

Thirty Years of Fostering

By Marie Croft

Introduction

Marie Croft, along with her husband Jim, have successfully fostered for 32 years. They began fostering with York CAS and lived in a rural community. At that time they provided traditional foster care simultaneously for many children. In the mid-1980's they became involved in the Thistletown Regional Centre Therapeutic Foster Care Program. Through this Program they began to look more specifically at the treatment needs of children. Since 1989, they have worked continuously with the Treatment Foster Care Program in Cobourg which is sponsored by the three Children's Aid Societies of Durham, Kawartha-Haliburton and Northumberland. Building on past experience, they have continued to refine their knowledge and skills in working with trauma impacted and attachment disturbed children. Dr. Paul Steinhauer greatly impacted on their development. They continue to apply their knowledge and sensitivity in working with children in long term care to this day. Ms. Croft does training on the importance of tracking a child's behavior in the milieu and how to complete daily logs.

Ms. Croft delivered the following text as part of the opening of the Treatment Foster Care OACAS Pre-Conference Workshop on May 30, 2004.

I became connected with the world of fostering in 1972. It has been quite a journey that foster parents have travelled in the last 32 years. I have been asked to share that journey with you.

In 1972 we took kids in with no questions asked. We knew very little about the child's history, if any, and no pre-placement was necessary. We lovingly looked after them, gave them proper clothing, equal opportunities in sports/club activities and they felt cared for.

In the mid-1980's *Treatment Foster Care* became the buzz term and with that came questions like "how much can we tell our foster homes?" "How much can they handle?"

In the early 1990s it was said that "foster parents can do the work, given the right placement and the right resources – they can provide stable and long term care that is needed for our kids." It was also said that "the more a caregiver knows about a child beforehand, the better it is."

So with that new breakthrough, we were entering into a child's life with a lot more knowledge. However, we needed practical tools to go forward and to help us deal with a variety of behaviors. We became involved in intense training.

As part of the training we had books to read. From all this we soon realized that teamwork was the key. Teamwork was actually viewed as being vital to the success of treatment program and still plays a huge role. Foster parents now attended every meeting, discussing, being listened to, providing input – a huge change from previous years. We were able to take a good look at the driving forces behind a child's behavior as a team. We looked at the aftermath of sexual abuse and attachment issues and child care consultants came into the home with the plan of implementing what we had learned in our workshops.

Foster parents were enabled to teach strategies to help with anxiety management, to help the child to stop, think and do rather than just setting house rules and expecting the child to comply. We no longer squashed behaviour because the rules said so. We were not trying to control, but to help the child heal by working beneath the surface.

This was a big difference in the foster home as we were entering into a child's pain with empathy and trying to appreciate the child's point of view. We were more willing to listen and help children understand their behavior. They cannot be accountable for it if they do not understand it.

We are mindful of the fact that words don't come easy and we have to listen as well as document. Only by looking and listening can we hear what they cannot tell us.

The role of fostering today has indeed had a new dramatic breakthrough into the world of the whole child – trying to

see the world through the eyes of the child and trying to understand the child's pain.

In order to understand and define behavior, we examine situations before, during and after each incident. We are mindful of the fact that words don't come easy and we have to listen as well as document. Only by looking and listening can we hear what they cannot tell us.

We must remember that we are on a long and painful journey with the child. We must trust the process and remember that it is slow. We must also remember that it is their pain that is manifesting in their behavior. If we don't understand that, the work can indeed become a burden.

Today we have uppermost in our minds that:

1. Kids in care don't trust – why should they? people that they have trusted have hurt them
2. They are deeply scarred and they wonder if we are strong enough to keep them safe
3. It is our job to create an emotional 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.

In doing all this we give them a chance to free themselves of their conflicts. We help them understand they have a life and that they have meaning. We acknowledge their pain and hope they trust that we will be there for them this time.

We have also learned that none of this can be done without team back-up. Everyone needs to be on board with one goal; to help the child heal.

When it comes to insight and knowledge in this amazing world of fostering, we are always learning. There is always some new insight that opens another door for us to walk through.

The end results are rarely, if ever, perfect. But they are certainly better than if we had done nothing at all.

Moving from Clients Evaluating Services to Clients Designing Services

By: *Gary C. Dumbrill*
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Introduction

Children's Aid Societies are increasingly recognizing the importance of clients evaluating the services they receive. For some time "youth in care" groups have held an important and constructive voice in shaping services at an agency level and also at a provincial level through networking and conferences. More recently, parents' voices have also been heard as a result of agencies using surveys and even focus groups to ascertain parents' opinions about the services they receive. But can parents contribute more to the improvement of services than completing surveys or taking parts in focus groups? We argue that they can and support this contention by presenting findings from a study that we undertook when working for an Ontario Children's Aid Society during the mid-1990s. That study set out to test the viability of asking parents to evaluate the services they received in an era when the viability of such evaluation was less evident than it is today. The study, however, moved beyond simple program evaluation and led to parents developing a model for intervention that they suggested agencies use when bringing children into care. We present this model here, but first we trace the theoretical thinking that led us to undertake the study. We conclude by suggesting that agencies continue current efforts to ascertain parental views of services they receive but also move beyond these measures to involve parents in agency management and planning at Board and committee levels.

Theoretical Foundations: Client Expertise

By the mid-1990s the voice of children in care was having an influence on the services they received but the voice of parents was rarely heard. Yet a thrust was underway for child protection work to become more collaborative with parents, particularly in the area of case planning (Burford & Pennell, 1995; Callahan, Field, Hubberstey, & Wharf, 1998; Callahan & Lumb, 1995; Corby, Millar, & Young, 1996). In Ontario, solution-focused approaches were the primary means of achieving collaboration. Solution-focused theory considered parents to be "experts on their own needs" and solution-focused methods gave workers the means to tap this expertise when developing and designing individual case plans. Of course workers would not allow parents to shape case plans in ways that left