the kids. If they couldn't go home, they

could stay and live with us. Many children grew up in our home. One child stayed over

seven years and we consider her as one of our own children" (FPIII).

The other couple that participated in the study have been fostering for approximately

ten years, with three years at the current agency. During this period they have fostered an

estimated 30 youth consisting exclusively of teen boys. The couple is originally from the

Caribbean islands with both of the individuals coming to this country as children when

their families immigrated to Canada. The female within the couple identifies herself as

West Indian. While she identifies strongly with her cultural roots her husband does not.

He states that in his opinion he looks somewhat Italian, with a cultural background of

African and Scottish descendants.

Training and Education

Both of the female foster parents have completed college level education. FPIV

completed a nursing program following high school though she stated that she has not

worked in the field for many years, opting to become a stay-at-home mom soon when she

commenced fostering. She has remained at home full-time except for the occasional

casual job that she has taken periodically while she raised her four children (the couple

still has two teenagers at home). During this period the couple has continued to foster

taking upwards of four children into their home, though they stated on average they had

two or three foster children in the home at any given time during this period.

FPI has completed a professional degree at the college level and works full-time

outside of the home while her husband stays at home with the couple's two children;

assuming the role of primary care-giver to their daughters and managing the home while

his wife works out of town. FPI states however that she spends significant periods of time

in the home due the flexibility that her sales job offers her so she assists in the care of

their children and the foster children.

One of the males (FPIII) in the study stated that he never finished high school,

however, he went to college in order to complete a management course for which he

attained a diploma. He has until recently been employed as a store manager for a large

food corporation until his retirement approximately two years ago.

FPII completed his high school education and was offered a football scholarship in

the USA, however, he turned this down. FPII stated that he is currently considering

applying to university to seek further education within the social services field. He states

that he did receive college level training as part of his on-the-job training during his three years working as a Direct Care Worker for an agency in Toronto.

All of the foster parents admitted that the schooling that they have had in the past helped to prepare them for their current role as foster parents. FPI stated that, "you meet many people and through conversing with other people you see how they think and you bring that experience and knowledge into the home." Another foster parent felt that her nursing training was beneficial in, "understanding relationships and the development of children and the various stages of learning that they go through." FPIII stated that, "human relationship courses for work which I took in college were very helpful. I gained a perspective on people's feelings and it helped me to understand different personalities and how to communicate with people." FPII felt that while playing high school football, his relationship with his coach and the other players helped him to prepare for this current role – learning that respect for self and others was a key component to all of his relationships with people.

FPIII and FPIV both stated that when they had completed the homestudy process, there was no training that was required of them prior to being approved to become foster parents. They stated that they had undertaken an extensive homestudy process consisting of interviews with a social worker on an individual level and also as a family before they were "thrown into the lion's den" (FPIII).

Both stated in their interviews that they had been ready to quit following their first foster placement. Their Resources Worker (RW) had requested that they participate in an agency sponsored college course on behaviour management of foster children. "Through seeing other's people's experiences (with foster children) we realized that we didn't have

it so bad, when we realized the types of behaviours that other people were dealing with" (FPIII). FPIII and FPIV stated that they have always taken all of the training the agency provides for many reasons, including: the educational component and the opportunity that it gave them to socialize with other foster parents. Both agreed that the peer support that this provided them over the years was integral in their decision to continue to foster.

FPI and FPII stated that the only training that they have taken with the agency is the mandatory pre-service training that was offered at the time that they became foster parents. They stated that they have taken training with the other agencies with which they have been previously associated with. In one of the previous agencies that they fostered for they stated that they took extensive training including Non-Violent Crisis Intervention (NVCI) training.

Roles and Duties

All of the foster parents agreed that the family environment that they provided to the foster children was central in their role as foster parents. Unlike DCWs, foster parents do not a get a break from the care of the youth in CAS care. Foster parents live 24/7 with the youth in their homes and the only breaks that they received were requests for respite care for short periods, or if the youth went on homevisits, or the placement ended. All of the foster parents agreed that one of the primary functions of their family was to provide a home environment to the youth placed in their homes.

"Our home provides a place for a child to be in a family. We provide physical care, meals, provide them with life skills and what it means to be in a family, teach them boundaries and to be responsible and respectful" (FPIV). Another foster parent stated that their role consisted of "basically dealing with everyone on a day-to-day basis" (FPII).

All of the foster parents also stated in some form that the foundation of their

interactions with youth was based on respect and that they gave respect to the children in

their home and that they expected the same from these youth in their daily interactions

with them:

> We maintain a healthy environment for any of the children in our home and we
> meet the physical and emotional needs of the children…building a healthy
> respectful, relationship entails allot of emotional work on our parts…we strive to
> develop an atmosphere where communication can be as open as possible. We
> provide a home that they feel safe in and we work to bond with the kids in our
> home (FPIII).

This same foster parent felt that 'bonding' was very important for the children. If the

youth were able to make an attachment to other people, he felt this ability would help

them throughout their lives to make that association with other people. He stated that,

"kids that reject everything and don't bond will have troubles in life" (FPIII). He felt that

making them a part of the family and including foster children in everything the family

did including vacations and visits with extended family was integral in this process to

building a respectful relationship.

All of the foster parents stated that they received ample support from the agency with

respect to any fostering issues that arose in the home. All of them knew that the onus was

on them to contact the agency if they required any type of support. All of the foster

parents discussed that they had a close relationship with the Children's Services Worker

(CSW), the child's legal guardian while the child was in care.

The foster parents also discussed having contact with their own worker, a Resources

Services Worker (RSW), who was assigned to provide them with specific fostering

supports. All of the Foster Parents described having contact as needed which ranged from

daily contact if required by them, to infrequently at times. One of the foster parents stated that it was likely a 50/50 split as to who initiated contact, with foster parents contacting the agency if they required any types of supports, or that the various workers involved often initiated contact (FPIV).

Another support that all of the foster parents discussed were the after-hours workers provided by the agency. All of the foster parents were aware of this service provided by the agency and how to access this service if they required support after regular business hours, if they were having issues with one of the foster youth. One of the foster parents admitted that calling the after-hours service could be used as a threat to the youth when they were refusing to comply with foster parent directions (FPI). Another foster parent felt that the after-hours workers were, "very supportive and they understand how these kids really are" (FPII).

Though foster parents were aware that foster children were given a copy of their rights and responsibilities while in care, they were not as well versed as DCWs with respect to their own rules within their home environment. Foster parents were not able to give a list of house rules that they operated their homes by. Respect given to foster children and respect expected from the youth was the foundation of their interactions. FPIII summed up the house rules as consisting of boundaries. "Basically we have house rules: honesty, respect for people and things. No lying and no swearing. FPI was also vague with respect to the house rules, stating that they were limited to, "no smoking in the house, no swearing, be respectful and watch your attitude."

When asked what the house rules were, FPII gave the most extensive list:

No swearing, no hitting, no contact whatsoever between the boys. Rooms to be respected. Curfews have to be obeyed – especially if court ordered. No smoking in the house, or in front of the house. Be respectful of the neighbours and be respectful in the neighbourhood. Bedtime is 10, later on the weekend. Nobody opens the front door except the foster parents. If they leave at night, their stay in our home will be questioned – AWOLing at night is not acceptable. They know that they are being monitored within the home to ensure everyone's safety and to ensure that no drugs or weapons enter the home.

Behaviour Management Strategies of Foster Parents

All of the foster parents felt that if a foster child was late, the foster parent would need to know the circumstances around the lateness. None of the foster parents stated that they would automatically jump to conclusions regarding a child being late. The youth would be questioned as to their whereabouts and if there was a valid reason for the lateness there would likely be no consequences implemented. Three of the foster parents felt that they would express their concern regarding the youth's lateness but also felt that there was a possibility that there was a valid reason that a child had returned late, i.e., missed a bus or had had some sort of incident in the community or possibly while on a homevisit that would result in the youth's returning late to the foster home.

All of the foster parents felt that in a situation when a foster youth became verbally abusive they would attempt to handle the situation themselves. This would be done by attempting to engage the youth in conversation and/or listening to the youth's issues. All of the foster parents stated that they would do this in a respectful, empathetic listening manner. In various ways, all of the foster parents also stated that they would look at the circumstances around the current situation in an effort to bring a youth's issue to some type of resolve. In the event that they made no progress with this type of method, three of the foster parents stated that they would either remove themselves from the verbal

interaction with the youth or request that the youth remove themselves from the situation and deal with the incident later. This could be in a few minutes or the next day – when the foster parent felt that the youth was ready to discuss the incident in a more rational manner.

If the youth became belligerent in the ensuing conversation upon their return, all of the foster parents agreed that disengaging from the youth if they were verbally abusive would be the best course of behaviour management. One foster parent stated that if other youth were present it would be best to separate other youth from the situation so that the other youth in the home would not become engaged in an altercation either with the youth or the foster parents (FPII).

This same foster parent stated that in the event that verbal escalation resulted in racial slurs, that they would not tolerate this kind of talk from a youth. "We don't tolerate that as a family" (FPII). Confronting the youth's behaviour and letting them know that this was not acceptable would be the first course of action. If this did not result in a changed attitude then the resultant response of the foster parent in the house would be to 'shut down' the house as a consequence until the verbal escalation stops. The rationale of the foster parent being that if one or more youth was acting out, peer accountability would put pressure on the youth who was not compliant to follow through with the foster parent's expectations.

If a youth returned to the home in a self-medicated state, all of the foster parents were again consistent in their answer as to how they would handle the situation. All stated that they would assess the level of the youth's intoxication from drugs and/or alcohol and question the youth regarding the incident. One foster parent felt that she would call an

after-hours worker at CAS to ask for direction regarding the incident. She felt that the input and assessment of the after-hours worker was important (FPI). All of the foster parents felt the best course of action if they felt there were no imminent risks to the youth would be to allow the youth to sleep off the effects of the drugs and/or alcohol and deal with the situation in the morning.

In the event that a youth in care assaulted a foster parent, all of the foster parents were in unison regarding their approach to such a situation. All of the foster parents stated that they would call police and/or 911 to assist in dealing with the situation. All of the foster parents were also aware of agency protocol around the need to call for police and stated that they would also be informing the agency in a situation requiring police intervention. One of the foster parents (FPI) stated that she would call the agency first, followed by the calling of the police. All of the foster parents stated that these same types of procedures would be followed if the youth assaulted someone else in the home.

FPIV discussed a recent experience when she and her husband had been threatened by a youth in their home with a weapon. She attempted to redirect the youth and sought assistance from her husband. The foster parents were able to deescalate the situation by telling the youth to go for a walk and leave the situation. The following day the foster mother took the youth to the doctor in order to discuss the situation with him. At the time, the foster mother stated that she was questioning the possibility of the youth having mental health issues or the need to have a medication review, as the youth was receiving medication to treat mild depression and ADHD like symptoms. The doctor's response to the incident was directing the foster mother to go to the emergency room of the local hospital and he called police. "Police told me the next time I was to call 911 right away

so they could respond when the incident is happening. We have never had to do that

before" (FPIV). The police also spoke with the youth and gave him a warning.

FPI also described an incident where her husband had been assaulted in their home by

a youth in their care. She described the incident as follows:

> A child in our home burned my husband on the ear with a cigarette. He was being
> extremely aggressive. My husband had to hold him down and I called the cops.
> He was dangerous to us and the other kids in the house at the time. At the end, he
> was crying and apologetic. In the end we did not seek to have the youth charged
> in the incident. You have to look at the big picture. The other kids in the home
> were egging him on in that situation and encouraging him to attack my husband.

Another foster parent felt that there were varying degrees of assault and that this

should be factored into the decision of whether or not outside supports would be sought

in a situation:

> There are different degrees of assault: some may shove you, and size matters in
> these situations. Some of the bigger kids have no boundaries. If a kid pushed me, I
> would call the CAS to report the incident… if there was an injury, I would get the
> police involved. I'm 6'2"" and 227 lbs., and if they assault me, I would be
> concerned about their level of aggression (FPII).

This same foster parent also felt that despite the situation of an escalated youth, it was

very important to assess the situation and what was causing the child's escalated state.

Even if he was assaulted, he stated that, "I would look at the circumstances around the

assault and realize that sometimes they retaliate to what is happening to them in their

personal lives" (FPII). He also felt that knowledge of a child's history was important to

be aware of in making an assessment as to whether or not outside supports would be

needed in such situations.

Despite his stated tolerance with respect to such types of behaviours directed at

himself, this same foster parent stated that he would not tolerate any type of violence or

aggression towards other members of the family or if a youth targeted another youth in the home. He felt that assaulting someone else was a transgression of the rules within his own household and that it was also against the law and therefore felt that this would be justification to have police involvement in such a situation.

The other foster parents stated that they would try and resolve the situation themselves. One of the foster parents stated that she would call another foster parent to seek advice and/or support or that she would call an after-hours worker for direction. She stated the circumstances in which she would call for agency support: "if I felt unsafe or the child was unsafe, I would call after-hours and get direction from them. I have never called police – I always call after-hours" (FPIV).

FPIII stated that he would try and deal with a situation himself and that separating a youth from the situation was important in order to deescalate a situation. He stated that he would assess the situation and determine if any follow-up was required. As an example, he stated calling the agency to seek support and or a call to the police might be required as a follow-up.

Another foster parent felt that she would likely not call the police in a situation where a youth assaulted another youth. She stated that she would remove all of the involved youth from such an incident and that she would send them to their rooms. She further stated that she would interview each of the youth and that through this process she would get a better sense of what had really occurred. She stated that often the youth will provoke one another and that this was a frequent occurrence. She stated that, "you can't assume they are a bad kid... you have to find out what happened first" (FPI).

This same foster parent described that on several situations the police were not always helpful when incidents were occurring in the foster home. "Police have come in here on several occasions with two or three cars and they're pounding down the door and they rough the kids up and sometimes they make situations worse." This foster mother explained that many police knew that they were a foster home for teen boys. She felt that she had to take a defensive stance with police on several occasions. "I become aggressive as a mom with them (police) if they try to put the kids on the defensive" (FPI).

When the foster parents were asked if they would monitor a teen that was escalated verbally or behaviorally in order to say or do something so that they could call the police and have the child charged and/or arrested, three of the foster parents responded that they would not do engage in that type of observation of the youth. One of the foster parents (FPII) felt that this was like setting out 'bait' for a youth when they were escalated and unethical in nature.

Another foster parent (FPIV) felt that she could understand why some DCWs and foster parents would make the observations and react by calling police. She reiterated the recent experience that her family had had when a youth had become escalated and wielded a knife on several of the foster family's members. Even though she had not called the police in this situation she stated that following the incident, her direction from the police had been to call in future when an incident was occurring.

> Police can only become involved if they are there when the incident is happening. I would hope that a child wouldn't have to be charged, although if after several attempts to redirect the child have failed… sometimes you have to go to the next level with a child, i.e., maybe they need to be charged to get treatment. I would hope that people don't purposefully keep a child escalated, because that can be easy to do (FPIV).

Sexism, Racism, Ageism and Ableism and other Forms of Oppression amongst

Foster Parents

All of the foster parents agreed that they faced oppression in their roles as foster

parents. One of the foster parents identified immediately the issues that she faced as a

black woman who frequently fostered youth who were of a Caucasian persuasion. In her

words, "absolutely is racism an issue. When kids come in to our home, right off the bat, I

can see it in their faces that they are thinking: Oh my god! I'm staying in a black house"

(FPI).

FPIII states that there have been instances when he has witnessed kids trying to bully

his wife because of her size. He stated one youth had pinned his wife in a corner of the

house once because the youth was taller than his wife. He stated that he had to intervene

on more then one occasion because the youth were physically larger than his wife. He

feels that sexism has also been an issue for his wife when dealing with male foster youth

in the home.

His wife agreed that her smaller stature has been an issue when dealing with some

foster youth in the past. She also felt that sexism had played an effect on some of the

relationships she's had with foster youth. Another issue she stated that has resulted in the

facing of ridicule from youth has been their religious beliefs. "We are Christians and this

is difficult for foster kids sometimes. They say it's 'lame.' I don't believe in God, they

say and they question things that we believe in" (FPIV).

Though one foster parent stated earlier in the interviewing that he did not specifically

identify with the Caribbean culture that he originated from, when asked about racism he

clearly identified that this was an issue that he and his wife had to deal with as a family.

"Racism can be an issue because I'm black. Kids sometimes use that to try and get under my skin" (FPII).

VII.   Discussion and Conclusion

One of the obvious differences between the foster parents and DCWs in this study

was the fact that foster parents live with the youth in foster care, in their own homes on a

24/7 basis. The DCWs in this study each worked with the youth in care in a group home

environment. The full-time DCWs worked a 40 hour work week, consisting of various

shifts throughout the week, including occasional weekends. The DCWs were never alone

on shift, working with at least one other DCW in the group home.

One of the obvious differences for the youth residing in the group home, as compared

to those in the foster home is the number of caregivers they have to deal with. Youth who

were placed in a foster home had only one or two caregivers while youth placed in a

group home had multiple caregivers to contend with. With limited amounts of time that

DCWs spend with the youth while on shift, this would affect the depth of the relationship

that they developed with the youth. For the DCWs who work a day shift, they could

conceivably have only a few minutes that they were able to interact with the youth in the

morning and again a limited amount of time after school with the youth when their shift

ended. This would affect the quality and depth of relationship that they could potentially

have with a youth, with their limited amounts of time for interactions. One of the DCWs

(DCWI) described that the majority of her shifts were overnight shifts. On these shifts,

she had limited to no contact with the youth in care at times.

None of the DCWs identified themselves as assuming a parenting role with the youth,

however they felt that the role was 'parental' in nature. This differed significantly from

the foster parents who identified strongly as taking a parenting role with the youth in

care. The foster parents also spoke of including the foster youth within their families and

that this was central in their role as foster parents. One foster parent stated that if a child could not return home, "they could stay and live with us. Many children grew up in our home" (FPIII). None of the DCWs spoke of this kind of inclusion or acceptance of foster youth into their lives. Despite foster parents stating that they assumed a parenting role with youth in care, according to Minty (1999), "foster care is not parenting" (p. 991).

For DCWs, one of the difficulties of working almost exclusively night shifts would be dealing with youth with whom a DCW had little or knowledge and relationship with in a crisis situation. The researcher would question the level of trust, safety and security a youth might feel in a crisis situation at night, when having to deal with a staff member with whom they had little or no relationship. This poses a potential risk for night-shift DCWs as well. If a youth self-medicated and returned late to the group home, such a situation could potentially be more volatile if the youth had little or no contact with a DCW prior to their return to the group home.

Foster parents and DCWs all described similar methods of child management in their daily interactions with youth in care. All described that one of the keys to behaviour management was developing a relationship with the youth while in care. Though all of the participants of the study described the physical care that they would provide the youth in care as part of their 'job description', only the foster parents spoke of the children actually integrating into their families and becoming part of their family. FPIII described that he looked for 'bonding' to occur in the foster child as a sign that the child was adapting and integrating into the foster home environment. This was consistent with Leathers (2006) findings that relationship building was integral for youth in care in order to have successful foster placements. Foster parents also spoke more frequently of

developing respect and that mutual respect was integral to the relationships with foster children, than did DCWs.

Relationships could also be nurtured via active listening skills during communication and empathizing with the youth's position and perspective. In order to further develop an atmosphere for communication to occur, one of the requirements for the foster youth was to feel a sense of belonging in the family home and feel safe. Jonson-Reid (2002 & 2004) similarly reported that a sense of belonging and placement stability was integral for successful foster placements for youth in care. The DCWs acknowledged that the group home was unlike a foster home, as they could not take a 'parenting role' with the youth. Several of the DCWs attempted to give the group home a 'home like feel'.

Disengaging with youth was listed as a behaviour management strategy by all of the DCWs and three of the foster parents. DCIV stated that he would disengage with youth if they presented as verbally escalated and that, "I would refuse to engage with a youth unless it is done respectfully." DCWIII agreed that there should be a period of descalation before communication with a youth was resumed. DCWII stated that planned ignoring of youth could be used to "avoid power struggles with kids." DCWI also agreed that disengaging with youth was a useful strategy in behaviour management because sometimes youth needed a break from a conversation so that it didn't become a "game" for them.

Of the foster parents who described disengaging as a behaviour management strategy the following statements were made: FPIV said that there is "no point in engaging in an argument." She further elaborated she would remove herself from a situation with a youth, stating that, "I would discuss with them another time." FPIII also stated that he

would deal with the situation at a later time, if the youth presented as escalated during a conversation. FPI also stated that she would remove herself from a situation when a youth was confrontational, stating that she would: "remove yourself from the situation and allow child to de-escalate. Allow them to calm down and tell them when you will be back, e.g., I'll be back in five minutes."

None of the DCWs described their role as a parental role; rather they assumed a 'parental type' or 'quasi-parenting' role. One of the workers specifically stated that "we can't identify and call ourselves parents" (DCWIV). He felt that due to compliance of professional boundaries which were regulated by agency policies and procedures, this limited the role that DCWs could play in the lives of the youth. These professional boundaries that DCWs saw themselves as working within likely affect the relationship with the youth. With DCWs themselves ensuring that they maintained professional boundaries as part of their role expectations, perhaps as caregivers they themselves limit the opportunities for meaningful engagement with youth?

Another significant difference between foster parents and DCWs was the administrative aspect that all of the DCWs reported as part of their daily job description. None of the foster parents reported any type of administrative duties. Instead, foster parents discussed their requirement to call the agency and report directly or via telephone updates of the youth's progress and any matters of concern. The DCWs all reported that as part of their job description, they were required to complete daily paperwork which included logs, incident reports and serious occurrence reports.

In addition to this, DCWs filed MPRs with the police when youth were missing from the residence and notified all of the parties who had a vested interest in the youth. And

finally, the DCWs were required to complete POC reports on a monthly basis for as long as the child was placed in the group home. One of the workers commented that the amount of paperwork that was required for the job, took away from the amount of time that they could spend with the youth, or the 'peoplework' that they could do (DCWIV). Is it possible that with the requirements of all of this paperwork, that the need to document by DCWs would result in their being more vigilant in their observations of youth on a day-to-day basis? With this increased level of formal observation of youth's behaviours, is it possible that the DCWs themselves look at pathologies in the youth's behaviours?

DCWs saw their role as more of a professional type role requiring post-secondary education related to their jobs. Three of the DCWs had a Child & Youth Worker college diploma. DCWIII had attained a related undergraduate degree from university. None of the foster parents had specific formal post-secondary education as a requirement for their role as foster parents. Though three of the foster parents had some college education, this was for the pursuit of other professional aspirations. All of the foster parents discussed various training requirements in their roles as foster parents; however, none of the foster parents discussed the mandatory nature of such training in comparison to DCWs who had mandatory ongoing training in their roles as DCWs in the group home.

All of the DCWs in the study had taken some form of crisis intervention training. The DCWs stated that they received PMAB training and had this training annually updated as a requirement of their job. Only two of the foster parents in the study had taken some type of crisis intervention training. The two foster parents who had taken Non-Violent

Crisis Intervention (NVCI) training stated that they had taken this training at a previous agency.

The group home was considerably more structured than any of the foster homes and this was apparent when DCWs and foster parents discussed rules. Though the foster parents stated that there were house rules, none of the foster parents stated that there were any rules specifically written down. One of the DCWs stated that there were "54 group homes rules" (DCWIV), which the youth were oriented to upon their admission to the group home. When questioned about rules, FPII, who had also previously had three years experience working in a group home, was able to list off the most extensive list of house rules. Does structure in a home, whether a group home or foster home; enforced by numerous rules instill an atmosphere where behaviour management is easier for the caregivers? Or do numerous rules result in more opportunities for DCWs and foster parents to address behavioural issues for the youth in care?

DCWs frequently mentioned that they would call police when discussing their role and job duties in the group home. DCWs were used to contacting police regularly as part of their professional duties, as part of the paperwork required to be completed while on shift was filing MPRs in cases when youth went AWOL. In situations when youth were a behaviour management problem, DCWs were quick to acknowledge that they would call the police in situations they felt they were at risk, or if other individuals in the group home were at risk. DCWs mentioned that they would contact police more frequently than did the foster parents when interviewed about how they would manage such situations. This was consistent with Taylor's (2003) findings, with youth in care acknowledging that calling of the police was the only real power that DCWs had within the group home.

DCWs and foster parents both discussed calling of the police in situations when youth were escalated. DCWs described calling of the police as part of their daily routines in situations when youth were AWOL and/or in breach of court orders. This differed from foster parents, who stated that they would call an after-hours worker to update them and seek guidance with respect to the situation that they were dealing with, with respect to the youth. DCWs as part of their job protocol would automatically call police in one of the aforementioned situations. Though all of the participants of the study discussed the calling of police in situations where either they or someone else was at risk if a youth presented with behavioural issues, according to the study results, foster parents were less likely to have the youth charged under the YCJA. All of the foster parents described a situation where either they or there partner had been assaulted, or where at risk of being assaulted by a youth and none of the foster parents in the study had the youth charged. Two of the foster parents, did not call police in a situation of imminent risk though they had dealt with a youth who had threatened them while brandishing a weapon. The two other foster parents in the study, stating that though they had called police in a situation that they felt warranted police intervention, ultimately did not press for charges against the youth, when they as caregivers assessed the situation and determined in their opinion that the youth had been influenced by outside factors and should not be held accountable for their behaviours based on factors surrounding the incident.

The DCWs were consistent in their responses as to situations that would warrant the calling of the police.

Though foster parents and DCWs would call police during situations when youth were escalated, both reported having issues with police when they were called to

intervene in crisis situations. Though DCWs stated that they would call the police, two DCWs felt that there had been issues in the past with respect to police intervention. One DCW complained that sometimes he witnessed police who didn't even understand the function of group home, with police erroneously thinking that the group home was a custody facility. In these situations the police could not understand why they had been called in the first place (DCWIV).

Another DCW mentioned that "I had a situation where I thought I was going to be assaulted and it took the police ½ an hour to get there… usually by the time the police have arrived the situation is resolved" (DCWI). FPI stated that sometimes police arrived on the scene in such an aggressive manner that she ended up defending the youth because of the overly aggressive stance police took in some situations.

How helpful are police in situations when they do not fully comprehend the nature of the work that foster parents and DCWs provide to vulnerable youth in care? When police can't respond to crisis situations in a timely manner this can also have a positive or negative impact on crisis situations. One of the DCWs discussed that sometimes the very mention of police could deescalate a situation of a youth who was presenting with behavioural issues (DCWIII).

None of the DCWs or foster parents stated that they themselves had been vigilant in their observation of a youth's behaviours so as to be able to call the police and have criminal charges laid in their interactions with youth. All of the DCWs admitted that they had witnessed other DCWs who had taken such a course of action with youth. One DCW and one foster parent felt that such measures were perhaps sometimes necessary when dealing with a youth who presented with more chronic type aggressive behaviours.

Taylor (2003) also acknowledged that sometimes calling of the police was necessary in

the management of aggressive behaviours in youth.. In summary, DCWIV stated that in

this line of work: "you hear allot more of fuck-you, than thank-you!"

VIII.   Recommendation for Future Research and Practice

Further research needs to explore the qualities that successful foster parents and

DCWs embody that help youth to internalize the positive messages of hope that allow

them to rebuild their lives following incidents of abuse and neglect within their homes of

origin. What types of training can be incorporated into professional programs designed to

develop these positive traits for those who provide the primary care of youth within the

foster care system?

Finally, given the sheer volumes of youth in care that deal with the legal system as

many studies suggest, there needs to be increased knowledge and understanding of the

special needs of youth in care, by the professionals who administer and enforce these

systems. Everyone who deals with youth involved in the child welfare system needs to

intimately understand the vulnerability and needs of youth in care so that these needs can

be better met and that these youth are not further victimized by the systems intended to

help them.

The findings of this research study are limited significantly by the small sampling of

participants. Future study should encompass larger sampling sizes to broaden the

understanding of the differences in behaviour management strategies of DCWs in

comparison to foster parents. Also, the researcher acknowledges the significant

differences in the structures of group homes vs. foster homes. The very nature of group

homes provides a less home-like feel for youth in care. How this impacts behaviour of

youth is unknown. Also, in many instances, youth who are placed in group homes can

often manifest with more challenging behaviours, then youth who are initially placed in

foster homes. Finally, several studies have suggested that placement breakdown for youth

in care can further induce behavioural issues for youth. How does the foster care system

itself further victimize youth in care resulting in increased behavioural issues?

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Table of Abbreviations

Attention Deficit Hyperactivity Disorder	ADHD
Absent Without Leave	AWOL
Children's Aid Society	CAS
Child and Family Services Act	CFSA
Children's Services Workers	CSWs
Crown Wards	CWs
Direct Care Workers	DCWs
Extended Care Maintenance	ECM
Ministry of Family and Children's Services	MFCS
Missing Persons Report	MPR
Outside Placement Resources	OPRs
Non-Violent Crisis Intervention	NVCI
Plan of Care	POC
Prevention and Management of Aggressive Behaviours	PMAB
Probation Officer	PO
Resources Services Worker	RSW
Youth Criminal Justice Act	YCJA

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Appendix A

Letter of Information

And

Consent Form for Executive Directors and/or Managers

for a study of:

What types of Strategies do Group Home Workers and Foster Parents Use in Management of Behaviours of Teen Youth in Care?

Investigators:
Principal Investigator: Michele Stranz
                                       MSW Student c/o
                                       Department of Social Work
                                       McMaster University
                                       Hamilton, Ontario, Canada
                                       519.894.1715

Research Supervisor: Dr. James Gladstone
                                       Department of Social Work
                                       McMaster University
                                       Hamilton, Ontario, Canada
                                       905.525.9140 ext. 23786

Purpose of the Study
The purpose of this study is to determine behaviour management strategies used by Direct Care Workers and Foster parents in their day-to-day dealings with teen youth in CAS care.

Procedures involved in the Research
As the Executive Director/Manger of a CAS, you are being asked to provide consent for Direct Care Workers and Foster Parents to participate in this study.

It is anticipated that the interview process will take approximately 1 to 1.5 hours to complete. Participants will be Direct Care Workers and/or Foster parents who are currently or were affiliated with this Agency. The interview will be completed in a private location that is agreed upon by the interviewer and participant. The attached questionnaire will be completed during the interview process, notes taken by the interviewer and the interviews will also be taped for the purposes of this study. Any questions asked may be refused to be answered by the participant without penalty. All information is confidential and the participant will not be identified by any of the information provided.

Potential Harms, Risks or Discomforts:
It is not likely that there will be any harms or discomforts associated with this study.
Direct Care Workers and Foster Parents who will be participating in this study, who may become distressed
with certain questions, will be informed prior to the study and during the course of the interview process,
that they do not have to answer any questions that makes them feel uncomfortable or that that they do not
want to answer without any consequences to them.

If any Direct Care Worker or Foster Parent presents as distressed during the interview process, the
investigator will stop the interview and ask the Direct Care Worker or Foster Parent if they wish to proceed
and/or debrief with the aforementioned around the question and/or process. If the aforementioned continues
to present as distressed over the questionnaire, the investigator will inform them that they may discontinue
with the interview and choose to have the information that they have provided included in the study, or all
information that has been provided up until that point excluded from the study without any penalty.

Potential Benefits
We hope that what is learned will help us understand more about some of the placement issues of youth
who are in Children's Aid Society care, whether placed in a foster and/or treatment home or group home
setting. This could help professionals in their dealings with other youth who find themselves in similar
circumstances in the future.

This research study will not have any immediate benefit to the Direct Care Workers and/or Foster Parents.

Payment or Reimbursement:
Participants of this study will not be reimbursed for their participation in this study; whether they fully
complete the interview, based on the questionnaire, or whether they only choose to answer a portion of the
questionnaire.

Confidentiality:
Anything that the Direct Care Worker or Foster Parent say or do in the study will not be told to anyone
else. Anything that we find out about the Direct Care Worker or Foster Parent that could identify them will
not be published or told to anyone else, unless they give permission to such information being shared. Their
privacy will be respected and they will not be asked to provide their name and/or any personal information
on the questionnaire. Foster parents will be identified as FP1, FP2 etc., and Direct Care Workers will be
identified as DCW1, DCW2 etc.

The information obtained by the investigators will be kept in a locked filing cabinet in the home of the
principal investigator, Michele Stranz, and will only available to myself and Research Supervisor, Jim
Gladstone. The information will be shredded in a period not longer than two years after completion of this
study.

b) Legally Required Disclosure:
i) We may have to reveal certain personal information if the law requires it (e.g., disclosures of child
abuse).
and/or
ii) …information obtained will be kept confidential to the full extent of the law and the interviewer will
treat all information provided as subject to researcher-participant privilege.

Participation:
The Direct Care Workers and Foster Parents participation in this study is voluntary. If they decide to
participate, they can decide to stop at any time, even after signing the consent form or part-way through the
study. If participants decide to stop participating, there will be no consequences to them. In cases of
withdrawal, any data they have provided to that point will be destroyed unless they indicate otherwise. If
they do not want to answer some of the questions, they do not have to, but can still be in the study. Their

decision whether or not to participate will not affect their continuing access to services through the Children's Aid Society, and/or any other services that they receive.

Information about the Study Results:
You may obtain information about the results of the study by contacting the Principal Investigator, Michele Stranz, or Research Supervisor, Dr. Jim Gladstone. A brief summary of the investigation findings will be compiled and forwarded to the foster parents and/or workers or other professionals in the helping professions who request this information. The Principal Investigator can be contacted via email, at: MicheleStranz@hotmail.com

Information about Participating as a Study Subject:
If you have questions or require more information about the study itself, please contact the Principal Investigator, at: MicheleStranz@hotmail.com

This study has been reviewed and approved by the McMaster Research Ethics Board. If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact:

> McMaster Research Ethics Board Secretariat
> Telephone: 905.525-9140 ext. 23142
> c/o Office of Research Services
> E-mail: ethicsoffice@mcmaster.ca

CONSENT

I have read the information presented in the information letter about a study being conducted by Michele Stranz, of McMaster University. I have had the opportunity to ask questions about the Foster Parent's and/or Direct Care Worker's involvement in this study, and to receive any additional details they wanted to know about the study. I understand that they may withdraw from the study at any time, if they choose to do so, and agree that the Foster Parent and/or Direct Care Worker may participate in this study. I have been given a copy of this form.

_____   _____
Name of Director or Manager   Date

_____   _____
Signature of Researcher or Witness   Date

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Appendix B

Letter of Information

And

Consent Form for Direct Care Workers

for a study of:

What types of Strategies do Group Home Workers and Foster Parents Use in Management of Behaviours of Teen Youth in Care?

Investigators:
Principal Investigator:

Michele Stranz
MSW Student c/o
Department of Social Work
McMaster University
Hamilton, Ontario, Canada
519.894.1715

Research Supervisor:

Dr. James Gladstone
Department of Social Work
McMaster University
Hamilton, Ontario, Canada
905.525.9140 ext. 23786

Purpose of the Study
The purpose of this study is to determine behaviour management strategies used by Direct Care Workers in their day-to-day dealings with teen youth in CAS care.

Procedures involved in the Research
As a Direct Care Worker, you are being asked to participate in the aforementioned study.

It is anticipated that the interview process will take approximately 1 to 1.5 hours to complete. Participants will include Direct Care Workers and/or Foster Parents who are currently, or were affiliated with this Agency. The interview will be completed in a private location that is agreed upon by you, the participant and myself, the interviewer. The attached questionnaire will guide the interview process, notes taken by myself and with your permission; the interviews will also be taped. Any questions that are asked, you may refuse to answer without penalty. All information that you provide is confidential and you will not be identified by any of the information provided.

Potential Harms, Risks or Discomforts:
It is not likely that there will be any harms or discomforts associated with this study. Some of the questions may cause you to reflect on issues or incidents that you find upsetting. Also, you may worry about how others will react to what you say. You do not need to answer questions you would prefer not to answer. You can also stop the interview at any time. You can also stop the interview at any time. The steps I am taking to protect your privacy and ensure the confidentiality of the data are discussed below.

Potential Benefits
We hope that what is learned will help us understand more about some of the placement issues and behaviour management strategies of youth who are in Children's Aid Society care, whether placed in a foster and/or treatment home or group home setting. This could help professionals in their dealings with other youth who find themselves in similar circumstances in the future.

This research study will not have any immediate benefit to the Direct Care Workers and/or Foster Parents who participate in this study.

Payment or Reimbursement:
You will not be reimbursed for your participation in this study; whether you fully complete the interview, based on the questionnaire, or whether you only choose to answer a portion of the questionnaire.

Confidentiality:
Your participation in this study will be treated as confidential information. I will not be sharing with anyone who did or did not participate in this study. I will not use your name in my report, nor will I include any information that would allow you to be identified. If I refer to anything you said, I will identify you only using a coding system I have developed (e.g. DCW1, DCW2 etc.). All data related to this study will be kept in a locked cabinet in my home and will be available only to me and my supervisor, Dr. Jim Gladstone. The information will be shredded once the study has been completed.

b) Legally Required Disclosure:
i) We may have to reveal certain personal information if the law requires it (e.g., disclosures of child abuse).
ii) Information obtained will be kept confidential to the full extent of the law and the interviewer will treat all information provided as subject to researcher-participant privilege.

Participation:
Your participation in this study is voluntary. If you decide to participate, you can decide to stop at any time, even after signing the consent form or part-way through the study. If you decide to stop participating, there will be no consequences to you. In cases of withdrawal, any data you have provided to that point will be destroyed unless you indicate otherwise. If you do not want to answer some of the questions, you do not have to, but can still be in the study. Your decision whether or not to participate will not affect your continuing access to employment and services through the Children's Aid Society, and/or any other services that you receive.

Information about the Study Results:
The study findings will be available in September 2008. A brief summary of the investigation findings will be compiled and forwarded to the Direct Care Workers and/or Foster Parents or other professionals in the helping professions who request this information. You may obtain a copy by contacting me, Michele Stranz at: MicheleStranz@hotmail.com

Information about Participating as a Study Subject:
If you have questions or require more information about the study itself, please contact the Principal Investigator, at: MicheleStranz@hotmail.com

This study has been reviewed and approved by the McMaster Research Ethics Board. If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact:

> McMaster Research Ethics Board Secretariat
> Telephone: 905.525-9140 ext. 23142
> c/o Office of Research Services
> E-mail: ethicsoffice@mcmaster.ca

CONSENT

I have read the information presented in the information letter about a study being conducted by Michele Stranz, of McMaster University. I have had the opportunity to ask questions as a Foster Parent, who is voluntarily choosing to participate in this study, and to receive any additional details I want to know about the study. I understand that I may withdraw from the study at any time and that there will be no consequences to me. In cases of withdrawal, any data that I have provided to that point will be destroyed unless I indicate otherwise. I have been given a copy of this form.

_____   _____
Signature of Direct Care Worker   Date

_____   _____
Signature of Researcher or Witness   Date

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Appendix C

Letter of Information

And

Consent Form for Foster Parents

for a study of:

What types of Strategies do Group Home Workers and Foster Parents Use in Management of Behaviours of Teen Youth in Care?

Investigators:
Principal Investigator: Michele Stranz
                               MSW Student c/o
                               Department of Social Work
                               McMaster University
                               Hamilton, Ontario, Canada
                               519.894.1715

Research Supervisor: Dr. James Gladstone
                             Department of Social Work
                             McMaster University
                             Hamilton, Ontario, Canada
                             905.525.9140 ext. 23786

Purpose of the Study
The purpose of this study is to determine behaviour management strategies used by Foster Parents in their day-to-day dealings with teen youth in CAS care.

Procedures involved in the Research
As a Foster Parent, you are being asked to participate in the aforementioned study.

It is anticipated that the interview process will take approximately 1 to 1.5 hours to complete. Participants will include Direct Care Workers and/or Foster Parents who are currently, or were affiliated with this Agency. The interview will be completed in a private location that is agreed upon by you, the participant and myself, the interviewer. The attached questionnaire will guide the interview process, notes taken by myself and with your permission; the interviews will also be taped. Any questions that are asked, you may refuse to answer without penalty. All information that you provide is confidential and you will not be identified by any of the information provided.

Potential Harms, Risks or Discomforts:
It is not likely that there will be any harms or discomforts associated with this study. Some of the questions may cause you to reflect on issues or incidents that you find upsetting. Also, you may worry about how others will react to what you say. You do not need to answer questions you would prefer not to answer. You can also stop the interview at any time. The steps I am taking to protect your privacy and ensure the confidentiality of the data are discussed below.

Potential Benefits
We hope that what is learned will help us understand more about some of the placement issues and behaviour management strategies of youth who are in Children's Aid Society care, whether placed in a foster and/or treatment home or group home setting. This could help professionals in their dealings with other youth who find themselves in similar circumstances in the future.

This research study will not have any immediate benefit to the Direct Care Workers and/or Foster Parents who participate in this study.

Payment or Reimbursement:
You will not be reimbursed for your participation in this study; whether you fully complete the interview, based on the questionnaire, or whether you only choose to answer a portion of the questionnaire.

Confidentiality:
Your participation in this study will be treated as confidential information. I will not be sharing with anyone who did or did not participate in this study. I will not use your name in my report, nor will I include any information that would allow you to be identified. If I refer to anything you said, I will identify you only using a coding system I have developed (e.g. FP1, FP2 etc.). All data related to this study will be kept in a locked cabinet in my home and will be available only to me and my supervisor, Dr. Jim Gladstone. The information will be shredded once the study has been completed.

b) Legally Required Disclosure:
i) We may have to reveal certain personal information if the law requires it (e.g., disclosures of child abuse).
ii) Information obtained will be kept confidential to the full extent of the law and the interviewer will treat all information provided as subject to researcher-participant privilege.

Participation:
Your participation in this study is voluntary. If you decide to participate, you can decide to stop at any time, even after signing the consent form or part-way through the study. If you decide to stop participating, there will be no consequences to you. In cases of withdrawal, any data you have provided to that point will be destroyed unless you indicate otherwise. If you do not want to answer some of the questions, you do not have to, but can still be in the study. Your decision whether or not to participate will not affect your continuing access to employment and services through the Children's Aid Society, and/or any other services that you receive.

Information about the Study Results:
The study findings will be available in September 2008. A brief summary of the investigation findings will be compiled and forwarded to the Direct Care Workers and/or Foster Parents or other professionals in the helping professions who request this information. You may obtain a copy by contacting me, Michele Stranz at: MicheleStranz@hotmail.com

Information about Participating as a Study Subject:
If you have questions or require more information about the study itself, please contact the Principal Investigator, at: MicheleStranz@hotmail.com

This study has been reviewed and approved by the McMaster Research Ethics Board. If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact:

> McMaster Research Ethics Board Secretariat
> Telephone: 905.525-9140 ext. 23142
> c/o Office of Research Services
> E-mail: ethicsoffice@mcmaster.ca

CONSENT

I have read the information presented in the information letter about a study being conducted by Michele Stranz, of McMaster University. I have had the opportunity to ask questions as a Foster Parent, who is voluntarily choosing to participate in this study, and to receive any additional details I want to know about the study. I understand that I may withdraw from the study at any time and that there will be no consequences to me. In cases of withdrawal, any data that I have provided to that point will be destroyed unless I indicate otherwise. I have been given a copy of this form.

_____   _____
Signature of Foster Parent   Date

_____   _____
Signature of Researcher or Witness   Date

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Appendix D – Questionnaire

What Types of Strategies do Group Home Workers and Foster Parents use in Management of Behaviours of Teen Youth in Care?

1. Are you currently employed by the CAS as a Group Home Worker or provide care as a Foster Parent? Please specify which role?

   a. How long have you held this current position?
   b. Do you work full-time/part-time?
   c. How many teen youth have you provided care for during this period. (An estimate of the number of teen youth who have been cared for is acceptable, if the exact number is likely unknown).

2. Worker/Foster Parent background information:
   a. Gender
   b. Do you identify with any particular cultural or ethnic group?
   c. Year you were born?
   d. Do you have any identifiable disability?

3. What level of education have you obtained?
   a. To what extent has this been helpful with respect to your current role as a Group Home Worker or Foster Parent?
   b. Please describe any specific training that you have taken in preparation for this role? (Probe: Was this training provided by the Agency, prior to commencing your role within the Agency, or was the expectation by the Agency for you to have received this training independently, prior to assuming this role?)
   c. Do you receive any ongoing training by the CAS? (Probe: Please elaborate? To what extent is this helpful?)

4. What are some of the tasks/expectations you have to meet in order to meet the role requirements for this position? (Probe: Can you please elaborate on all of the tasks and expectations that you perfom?)

5. How often do receive contact and/or support from the Agency? (Probe: Is this contact and/or support helpful? Please elaborate).

    a. Can you describe the nature of the contact? (Probe: Please elaborate. What do you discuss?)

    b. Who do you have contact with? (Probe: Is there an individual that you have more frequent contact with? If you answered yes, who do you contact, if that individual is not available?)

    c. Who usually initiates contact?

    d. To what extent has this contact been helpful with respect to your role as a Group Home Worker or Foster Parent?

    e. What type of support(s) do you require from the Agency? (Probe: Do you feel that you receive the support(s) that you require from the Agency? Please elaborate).

6. What behaviour management strategies do you use in your daily interactions with teen youth?

    a. What strategies do you use when interactions with teen youth are harmonious? (Probe: Please describe house rules, structure and expectations).

    b. When teen youth are placed into your care, are house rules and expectations explained to them? (Probe: Is this done by you or somebody else? Please elaborate).

    c. Who determines these rules, responsibilities and expectations?

    d. What strategies do you use when interactions with teen youth are not harmonious? (Probe: What discipline techniques do you use with the youth if they are not following through with rules and responsibilities?

7. In the following scenario, what would you do if you found yourself providing care for a teen youth, who returned back to your care, after the curfew that had been set and agreed upon, *was not* met by the teen youth? During the course of your interactions with the youth, what would you do in the following circumstances?

    a. What if the teen became verbally abusive towards you when they returned?

    b. What would you do if you suspected that teen youth had self-medicated i.e., was either drunk and/or drug use, suspected or confirmed by you? (Probe: Please elaborate. Do you have a higher acceptance level of either of these behaviours?)

    c. What would you do if you felt that you or the teen youth were losing control in an argument, in the aforementioned situation? (Probe: Please elaborate).

    d. What would you do if the teen youth became physically threatening? (Probe: Please elaborate).

    e. What would you do if the teen youth physically assaulted you? (Probe: Please elaborate).

    f. What would you do if the teen youth physically assaulted someone else in the house? (Probe: Please elaborate).

8. Have you ever called the police in circumstances when you have been unable to manage a teen youth's behaviors? (Probe: What happened?).

    a. Under what circumstances would you call the police? (Probe: Please describe these situation(s).

    b. What usually happens when police are called? (Probe: Please describe these situation(s).

    c. Was the teen youth charged in any situations when the police were called? (Probe: Please describe these situation(s).

    d. Have there been times when the teen youth was not charged and/or arrested? (Probe: Please describe these situation(s).

9. Some group home workers and foster parents have told me that when a teen youth is escalated verbally or behaviorally, they will wait for the youth to say/or do something so that they (the Worker or Foster Parent) can call the police so that the youth can be charged? (Probe: Have you ever felt this way when a situation with a teen youth in care became escalated? If yes, please describe).

10. Have you ever had any experiences with youth that you feel are related to this study, that I have not asked and that you think I should know about? (Probe: If yes, please elaborate).

11. Do you think that issues of sexism, racism, ageism and ableism have played a role in your interactions with you youth in care? If yes, please elaborate.

Is it alright if I contact you again if I have any further questions?

Thank-you very much for taking the time to meet with me and answer the questions for this research project.

End of Interview