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Foster family assessment: The assessor's perspective - A qualitative study

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ABSTRACT

Children in foster care are more likely to exhibit emotional, behavioral, social, and developmental problems. Accordingly, foster families should provide them with a safe family environment that promotes their development. Therefore, to ensure that foster families adequately meet children's needs, it is crucial for youth protection services to properly assess prospective foster family applicants. However, the specific assessment methods are understudied. This study aims to capture the experiences of caseworkers and the challenges they face in assessing and selecting potential foster caregivers, as well as their needs for support to perform the assessments. Focus groups were held in child protection services agencies in the province of Québec (Canada). Three group interviews with a total of 15 caseworkers were transcribed and subjected to content analysis using NVivo 11. The caseworkers identified nine most important dimensions for assessing prospective foster families, notably motivation and engagement. Differences in the assessment process between caseworkers were observed, particularly for the type of foster family assessed. The caseworkers reported certain common needs for assessment training, primarily in interview techniques and the handling of multicultural issues. They also complained of lack of time allocated for clinical support during assessments. The results call for collaborative efforts between researchers and practitioners to provide appropriate training and tools to support the assessment process.

1. Introduction

Children who are placed in a foster family are considered to be highly vulnerable (Oswald et al., 2010). When they enter the foster home, they have already accumulated numerous risk factors and are at greater risk for developmental delays (Goemans et al., 2016; Oswald et al., 2010), socio-emotional problems (Baldwin et al., 2019; Bernedo et al., 2012; Bovenschen et al., 2016), and mental health

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problems (Dubois-Comtois et al., 2021). Furthermore, they have special needs that their foster families must meet (Steenbakkers et al., 2018). Once children are placed in a foster home, the quality of the environment and placement stability are key factors for behavioral well-being (Font, 2014; Rubin et al., 2007) and positive developmental outcomes (Font et al., 2018; Harden, 2004; Sattler et al., 2018). Given the complex needs of foster children, it is critical to ensure that foster caretakers have the knowledge and skills required to assist them, along with the capacity to cope with the challenges and stress involved in parenting a vulnerable child (Orme et al., 2006; Solomon et al., 2017). It is therefore important to carefully select foster families that can adequately fulfill their responsibilities for the child and maintain their commitment as foster parents. Nevertheless, few studies have examined the foster family assessment and selection process or caseworkers' perceptions of the process. The present study aims to document the experiences of caseworkers in the province of Québec, Canada, including the challenges they face when assessing potential foster caregivers and their needs for support during the assessment and selection process.

1.1. The challenges of being a foster caregiver

Foster children pose numerous challenges for foster caretakers, who must possess suitable parenting skills (Berrick & Skivenes, 2012). Notably, they must respond to the special needs of these children, many of whom are struggling with the aftermath of abuse and neglect as well as separation from the biological family (Berrick & Skivenes, 2012; Orme & Combs-Orme, 2014). To fulfill their mandate, foster parents must provide a safe, stable, and predictable care environment that is conducive to healthy child development. However, the challenges that await foster parents are substantial (Vig et al., 2005), and the risk of placement disruption is real (Brown & Bednar, 2006; Oosterman et al., 2007; Rhodes et al., 2001). Moreover, foster caretakers must deal with the unique circumstances surrounding the placement, such as the (sometimes) temporary nature of the placement as well as the biological family's involvement with the child (Pagé et al., 2019). Indeed, foster caretakers appear to find it challenging to develop a bond with the child while dealing with the child's biological family (Chateauneuf & Lessard, 2015). Thus, the foster caretakers play a central role in supporting children who maintain contact with their biological parents (Haight et al., 2002), while at the same time they may feel powerlessness and frustrated when it comes to parent-child visitations, especially when they provoke negative reactions by the children (Morrison et al., 2011). Considering these major challenges, Québec's Director of Youth Protection (child protection services [CPS]) has established rigorous assessment practices for selecting foster caretaker applicants. Not only must caseworkers consider these specific challenges in their assessment, they also need to establish whether potential foster families demonstrate protective factors that have been related to more effective placement.

1.2. Factors related to child adaptation and placement stability

Many studies have sought to determine which characteristics of foster caretakers are associated with greater child adaptation and placement stability (Delgado & Pinto, 2011; Orme et al., 2006). These characteristics include motivation for foster care, such as intrinsic motivations associated with child attachment security (Cole, 2005a) and placement stability (De Maeyer et al., 2014; Geiger et al., 2013; Rodger et al., 2006). High parental sensitivity and quality of the parent-child relationship are also important to consider, as they are related to child attachment security to the foster caregiver (Ponciano, 2010; Stovall & Dozier, 1998), fewer behavior problems (Dubois-Comtois et al., 2015), and better language development (Raby et al., 2019). Other characteristics such as social support (Crum, 2010), mental health (Gabler et al., 2014; Rhodes et al., 2003), and the capacity to establish rules and limits (Crum, 2010; Redding et al., 2000) have been linked to placement stability and child adaptation. In addition, foster caretakers' childhood experiences of maltreatment, unresolved loss, and trauma have been related to insecure attachment in foster children (Cole, 2005b). Given that these characteristics are associated with both children's adaptation and placement stability in foster care, we would expect them to be considered in the assessment of prospective foster families. Yet they are not necessarily included in the available assessment tools (Bifulco et al., 2008). Caseworkers may therefore find it challenging to properly assess prospective foster caretakers, and would need further support to do so.

Retention of foster caretakers is a significant issue for CPS agencies (Chipungu & Bent-Goodley, 2004). Parents who discontinue fostering justify their decision by the lack of CPS support to deal with the complex issues involved in caring for foster children (Ahn et al., 2017). On the other hand, intrinsic motivation for parenting is a factor associated with continuity of fostering (Geiger et al., 2013). The literature clearly identifies certain skills and dispositions that enable foster caretakers to meet placement challenges and maintain their commitment to fostering. However, it is unclear how caseworkers are using this research evidence in their assessments of foster care applicants.

1.3. Assessment practices in the province of Québec

Although the assessment rate for children is lower in Québec than in other Canadian provinces and in the United States (Hélie et al., 2015), the placement rate is higher (Esposito et al., 2013). At the same time, foster caretakers are in short supply. Most countries have developed foster care assessment protocols and/or guidelines (Harden et al., 2008; Herczog et al., 2001; Orme et al., 2007). To ensure that foster family certification adheres to specific standards, Québec's *Ministère de la Santé et des Services Sociaux* (Minister of Health and Social Services [MSSS], 2016) issued a guideline for caseworker assessment of prospective foster families. The MSSS guideline details the steps to be followed during the assessment as well as the assessment criteria. However, it does not mention the weight of each criterion, nor does it provide standardized observation tools or questionnaires to ensure consistent, valid, and sensitive assessments (Baird & Wagner, 2000; Crea et al., 2009). Thus, based on the provincial guideline, each CPS agency is free to develop its own

assessment methods for different types of foster care family applicants, namely non-relative foster families, foster-to-adopt families, and kinship foster care families. Although the ministerial guideline underscores the need for oversight of prospective foster family assessments, no study has reported specifically on caseworkers' perceptions of the assessment process.

1.4. Study objectives

The main objective of this study is to document the experiences of caseworkers, including the challenges they faced when interviewing potential foster caregivers and the needs they identified to help them complete the assessment and selection process. In addition, because each type of foster care family (non-relative foster family, foster-to-adopt family, kinship foster care family) has a different background (Ehrle & Geen, 2002), poses different challenges (blinded for the review process), and has been related to different outcomes in children (Dubois-Comtois et al., 2021), the second objective is to determine whether caseworkers' perceptions vary according to the type of foster family assessed.

2. Method

2.1. Participants

The participants comprised 15 caseworkers working in three different CPS agencies located in different administrative regions in the province of Québec (CPS 1: $n = 7$, CPS 2: $n = 5$, CPS 3: $n = 3$). The sole inclusion criterion was that the caseworkers had to have previous professional experience of assessing prospective foster families. The participants showed adequate diversity. Most were woman ($n = 13$), and most had a bachelor's degree in social work ($n = 10$), while the remainder had a bachelor's degree in psychoeducation. The average years of experience in casework was 21.46 ($SD = 13.92$; ranging from 0 to 38) and the average years of experience in foster family assessment was 6.13 ($SD = 8.16$; ranging from 0 to 33).

2.2. Study design

We applied a qualitative research design using focus group discussions to obtain information directly from caseworkers who had assessed prospective foster parents. Focus groups allow obtaining the subjective perceptions of several people simultaneously in a discussion that facilitates a common and nuanced understanding of a research question (Flick, 2018; Kitzinger, 1994). In addition, it allows members of a same group to air a diversity of views (O'Brien & Whitaker, 2011). Focus groups are widely used in health care and health services research to collect qualitative data (Freeman, 2006).

2.3. Procedure and material

After the CPS department heads agreed that their team could participate in the study, they were asked to inform their caseworkers about the study. Caseworkers were invited to participate, and participation was voluntary. Caseworkers' consent to participate was obtained before the focus group discussions began, in the absence of the department heads. For the convenience of the caseworkers, the interviews were conducted during the workday, in a time slot generally dedicated to team meetings. The three focus group discussions (one per agency) were led by the principal investigators (K.P., K.D.C., and R.C.) from July 2018 to October 2019. Each focus group discussion was filmed and lasted about 2 hours. The researchers led the discussions based on an interview canvas developed to guide the focus group discussions (Supplemental Material 1). Questions were added or adapted according to information provided by the participants. Before beginning the discussions, the caseworkers completed a short sociodemographic questionnaire to gather data on their training, years of experience in CPS, and years of experience in foster family assessment. Following the focus group, the discussions were transcribed from the video recordings into a text document. The textual transcripts of the interviews were then subjected to analysis. Names were removed from the transcripts. The project was approved by two ethics committees.

2.4. Data analysis

The transcript analysis procedure was adapted from Negura's (2006) content analysis method. First, themes that were related to the study objectives were identified (Paillé & Mucchielli, 2016). The identified themes were then examined to establish parallels, contrasts, and divergences (Paillé & Mucchielli, 2016). The qualitative analysis software NVivo11 was used to thematically code the transcript content and generate a thematic tree. In addition, an analysis was performed to determine whether the participants' comments varied according to the type of foster family assessed. This intragroup diversification is a method to ensure that empirical saturation has been achieved (Pires, 1997). Saturation is reached when no additional information is found within a group and the addition of new data from other groups brings no new information about the category in question (Glaser & Strauss, 2010). In the present case, saturation, which requires the collection of data that maximizes internal diversification (Pires, 1997), was achieved after three focus group discussions. Two researchers (K.P. and R.C.) then used triangulation to compare their coding of the discussions and ensure agreement between the results and the collected data (Jonsen & Jehn, 2009). Triangulation is a validity procedure that draws on multiple sources to establish the reliability of qualitative data, thereby enhancing a study's credibility (Flick, 2018). Following triangulation, a thematic tree was constructed by one of the researchers.

3. Results

3.1. Thematic analysis

The thematic analysis identified salient dimensions that the caseworkers considered in their assessments of foster applicants as well as the challenges they faced along the assessment process. Fig. 1 presents the identified themes. Factors that influenced the caseworkers' perceptions are then discussed.

3.1.1. Assessment dimensions

The results revealed nine dimensions that the caseworkers believed were the most important for assessing prospective foster families. Among these, three took up a significant portion of the group discussions: *Motivation*, *Commitment to the child*, and *Autonomy and parenting competence*.

Motivation was a central dimension from the caseworkers' standpoint. It was defined as the driving force behind the intention to foster, and it encompassed the main reasons for wanting to become a foster family. This dimension was repeatedly addressed during their assessments, in particular when they asked the applicants to provide some background about their desire to foster a child. For example, as one caseworker explained:

> Motivation, it doesn't just fall from the sky, just like that. I think that there's something in your personal life, in your background, that brings you to this point. To get to the point where you can say, "*Yes, I want to take foster children into my home*." The important thing for us is to understand the backstory, the journey it took to get there.

When the caseworkers discussed the applicants' motivation, they also mentioned the importance of finding out how the rest of the family perceives the proposal to foster care.

> And it gets more complicated when there are two parents and a lot of kids. Everybody has to be on board. You have to know everybody's position in this collective journey, because it isn't just one person. It's a family.

Commitment to the child was another central assessment dimension. The caseworkers defined commitment as the parents' tenacity in

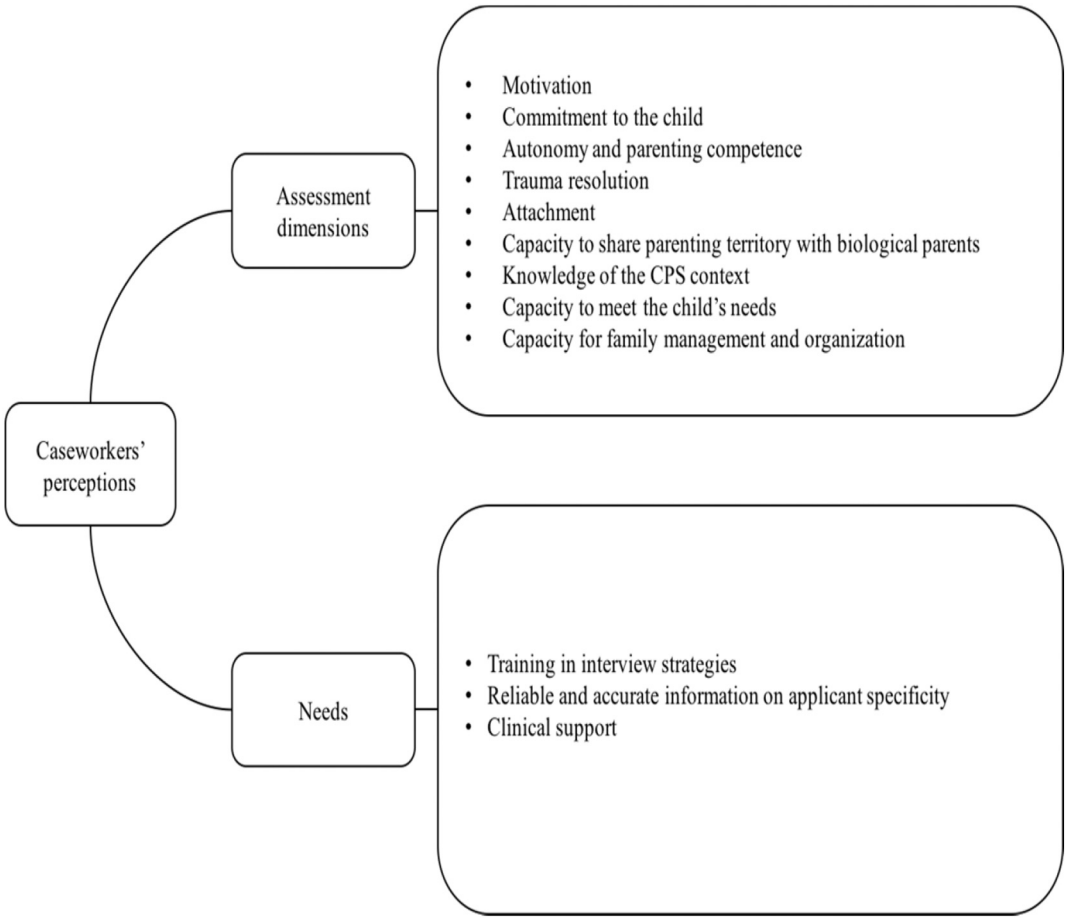

Fig. 1. Thematic tree of the caseworkers' perceptions of the assessment process.

dealing with children's problems as well as their capacity to integrate the child into the family and ensure a long-term placement. The caseworkers were concerned about finding the foster children a home that can provide the stability they need.

> If at some point I want to change my job because it doesn't suit me, I can change it. But in this case, there are children involved. […] I want to make sure that I have someone who's going to be there for the long haul. […] That's what commitment is all about.

Autonomy and parenting competence constitutes an additional dimension that caseworkers looked for during their assessments. They placed higher value on multiskilled applicants who would not need a lot of support. They justified the emphasis on autonomy and parenting competence by the higher expectations for foster caretakers and the heavy demands of fostering a child. In their view, foster families should be able to do their job even with little or no support by social services. The caseworkers felt that accredited foster families should be fully prepared to be, in their own words, "super parents" who would not have to depend on social services to help them.

> When the [applicants] say, "*Oh maybe that's a weakness, but I can learn*," well, no. That's it. You don't get a child and then we help you develop that. No, that's it. That's grounds for refusing [an applicant].

The caseworkers reported eight additional dimensions that received somewhat less attention, including *Trauma resolution*. They felt it important to know about the applicants' childhood experiences of maltreatment, and more importantly, how the applicants had dealt with such events. They were concerned about how the applicants would handle a child that was dealing with similar issues. For example, how would someone who had been sexually abused as a child react if the foster child shared a similar past?

> If we have an applicant who has experienced sexual abuse, we will adapt the assessment and explore further the possibility of caring for a youngster who has been sexually abused. How will they react, what will that make them go through? Because for some people, it's not resolved. So we will go further in the scenarios and dig a little deeper when we know that there are more risk areas in that person's life that could make them unfit to care for a certain type of child or deal with a certain type of problem.

Attachment was also brought up. The caseworkers recounted how their assessment of attachment depended on the applicant's openness to talk about personal matters. Some caseworkers believed that attachment was related to the capacity to support a foster child despite the challenges. These caseworkers associated attachment with commitment. One caseworker said, "When we talk about commitment, it's also attachment, sensitivity. It's also part of attachment." Others defined attachment as the capacity to love, accept, and connect emotionally with children. For them, it meant the capacity to bond: "Is the person able to invest and love, even if it's not their own child? Attachment isn't a simple thing."

Capacity to share parenting territory with the biological parents was another dimension that deserved attention. The caseworkers wanted to ensure that the foster family could accept contacts between the child and the biological family, and sometimes participate in these contacts. They also wanted the foster family to be aware that the child might return home someday.

> The biological parent still plays a role after placement, and the foster family has to come to terms with that. Many applicants tell us, "*He'll come to my house, to my world*." Well yes, but it's also the child's world, and it's her child.

Consequently, they also placed importance on the dimension *Knowledge of the CPS context*. This refers to the foster family's understanding of their fostering role and the specificity of the children who fall under youth protection. As one participant explained, "It means going and finding out what they there is to know about this clientele. Sometimes they've heard some things or dealt with a few difficult kids, but living with them 24/7 is different." This dimension also includes the applicant's capacity to collaborate with CPS agencies, which requires an openness to work with them, the ability to question oneself, and a willingness to accept support and training in order to improve their parenting practices.

Capacity to meet the child's needs was another dimension that the caseworkers assessed. It was defined as the ability to be attentive and to provide appropriate responses to the child's needs.

> The foster parent has to be able to understand what the child is expressing and how he or she feels. Then, the foster parent has to find ways to respond to the child's expressed needs and understand what the child is experiencing. In short, the foster parent must respond appropriately to the child's expressed needs.

In addition, they valued a *Capacity for family management and organization* in order to meet the foster child's needs for routine and stability. As one caseworker described it, "The families I assess must demonstrate good leadership, organization, and planning skills." This dimension also included the applicants' ability to manage the budget they would receive to pay for the child's needs.

3.1.2. Challenges in the assessment process: needs identified by the caseworkers

The caseworkers also shared their views on what could be done to help them perform their assessments. The focus group clearly identified three needs in terms of access to training and assessment strategies, including tools and clinical support. First, they wanted more *Training on interview strategies*. They wanted to know more about how to formulate questions, extract information from applicants who were less forthcoming, and assess aspects that were hard to observe before the foster child arrived in the home. In the words of one caseworker:

> We don't have any tools that would show us how to ask questions differently, how to approach more sensitive subjects. We really need to dig deep, and that's hard with applicants who don't say much. They hold back information that we need to have.

Second, they wanted information and training on how to collect *Reliable and accurate information related to applicant specificity*. For example, they wanted information about different cultural and religious practices and their possible influence on parenting.

> I find that we're not getting much training, or tools, to assess cultural differences properly. […] I do some research; I talk with the people that I assess who are more open. […] I realize that some words don't have the same meaning [for them], and we work on those. […] I find that I'm not really qualified for that.

One caseworker shared an assessment experience with applicants with specific characteristics:

> And it was a question of demystifying the ability to take care of a baby when you're deaf and dumb. […] So, again, I did something about it. I was told I should find out what to do from organizations that adapt homes for parent with special needs. […] Well that's really an additional challenge.

These particularities required the caseworkers to find more information. However, they did not always know where to get reliable information. These situations can be frustrating for caseworkers, as it is important for them to maintain a neutral stance in order to make fair and informed assessments.

Finally, the caseworkers wanted more *Clinical support*. They suggested that team meetings be held so they could work on their casefiles together, or that a senior caseworker be assigned to provide support for their assessments.

3.2. Caseworkers' perceptions according to the type of foster family assessed

A thematic analysis was also performed based on the type of foster family that the caseworkers assessed. In two of the participating agencies, the assessment procedure varied according to foster family type. It is noteworthy that the amount of time allocated for the assessment varied as a function of foster family type. For instance, caseworkers who assessed kinship foster families were given far less time (approximately 2 h) than those who assessed the two other types (non-relative foster families and foster-to-adopt families; approximately 15 h). The caseworkers were somewhat uncomfortable about what this meant for the kinship foster families:

> They're not "super parents," like when we assess the non-relative foster families and foster-to-adopt families. But they're people who have a relationship with the child. So of course, […] I don't know if it has less of an effect on the children who are placed. I don't know if it's less traumatizing for a child to go live with an aunt or a grandmother. Probably, but, […] the expectations are lower for accrediting a kinship foster family.

Some caseworkers reported that families who failed the assessment to become a non-relative foster family had been accepted as kinship foster families. It is therefore relevant to question what justifies these differences in assessment according to foster family type. Other assessment differences that emerged in the discussions were related to *Financial management skills* and *Commitment*, two dimensions that were identified as more important for accrediting foster-to-adopt families. This was explained by the different goal set for foster-to-adopt families, namely potential adoption. In this case, the applicants had to be financially able to pay for the associated childcare costs and be strongly committed to forming a family.

4. Discussion

This study aimed to explore caseworkers' practices for assessing prospective foster families in Québec by gathering first-hand reports of their assessment experiences and needs. This section presents an interpretation of the caseworkers' comments with reference to the MSSS (2016) guidelines for caseworkers and the research evidence. In the focus group discussions, we observed that the caseworkers talked about some of the MSSS criteria from the outset while completely ignoring others.

The caseworkers highlighted the importance of various assessment dimensions, including motivation, autonomy, competence, and commitment. They also expressed their needs for better training, tools, and strategies to help them conduct more effective interviews, appropriately assess families from different cultures and religions, and cope with the challenges of assessing atypical applicants. Some of these needs underscore the limitations of the MSSS guideline, such as how to assess applicants with particular characteristics or dimensions that are tougher to capture.

4.1. Dimensions addressed and omitted by the caseworkers

Motivation was a central assessment dimension for the interviewed caseworkers. This is consistent with the MSSS guideline as well as the research on foster families, which shows that motivation types are related to placement stability (De Maeyer et al., 2014; MacGregor et al., 2006; Rodger et al., 2006). Foster families' intrinsic motivations have been associated with placement stability, whereas extrinsic motivations, such as salary, tend to be associated with shorter placement duration (De Maeyer et al., 2014; Rodger et al., 2006). Being aware of the importance of motivation, the caseworkers gave it considerable weight in their assessments.

Motivation to foster a child has been related to childhood experiences of maltreatment. Although some authors suggest that these experiences, when resolved, could help foster caretakers better understand and empathize with foster children (Caltabiano & Thorpe, 2007; Kaniuk et al., 2004), others have shown that such experiences are related to lower parenting skills and lower parental sensitivity (Hesse & Main, 2006; Madigan et al., 2007; van IJzendoorn et al., 2020). In a meta-analysis of thousands of studies that covered almost 1.5 million participants, parental history of childhood maltreatment was identified as one of the strongest predictors of child maltreatment (van IJzendoorn et al., 2020). In light of the research, it would be imperative to consider any history of childhood maltreatment and its resolution in foster family applicants. Moreover, it is important to keep in mind that other traumatic experiences during adulthood, such as a miscarriage, might compromise parenthood (Tian & Solomon, 2020). Although the caseworkers were concerned about the resolution of childhood maltreatment experiences, it is not mentioned in the MSSS guideline.

Most of the dimensions the caseworkers discussed reflect the criteria in the MSSS guideline. However, it is noteworthy that two

dimensions that the caseworkers felt it important to assess (commitment; autonomy and competence) are not specifically listed in the guidelines. It is also surprising that the caseworkers failed to mention certain criteria that are in the guideline, such as mental health, a known predictor of placement stability (Dickerson et al., 2011; Shklarski, 2019; Simon et al., 2005). One explanation is that, given the numerous administrative steps the foster parent applicants must go through before the assessment is authorized, there could be a natural attrition of applicants with mental health issues. Indeed, the assessment itself is preceded by a lengthy bureaucratic process that requires completing many forms, attending meetings, and obtaining numerous references. All this may discourage applicants with mental health issues. Consequently, caseworkers would seldom have to assess applicants with mental illness when assessing either foster-to-adopt families or shorter-term foster families. On the other hand, the fact that kinship foster care family assessments are carried out expeditiously, especially when the child is already in their care following a temporary order, might lead caseworkers to overlook mental health issues in this case. However, considering the tough challenges that kinship foster parents cope with, as well as the high levels of psychological distress they have reported, mental health issues would appear to constitute a major factor to assess, and for all foster caretaker applicants (Bunch et al., 2007; Crowther et al., 2015; Harnett et al., 2014; Poitras et al., 2017).

Furthermore, the caseworkers appear to have confounded some of the dimensions. For example, they did not address attachment representations, which are mentioned in the MSSS guideline. When they discussed attachment, they spoke in terms of bonding, sensitivity, and commitment. This is understandable insofar as these concepts are indeed related to attachment representations. However, there could be some confusion about these concepts, which may have contributed to blur the boundaries between the dimensions and cloud the assessment process. Although foster caretakers' attachment representations constitute an important factor for foster children's developmental outcomes (Dozier et al., 2001; Dubois-Comtois et al., 2015), it is not always considered in assessment protocols (Crea et al., 2009; Orme et al., 2007). This important dimension should be better understood by caseworkers and more systematically included in their assessments of foster family applicants. The fact the caseworkers do not have access to specific tools or methods to assess this dimension clearly contributes to its underinvestigation.

Another dimension that is included in the reference framework and was discussed by the caseworkers is parenting sensitivity, which can be challenging to assess. The caseworkers felt it important to assess the caretakers' capacity to meet children's needs that are rooted in the sensitivity construct, which refers to the ability to respond promptly and appropriately to a child's emotional needs (Ainsworth et al., 1978). Parenting sensitivity also implies contingent responsiveness and warmth parenting behaviors, and it has been determined as a strong predictor of child development, and particularly attachment security (Ponciano, 2010; Raby et al., 2019). Yet caseworkers may find it hard to assess applicants' parenting sensitivity before the child's arrival in the family. However, the caseworkers did not mention this. Considering that using surveys and inventories to assess parenting behaviors and parenting sensitivity induces bias that affects the assessment validity, and that observational measures are the gold standard (Tamis-LeMonda & Baumwell, 2011), we wonder how this dimension could be effectively approached in the assessment process. Methods should be developed to better tap into this important factor for applicant assessment. Finally, we must emphasize that the dimensions that the caseworkers addressed in their assessments are similar to those reported outside Québec. For instance, a recent systematic review revealed that US caseworkers look for applicants that show intrinsic motivation and resilience, have a good knowledge of CPS, and can collaborate with others (Hanlon et al., 2021).

4.2. Caseworkers' needs

The caseworkers expressed both highly specific needs inherent to their work with foster parent applicants as well as fundamental needs that underlie assessment practices in general. Most of the support needs they raised are consistent with the research evidence (Pagé & Moreau, 2007). We suggest that, given the immense challenges involved in assessing some of the dimensions, the caseworkers could have underestimated some of these needs. Due to a lack of knowledge about specific dimensions (e.g., attachment representations) combined with the absence of certain information in the MSSS guideline (e.g., no weight for each criterion, no standardized observation tools or questionnaires), they could have underrated their needs. We suggest that clearer ministerial guidelines and more specific assessment procedures for each criterion would improve the understanding of the dimensions to cover in the assessments. This could also result in more consistent assessments (Crea et al., 2009). In light of the caseworkers' requests for more support and their struggles to grasp some of the assessment dimensions, more clinical support is needed to ensure the quality of the assessments. In fact, this recommendation is consistent with the many complaints about inadequate supervision by child welfare caseworkers to justify their decision to quit (Gonzalez et al., 2009).

4.3. Differences by foster family type

The emphasis on specific dimensions for foster-to-adopt family assessments (for two of the three agencies) is consistent with the caseworkers' mandate. The financial management and commitment dimensions were treated somewhat differently for foster-to-adopt families due to the different goal involved (i.e., potential adoption). These foster caretakers must remain committed to the child even if adoption never takes place (Chateauneuf & Lessard, 2015; Ouellette & Goubau, 2009). The caseworkers were apparently aware of the specific challenges that await families who want to adopt and provide a permanent home. This would translate into greater caution in the assessment of these dimensions. In the case of kinship foster families, it would be helpful to know why fewer hours were allocated for assessment compared to the other foster family types. It is important to note that Québec's legislation promotes kinship placement. Moreover, several studies have shown that kinship placement is generally more stable than non-relative foster care (Koh et al., 2014), and as stable as foster-to-adopt family care (reference blinded for the review process, submitted). Moreover, according to a recent meta-analytic review, placement in kinship care is associated with fewer mental health problems in foster care children (Dubois-

Comtois et al., 2021). The agencies may believe that because this placement type is potentially less damaging, according to the research (Winokur et al., 2014), the assessment process could be shorter. Nevertheless, other researchers have stressed that placement in a kinship foster family can lead to unfavorable outcomes (Hegar & Rosenthal, 2009), possibly because it often means placing children in the same family where a biological parent (who is now deemed incapable) was raised (Dorval et al., 2020; Dubowitz, 1993). Moreover, placement in a kinship foster family could stir up conflict between the foster caretakers and the biological parents, particularly regarding intervention plans (Dubowitz, 1993). Furthermore, studies suggest that kinship foster families receive less support and fewer services from CPS than other foster families, even though they are often less qualified to assume the responsibility (Cuddeback, 2004; Gibbs & Müller, 2000). An in-depth assessment process for kinship foster parents would enable CPS agencies to gather relevant information and hence provide services that more tailored to their needs. In addition, kinship foster families are assessed while they are fostering the child, allowing assessment of the quality of the caretaker–child relationship and the foster family's ability to carry out the intervention plan.

4.4. Developing foster parenting competence

The focus group discussions revealed the caseworkers' concerns about the best assessment practices for foster parent selection. They were aware of the challenges that prospective foster families face, and they tended to accredit families that presented the competence required to succeed. While attaching importance to autonomy and competence, the caseworkers also mentioned that they wanted to accredit foster caretakers who could collaborate with the authorities and were willing to accept support when needed. This appears somewhat contradictory, and it raises questions about the weight given to these two dimensions. Yet the research clearly demonstrates that support and training are influential factors for foster caretakers' satisfaction and intention to continue fostering (Denby et al., 1999; Hudson & Levasseur, 2002; MacGregor et al., 2006; Rhodes et al., 2001; Rhodes et al., 2003). Moreover, foster parents who receive training show better parenting skills, and their foster children show better behavioral functioning (Solomon et al., 2017).

Since 2009, Québec has adopted a law (*Loi sur la representation des ressources*) that allows foster caretakers to regroup, to be represented, and to negotiate a collective agreement to assert their interests (MSSS, 2016). Although this law has certain benefits, such as recognition of worker status for foster caretakers along with higher pay, it also has some disadvantages. Among these, the caretakers are responsible for seeking professional support if they feel they need it. Thus, mindful of the worker status of foster caretakers, caseworkers may tend to accredit the more competent and autonomous foster families, all the more so because, as workers, foster caretakers can refuse services suggested by CPS. This hypothesis aligns well with the caseworkers' view that the foster parenting “job” is highly demanding, and that it comes with high expectations for performance. In this context, it may seem necessary to prioritize competence and autonomy over the ability to ask for help in order to ensure the success and well-being of both the foster family and the children. However, this emphasis on the accreditation of competent and healthy family environments should in no case lead to minimizing the need for support.

4.5. Limitations and conclusion

This study has some limitations that should be considered. First, the focus group discussions could have led the participants to seek common topics. Thus, instead of introducing new ideas, they would tend to approve their colleagues' comments and expand on them (Gaudet & Robert, 2018). Therefore, this study should be replicated using individual interviews, which could reveal a greater variability of caseworkers' practices and needs. Indeed, some of the more timid caseworkers who sided with their colleagues may not have gotten a chance to express their views. Second, the caseworkers were asked which dimensions were the most important for them, such that other aspects related to their assessment practices may have been neglected. A more exhaustive analysis of the assessment tools they used combined with direct observations of their practices would provide a deeper understanding of the assessment process. It would also allow identifying discrepancies between what is being reported and what actually happens during assessments.

This study also has several strengths, including the high variability of the sample: the caseworkers differed in terms of CPS agency, training, and the type of foster family assessed. Notably, this study highlights the caseworkers' perspectives on their own practices. Based on the results, we may conclude that although caseworkers strove to perform proper assessments, they expressed a substantial need for training to deal with certain challenges. Moreover, we identified additional potential needs regarding the assessment of attachment representations and parenting sensitivity. The caseworkers' views on assessment practices and needs open new research avenues in the field of foster parent selection. Accrediting foster family applicants requires strong assessment skills. The assessment process is further complicated by the number and complexity of the dimensions to be considered as well as issues surrounding the social desirability of the applicants. Our results confirm that caseworkers have significant training needs. It would therefore be crucial to create partnerships among practitioners, researchers, and decision-makers in order to improve training programs and develop tools to support the assessment process.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.chiabu.2021.105362.

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