

Research-Community Partnerships in Child Welfare



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CHAPTER TEN

Treatment Foster Care: Children's Voices and Perspectives

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Community partnership comments by *Kevin Sullivan*

INTRODUCTION

Treatment Foster Care (TFC) has existed for several decades but it was only in the 1980s that it became generally recognized as helpful to children with severe difficulties and agencies became interested in including TFC programming to serve children in their care. It combines the treatment technologies typically associated with more restrictive settings with the nurturing and individualized family environment and has now become a common alternative to residential group care (GC) for children requiring out of home placement for severe behavioural, emotional, and mental health problems (Chamberlain 2000; Curtis, Alexander and Lunghofer 2001; Reddy and Pfeiffer, 1997).

Curtis et al. (2001) stated that, according to best "practice wisdom," TFC is most appropriate for children who are too young for institutional care or who are capable of engaging with a family. In TFC, specially trained foster parents supported by program clinicians strive to meet the child's treatment needs by establishing an integrated and coordinated system of care. The child is first matched with, and placed into, the foster family home. The foster parents then meet regularly with program professionals to design and adjust individualized treatment plans for the child. The foster parents, under the supervision of program clinicians, are responsible for carrying out the bulk of this plan which, depending on the program, can be based in any number of therapeutic orientations. Much of the treatment takes place within the foster home, but emphasis is also placed on community involvement, accessing community resources for the child, and the attainment of educational goals. This requires that

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foster parents also work with others in the community such as teachers, recreational volunteers, and other professionals. Many programs also provide the child access to specialized assessment and therapeutic services as needed. Foster parents are provided with emotional support, crisis intervention, and relief services as needed (Curtis et al. 2001). Many programs attempt to include birth families in the treatment plan by arranging visits or providing family therapy (Chamberlain 2000). As such, this method of care differs from regular foster care, where little or no training or supports are provided to foster parents.

Research has shown that TFC results in positive outcomes in multiple areas such as social skills, behaviour problems, self esteem, psychological adjustment, placement permanency, and decreased level of restrictiveness at discharge (e.g. Curtis et al. 2001; Hudson, Nutter and Galaway 1994; Reddy and Pfeiffer 1997); is more effective compared to GC (e.g. Almeida et al. 1988; Chamberlain 1990; Chamberlain and Ried 1998; Colton 1988; Curtis 2000); and is a cheaper alternative to various available GC arrangements (Almeida, Hawkins, Meadowcroft and Luster 1989; Hudson, Nutter and Galaway, 1994; Rubenstein, Armentrout, Levin and Herald 1978).

Although there has been a great deal of research focussed on outcomes for children, there has been very little work done to understand the experiences of children themselves in TFC. The purpose of this study was to interview children currently in a TFC program to gain insights into their experiences, levels of satisfaction, and understanding of the program.

Context of Current Study

This study took place in the context of a much larger evaluation of a TFC program based in Cobourg, Ontario (and sponsored by four Children's Aid Societies including Durham, Hastings, Kawartha-Haliburton and Northumberland). The program serves children and youth experiencing the after effects of sexual abuse. Problems include severe social, emotional, cognitive, and behavioural difficulties such as Attachment Disorder, Post-traumatic Stress Disorder, anxiety, depression, dissociative disorders, sexual dysfunction, and aggression. In most cases, children do not leave the program until they become too old to be under the care of the Children's Aid Society.

In the program, the treatment foster family is viewed as the primary treatment setting. Services are delivered primarily by the foster parents (referred to as parent-therapist from this point on), who are trained,

supervised, and supported by agency staff. Designing the treatment plan is a team function that is carried out by the parent-therapists under the clinical supervision of qualified program staff. Where possible, children in the program have contact with their biological parents. The parent-therapists are an integral member of the teams. They are employees of the Children's Aid Societies supporting the program and are compensated for their work.

In an evaluation conducted in the early 1990s, the Cobourg TFC Program was found to have evidence of program efficiency and effectiveness (Osmond 1992). Since that time, the TFC program has evolved in an effort to better meet the needs of the children and youth it serves. In the late 1990s, Dr. Paul Stienhauer, a recognized advocate for children in Canada, identified this TFC program to be particularly effective in responding to the needs of hard-to-serve children in the child welfare system. One of the present authors, Nirza Perlman, was recruited as a consultant to the TFC program. Working with the staff reinforced the impression that this program provided a unique opportunity for children to recover some of their social/emotional and cognitive skills, and to improve their well-being in general. Of particular interest was the TFC program's success in responding to the needs of attachment-disordered children and youth. It became clear that identifying factors that contributed to the successful outcomes of the program may allow other programs serving children in similar predicaments to replicate all or parts of the TFC program.

In 2001, a 5-year evaluation funded by the Centre of Excellence for Child Welfare was initiated. The evaluation was carried out under a partnership model within which collaboration between the evaluation team (the authors on this chapter) and the program stakeholders (staff, parent-therapists, sponsoring agencies) in formulating the evaluation questions and methods, and interpreting results was deemed essential. The nature, processes, benefits and challenges of the partnership throughout the evaluation as a whole are discussed in detail later in this chapter. The goal of the overall evaluation, developed within the partnership model, was to identify important components of the Cobourg program and other factors contributing to outcomes. This specific study into the children's experiences was one of several undertaken toward that larger purpose. To that end, the implications of the findings for service delivery and evaluation are discussed.

RESEARCH SUMMARY

Methods

Twenty-eight children who were enrolled in the TFC Program at the time of the research participated in this study. The children ranged from 6 to 18 years of age and had a mean age of 10.6 years. Seventeen boys (age range: 6-13 years; mean age: 10.35 years) and 11 girls (age range: 6-18 years; mean age: 11 years) were interviewed. Half of the child participants fell in the average range of intellectual functioning, while the other half were borderline or fell within the range normally associated with intellectual disabilities. Almost all of the participants had histories of neglect, physical and sexual abuse, as well as at least one Axis I diagnosis (e.g. Post-traumatic Stress Disorder, Oppositional Defiant Disorder, Conduct Disorder, parent-child relational problems, and sibling relational problems). The majority of the children had been diagnosed with some variant of an Attachment Disorder. Twenty-seven of the children were Crown Wards (4 without parental access and 23 with parental access) and one was a Society Ward (with access).

Children participated in a one-to-one semi-structured interview about their thoughts, feelings, and recollections of their experiences in Treatment Foster Care. All interviews were conducted by the first author of this chapter. To examine the children's experience, we utilized the qualitative research method of *grounded theory*. The defining characteristic of grounded theory research is that the research methodology is not structured to test a theory. Rather, through surveys and interviews about existing phenomenon, the grounded theory approach allows a theory to emerge from the investigation of that phenomenon. Interviews were transcribed and QSR N6 software was used to assist in the analysis of the transcripts.

Results

The following themes emerged from the interviews: the role of the family of origin, experience in previous placements, relationship with and attachment to the parent-therapists, relationship with and understanding of the TFC Program, treatment issues, sense of progress, school, peer/social world, thoughts about the future, identity, and experience of being a "foster child." Many of the children's perceptions of the issues mentioned above supported previous studies of foster children in the regular child welfare system. However, some themes are unique to this study and, perhaps, this population. We hope that information provided

by the children will help identify the mechanisms and factors associated with the program's treatment outcomes.

Children's satisfaction and preferences

Previous qualitative research has found that foster care children tend to express satisfaction with their care experience (Blower et al. 2004; Whiting and Lee 2003). In keeping with this, when asked about their current placement the participants in this study used words such as "good," "positive," "fun," and "safe" to describe experiences of their foster care placements. Most said that they enjoyed their school and their relationships in the community, and viewed their experiences favourably when compared to their previous experience at school, home, and in the community. Consistent with Gil and Bogarr's (1982) findings, the participants in the present study stated that they enjoyed being able to do more activities, and having more material possessions, such as clothing, toys, food, and space (e.g. their own bedroom).

Twenty-five percent of the participants reported having difficulties adjusting to and following household routines in the TFC Program. Negative statements about being labeled a foster child were expressed by 20% of the children. These statements tended to be associated with the children missing their biological families or previous foster parents.

Children's experiences of removal

In this study, the children indicated that they were confused about the reasons for being removed from their birth parents. Twenty of the 28 participants remembered being apprehended and brought into care. A quarter of them stated that (at the time of the study) they did not know why they were in care. The other children stated that they were in care because of a variety of reasons: their parents could not take care of them, were not nice, or were abusive or absent due to mental or physical disabilities. Some thought that their own behaviour had resulted in their placement. The majority of the participants believed that they were now with "better" parents who had the capacity to care for them.

As in previous studies, the children in the present study reported that during the removal process they were not informed about what was happening or what was about to happen to them. When they recalled the day of the apprehension, they described being unexpectedly taken from their home and brought to a strange place (e.g. an agency, emergency foster home, or temporary shelter). The children did not recall the Child Protection Workers explaining to them the reason for the removal. They reported the feelings of terror they experienced on being separated from

their parents and about the unknown. They felt that these feelings were not acknowledged and their fears were not addressed at the time of the apprehension.

Relationships with biological family

The TFC children were asked about their contact and relationships with their biological family while being in care. Consistent with previous studies (Blower et al. 2004; Chapman, Wall and Barth 2004), the participants described their emotional ties to members of their birth families and their hopes for reunification. Seventeen of the participants had visits with members of their biological families (e.g. both parents, mother, one parent and siblings, siblings only, or other relatives). More than half of them had visits with members of their birth families at least monthly. Seventeen of the children said that they missed their biological families, seven were ambivalent, and two stated that they did not miss their birth parents. Two of the 28 children interviewed did not mention missing their families or wanting to visit them. Approximately half of the children expressed a preference about where they would like to live; five preferred to rejoin members of their biological family over their current placement, while the rest preferred to be in care with their current parent-therapists.

Hopes for the future

Participants were asked where they would like to live and what they would like to do (e.g. school/employment) in the future. When asked specifically about what kind of employment they would like to pursue, over half of the participants could name a potential future profession or occupation. When asked where they would like to live, the majority of the participants assumed that residing with or near their foster parents was an option. Four TFC children said that they wanted to live with or near their biological families when they grew up. One child wanted to live near his previous foster parents and another was ambivalent, stating that he wanted to live with both his parent-therapists and biological family. Eleven of the 28 children interviewed said that they wanted to live with or near their parent-therapists when they grow up.

Children's wishes

The participants were asked, "If you could make any wish, what would it be?" Three children wished to visit their biological families, two wanted to see their own behaviours improve, two others desired to be (emotionally) closer to their parent-therapists, one wished to be a birth child of the foster parents, and another wanted his parents to be well so

they could reunite. Twenty children focused on wishes to change the household rules (e.g. stay up later), participate in certain activities, have certain privileges, or acquire toys and material possessions.

Children's perception of the parent-therapists

The children were asked to describe their relationships with their parent-therapists and their understanding of the parent-therapists' role. They were also asked about the role of the TFC staff (the social workers and therapists). Questions included references to children's perception of their relationship and involvement with the TFC program staff and of their parent-therapist's relationship with the TFC program.

Eighty percent of the children in this study stated that their parent-therapists were able to provide them with good care. When asked if their parent-therapists needed or received help in caring for them, the same 80% of the children said their parent-therapists needed or received little or no assistance from others. Two of the children qualified their answer by saying that help is required when the parent-therapist is sick. When probed about the nature of the help that foster parents required, the participants described themselves as helpers, as well as other members of the family and friends. When asked about the role of staff in the program, more than half of the children named or identified several staff from the TFC Program. They said that the staff visited their homes frequently and their foster mothers visited the program's office. However, the children showed little if any knowledge, about the role of the program's clinicians. This is an interesting observation as the parent-therapists in this TFC program consistently and enthusiastically reported the presence of and assistance from the TFC program (Isaacs, Perlman, and Pleydon 2004a).

Identity as a foster child in the TFC family and at school

The identity of a "foster child" was explored. Participants were asked if they thought that there were differences between foster children and non-foster children. The majority of the children identified differences, but did not think that they were treated differently than non-foster care children. Five children said that they did not know of any differences; seven reported that foster children moved a lot, had more problems, and needed more programs.

Participants were asked a second time if they were treated any differently at home because they were foster children and, more specifically, whether they were treated differently than the foster parents' biological children. The change in emphasis in the question yielded additional information.

Ten children said that they experienced no differences. However, eight teenage children believed that they have been treated differently. They explained that foster children cannot return home after they are 18 years old and that they have more problems so are handled differently. Two children thought that the parent-therapist's grandchildren were treated better; the rest were not sure.

When asked if they were treated any differently at school because they were a foster child, twenty of the children claimed they were not treated any differently than the other children. Four children suggested that other children may make fun of them or be curious about their status as foster children.

PARTNERSHIP: VIEW OF THE AUTHORS-RESEARCHERS

As mentioned above, this study took place within the context of a larger evaluation of the Cobourgh TFC program. Publications and presentations of results from other aspects of the evaluation are listed at the end of this chapter.

Nature and Benefits of the Partnership

The overall evaluation was carried out in a partnership that included the TFC program staff and management, the principal investigators, and research assistants. The partnership was built on the foundation of a pre-existing relationship in that one of the investigators, Nirza Perlman, was a clinical consultant to the TFC program. This pre-existing relationship was characterized by important elements of mutual trust and respect that were vital to successfully addressing new issues brought on by the injection of a research element into the partnership. Additional issues raised by this included questions related to roles and expectations for the partners in:

- defining a research agenda to meet specific interests,
- formulating research questions and methods,
- recruiting participants,
- collecting, analyzing, and interpreting data,
- providing reports, and
- determining data ownership.

Underlying each of these issues are the differing agendas, interests, and ethical perspectives of the respective partners. Addressing these issues at the outset was important but, given that the project had multiple phases, it also had to be done on an on-going basis.

Reconciling issues in ways that facilitate the successful completion of the research can only be achieved in a collaborative and interactive relationship in which both partners discuss issues as equals, listen, are sensitive to the perspectives of the other, and are flexible. The fact that both researchers had experience working in community-based agencies and in doing community-based research, and that program stakeholders had a strong interest as well as experience in doing research, helped the partners understand and work through these issues.

The TFC program staff and investigators worked together to define a research agenda with the dual purpose of producing research to benefit the agency and the field of child welfare in general. The researchers began with a proposal outlining three phases that they felt met this purpose, but were not derived through consultation with the TFC program. After program input, Phase 1, the definition and description of the core components of the TFC program, and its expected outcomes based on stakeholder interviews, remained unchanged. The results in Phase 1, however, led to a reworking of the overall structure of the project away from an exploration of outcomes using single case designs and a matched control study to an emphasis on stakeholder experiences. In particular, the TFC program was interested in the experiences of its treatment parents and the children in care as it had certain goals for these groups around the provision of support and care. While different from the original plan of the researchers, investigation into these issues was seen as beneficial to both the TFC program and the field of child welfare.

In all phases of the overall evaluation, investigators and program staff worked in an interactive and collaborative process. Partners worked together in Phase 1 to develop a logic model of the TFC program. Interviews were held with program stakeholders including management, staff, parent-therapists, and other professionals associated with the TFC program. This information was organized into a draft logic model by the investigators. The draft was reviewed with the stakeholders in a group meeting and revised based on feedback, then reviewed again. This process continued until a final model was agreed upon by the group. This process accomplished two important things:

- It provided a means through which clinical staff could clarify and reach a consensus about the key processes and expected outcomes (short- and long-term) in the services they provided, contributing to shared understanding of the TFC program's goals and processes.
- It resulted in a tool, the logic model, that can be used for further evaluations.

The model itself served as a tool to facilitate the collaborative process in that the investigators and program staff used it as a reference point in joint discussions to identify aspects of the TFC program to evaluate, thus jointly revising the research agenda. This interactive and collaborative process was continued to identify the relevant variables, and define recruitment and data collection strategies and responsibilities for subsequent phases. Analysis was seen as an investigator responsibility but interpretation of the results was a shared activity. As projects within the research agenda developed, it was important that the variables identified and the relationship between factors and outcomes be meaningful to all stakeholders. This would not have been possible without the collaborative process.

Challenges for the Partnership

Recruiting of participants posed various challenges throughout the project. Difficulties in this area were influenced by factors of distance, given the TFC program was spread over a wide geographical area, and ethics. Distance issues were handled in two ways – engaging in telephone interviews where appropriate, and having participants come to the central program office for interviews. The latter strategy was used to interview children in the TFC program as telephone interviews were seen as highly inappropriate for this group.

Ethical issues made recruitment of children who had left the TFC program difficult. Given the vulnerable nature of the population, recruitment was limited to letters to potential participants without follow-up, leading to a very low response rate. A similar strategy of relying on participants to respond to advertisements, however, worked quite well for recruiting a comparison group of foster parents not working within the TFC program. Program staff played an important role in recruitment in terms of distributing information about the research, but had to be kept at an arms length from determining participant interest and gaining informed consent.

As a general rule, the researchers owned the data on the condition that it was stored only in de-identified form. While privacy and confidentiality is an issue in all research, the TFC program was particularly diligent in ensuring that data on children that was stored by the researchers did not include names or other identifying information. The partners needed to be further concerned with protecting the confidentiality of program staff who provided feedback on program functioning.

Discussion

Conducting research with children in foster care is fraught with difficulties. Access to research subjects, confidentiality, anonymity, agency support, attrition, and low response rates from both the agencies and foster children have been noted repeatedly in the literature (Berrick, Frash and Fox 2000; Gilbertson and Barber 2002). It has been noted that children can be influenced by the skill and presentation of the interviewer. Some authors have found it difficult to categorize and interpret children's responses.

There is a small body of research related to children's own experiences and their perceptions of foster care, particularly using the children's own words and stories (Chapman, Wall and Barth 2004; Folman 1998; Johnson, Yoken and Voss 1995; Whiting 2000). Children's experiences of foster care have been assessed through a combination of quantitative and qualitative approaches (Blower et al. 2004; Colton 1989). This integrative approach complements quantitative measures of personality, behaviour, and aspects of the foster care environment with the use of interviews (Bichal and Wade 2000; Colton, Heath and Aldgate 1995; Harker et al. 2003; Johnson, Yoken and Voss 1995; Schofield 2002; Triseliotis et al. 1996). Understanding children's perceptions of the relationships around them through their stories has been located within ecological, ethnographic, and phenomenological approaches (Altrshuler 1999; Iglehart 1995; Whiting and Lee 2003). Further use of stories and storytelling has been promoted in foster care research (Conway, Ulrich and Shaver 2003; Whiting and Lee 2003). Whiting (2000) stressed that stories can help foster children better understand themselves, and in turn help case managers, therapists, foster parents, teachers, and policy makers better attend to the children's needs.

In this project, recruiting research subjects was facilitated by participation in the TFC program. The possible bias introduced by the interviewer remains a problem. Furthermore, we have not accounted for

the fact that the children's experiences may vary according to the time they have spent in the program.

Preliminary results from another study in the project indicate that the parent-therapists attribute their levels of success and satisfaction to their close contact with the clinical team. Parent-therapists reported a high level of job satisfaction and success, and related it to being an integral member of a treatment team, to the support provided to them and to their families by the TFC program staff, and to the ongoing opportunities for relevant education. They stressed the importance of including the birth parents in the TFC program as well as the importance of a comprehensive assessment and "in the moment therapy." All the parent-therapists stressed that they depended on the clinician members of the team to help solve problems in the care of the foster children. They all reported that the program members visited their homes regularly and were well known to the family, including the foster children. On the other hand, for the children, the "team" was not salient.

Analysis of the children's findings in isolation of the findings from other participants distorts our understanding of the children's responses. The significance of the children's responses can be fully understood only when the foster parents' findings are known and considered. For example, a child's notion that "my foster parents are perfectly capable of looking after me on their own" gains significance when it is known that foster parents consider that "clinicians are present in our lives constantly," "our work depends on having the clinicians input 'on tap,'" and "it is our experience that we are part of the clinical team." The team is seen by the parent-therapists as empowering them, while the children have no sense of this role of the team. For the children, the parent-therapist is the powerful caregiver. This may be particularly important for children with attachment disorder as it provides them with an opportunity to develop trust in adult caregivers.

As mentioned earlier, this research project was a product of a collaboration between program members and the researchers. Formulation of the research questions and interpretations of the findings were the result of a process of discourse between the members of this partnership. Maintaining the ongoing discussions and feedback between program members and the researcher was a challenge. It involved traveling long distances and commitment to a shared understanding of factors involved in the study. The benefit of the partnership between the clinicians and the researchers was in the ability to identify factors that are meaningful to all members of the partnership – clinicians and

researchers. It enabled the study to contribute to future TFC program evaluation and immediate implementations of the findings, as well as examination of resource allocations.

PARTNERSHIP: A MANAGER'S POINT OF VIEW

Kevin Sullivan

Children in care do not trust – why should they? People they have trusted have hurt them. They are deeply scarred and they wonder if we are strong enough to keep them safe. It is our job to create a sanctuary for the children we care for – a place where they can release their pain and know it is safe to do so without being judged (Marie Croft, 2004, long time foster parent-therapist).

Overview

The idea for the Treatment Foster Care program emerged from an atmosphere of curiosity and inquiry, and from a desire for a more appropriate residential treatment response for children. Research was conducted and an article was published about placement patterns and needs of Children's Aid Society placements in group homes (Nutter and Sullivan 1989). These early beginnings laid down a culture of learning in the TFC program that exists to this day.

The fruit that has resulted includes participation in research projects, professional publications, development of original training, and using data to shape practice. The TFC program, when confronted with a perplexing problem, has always worked to develop a clear understanding and appropriate treatment response including tool development. An emphasis is placed on staying current with the literature. It is with this rich background and appetite to understand the nature of our work that the TFC program welcomed an opportunity to become a study site for the Centre of Excellence for Child Welfare. Qualitative evaluation (Osmond 1992) commenced in 2002. The TFC program embraced and welcomed the challenges of being involved in this type of collaborative research.

Background

Attachment disorders in children form the main target of our work at the Treatment Foster Care Program in Cobourg, Ontario. The

TFC program is sponsored by four Children's Aid Societies including Durham, Hastings, Kawartha-Haliburton and Northumberland. As such, the TFC program supports children in both large urban and rural settings.

The program, which has been operational since 1989, serves 125 children who range in age from 4 to 19. All children have been removed from their families and are living in substitute care. Those children who are living in homes under the program umbrella have had an average of almost five moves before their referral. All referrals have combined histories with elements of trauma, placement instability, neglect, and family dysfunction. As such, their profiles represent a combination of child welfare and children's mental health issues. Attachment disorders, anxiety, oppositionality, post traumatic shock disorder, exposure to fetal alcohol and drug effects, and various types of mental health symptoms are common. School related and developmental issues are also prevalent.

Research Start-Up

The ongoing relationship between the evaluators and program staff was collegial, cordial and friendly. There was an ease that pervaded the entire process. Approximately 8-10 face-to-face meetings took place over the duration of the process. Much of the meeting time was spent in intense discussion and review of child and program data. Learning was ongoing among all participants. For the researchers, formative information was gathered that provided direction for the next stage of inquiry. For program staff, new information provided insight into emerging clinical issues and program directions. During development of the program Logic Model, meetings were more frequent to allow for necessary thinking and clarification.

The TFC program Logic Model was very helpful and provided a launch for a larger strategic planning process. This process positioned the program for growth, change in practices, and alignment with transformative changes that foreshadowed broader Ministry policy shifts. Specifically, the program moved towards providing a number of expanded permanency options for children under its responsibility. At all times, the collegial relationship allowed for idea generation, support, and risk taking that may not have been otherwise present. It was noted that the program's familiarity with research and openness to learning helped to consolidate and move the process ahead.

The research indeed modeled the program organizational structure and style of management and staff relations. The process was equally

inclusive of all stakeholders including parent-therapists, children, program staff, outside consultants, and the Children's Aid Society staff. The TFC program operates on a model such that all treatment revolves around the child in the caregiver home. As such, the goal of program staff and outside consultants is to support the child in his or her placement. As the research findings point out, children do not readily notice input from people other than their caregivers. They view their caregiver as capable of protecting them and doing whatever is necessary to support and advocate for them. It is our belief that a mediating role for program staff opens up sufficient emotional and relationship space for children to form a selective attachment with their caregiver.

Caregivers are viewed as equal and important members of the broader treatment team. They attend all treatment meetings as equal members and participate in dyadic therapy as indicated with the children entrusted to their care. Parent-therapists participate in all aspects of the TFC program from staff hiring to policy formulation. They have their own business cards and attend professional meetings as equal members. The research successfully teased out the important nuances of the program and their contribution to the overall success of the program.

Working Together

Accommodating research within the context of an already busy and demanding work environment can indeed be a challenge for all involved. It is well understood that service must continue to be provided in an accountable and authentic manner despite increased demands of research. The demands on the TFC program were compounded by the fact that it was going through a period of rapid and significant growth at the same time research was being conducted.

A number of factors made the research possible and ultimately very successful: pre-existing relationships between the researcher and program staff; program history of involvement with research; and an organizational culture of teamwork and inclusiveness. These factors assisted in contributing to formulation of the research agenda, developing research questions and methods, recruiting a pool of possible research participants, and assisting in data interpretation.

Strategically, the initial focus of development of the TFC program Logic Model (Isaacs, Perlman and Pleydon 2004b) was paramount to the success of the entire research process. Basically, a logic model is a pictorial representation of a program that connects service activities and outcomes. It was a protracted and arduous piece of the research journey.

It involved a great deal of collaboration between the researchers and the entire program team. On completion of this stage, however, the TFC program staff had a clearer understanding of the program's key components, activities, target groups, and intermediate and long-term outcome objectives. With this foundation firmly in place, decisions about future directions became clearer and more obvious. The process then moved to gathering information from both active and graduate children, as well as treatment and non-treatment foster parents.

The process worked smoothly overall. At times it felt like the process moved slowly. This was in part due to geographic distance and work demands of all participants. However, in retrospect, these gaps allowed for the dissemination of findings and integration of new learning. As well, time was made available to set up for the next stage of research, which prevented overload on the TFC program. This time was profitably used by the researchers to present their findings to the professional community in professional conferences and workshops.

Results

In most cases, our philosophical and programming model was confirmed. However we have also been able to incorporate new learning. For example, we are re-doubling our efforts to ensure that children know their life-story and why they came into care. We have also been assisting in trying to help caregivers deal with frustrations around an unsatisfactory school experience for some of their children. As well, we have been developing programs to support children as they move towards independence in young adulthood.

We have moved toward an outcome evaluation model to better understand the impact of treatment and are well on our way to incorporating permanency for children as our prime mandate and reason for being. We are strongly committed to ensuring that children requiring out of home care are placed in family-based settings including adoption, kinship care, and long term foster care as necessary.

The research has also helped re-confirm strengths of the TFC program including: comprehensive assessment and matching; establishing safe stable environments; focus on facilitation of attachment; training of caregivers; teamwork, particularly including parents as part of the treatment team; supports and resources; and a program culture that emphasizes respect for all participants, the importance of learning, and the well-being of the foster family. We can continue to build on these strengths.

Key Ingredients

In summary, our research partnership worked positively, primarily due to the following factors:

- trusting, well-established relationships,
- ongoing face-to-face meetings and ongoing communication,
- a shared agenda and belief in value of research,
- willingness of researchers to share and report on findings to professional community as different phases were completed,
- a transparent learning environment,
- the entire team contributing to working through and accomplishment of necessary tasks.

The Future

Child Welfare is on an exciting journey in Ontario. The Transformation Agenda is committed to shaping services that are child-centered and driven:

Research is playing a central role in the current planning for child welfare transformation. These activities will assist in future policy development, continuous improvements in child welfare and move the field towards evidence based practice. (Province of Ontario Publication 2005)

Based on confidence and expertise developed to date, the TFC program is moving quickly ahead as a participant in a new piece of research in collaboration with the Faculty of Social Work at the University of Toronto. The TFC program has long identified court awarded access as an issue for many children. For example, the frequency of access may not mirror the long term permanency planning, or sibling access may trigger memories of past abuse. Hence, we are now part of exploratory research with children and caregivers around their perceptions of access. We are also interested in learning more about the dynamics and needs surrounding kin placements and facilitating attachment in adoption placements. Within the TFC program, we are moving towards collection of outcome data as it pertains to permanency outcomes.

Participation in this research has been both stimulating and motivating. We are pushing strongly forward to build on what we have learned in helping children heal and grow within enduring and supportive family environments.

Publications

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research teams in implementing evidence-based practices, conducting systematic reviews, and integrating qualitative evidence.

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