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Authors

Berrick, Jill Duerr

Skivenes, Marit

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Dimensions of high quality foster care: Parenting Plus[☆]

Jill Duerr Berrick^{a,*}, Marit Skivenes^b

^a School of Social Welfare, University of California, Berkeley, CA, USA

^b Faculty of Health and Social Work, Bergen University College, Bergen, Norway

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ABSTRACT

Foster care is an international phenomenon yet relatively little is known about the caregivers who offer support to children or the features of their daily care. In particular, scarce data are available to describe the characteristics of high quality caregivers or effective care. This study includes an international sample of U.S. ($n=87$) and Norwegian ($n=54$) foster parents selected for providing high quality care to children. The study is designed to identify whether effective caregiving mirrors strong parenting among typical parents or whether a set of additional skills is required to parent foster children responsively. Some of the principle features of quality caregiving for children are described particularly in the domains of family integration, relationships with biological parents, and support for children's special needs. Findings from the study have implications for foster parent recruitment, training, and support.

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1. Introduction

Foster care is an international phenomenon, increasingly replacing residential units as the predominant out-of-home care setting (Courtney, Dolev, & Gilligan, 2009). In spite of relatively distinctive family support policies, maltreatment reporting practices and child welfare system responses, rates of care are roughly similar across a range of western industrial countries (Gilbert, Parton, & Skivenes, 2011; Thoburn, 2007), with the U.S. and Norway featuring two of the lower prevalence rates for foster care (6 per 1000 children in 2007 (U.S.) and 8.2 per 1000 children in 2008 (Norway) (Gilbert et al., 2011)). Although a great deal is known about the children needing care, considerably less is known about the caregivers who serve children (Bebbington & Miles, 1990; Berntsen, 2011; Triseliotis, Borland, & Hill, 2000; Warren, 1997). The last national study of foster caregivers in the U.S. was conducted in 1993 (U.S. Department of Health and Human Services, 1993). Today we know little about how many foster parents are available in most countries, how they learned about foster caregiving, or what inspires their work. Somewhat more information is available to depict a common profile of the average foster parent.

Based upon data from the National Survey of Child and Adolescent Well-Being (NSCAW, n.d.), we know that foster parents in the U.S. are typically over the age of 40; they are about equally likely to be married or single; the majority have attained a secondary education degree (e.g., high school diploma) or less; and about two fifths of

caregivers work full-time outside the home. Data for the study were collected in 1999–2000 and at that time almost half of caregivers had been caring for children for 3 years or less and about one third had cared for children for over five years. Foster parents cared for an average of about three children and approximately one third of foster parents had five or more children living in the home. Other studies indicate that foster parents are more likely to be poor or living on a low income compared to typical American parents (O'Hare, 2007); approximately one fifth have annual incomes below the federal poverty line (NSCAW, 2001). Comprehensive data from one state (Illinois) offer relatively similar insights (Zinn, 2009).

In Norway, data are obtained from a national survey of all foster parents conducted in 2010 (Berntsen, 2011). Responses from 3758 foster parents (a response rate estimated at 51%) suggest that foster parents are living in a heterosexual relationship (89%), most of them work for the local municipality (84%), and two out of three are first time foster parents. Most have either a high school degree (about 40%) or College/university degree (about 40%). Foster parents' income before taxes shows a range of variation, but about half of the sample has annual incomes between NOK 300,000 and NOK 600,000 (i.e. USD 50,000–USD 100,000). Average annual income is about NOK 430,000 (USD 71,500). One adult in the household typically works full time; the other adult either works full time (25%) or part time (25%).

Some data from the U.S. give insight into the quality of care provided to foster children. Researchers John Orme and Cheryl Buehler conducted a review of the literature to compare the caregiving characteristics of foster parents to parents in the general population (2001). Their study indicated that some caregiving fell well below the ideal with up to one fifth of foster parents offering problematic care. Other studies in the U.S. suggest that between 10% and 25% of foster caregivers provide less-than-adequate care (Barth et al., 2008;

[☆] "Parenting Plus" was the title of the first foster parent training program offered nationally in the United States in the early 1970s (Stone & Miller, 1976).

* Corresponding author.

E-mail address: dberrick@berkeley.edu (J.D. Berrick).

Maccombe, 2006 as cited in Berrick, 2008). Similar data on the caregiving environments in Norway are not currently available, although a recent mapping of court cases involving inappropriate care of foster children in the period 2000–2011 shows that maltreatment sometimes occurs, and that the mandatory supervision of foster homes does not always work properly (Adresseavisen, 2011).

There is a reason to be concerned about ineffective caregiving, especially given the considerable vulnerabilities that foster children bring to care. Many children in foster care have significant health and mental health needs. According to the U.S.-based NSCAW study, over one quarter of children living in foster care for 1 year or longer had a lasting or recurring health or mental health problem (NSCAW, 2005). Children typically scored somewhat below norms on a range of developmental measures. Almost half of children under the age of six (45.7%) were described as having a behavioral or developmental problem. And almost half of children reported for maltreatment (48%) showed emotional or behavioral problems. Similar findings are evident among Norwegian foster children (Sundt, 2010 p. 21).

The range and depth of challenges children bring to care suggests the need for caregivers with the skills and capacities to care for them well. But how would we know if a caregiver offered a high quality, effective caregiving environment? What caregiving qualities would be required, and would these characteristics differ from those of typical parents in the general population? The Child Welfare League of America took leadership on these issues in the early 1990s when they convened their National Commission on Family Foster Care (1990) and produced the “Blueprint for fostering infants, children, and youth in the 1990s” (1991). The Commission’s expert deliberations identified five requirements of good quality foster parents that are highlighted in the internationally recognized PRIDE training program. These qualities include: (1) protecting and nurturing children; (2) meeting children’s developmental needs and addressing their developmental delays; (3) supporting children’s relationships with birth families; (4) connecting children to permanency; and (5) working as a member of a team. Well over two decades since CWLA conducted its exploration of these issues, this study seeks to examine the characteristics of caregiving among a sample of well-regarded foster parents in the U.S. and Norway. The study is designed to identify whether effective caregiving mirrors strong parenting among typical parents. It also seeks to examine the additional skills required to parent foster children responsively.

2. What makes a “good parent?”

A comprehensive review of the parenting literature is well beyond the scope of this project.¹ Well over 30 years of research on the parenting behaviors that best promote positive child outcomes can be distilled – though relatively crudely – into a few behaviors and conditions implicated in strong parenting. Responsive parenting suggests that parents should treat their children with love and respect and that they should be mindful of their child’s temperament and developmental needs (Putnam, Sanson, & Rothbart, 2002). Proactive parenting implies that parents should develop environments that reduce risks and foster development. These can be accomplished, in part, by establishing rules and limits for healthy exploration (Teti & Candelaria, 2002). Parenting that is actively engaged means that caregivers are involved in their children’s lives and that they monitor how children interact with the outside world (Crouter & Head, 2002). Intentional parenting suggests that parents articulate for children the reasons for rules and decision making, and that they define for children their expectations for desired behavior (Teti & Candelaria, 2002). And parents that are cognizant of their own role in modeling consistent pro-social behaviors for children are more likely to

see positive outcomes for children (Grych, 2002; Rubin & Burgess, 2002). What are the characteristics we seek among strong foster parents? Are they the same or different from the parenting qualities we would envision among typical parents? A European research review (Backe-Hansen, Egelund, & Havik, 2010) considering the factors relevant to a successful foster home placement identified only one recent paper on the topic. Drawing on a sample of 472 foster children, family placement social workers, and child welfare workers, “success” was measured along two dimensions: (1) whether the placement had “broken down” (a measure of non-success) and (2) whether the three parties (i.e., foster parent, family placement social worker, and child’s social worker) all agreed that the placement had gone “very well from the child’s point of view” (Sinclair and Wilson, 2003; 874). Their work identified three main attributes of a successful placement: (1) the characteristics of the child including wanting to live with the caregiver, low levels of behavioral disturbance, and high levels of pro-social skills; (2) properties of the foster parent including being warm and child-centered; and (3) the interaction between the child and caregiver. In general, findings from their study suggested that foster homes should be stable, full of love and nurturance, have the capacity to endure over time, be fair to all members of the family, and express warmth and respect toward the child. A recently published study of seven English foster parents with unexpected placement success (Oke, Rostill-Brookes, & Larkin, 2011) also finds evidence for these three attributes in addition to their ability to commit and to respond to the child’s recuperative needs.

The U.S. literature suggests that foster parents should have positive attributes in the areas of parenting, marital well-being, and a warm home environment. Foster parents themselves should have good mental health and should have social support readily available (Orme, Buehler, McSurdy, Rhodes, & Cox, 2003; Orme et al., 2005; Rhodes, Orme, Cox, & Buehler, 2003), and they should be assessed for their cultural competence and ability to meet challenging circumstances (Orme et al., 2003).

These characteristics are rather general in nature and largely reflect those found among strong parents. Parenting practices among foster caregivers that mirror the dimensions of good parenting among typical parents may be necessary in order to promote children’s health and development, but these practices alone may be insufficient. This study’s close examination of effective caregivers in Norway and the U.S. sheds light on the characteristics associated with high quality care. The data show that in addition to good parenting practices, there are some features associated with foster care that we would describe as “Parenting+”; these are the tasks associated with caring for a foster child that go above and beyond the typical strategies used with children from the general population and they derive from children’s unique circumstances as wards of the court, as (sometimes) temporary members of family, and as children shared between multiple families.

3. Methods

This qualitative study involved in-person interviews with a purposive sample of 141 foster parents; 74 interviews were conducted with 87 foster parents in the U.S. and 33 interviews with 54 foster parents in Norway. In the U.S., researchers worked with five public child welfare agencies and eight private, non-profit agencies in California and one private non-profit agency in New York City to provide a range of urban, rural and suburban foster care home locations. In Norway, eleven public child welfare agencies in two regions (South and West) of the country were involved.

A staff liaison in each setting worked with agency social workers to identify “exemplary” foster parents. In order to identify common selection criteria social workers were not asked to identify the “best” caregivers (such an approach might elicit selection strategies based on foster parents who were the easiest to manage, or the most flexible, or those who may have cared for numerous children

¹ A comprehensive review of the literature on parenting can be found in a five volume compendium edited by Marc H. Bornstein (2002).

in the past). Instead, social workers were simply asked: “If your own family were in crisis and you needed to leave your child with a foster parent for an extended period of time, which foster parent(s) would you choose to care for your child?” We acknowledge that this selection method bears an element of potential social worker subjectivity. Perhaps an ideal method would rely upon data linking foster parent qualities and characteristics to child well-being. Since such data are not routinely found for either foster parents or children in care, our strategy instead attempts to focus narrowly on the parenting qualities of caregivers.

A list of prospective study participants was provided to researchers who then contacted foster parents, inviting them to participate in a one-hour interview. In Norway, due to regulations set by the Data Protection Official for Research, the child welfare agency on behalf of the research project sent a letter to the prospective participants, and those who wished to participate then contacted the P.I. In Norway 23% of the foster parents were selected as exemplary parents, and of these 28% participated in the project. In the U.S., 127 foster parents were identified by social workers. Of these, we were able to contact 104 (82%). Of the contacted foster parents, 74 (71%) participated in the study (58% of identified caregivers).

Most interviews took place in respondents' homes, though some occurred by phone (U.S. = 12%; Norway = 12%), at the local University (Norway = 39%), the child welfare agency (Norway = 15%), or a coffee shop (U.S. = 1%) to accommodate respondents' requests. The interview protocol was particular to the age of the modal child the caregiver predominantly serves.

Questions were case-based, focusing on stages of the case from initial placement to permanency and post-permanency, including important milestones in a child's stay in care. Questions were designed to elicit caregiving behaviors and strategies in order to capture the micro-practices of care. For example, some questions focused on the early days of care: “When a child first arrives in your home, how do you make the child feel safe and cared for?” Other questions might focus on child and birth parent contact: “How do you prepare the child for the first visit?”

Respondents in the U.S. received a \$20 gift card to a local grocery store to compensate them for their time and contribution. All research protocols were approved by the host university's committee for the protection of human subjects and in Norway the project was referred to the Norwegian Data Protection Official for Research. All personal information about parents and children in this paper are de-identified.

All interviews, except one were audio recorded and transcribed verbatim. Data files were entered into Atlas.ti qualitative software. Open coding was used to analyze data for predominant themes. In terms of data analysis, we approached the interview material with an analytical and conceptual strategy (Coffey & Atkinson, 1996) by (1) identifying how foster parents reflected and described their first meetings with a foster child, how they handled the additional dimension of a birth family, and how they approached the foster child in their care; (2) identifying common themes and patterns in each country; and (3) comparing the themes across countries. Where foster parent quotations are included, they reflect responses typical of other caregivers.

Among the 74 U.S. foster parents, 43 (58%) completed a demographic questionnaire. The average age of caregivers was 49. About three-quarters (73%) lived in spousal or partner relationships, about half (49%) of foster mothers worked outside the home, and 61% of foster fathers worked outside the home. Approximately one-fifth (22%) of respondents had annual incomes of \$25,000–\$50,000; one third of respondents (37%) had incomes between \$50,000 and \$75,000. Another one fifth (22%) had annual incomes over \$100,000. About two thirds of respondents (66%) had some college or had a B.A. or equivalent. Foster parents typically cared for two children at a time and about half (49%) indicated that the stipends they received for children's care was sufficient for their needs.

The U.S. foster parents included in this study were distinctive from others in the U.S. according to data from previous studies. Foster parents in this study were more likely married, more financially secure, and had fewer children in the home. Whether these features help to support high quality caregiving cannot be addressed in this study.

Except for income characteristics, the foster parents in Norway largely mirrored those of foster parents identified in previous studies (Berntsen, 2011). The majority were a married couple 87% ($n=29$), between 40 and 50 years old, and had completed high school (50%) or had a higher education such as a BA, MA, or PhD (45%). This sample had a higher total household income than foster parents more generally in Norway with 63% ($n=21$) having an income above NOK 700,000 (USD 120,000), and 18% having an income of NOK 550,000–700,000 (USD 100,000–120,000). Foster parents usually cared for one child, and 74% indicated that the compensation they received for children's care was sufficient – although most of them said they spent additional money on their foster child and that money was not the reason they were foster parents.

4. Findings

Findings from this study suggest that high quality foster care is characterized not only by effective parenting skills in general, but that the unique challenges posed by foster care demand a range of caregiving responses that go well beyond typical parenting. These features we refer to as “Parenting+.” Although many other dimensions of care may play out in individual circumstances, we derive our findings from the information emerging from the data that appear to refer to the experience of many children in care. These three dimensions include:

- (1) Attending to the experience of integrating into a new family;
- (2) Considering the relationship between the child, birth family, and foster family; and
- (3) Responding to the development and special needs of the child.

In each of these areas, both affective and behavioral responses were gleaned from the data (see Table 1 for greater detail).

Responses across the two countries were remarkably similar. Differences in the caregiving contexts are laid out elsewhere (Berrick & Skivenes, in review). But before turning to an examination of the themes associated with the “plus” in our analysis, it is important first to recognize that the large majority of caregivers in both countries offered responses to interview questions that reflected parenting approaches reflective of the literature on effective parenting. For example, interviews were replete with commentary from foster parents suggesting that caregiving must be loving, respectful, and structured. They regularly spoke to the need for caregivers to set clear limits on children's behavior, to articulate consequences for misbehavior, and to protect children from harm. In myriad ways, foster parents spoke of

Table 1
Features of “Parenting+” dimensions.

Dimensions of high quality caregiving	Affective response	Behavioral response
1. Attends to the experience of integrating into a new family.	Parenting the child as similar to one's own	Activities to ease the transition
2. Considers the relationship between the child, birth family, and foster family.	Parenting as an emotional buffer	Care in the context of porous relationships
3. Responds to the development and special needs of the child.	Parenting with respect and humility Parenting with a child-centered approach	Advocating for the child Intentional re-parenting Orienting the child to care

their caregiving as responsive, proactive, engaged, and intentional. While many themes were similar across the two country-contexts, differences within countries were largely related to the age of the child in care with developmentally sensitive responses offered to most questions. For many, their caregiving patterns were so ingrained that it was sometimes difficult to articulate their strategies beyond what they described as simply “love:”

I'm fair.
I give them love.
I'm consistent.
My home is safe (US41: 57).

Most of our plain technique is just love (US58:390).

That's the secret: Just expressions of love (US2:336).

But foster care is indeed different from parenting in the general population. Children arrive in the home through a wholly different avenue, other adults are present and significant in the lives of children, and children's history may leave imprints that are both powerful and challenging. Aspects of these unique qualities of care are outlined below and include both affective and behavioral dimensions of foster parenting.

4.1. Parenting+: attending to the experience of integrating into a new family

Foster parents were asked, “When you learn that a child will be placed in your home, what steps do you take to prepare for the child's arrival?” Although we expected responses to cluster around tasks and activities, many foster parents also took this opportunity to describe their feelings of inclusion toward their foster child; that the child was experienced as a full member of their family and that simply being a family was part of the integration process.

4.1.1. Parenting+ affective response: parenting the child as similar to one's own

Themes drawn from the data suggest that the large majority of foster parents in these samples spoke not of foster children as “other,” but as another member of the family, equivalent to a birth child, and requiring a caregiving pattern undifferentiated from the parenting provided to others in their family. Among the Norwegian foster parents, as many as 28 interviews (85%) evidenced data showing foster parents' unequivocal perspective on their foster child as equal to their birth child. In the US, far fewer, 29 interviews (39%) included similar spontaneous remarks from caregivers.

Comments from two Norwegian caregivers and two U.S. foster parents capture the sentiments expressed by many who equated foster parenting with parenting for a birth child:

He (foster child) receives just as many presents from our parents and siblings as our own children. He is the grandchild of our parents and (my siblings) they are aunt and uncle to him. Yes, he is one of the gang, there is no difference (Norway P2: 174:190).

For me it's no different being a foster mother or a mother, except I have not given birth to him (Norway P32:21).

It is about that child and what that child needs. So what they need to realize is that when they become foster parents, then they get their kid, when they get their first kid, they've got to take that foster away from that. They have got to realize that not only you are the parent, you have to treat that kid like that was your kid, you know? And that's what the foster parent needs to understand. That if you do not want the responsibility of this kid being like a

kid then you should not take them. Because you're going to have to go to the hospital with this kid when this kid needs to be going to the hospital; you're going to need to go to the school when it's time for them to go to school and have problems at school; you're going to have to be there just like that was your own kid and, you know, and when that (foster parent) needs to be staying up all night with this kid, that's your kid (US65:104).

We decided to show her that in our family we were going to treat her as special as everyone else. We would treat her like ours and that there was no black sheep in this family (US8:106).

The emotional sentiments that these foster parents showed their foster children were also reflected in the many strategies they utilized to include the children into the family and their homes.

4.1.2. Parenting+ behavioral response: activities to ease the transition

Foster parents described intentional activities to support the child's transition into the home. These included a wide range of strategies. On the one hand there were practical issues to consider including getting furniture or equipment for the room, toys, car seats, clothes or food. But caregivers also articulated the importance of giving older children ownership and a sense of empowerment about their circumstances. For example, several foster parents indicated that they did little to prepare the child's room in advance, favoring instead to take the child shopping to select bedding or room decorations that might reflect the child's interests and tastes. Other foster parents articulated the special challenges associated with the transition for each individual child and spoke to the need for thoughtful, comforting measures that might ease the child's integration into a new setting:

Putting the bed into our room, master bedroom so that she (foster child) would feel safe (Norway P6: 6:20).

I make sure I have the car seat...I ask about the formula but sometimes they're just placed with you. I ask about sleeping patterns, if they have a pacifier, if they have a blanket for comfort, favorite foods, if they're on a bottle, if they're nursing...those are some of the basics (US55:032).

Activities attending to the foster child's needs for integration were matched with preparations for existing family members. Extended family members were notified about the impending arrival of a foster child and birth children were consulted or informed to ensure their readiness for a new sibling:

Well I always tell the kids that a new friend is coming. And because a couple of my kids are smaller, four, five, they're always excited when a new baby comes or a new child comes. So, I don't really say too much. I give them the name, tell them if it is a boy, tell them if it's a girl. The standard story is that either the baby is sick and the parents can't take care of her because she's really sick, or that the mommy is sick, and we just let it go at that because they don't need a lot of information (US12:064).

Some foster parents are given time to prepare and smooth a transition for the child. In these instances, foster parents describe a number of intentional practices to enhance their relationship with the child including visiting the child at the residential unit or respite home, having the child visit the home of the foster parents, staying overnight with an adult they know, or doing activities together. Foster parents also suggested that they deliberately spent considerable time with or around the child (depending on age) during the early weeks and months of care, limiting the child's exposure to many new contacts or delaying entry to after-school care. Foster parents

also prioritized predictability for children by initially minimizing social visits, travel and new activities.

Friends were often explicitly mentioned as parties that were informed about the arrival of a foster child, and other family members were frequently referred to as an important resource both for the foster parent and for the children — another indicator that the child was seen as a natural member of the foster family and extended foster family.

Some foster parents described measures to help the child feel included, such as putting pictures of the foster child together with the other family pictures, or hosting a “welcome” party upon the child’s arrival. Foster parents also expressed sensitivity about the holidays as a particularly poignant time for children and a time to consider thoughtfully the children’s place in their new family. As the following narrative from a Norwegian foster parent attests, inclusion of the child in planning these celebrations may have an effect of empowering foster children and helping them find their place in their new community:

FM: She (foster child) started in November saying ‘I will not celebrate Christmas this year’. ‘Ok’, I’ll say then.

INT: Why does she say this?

FM: Because she dreads.

INT: She dreads Christmas?

FM: Yes, she does. She has had many bad experiences with Christmas. We are a big family, we are 20 persons when we gather. So, yes, clearly I see that it is difficult for her. I noticed on her first Christmas that she thought it was nice, but yet I saw she felt a little lonely, I think. Although she has been in close contact with our family, of course, she misses having good experiences around that day and her (birth) family. Thus, in the next Christmas season we decided to celebrate in a slightly different way. We have recently gotten an American in-law, so we used him as an excuse to say that we had to celebrate Christmas in a different way, and thus not make so much fuss about her.

We pulled her into the planning. So even though she said she would not celebrate Christmas, and we responded that it’s okay, you do not need to. ...when it was 14 days left, she said, ‘I will celebrate Christmas if I get a new outfit’.She must be allowed in a manner familiar to her to choose what she wants to do. So, we had Christmas, a bit like a mixture of Norwegian and American and we were fewer people this year. My strategy is that we must just try different approaches. As things turned out, it went very well. But, if she ever is going to admit that it was good — that I do not know — but I saw she had a good time (Norway P27: 27:35).

4.2. Parenting +: considering the relationship between the child, birth family, and foster family

There is a good deal written in the adoption literature about the “triangle” between child, birth parent, and adoptive parent (Sorosky, Baran, & Pannor, 1979). Less frequently is an open acknowledgement of the triangle that also exists in foster care. Rather than consider the lines that form the triangle as firm and impenetrable, foster parents in these samples routinely spoke about the need for softer, porous lines that both separate and connect each member to one another. These effective foster parents regularly conveyed their understanding of the importance of birth parents to children and typically showed empathy to parents for the challenges they face. And because they understood children’s need for their birth parents — even birth parents who may have been unsafe or harmful — they readily accepted their role as buffers for children against the emotional pain associated with family separation.

4.2.1. Parenting + affective response: parenting as an emotional buffer

Parents in the general population often play the role of protector, safeguarding their children from harm. But in the parenting literature,

danger is typically considered in physical terms. Parents of young children “baby-proof” their homes, restrain children in car seats or hold children’s hands as they cross the street. And among older children, parents may monitor children’s whereabouts, who they spend time with, how they transport themselves, or what substances they ingest.

In foster care, many children frequently experience a range of emotional disappointments that may result from broken promises, missed appointments, fear of being reunified, or — ultimately — reunifications that never occur. Brokering these situations means serving as an emotional buffer, safeguarding children from emotional harm. Of course non-foster children regularly experience emotional setbacks, and many would argue that these are not only natural but also appropriate and important to their development. But for foster children, disappointments can turn to disillusionment and when the central focus of these feelings is targeted toward the birth parent, the effects can be disturbing.

All foster parents in the Norwegian sample explicitly talked about different buffering strategies they used and 62% of US foster parents spontaneously described their efforts to provide an emotional buffer to their foster children. The most common strategies related to when and how to give information about visitation (usually waiting until they were certain birth parents would show or limiting the time between notice of an impending visit and the visitation itself). Other strategies relating to visitation included being available to the child before and after to talk, comfort, or support their feelings, and to confirm for children that visitations would not change their living situations (i.e. that they would continue living in the foster home.) Other buffering strategies were to offer professionals to help the child, to speak with child welfare workers to try to change visitation arrangements, to make sure birth parents’ homes were safe for the child under visitation, or to be available to pick up the child from visitations on short notice.

For children in foster care, disappointments may emerge when birth parents make promises that are difficult to keep. Of course the commitments are understandable considering birth parents’ circumstances. Denied daily access to and care for their children, some may feel it necessary to offer gifts and prizes as a way to compensate for their absence. But especially for younger children it can be bewildering to comprehend the distance between intentions and actions and foster parents are usually the ones left to respond to children’s feelings. For example, one foster parent stated:

I’m always really happy and excited sounding for them so that they realize, hey it’s okay. “Did you have a visit with your mommy?” “Yeah.” “Was it fun?” “No.” I mean you know she’s been in (foster care) 18 months now and she knows. I mean I don’t think she really understands what’s going on completely but I’m sure she can feel that it’s not going the way it’s supposed to. And she’s like almost four, “I’m still not with my mommy; what’s wrong with this picture?” So you know I just be real positive about it. And her dad didn’t show up for several weeks and I say “oh, he must be working.” And I hate to lie, but at three, they don’t understand it. You know, so you just say, “oh, he must have had to work today and couldn’t come. I’m so sorry honey” and I’ll give hugs, and lots of love and you know they need the extra special attention at that point because they’re feeling pretty upset (US9:167).

Disappointment among foster children may be combined with feelings of disempowerment as children are rarely able to control their family circumstances. These sentiments are often expressed when children anticipate contact with their birth parent only to be denied for sometimes irrational or non-expressed reasons. One comment from a U.S. foster parent typified comments by others:

It’s sad for them. Because we go all the way to where it is (visitation) and then the mom doesn’t show. So we talk about it and we, you

know, “your mom probably had some problems come up and couldn’t make it, because of transportation, but it’s not that she doesn’t love you, it’s just that she couldn’t make it, she doesn’t have a car.” And so we take that approach to it. So they feel better (US11:063).

Foster parents, unlike parents of children in the general population, may be regularly called upon to buffer children from emotional setbacks or to absorb an emotional impact in order to protect the child. These common experiences not only typify foster care and differentiate it from parenting children in the general population, but also foster parents’ recognition of this as a key feature of their work with children may suggest that it is a central element in the “plus” domain of caregiving. Foster parents who are able to identify the need and respond as an emotional buffer will provide a protective function that goes beyond mere physical safety.

4.2.2. Parenting + affective response: parenting with respect and humility

The distance between the parenting offered by effective foster parents and birth parents whose caregiving has been significantly compromised may be great. One response to these differences among foster parents might be judgmental, scornful sentiments. But the caregivers in these samples routinely spoke to the honor and respect they felt toward birth parents, to their unrecognized strengths, and to the abiding love they knew birth parents felt for their child. Although the circumstances of some birth parents’ lives were such that foster parents might feel concern or unease, most foster parents underscored the importance of speaking respectfully about birth parents to children:

I think the key to success lies in as good a relationship as possible with the biological parents. This has an impact on the children. So, it’s important to put the bar high on having a good relationship. Even if they are completely different from us, even if they do not hear what we say, we should treat them with respect and understanding. The kids notice this right away (Norway P7:336).

I’ve been mom’s biggest cheerleader (getting teary). I get emotional because she breaks my heart. She’s a wonderful lady that just can’t get it together. We’ve had different meetings at our house over the last year. I say to her, “Our job is to do the heavy lifting with your boys. OK, you need to focus on whatever requirements that they’ve given you.” And I told her, “I don’t want to know what they are (referring to case plan requirements), because if I know what they are, I could potentially judge you, whether you are doing a good job or a bad job.” And I said, “I never want to be in a role to judge you about whether you’re doing what you’re supposed to be doing. My job is to take care of your boys until you are able to (US63:250).

Although there is evidence to indicate that harmonious spousal relationships may be easier for children to manage than relationships punctuated by deep conflict (Cummings, Goke-Morey, & Graham, 2002), little in the parenting literature prepares foster parents to consider the corollary with their other parenting partner: the birth parent. But many foster parents in this study offered their perspective that relationships founded on respect were worth pursuing. Their comments included a mix of considerations that were both practical and more ephemeral. For example, some foster parents intentionally ask birth parents advice about the child in order to honor that first relationship; others ensure that the child is dressed in clothes that the birth parent will recognize or that the birth parent purchased; some encourage children to use the terms “mom” or “dad” vis-à-vis their birth parents; and others try to downplay their own wealth or other relative advantages in order to focus on birth parents’ other strengths in relation to the child:

I’m more interested in actually forming a relationship with her that caused her to feel confident that the child was taken care of. And it’s very important to brag about the child. I remember to do that. I boast about the child, and partly I’m boasting of her, and say that “you have laid a good foundation” and I just pour in with positiveness so that it can form a good first relationship in a way (Norway P6:082).

In both countries we found many foster parents directly or indirectly expressing the importance of being respectful towards birth parents. Some foster parents directly expressed or used wording relating to respect or humility vis-a-vis the biological parents, and others told us about practices and actions that clearly were meant to be respectful and humble towards foster parents. Foster parents showed respect to the birth parent because of their ascribed relationship to the child, but they also indicated that their appreciation for birth parents was borne out of their love and respect for the child. Foster parents spontaneously offered a perspective on birth parents that honored their humanity and their struggles and many foster parents offered sentiments of deep empathy for birth parents’ challenged circumstances. Even foster parents with more cautious views of birth parents generally described how they tried to approach biological parents with the best of intentions.

I try not to make judgments on the parents, either to the child, to the social worker or even in my own mind. I try to pick out what is positive and good and go from there. I know foster parents who don’t do that, who immediately make them the bad guy. But I think when you treat people in a respectful manner, they tend to respect you back and you tend to have a better base for a relationship. So that’s where I come from. Nobody put me here to be judge and jury. I’m just trying to take care of this baby and get it through (US21:176).

Feelings of respect were often accompanied by a significant degree of humility. Again, when we compare these sentiments to those in the general parenting literature, we find no parallel. That is, there is little in the parenting literature to suggest that sentiments of humility are either necessary or sufficient to prepare for effective parenting. These caregivers, however, often referred to the special responsibility of fostering. One Norwegian foster parent’s comments are similar to others:

Towards the (birth) mother, I am humble. I am entrusted responsibility for your kid. It could have been the opposite position if life had gone differently with us. I do not see myself as a winner and the other as a loser. I think, poor, this is the hardest thing you’ve ever experienced. One should be humble and think that this is a vote of confidence from the public – to be allowed to take care of other people’s kids. That is something one should do with respect and be humble. Even though you can think and believe much is totally wrong about the interaction (between birth mother and child) and the ways they talk and make priorities. However, I do not think it is of ill will. It’s certainly not my experience. There have not been any parents here who have ill will, that want anything bad for their children. I think it is helpless and the lack of chances in life (Norway P4:4:073).

4.2.3. Parenting + behavioral response: care in the context of porous relationships

The role of foster parent may have as a near-corollary step-parenting as more than one or two adults share the role of “parent” to the child (Felker, Fromme, Arnaut, & Stoll, 2002; Svare, Jay, & Mason, 2004). But step-parenting relationships among adults differ in that the parties are linked to the child by choice; in foster care, birth parents are infrequently connected to the child welfare experience intentionally. Thus, where parenting may be shared among

two or several adults in step-parent relationships, the shared parenting required of foster parents entails an intentional bridging and an invitation to share children's care with the assumption that the experience will ultimately benefit the child.

Foster parents are "parent" to the child in their daily interactions, but data from this study suggest that most foster parents are keenly aware of the significance of the birth parent and rather than usurp that role, try diligently to share as much as they are able. Although there were many similarities between the U.S. and Norwegian foster parents, some differences emerged between the two groups as they described managing these complex relationships. These differences may result from the context in which they provide services. In Norway, most of the study participants were providing long-term care, whereas the U.S. sample was more mixed as other permanency alternatives are typically pursued. Many Norwegian foster parents indicated that they had little contact with biological parents outside of visitation and that birth parents were not their "responsibility." So, although Norwegian foster parents signaled their respect and humility toward birth parents, they were not called upon to regularly interact with birth parents as frequently or as intentionally as the foster parents in the U.S. sample.

Thus, it's within a rather limited frame that almost all Norwegian foster parents, 32 out of 33, spontaneously described a shared parenting role between them and birth parents. In the U.S., 70% of the sample spoke similarly. To share their role, foster parents conveyed a sense of flexibility and a capacity to regularly adjust to birth parents' needs, always attending to their relationship with birth parents in the context of the needs of the child.

Foster parents engage in a range of behaviors to include the birth parent in the family triangle such as involving the child in preparations for visitations, preparing food or decorating the home in anticipation of a visit, or speaking about birth parents as 'parents,' identifying their strengths, or noticing acts of kindness. Some foster parents ask birth parents' advice and opinions about matters concerning the child, they are deliberate about creating opportunities for children and their birth parent to spend time together, and they seize moments when they can help birth parents feel positive about the current situation. As this foster mother often told her two foster children:

I couldn't have made you so perfect myself. They (the foster children) then smile confidently (Norway P10:333).

This quote also illustrates the sentiment that many of the foster parents express directly or indirectly, which is that their main responsibility is to support and build the child's feelings and self-esteem, and in this process birth parents have a role.

Foster parents who articulated the value of children's continued connection to birth parents and siblings conveyed a sense that they appreciated this wider group of individuals for the richness of experience they could bring to the child. One Norwegian foster parent, for example, described the pride she felt when her foster child learned how to ski. In the next breath she lamented that the child's birth parent had missed this important accomplishment; how she had taken pictures of the day; but how she felt as though she had witnessed a poignant moment that essentially belonged to the birth parent.

Another foster parent expressed the significance for the child in having more than one mother:

It's been very unproblematic for her (foster child) to have two mothers. For example, when we are in the same room, she will say mum to both of us, and we'll both answer. She (foster child) likes that (Norway P7:045).

4.3. Parenting+: responding to the development and special needs of the child

On the whole, children in foster care experience a range of physical, developmental, and mental health challenges (Burns et al., 2004,

Pasztor, Hollinger, Inkelas, & Halfon, 2006). Their care needs require of foster parents a high degree of intentionality similar to what can be found in the literature on parenting children with developmental disabilities or chronic health conditions (Cline & Greene, 2011; Greenspan, Wieder, & Simons, 1998). Foster parents must identify and track children's health, developmental, educational, and other unique needs, but they must also push against complex and sometimes reluctant service systems to ensure that children's special needs are met.

4.3.1. Parenting+ affective response: parenting with a child-centered approach

Similar to effective parents in the general population, this sample of caregivers showed a keen interest in attending to the needs of the child. This child-centric orientation was evident across interviews in both countries as caregivers described actions and behaviors privileging the needs of the child over their own. In fact, although the general parenting literature encourages adoption of a child-centric approach, many parenting experts would argue against advantaging the needs of the child so much that the parents' own needs remain unaddressed (Smith, 2010). In this sample, however, many foster parents indicated that their own social life or other needs were often postponed or minimized in order to attend to the needs of the child. The generosity of foster parents' actions – to purposely put the needs of their foster child before their own – spoke to the intentionality with which they approached their role as a foster parent. These were not caregivers whose parenting was guided by instinct alone, but by thoughtful planning about how to best promote children's well-being.

Whether foster children's needs were advanced over the needs of foster parents, the vast majority of these caregivers surely suggested that their approach to parenting was generally oriented toward the needs of the child. This child-centric approach was evident across the data and should be considered as an overlay to all of the responses outlined below.

In the Norwegian sample, most foster parents described instances when they stretched beyond what was merely necessary for the child. For example, some described significant measures such as getting a dog that they would not have done otherwise, or enduring difficult court cases, harassment from birth parents, reduced social visits to minimize the child's exposure to alternative caregivers, reducing alcohol intake or minimizing parties because of their foster child's prior experiences.

4.3.2. Parenting+ behavioral response: advocating for the child

Like other children with special needs, many children in foster care require a high degree of thoughtful, sensitive planning in order to succeed in school and other life contexts. Some may have special learning challenges, others may have behavioral difficulties that strain peer relationships, and still others may have health concerns that require an attentive response. The large majority of foster parents in this study spontaneously addressed these issues, pointing out the essential role they play in accessing needed services and supports. Other authors have described parents who are closely involved with their children's development as "tiger mothers" (Chua, 2011); in this instance, foster parents may be appropriately named. Caregivers described a range of interactions with teachers, social workers, judges, or doctors that highlighted their role as children's champions in an effort to assess and respond to children's needs.

Illustrative of such a 'fighting attitude' is how one foster parent couple (Norway 32) described a situation in which an expert diagnosed their foster child with ADHD and ordered medication. The foster parents were skeptical of the diagnosis and contacted the child welfare agency, the regional child welfare authorities, and a local psychologist. At every level, the diagnosis remained the same. The foster parents then contacted the expert who had originally diagnosed the child. The foster parents prepared and presented their case, arguing

that the boys' symptoms might be related to maltreatment and other life circumstances. As they stated: "We knew his past. We had read all the reports and we knew what this can do to a child. The development for a child is not good when he is exposed to violence." (Norway 29:11). In the end, the diagnosis was dropped. Upon reflection, the foster parents were confident that their intervention helped to lay a foundation for the boy that resulted in many successes, and their pride for the boys' accomplishments were palpable.

These types of stories were echoed by many foster parents who described tedious planning, repeated phone calls, visits, and meetings to get their child the resources he or she required:

So you advocate. You do what you have to do. I was in school everyday for some of the kids. The younger ones who were really having issues. I would ...go to their court dates and work with their guardian (lawyer) who's usually on their side. But even then you just have to keep after something cuz' this is not the only case they have. I mean, you just phone call them. Phone call after phone call after phone call. But if you claim the kid it becomes easier; you realize this is my kid. I'm the only one there for them (US39:382).

4.3.3. Parenting + behavioral response: intentional re-parenting

Similar to parenting in the general population, foster parenting requires a degree of intentionality – explaining to children why decisions are arrived, or why certain behaviors might be expected. But foster parents in this study routinely spoke to the notion that they had a special obligation to the children entrusted into their care. Their role was to offer alternative opportunities to children whose life course might otherwise take them on a difficult or dangerous path. Their role was not only to parent, but to *re-parent* children and offer another chance to participate in the world differently than they might have otherwise.

Children whose lives were previously punctuated by disorganization were offered structure and predictability. Foster parents, for example, prepared children with drawings or stories to characterize the coming day, week, or weekend. Other foster parents created schedules for children from morning to night, the effect for children being a routinized day.

I ask how your day was, and I'm on top of you about your school work. And I make you go to bed at 9 o'clock on a school night – which they hated, but you know, it was because I cared. And I think that, they see that through it all. And I'm acting in a way that, maybe, they'd expect a parent to act, but they haven't seen before (US5:152).

Regarding a child who may have missed important opportunities to learn about one's social responsibility in the world, a foster parent had this to say:

That they are able to make demands on themselves, that they cannot just dangle through life or only be a guest in the world. One must contribute. Contribute at school, in the family, in a group of friends or a classroom. It is important that they know the community they are a part of and have a responsibility towards, regardless of written and theoretical skills and knowledge. So social skills and responsibility, for me, it is very, very important (Norway 4:102).

Foster parents' re-parenting strategies sought to fulfill their ambitions for their foster children. In the Norwegian material foster parents described their hopes for a successful adult life. Usually this included their foster child's adult happiness, their contentment with self, and their capacity for adult independence (i.e., free from dependence on

social or health services). This quote from a foster father illustrates the sentiment:

Of course, I have hopes that they will manage to get through school and get a job, but preferably they should be happy with themselves as adults ... and have confidence and self esteem (Norway P27:9).

4.3.4. Parenting + behavioral response: orienting the child to care

In the general parenting literature, many resources are available to help parents tell children "where they come from" (Harris & Emberley, 2008). The corollary in foster care isn't as clear. How do foster parents explain their role to the child, why the child does not live with birth parents, or the role and functions of the child welfare system? We asked foster parents how they explain their role, but foster parents also described additional strategies they employ to help the child manage their foster status towards themselves, peers and others. Foster parents' reflections display their concern about children's safety issues and a matter-of-fact explanation that birthparents are unable to care for a time.

I said, "Your mom needs to learn how to keep you safe" (US2:660).

I say, "We're here to take care of you and to keep you safe and to help you have fun until your mom or dad is ready for you to go with them" (US12:172).

"Right now, they're not able to care for you," that's what I always say. "They're not able to care for you; they're having a hard time taking care of themselves. They can't take care of a child." And always, "I'm sure they think about you and they love you." That's all you can say because they need to hear that because that's a part of them (US31:232).

Some foster parents preferred the social worker or another professional to explain why children were in care, and most foster parents expressed the same sentiment as this Norwegian foster mother:

We have emphasized that we shall not be the ones that discusses the problems that biological mother has." (Norway 1:018).

This distancing between daily care and the removal decision was intentional to make clear that foster parents had not separated the child from the birth home, but also that this was the responsibility of the child welfare agency.

In the Norwegian sample, many caregivers also discussed the child's need for predictability and permanency. Because the majority of caregivers in Norway were considered long-term providers, they expected to care for the child for many years. Their responses indicated that it was important for children to hear that they were destined to stay for the duration of their childhood and that they belonged in the home. This was not the case in the U.S., so these caregivers typically did not speak to the child's length of stay, largely because they did not know it themselves.

5. Discussion

Findings from this cross-country comparison suggest that effective foster parents in the U.S. and Norway may share a number of similar characteristics relating to their caregiving. However, there are also some differences regarding how they view the foster child, their shared parenting and how they understand their long-term obligations towards the child. We explore if these differences might be a result of different welfare state models and contextual features, and pursue this question elsewhere (Berrick & Skivenes, *in review*).

Foster parents in this sample regularly articulated a range of parenting strategies that would be considered "effective" by parenting

experts, evidencing responsive, proactive, engaged, intentional, age-sensitive, and pro-social behaviors designed to promote children's growth and development. Effective parents help all members feel part of a family. In this regard, the foster parents in both countries were especially adept at creating an atmosphere of belonging. These foster parents described a home atmosphere based upon equality for all children, and one in which each child was loved, protected, fought and advocated for, disciplined, re-parented, and nurtured. Foster parents took pains to describe their strategies to help each child feel included, supported and valued — important qualities for all children, but essential for children experiencing maltreatment, insecurity and loss.

But in addition to the typical strategies of effective parents, foster parents in this study often spoke to the unique demands in parenting associated with the “foster” component of their caregiving — what we refer to in echoing a term coined by CWLA over 40 years ago as “Parenting Plus.” In the work of Sinclair and Wilson (2003), foster parent characteristics such as warmth and child-centeredness were emphasized as important components of successful care. From the American literature, material well-being, positive mental health, and access to social support also are implicated as helpful (for a review see: Berrick, 2008). Our analysis of the data on effective foster parents supports these findings, but it also expands existing knowledge by identifying particular challenges foster children face and affective and behavioral strategies foster parents employ in response. These include integrating children into the family as a full member, serving as an emotional buffer against children's strong emotions or extreme disappointments; caring for children in the context of porous relationships with birth parents or other birth family members; honoring birth parents for the important role they play in children's lives; advocating for children's special needs; offering children new opportunities to learn or experience the world as an alternative to the patterns of their past; and serving as translator for children touched by an unfamiliar child welfare system.

How do the domains of “plus” compare with the competencies outlined in the CWLA-based PRIDE training? Indeed there are areas of overlap (e.g., CWLA's focus on supporting children's relationships with birth families). But some of the findings from this study go beyond the competencies identified in PRIDE and suggest features of caregiving that can be identified in foster parent recruitment, training, and support.

These patterns of “plus” have important implications for agencies working with foster parents. The data suggest that foster parents should first be recruited and selected because they are known to be, or have the capacity to serve as highly effective parents. Other components in the “plus” dimension can be taught, such as the range of behavioral responses identified in these data. The affective domains of care outlined herein may be less responsive to conventional training. Thus, caregivers should be carefully screened to determine if they can honestly welcome into their home new family members who are initial strangers, and further, to select those who are committed to act as a true parent for the foster child, and as such create an atmosphere of belonging. Although it would be difficult, in advance, to determine if a foster parent would show sentiments of respect and humility toward specific birth parents, it would be valuable to determine whether these traits were present, in general, in foster parents' attitudes towards others and toward birth parents' typical circumstances.

Evidence from other studies suggests that foster parents should be prepared to manage the challenging behaviors that children present and that social learning approaches may be especially effective strategies (Chamberlain, 1998). Less attention has been paid to the preparation foster parents may need in order to attend to the dimensions of care laid out in these pages. Children's inclusion into new families may be highly disruptive and disturbing. Integration strategies that are thoughtful, incremental, and child-centered are likely to garner more affirmative responses from children than a list of “house rules”

taped to a refrigerator. In the U.S., new practice approaches to encourage foster parent-birth parent partnerships are emerging (Annie E. Casey Foundation, n.d.; Werth, 2008). These efforts are designed to acknowledge the soft boundaries between families and the strengths and resources birth parents can offer children. Less has been written about naming the important role foster parents play in buffering children from the extreme emotions that often accompany out-of-home care. Information from the caregivers in this study suggests that this is a pivotal role for foster parents. And the special needs that children present in care must be managed in the home, but children's interactions with the world outside of the home demand that caregivers are fierce champions for children's well-being. According to Triseliotis, Sellick, and Short (1995:46), foster care is about “more than pure commitment; it also requires knowledge and skills.” As such, assertiveness training, advocacy, and resource brokering are skills that can be developed and supported. Child welfare agencies may be reluctant to include these in their training activities for fear that foster parents will use these tactics to require more of social workers. But if foster parents are not prepared to ask hard questions, demand services, and set high expectations from social workers, educators, the courts, and other allied professionals, children's needs are likely to go unnoticed.

Findings from this study offer important implications to a field that is relatively sparse in its understanding of foster parent characteristics, strengths and needs. Although almost one-half of children in out-of-home foster care in the U.S. (U.S. Department of Health and Human Services, 2010) and almost four-fifths in Norway reside with non-relative foster parents (Bunkholdt, 2010), remarkably little is known about foster parents in general, either in terms of the most effective recruitment strategies (Berrick, Shauffer, & Rodriguez, 2011; Pasztor & Wynne, 1995; Triseliotis et al., 1995), or the characteristics sought among effective caregivers (Buehler, Cox, & Cuddeback, 2003; Coakley & Orme, 2006; Orme et al., 2005). While child welfare agencies can learn what to avoid by studying the worst foster care tragedies, much more can be gained by examining exceptional care. Findings from this study suggest that a loving, nurturing parenting is the essential foundation of high quality foster care, but good parenting alone will not address the unique aspects of out-of-home care. A Parenting Plus approach that considers both the affective and behavioral domains of caregiving may provide a framework for understanding the additional aspects of parenting required in foster care.

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