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Engelberg Center for Children and Youth

Foster-Care Services in Israel: National Study

Yoa Sorek ♦ Rachel Szabo-Lael ♦ Brachi Ben Simon

The study was initiated by the Research, Planning and Training Division of the Ministry of Social Affairs and Services and conducted in cooperation with its Child and Youth Service, the Division of Welfare and Rehabilitation Services, and the Division for Persons with Mental and Developmental Disabilities. It was funded with the assistance of a special grant from Annie Sandler of Virginia, USA.



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RESEARCH REPORT

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Executive Summary

1. Introduction

Foster care in Israel is an important part of the out-of-home services provided by the Ministry of Social Affairs and Services (MSAS) to endangered and at-risk children and youth under 18 who are unable to continue living at home due to poor parenting.

Foster placement is temporary, and is designed to provide a short-term response until such time as a permanent solution is found – either through returning the child to the birth family or through adoption. The foster family is supported by organizations implementing the arrangement in the region. This support includes financial maintenance to cover the child's ongoing expenses and rebates for special expenses. In 2012 in Israel, 3,373 children and youth were in foster families (data from the MSAS administrative payment system). The eligible population includes children and youth with disabilities (mental, emotional or physical), whose families are unable or unwilling to care for them. In such instances, foster care is arranged until the youth reaches the age of 21, which is the cut-off age for special education.

Three MSAS units refer children to foster care:

1. ***The Child and Youth Service*** (hereafter: CYS) is in charge of children and youth up to the age of 18 who are endangered or at risk in their family or community setting. The decision to remove a child from his or her home is made by MSAS committees for Treatment Planning and Assessment. In 2012, 2,699 children and youth in foster families had been referred by this service (data from the MSAS administrative payment system).
2. ***The Division for Persons with Mental-Developmental Disabilities*** (hereafter: Disabilities Division) is responsible for treating people with mental and developmental disabilities of all ages and levels, as well as providing services for their families. The decision to remove a child from the home is made by the MSAS committees for diagnosis. In 2012, 377 children in foster families had been referred by this Division (data from the MSAS administrative system).
3. ***The Division for Welfare and Rehabilitation Services*** (hereafter: Rehabilitation Division) is in charge of children and adults from birth to age 64 who have physical or sensory handicaps, functional disabilities and various genetic syndromes, as well as the post-hospitalization population of children and youth with complex organic impairments (Elyashar et al., 2012). The decision to remove a child from the home is made by MSAS committees for Treatment Planning and Assessment and by district placement committees of the Rehabilitation Division. In 2012, 297 people in foster families, youths and adults, had been referred by the service (data from the MSAS administrative system).

In 2001, partial privatization of the foster system was initiated. The foster system of CYS was privatized first, and in 2006 the system for children with mental/developmental disabilities and children from the Rehabilitation Division was privatized as well. Four organizations currently implement the foster system: Matav, Or Shalom, the Summit Institute, and the Shahr

Organization. These organizations are responsible for recruiting foster families, preparing them to absorb a child, and supporting them as needed during the child's stay in the family.¹ The MSAS continued to be responsible for supervising the quality of care of the children and foster families and for the extent of support, the transfer of monthly payments to the families and repayments for special expenses (e.g., psychological care, scholastic assistance and extracurricular activities). In September 2007, the budget for special expenses for foster families of CYS-referred children was privatized: an average monthly payment was calculated and is transferred by the MSAS to the implementing organizations, which then fund the services needed by the children according to the individual treatment programs prepared for them.

Given the centrality of the foster system in the services for children at the far end of the risk continuum, the passage of a decade since privatization began, and the background of change in the system of services for at-risk children, the MSAS sought to review the functioning of foster services today. It asked the Myers-JDC-Brookdale Institute to conduct a study, which was carried out in 2011-12.

2. The Study

Study Goals

The main goal of the study was to provide information on the way that the foster services are implemented by the organizations, and thus produce a basis for improving the services and the responses they provide. An additional goal was to examine the patterns of service utilization in 2000-12.

Study Population

The study population consisted of three groups at the time of the study:

- ◆ *Foster social workers* who worked at the implementing organizations
- ◆ *Children and youths* in foster care, aged birth to 21
- ◆ *Foster families* of children, aged birth to 21 who were in foster care at the time of the study

The Sample

A total of 431 children and youth were sampled:

Unit of referral – 276 children, by CYS; 78, by the Rehabilitation Division; and 77, by the Disabilities Division

Implementing organization – 136 children from each of the three organizations, Matav, Or Shalom and the Summit Institute, and 23 children from the Shahr Organization.

¹ During the study, Matav, Or Shalom and the Summit Institute handled mainly children referred to foster care by the Children and Youth Service, but also children referred by the Disabilities Division and the Rehabilitation Division. Shahr, in contrast, handled mainly children referred by the Disabilities Division.

Research Tools

Quantitative component (the data were collected from Sept 2011-May 2012)

- ◆ Self-completion questionnaire for foster social workers: in all, 79 questionnaires were completed (65% response rate)
- ◆ Questionnaire for foster social workers on foster children: in all, 403 questionnaires were completed by foster social workers (94% response rate)
- ◆ Telephone interview with foster parents: in all, parents of 248 children were interviewed, one parent per family (response rate of 58% for the entire sample and 81% for parents whose organization relayed their consent to be interviewed)
- ◆ Administrative data from the MSAS payment system on national trends of the utilization of foster services.

Qualitative component (the data were collected from March to August 2011)

In-depth interviews were held with 18 officeholders at the MSAS and at the implementing organizations.

Data Analysis

For the quantitative analysis, the data were weighted according to the percentage of children referred by the three units and the percentage of children at the implementing organizations out of the total study population. The quantitative data were subjected to content analysis.

3. Main Findings

3.1 The Fostering Response in Israel, Patterns of Utilization, 2000-12

The administrative data received from the MSAS payments system showed that despite an 8.2% decrease in the number of children placed out of home from 2000 to 2012, the number placed in foster care had risen by 12.7%. This datum is consistent with MSAS policy to broaden the use of the foster response and reduce institutional care, especially among preschoolers.

The administrative data also showed an increase of 11.5% in the number of children referred to foster care by CYC from 2000 to 2012. But the most significant increases over the years were among children referred by the Rehabilitation Division (47.8%) and by the Disabilities Division (39.1%). Note that the latter substantial increase began in 2006 and may have been associated with the partial privatization of fostering that occurred in the division that year.

3.2 Characteristics and Needs of Foster Children at the Time of the Study, and Perceived Changes in the Children

Sex: 52% of the foster children were boys. According to the administrative data, this ratio between boys and girls has held over time.

Age: Although the average age of foster children was 11, 12%-17% of the children referred by the Rehabilitation or Disabilities divisions were youngsters aged 19-21. According to the administrative data, from 2000 to 2012 the percentage of youth among all children in foster care

decreased whereas the percentage of preschoolers increased. This trend is consistent with MSAS policy.

Age of entry into foster care: The average entry age into a foster family was five. According to the administrative data, there has been an increase in the percentage of preschoolers placed in foster care and a decrease in the percentage of youth placed in foster care. This trend is also consistent with MSAS policy.

Country of birth of foster children and of their birth parents: From 2000 to 2012, the proportion of immigrant children among all foster children increased eightfold despite a slight decrease in the proportion of immigrant children in Israel's total child population from 2000 to 2011 (from 11.5% to 9.2% [Zionit and Berman, 2012]).

Sector: According to the administrative data, from 2000 to 2012, the number of children referred to foster care by Arab local authorities increased by 57%. But even with this increase, the percentage of Arab children in foster care was still much lower than their proportion of the general population, standing at 11.9% in 2012.

Types of disabilities: Of the children in foster care, 64% had at least one disability: e.g., ADD, a learning disability, an emotional or behavioral disorder, a mental disability, or Downs Syndrome. As expected, all the children referred by the Disabilities and Rehabilitation divisions have some type of disability. Yet, 53% of the children referred by the CYC also suffer from some sort of disability.

Level of functioning of children: In the estimation of the foster social workers, more than 70% of the children function well socially, behaviorally, and scholastically. Nevertheless, the percentage of children suffering from developmental difficulties (up to the age of six) in scholastic or emotional areas was relatively high (22% to 30% of the children).

Perceived changes in children during the fostering period: The foster parents were asked to report on the changes in the child since s/he had come to live with them. Note that the consideration of changes related to one point in time rather than to the two points in time comparatively. From the reports of the foster parents, 76% appeared to show some improvement in their condition in at least five out of 11 areas examined (summary index). The following areas showed improvement in the children's condition:

- ◆ **Emotional and behavioral:** For 88% of the children, there was an observed change in their general mood. For 88%, improved confidence and self-image were cited; for 86% – an improved emotional condition.
- ◆ **Social sphere and interpersonal relations:** For 86% of the children, there was improvement in their relations with peers; for 82% – improvement in their relations with adults.
- ◆ **Scholastics:** For 80% of the children, there was scholastic improvement.
- ◆ **Physical condition and health:** For 88% of the children, there was an improvement in their physical development and health status.

3.3 The Organizational Configuration of Service Supply

a. Manpower in the Implementing Organizations: Foster Social Workers and Counselors

The implementing organizations employ foster social workers and counselors. The foster social workers see the child in foster care and the foster family throughout the period of fostering. The functions of the foster social worker are many, including diagnosing the child's needs, sharing in building a treatment program in the Treatment Planning and Assessment Committees, lending the foster family support, and managing the expense budget in cooperation with community agencies. According to the directors of the implementing organizations, the role of the foster social worker is intricate due to multitasking and inherent emotional complexities. Counselors of foster social workers manage a staff of 15 to 20 foster social workers and their role is to provide group and individual guidance, and emotional support to each foster social worker.

Personal and employment characteristics of foster social workers: Almost all the social workers were women (96%), and most were Jewish (83%) and relatively young (average age of 32.4). All had an academic degree in social work, BA; 25% had an MA. Most had training in other topics too, such as treatment and group leadership. They had few years of work in the organization: 2.7 on average, due to high job turnover. As social workers, their average employment experience was 6.7 years. Despite the MSAS requirement that they start working as foster social workers after at least three years of work experience in the field of social work, 39% had less than three years of work experience as social workers. Almost all (95%) worked more than half-time in their organizations. An examination of their workload, calculated according to the number of working hours for the number of children handled, showed that 68% worked according to regulations (up to 37 children per fulltime social worker). The rest were responsible for more children than set by regulations.

Training, instruction and support of foster social workers:

- ◆ ***Preliminary training:*** Foster social workers are supposed to take part in an MSAS preliminary training course that imparts knowledge, skills, and tools in relevant areas; 59% of the social workers from all the organizations reported that they had taken the course. Participation by organization ranged from 33% to 92%.
- ◆ ***Instruction, support and enrichment:*** The high frequency of counseling and enrichment activities indicates the considerable support received by foster social workers; 78% reported receiving individual training instruction once a week, and 79% reported receiving group instruction every week or two. Here, too, there was variation between the implementing organizations: 48% of the foster social workers in one organization received (individual or group) instruction at a high frequency as compared with some 90% in the other organizations. In addition, 80% of the foster social workers reported having participated in a course or advanced training in areas relevant to their work, sponsored by their implementing organizations.

Satisfaction of foster social workers with different aspects of their work:

- ◆ ***Training, instruction and support:*** The foster social workers expressed relatively low satisfaction with their preliminary training – 54% said they were satisfied with it “to a large” or “very large extent.” There was much higher satisfaction with the ongoing instruction: 97% of the foster social workers were satisfied with the individual instruction and 74% – with the group instruction. They noted an interest in additional training on the following topics: parental guidance (46%), treatment of children and youth (41%), and family therapy (24%).
- ◆ ***General satisfaction with their role:*** Most of the foster social workers expressed positive feelings about their work: 93% felt that the extent of their responsibility was “large” or “very large”; 76% felt satisfaction with the work; and 75% felt a sense of mission. They also reported difficulties with their role: 89% reported feeling overburdened, 70% – reported emotional stress, and 49% reported burnout. The difficulties of the job also arose in the interviews both with the foster social workers and with others in the implementing organizations. The organizations are apparently aware of these feelings and are making an effort to ease the pressure and workload of the foster social workers.
- ◆ ***Working environment and conditions:*** High satisfaction was reported with support from colleagues (93%) and from superiors (85%), with interest in the work (88%), and with the possibility of contributing to the families (84%). In addition, 95% of the foster social workers noted that they were provided with opportunities for professional development and 78% reported that their organization encouraged personal initiative. The foster social workers reported lower levels of satisfaction with: the amount of support they received to attend studies (56%), the number of working hours (48%), professional advancement, and the working environment (41% for each). Very low satisfaction was reported with salaries (only 7% were satisfied “to a large” or “very large” extent), and with social benefits (11%).
- ◆ ***The work of the implementing organizations with the families:*** 79% of the social workers reported that the support of the organizations of foster families was efficient “to a large” or “very large extent,” and 69% were satisfied with the organizational support of children. In contrast, only 11% noted that the contact with birth families was satisfactory. In addition, regarding the efficiency of recruiting families, the percentage of foster social workers who expressed satisfaction was not high – 49%.

b. Characteristics of the Foster Families

- ◆ ***Family status:*** The foster families of 83% of the children were married couples, and most of them (91%) had their own biological children (3.9 on average).
- ◆ ***Sector:*** 75% of the children live in families in the Jewish sector, and 25% – in families in the Arab sector

- ◆ **Religious observance:** About half of the children lived in religious (27%) or ultra-Orthodox (21%) foster families, 30% – in traditional foster families, and 22% – in secular families.² The representation of religious/ultra-Orthodox foster families was double their proportion of the general population (Social Survey 2009).
- ◆ **Financial status and level of education:** In the estimation of the foster social workers, 52% of the children lived in foster families of an adequate financial status; and 41% – of the children lived in foster families where the status was good to very good. Some 46% of the foster parents had at least high school education.
- ◆ **Employment status:** Most of the foster parents were employed (80% of the fathers; 60% of the mothers).
- ◆ **Age of parents:** Foster parents were relatively old. The average age of mothers was 50.7; of fathers – 53.6; 12% of the mothers and 26% of the fathers were 61 or older. By regulation, the age gap between parents and children in foster families may not exceed 55 years. The findings showed that in 95% of the cases of non-kin foster families, this criterion was met.³ For preschoolers, the gap is not meant to exceed 43 years so as to enable adoption by the family in the future. Yet, 60% of the preschoolers were found to have been placed in families with a larger age gap.
- ◆ **Fostering children of kin:** 37% of the children were fostered with kin. This percentage was higher among CYS-referred children (43%) than children referred by the Rehabilitation (24%) or Disabilities divisions (15%). Among families fostering kin, there were twice as many single-parent families, a lower level of education, and a poorer financial status than among families fostering non-kin.
- ◆ **Number of years and extent of involvement in foster services:** The average number of years that foster parents provide care is 11.4. The average number of children who were/are in foster care is 3.7 per family. Over the years, 32% of the families served as foster parents of one child only. The percentage of families currently fostering more than one child is 60%.

c. Supervision of Foster Services

The units referring children to foster care are responsible for supervising the services provided by the implementing organizations and the quality of care that the child receives in a foster family. Six supervisors divide the supervisory work between them according to referral unit and district. They visit the organizational branches, and approve each new family and each placement of a child in a foster family. They also advise the implementing organizations on issues that arise in the field and on cases requiring MSAS involvement.

² The question of religious observance/secular related to all sectors. But the category of “ultra-Orthodox” was specific to Jews

³ This restriction does not apply to families fostering kin and for this reason, such children were omitted from the analysis.

3.4. Methods of Working with the Foster Families and the Children

Recruiting families: In their interviews, representatives of the implementing organizations reported three main ways of recruiting families for fostering: the media, applications from other implementing organizations, and applications initiated by families who had heard of the fostering possibility and were interested.

Preparing families for the foster role: Family preparation includes participation in a course of SSP (Selection, Screening, Preparation) delivered by foster social workers. Of the foster parents, 45% reported having participated in the course. Some parents participated in a different form of preparation, such as talks with foster social workers, or in another relevant course. Of the parents who had participated in some form of preparation, 79% were satisfied with it “to a large” or “very large extent.”

Matching children and foster families: In their interviews, the foster social workers noted the emphasis put on making the best matches between birth and foster families in terms of lifestyle. The matching process between the child and the intended foster family takes into consideration: sector, level of religious observance, socioeconomic level, and sometimes origin. Concomitantly, expectation management is conducted with prospective foster families relating to a child’s background, sex and age, and attempts are made to match the characteristics of the two sides. On the whole, the professionals expressed satisfaction with the matching achieved.

Ongoing support of foster families:

- ◆ ***Format and frequency of contact:*** The contact between the foster social workers and the families rests mainly on home visits and telephone calls. Support is meant to include at least one meeting per month at the home of the foster family (according to Social Work Regulation 8.2). From the parents’ reports, this frequency was maintained among 90% of the families. The foster social workers reported that for 76% of the children, there was weekly or biweekly telephone contact with the foster family.
- ◆ ***The main party with whom the foster social workers spoke at the meetings:*** Parents noted that at home visits, the foster social worker usually (97%) spoke with a parent. In the case of 64% of the children – she spoke also with the foster child. Great variation was found between the implementing organizations in the percentage of children with whom social workers spoke: from 47% to 88%.
- ◆ ***The main topics of discussion:*** Parents reported that at their last meetings with foster social workers, they had spoken mainly about the child’s situation, functioning, difficulties and needs.
- ◆ ***Areas of support:*** Social workers reported that for most of the foster parents, support deals with the foster parent-child relationship (89%), handling a child’s emotional-behavioral situation (85%), and scholastic situation (74%). In addition, foster social workers were in contact with the professionals treating the children: 86% had “occasional” or “frequent contact” with at least four of the five professionals participating in a child’s treatment, including the social worker of the birth family and education personnel.

- ◆ **Areas of assistance:** Most of the foster parents (82%) reported receiving assistance “to a large” or “very large extent” in at least one of the 11 areas examined, including coping with various aspects of the child’s needs, mediating with community agencies serving the child, realizing the rights of foster families, coping with uncertainty about the future, and the child’s contact with the birth family.
- ◆ **Assessment of support, according to foster social workers:** Of the foster social workers, 88% estimated that the support met the needs of the families and children. However, 44% noted that the frequency of contact with the foster families was insufficient, and 65% said that the frequency of contact with the foster children was insufficient. Regarding the patterns of work with other professionals dealing with the children, 50%-75% of the social workers reported that they were satisfied “to a large” or “very large extent” with the contact.
- ◆ **Parental satisfaction with the support:** The reports of the foster parents revealed a high degree of satisfaction with various aspects of the functioning of foster social workers; 90% (summary index) cited at least five (out of eight) positive aspects of support: the social workers were pleasant and easy to talk to; reliable; available when needed; knowledgeable about fostering; and emotionally supportive. Eighty-one percent reported that the social workers provided useful advice and guidance.

Foster-family services provided by the implementing organizations: Apart from their ongoing support of the families, the implementing organizations provide guidance, support, and recreational services: 80% of the foster parents reported that one or more of the family members had participated in at least one activity offered by the organization, such as fun days, social gatherings, and support groups; 50% of the parents had taken part in individual parental guidance, and 12% – in group parental guidance.

Responses and services provided by additional agencies: The implementing organizations are required to supply additional services – such as therapy, after-school frameworks, extracurricular activities etc. – through external agencies. According to the foster social workers, 81% of the children received at least two types of response. The most common were enrichment (51%), scholastic assistance (47%), and therapy (45%).

The unmet needs of the children: The foster social workers estimated that the needs of some 24% of the children were not met by the package of special expenses. It was found that 32% of the children required a mentor and 27% – required extracurricular activities. According to the foster social workers, in 77% of the cases, the needs were unmet because the package is rather limited and responses such as enrichment take only third priority in terms of funding. For 53% of the children whose needs were unmet by the package, the response was provided through funding by foster parents. According to the foster parents, the main needs that were not met despite their necessity were payments for school and related equipment, treatment and medication.

3.5 Stability of Out-of-Home Placement, Duration of Foster Care, and Quality of Care

a. Stability of Placement and Duration of Foster Care

Overall, foster placement was found to be highly stable as reflected by the low number of placements and the long duration of a child's stay with foster families.

Prior out-of-home placements: The social workers reported that for 68% of the children currently in foster care, this was their first out-of-home placement; for 28% – their second; and only 4% had passed through several placements before reaching their current foster families.

Duration of stay with current foster family: The duration of stay in foster care of CYS-referred children is not meant to exceed four years, apart from exceptional cases.⁴ However, the reports of the implementing organizations indicated that the average duration was 6.3 years and only 40% of the CYS-referred children had been with their current foster families for less than four years. Among the preschoolers placed in foster care (37% of the children), the length of stay was 7.2 years. Children referred by the Rehabilitation or Disabilities divisions had been with their foster families longer – about nine years on average. This finding indicates the difficulty of applying the MSAS policy that encourages finding a permanent home for every child – whether return to the birth family or, if unfeasible, placement in an adoptive family.

The findings reveal that for a substantial percentage of the children, future plans were vague: the long-term plans for 71% of the children were unknown. For a small percentage, permanent placement was planned: 9% were expected to return to their birth families, 7% were to be adopted, and 13% were expected to move to another out-of-home placement. These findings could indicate various problems: the foster social workers may be unaware of the decisions taken by the Treatment Planning and Assessment Committees about a child's future; the SSDs may not have met often enough or discussed a child's future; the SSD work with birth families may have been insufficient or omitted a rehabilitation program that ultimately would permit a child's return to the family.

b. The Foster Family and Foster Child: Patterns of the Relationship and Quality of Care

The care given by a foster family and the nature of the relationship developed with a child have a significant impact on the latter's wellbeing and future, as on the wellbeing of all family members. The reports of foster social workers and foster parents indicated very positive behavioral patterns and parent-child relationships.

In the estimation of the foster social workers, more than 90% of the mothers and 85% of the fathers showed the children affection and appreciation, set clear limits, perceived their strengths, shared activities with them, managed to reassure them when they were upset, and cooperated with the treatment and intervention. These positive relations were also apparent in the behavior of the children: more than 90% exhibited affection for, and closeness to, the foster parents and asked for their help when needed. It was further reported that 100% of the parents saw to the children's

⁴ In exceptional cases, the foster care of children referred by CYS may last up to age 18; for children referred by the other units, it may be lifelong.

medical needs, 99% – to their physical needs, and 98% provided age-appropriate supervision. Regarding children with special needs, it was reported that 93% of the parents provided responses to these needs. Of the foster social workers, 88% noted that they were satisfied “to a large” or “very large extent” with the care provided to the children by the foster families.

Likewise, the foster parents reported that 98% of the children had integrated into the foster families and 95% of them felt a sense of belonging. The success of placement may be influenced by various factors, including the relationships formed with a foster family’s biological children, the way that foster parents cope with their role, and their satisfaction with the integration, as follows:

- ◆ ***Patterns of relationships with a foster family’s biological children:*** Parents reported very positive relationships between their foster and biological children: in the case of more than 90% of the children, expressions of affection and love were reported between the two, the biological children helped their foster siblings, and they spent time together. Only some 8% of the foster children experienced rivalry and jealousy in their relations with the biological siblings, or physical and verbal confrontations (4%).
- ◆ ***Feelings of foster parents about the care of the child:*** Most of the foster parents reported positive feelings about foster care: 90% said that they felt satisfaction with the role, and 79% – self-fulfillment. A low percentage of parents expressed negative feelings, such as a sense of burden (17%), pressure (12%), problem-solving difficulties (10%), and loneliness (4%). About 50% of the parents reported anxiety about separating from the child in the future. This percentage was higher among parents of children referred by CYS (55%) than by the Rehabilitation (31%) and Disabilities divisions (40%). A higher percentage of parents of CYS-referred children also reported loneliness (16% vs. few cases among parents of children referred by the other units).
- ◆ ***Areas of difficulty in coping with foster children:*** Of the parents, 61% reported difficulties in at least two areas, including: coping with the children’s needs, being less available to care for their biological children, having less time for rest and leisure, difficulties in the contact with the birth family, and problems in applying to community services and taking advantage of the rights of foster families. About 40% said they found it hard to cope with the children’s emotional-behavioral and scholastic needs.
- ◆ ***Satisfaction with the foster role:*** Parents noted that they took joy in the ability to be of benefit, that they were satisfied with the children’s development and progress, with the fact that the child felt good, and with the fact that their biological children were learning what it meant to give. Parents fostering children of kin expressed the additional satisfaction that the foster children remained in the family framework.
- ◆ ***Applying to agencies of assistance:*** Parents reported that they tended to receive help from professionals (67% said that they were assisted by at least two agencies), although they also turned to informal sources such as friends and relatives (61% turned to at least two parties) to cope with the challenges and difficulties of foster care. The percentage of parents of children referred by the Rehabilitation and Disabilities divisions who received help from formal

professional agencies was higher than that of parents of children referred by CYS (some 80% vs. some 60%, respectively)

3.6 Contact with the Birth Family

Foster families are expected to "encourage contact between the foster child and her/his birth family together with SSDs (Social Services Departments) and foster social workers (Social Worker Regulation 8.2).

Patterns of contact: According to the foster social workers, 82% of the children in regular foster care⁵ were in contact with at least one birth parent (78% – with the mother; 59% – with the father). The foster social workers reported that 51% of the children were in contact with their birth parents every week or two; 26% – every 3-4 weeks; and 26% – every half year or more. Among children referred by the Disabilities and Rehabilitation divisions, the frequency of contact was lower – 62%-83% were in contact with their parents every three weeks at most.

Patterns of meetings: According to the foster parents of 82% of the children in regular foster care who met with their birth parents, 45% met at the home of the birth parents, 34% – at the home of the foster parents, 11% – at a Supervised Visitation Center, and 9% – at a public venue. A higher percentage of children referred by the Disabilities Division than by the other units met with their birth parents at the foster home (58% vs. 31% of CYS-referred children and 24% of children referred by the Rehabilitation Division). The foster parents of 59% of the children believed that the meetings were beneficial to the child.

Patterns of contact between foster parents and the birth family: Of the foster parents, 83% were in contact with the birth parents; 62% of them maintained ongoing contact with the birth parents, 29% – occasional contact, and 9% – very infrequent contact. For 53% of the children, foster parents reported that their contact with their birth parents was marked by mutual acceptance and cooperation.

3.7 Summary of Main Finding on the Children with Disabilities

The unique characteristics of children referred to foster care by the Rehabilitation and Disabilities divisions are reflected in their special needs and a range of aspects of the foster response, as elaborated below:

The average age and duration of foster care: Compared with CYS-referred children, children referred by the Disabilities and Rehabilitation divisions were older on average age and spent more time in foster care. These findings reflect the policy of long-term foster care for children with disabilities, up to the age of 21 and beyond.

⁵ Ninety-one percent of the children were reported to be in regular foster care. Due to the special nature of confidential fostering, which accounts for 9% of the children, the data presented on the patterns of contact with birth families related only to children in regular foster care.

Patterns of contact between children with disabilities and their birth parents: A lower percentage of children referred by the Disabilities and Rehabilitation divisions than by CYS-referred children were in contact with one birth parent or both. One explanation may be the higher rate at which these children were left in hospital at birth compared with CYS-referred children. Also the frequency of contact with birth parents was lower among children referred by the Disabilities and Rehabilitation divisions than by CYS-referred children.

Characteristics of foster families:

- ◆ The proportion of longstanding foster families (16 years and up) is higher among parents of children referred by the Disabilities and Rehabilitation divisions than by CYS-referred children.
- ◆ The percentage of children in families currently fostering more than one child is lower among children referred by the Disabilities and Rehabilitation divisions than among children referred by the CYS service.
- ◆ The percentage of children in kinship fostering is lower among children referred by the Disabilities and Rehabilitation divisions than by CYS-referred children.

Areas of difficulty of foster parents in coping with children with disabilities: Compared with parents of CYS-referred children, a higher percentage of foster parents of children with disabilities reported difficulties in coping with the child; e.g., in connection with the disability, in receiving help from services, and in coping with the child's social needs. However, a lower percentage of them reported difficulty in dealing with the uncertainty over the continued relationship with the child.

Responses and services for children with disabilities: The children referred by the Disabilities Division stood out in this respect; their integration into after-school activities was the highest of all the units. This group received various paramedical treatments at a higher percentage than the children of the other two units. On the other hand, the percentage of children receiving scholastic assistance among children referred by CYS and the Rehabilitations Division was almost twice the percentage of children referred by the Disabilities Division.

Special characteristics of children referred to foster care by the rehabilitation division: A higher percentage of children referred by the Rehabilitation Division than by the Disabilities Division were placed in foster homes for family-related reasons, and a higher percentage of them had emotional and social problems upon reaching their foster families. Compared with the children referred by the other units, the children referred by the Rehabilitation Division had more social problems and problems of emotional-behavioral functioning at the time of the study.

3.8 The Partial Privatization of Foster Care

Beginning with the year 2000, foster-care services in Israel were partially privatized. Four implementing organizations were charged with providing support to foster families while the MSAS remained responsible for formulating work principles, supervision and funding. On the whole, the staff of MSAS and the implementing organizations expressed satisfaction with these

changes. They noted that partial privatization had helped to improve the service to children and families due to the development of knowledge, the professionalization of the service, the increase in the MSAS budget for implementation of services, and the more efficient handling of special expenses for CYS-referred children. We elaborate on these improvements below:

Developing a body of knowledge: The study reveals that partial privatization helped to promote and develop professional knowledge in the area of foster care. Among several causes for this development was the fact that the fostering of the CYS-referred children became a separate specialization from the overall functions of SSD general social workers, and thus warranted the development of expertise. In 2007, a learning group and virtual knowledge community were established with representatives of the implementing organizations and MSAS foster supervisors. The issues addressed in the learning group were published in the MSAS virtual knowledge community. In 2010, a series of pamphlets were published on the theory and practice of foster care (*Omna, Halakha uMaasseh*), which set standards for professional work in foster care. Since 2012, additional learning groups on the foster care of children with disabilities have been established.

Changes in work patterns:

- ◆ ***Changes in family recruitment and intake:*** One of the main changes ensuing from the partial privatization was the implementation of foster-care services by four organizations rather than 260 local authorities. This change has made national cooperation possible both in the provision of foster services and in the expansion of the pool of candidate foster families. Furthermore, the claim has been made that the process of selecting families has become more structured, and that the process of matching families and children has improved and become more professional due to, among other things, the much larger pool of children and families available to each implementing organization since partial privatization. The expansion of the pool of families was enabled, too, by practices previously not in place, such as media publicity. In addition, strategies have been developed to retain families who pass the screening process but have not yet received a child.
- ◆ ***Changes in the support given to families:*** The transition to implementation by the organizations led to improvement and expansion of the support given to families who previously may not have received any because they lived in small, isolated communities. In some organizations, the support became more intensive in the early months of placement. Another expression of professionalization was the development of expertise in supporting families with special characteristics; e.g., from the ultra-Orthodox or Arab sectors, and families of preschoolers or adolescents.
- ◆ ***Changes in the support given to families fostering children with disabilities:*** Two major changes occurred in the fostering of children referred by the Rehabilitation or Disabilities divisions. On the one hand, the number of foster social workers for these families increased; on the other hand, in contrast to the situation before partial privatization, these social workers had no training or explicit experience in the field of disabilities, which, at times, impedes the provision of specific responses. Some foster social workers did not consider this to be a problem. They noted that the paramount expertise was in fostering and referral to relevant

services; they benefited from consultation and close guidance from district supervisors, received intensive guidance and advice from district supervisors, and training and support from professionals in these areas. Nonetheless, foster supervisors said that the knowledge and expertise of the foster social workers needed to be strengthened.

- ◆ ***Changes in the division of responsibility between the SSDs and the implementing organizations:*** Following partial privatization, the role of lending support to foster children was split: the SSDs became responsible for supporting the birth family and its rehabilitation so that a child could be returned to it, and the organizations – for supporting the foster families and children. There is joint responsibility for holding deliberations at the Treatment Planning and Assessment Committees and constructing and approving a program of care. This has the advantage that the needs of the child are independent from the needs of the birth family, and ensures that foster children receive ongoing support. However, the claim has been made that the division of responsibility was liable to demand intricate cooperation. Indeed, difficulties were found in implementing the policy of cooperation between the different bodies. Its execution appears to depend on the place and the individuals involved.
- ◆ ***Changes in the conditions of employment of foster social workers:*** The transition to the implementation of foster-care services by external organizations made it possible to dismiss poorly-functioning social work employees, which was viewed favorably by interviewees from MSAS and the implementing organizations. At the same time, interviewees noted that the employment conditions of foster social workers were not as good as those of SSD social workers, and this was reflected in their lower satisfaction with their employment conditions and their high rate of turnover.
- ◆ ***Changes in the development of patterns of inter-organizational work:*** The four implementing organizations maintain ongoing contact and formally cooperate through their participation in the learning group. In addition, once every three months there are meetings with the national supervisors of foster-care services at the MSAS to discuss issues related to the implementation of foster care. The directors of the implementing organizations also maintain informal contact, consulting and enriching one another, and collaborate to present a united front before the MSAS.
- ◆ ***Changes in the supervision of foster care:*** Partial privatization led to the separation of the implementing and supervisory bodies. According to the interviewees, the fact that the implementing body does not supervise itself and is now required to report to the funder has led to better regulation. Better regulation leads to the professionalization of foster care and helps to improve the work patterns of the supervisors. Additional advantages cited were the separation of the supervisor's role from the role of the instructor of foster social workers, and closer supervision. Today, supervisors have more time to focus on supervisory tasks and, as a result, both the substance and frequency of these tasks have improved. At the same time, the claim has been made that there is still room for improvement of supervision and the organizations still have difficulty implementing policy.

Increasing the budget to implement foster-care services: One of the outcomes of partial privatization is the larger overall budget allocated to the implementation of foster-care services. One reason for the increase is that the implementing organizations are permitted to raise funds. Although the proportion of the budget generated through fundraising is low, one supervisor noted that “it caused the entire system to take a step forward.” For instance, one of the organizations raised funds to reduce the number of families handled by each foster social worker. Recognizing the advantages of this approach, the MSAS took steps to further reduce the caseload. However, the implementing organizations have claimed that the existing budget is low relative to the needs, and that additional funds are necessary to make their work more efficient in recruiting families, expanding the components of support, further reducing the caseload etc.

4. Programmatic Directions

The findings raise issues for discussion and possible programmatic directions to improve the service:

- ◆ *Improving the implementation of the policy of a permanent home for every child, for CYS-referred children:* MSAS policy is to refer children to foster care for a limited period. However, the study found that children spend more time in foster care than planned. In the light of this:
 - There should be careful follow-up of the children’s needs and of the ability of their birth families to care for them. To this end, the CYS has put many mechanisms in place, including regular multidisciplinary discussions at the Treatment Planning and Assessment Committees, and formal cooperation between SSD social workers and foster social workers. These mechanisms still need to be more fully developed and implemented.
 - If there is no possibility of a child returning to the birth family, it is recommended that the implementation of the policy of a permanent home for every child be better implemented through adoption. In such cases, there is an interest in placement with foster families for whom adoption could be an option (an adoption horizon). This, for example, would entail recruiting families in which the age gap between the foster parents and the children is reasonable, particularly for very young children. At present, two-thirds of the preschoolers in foster care were not placed with parents of an age that would allow adoption in the future.
 - Consideration should be given to strengthening the attention to children who for a variety of reasons remain in foster care for more than four years, including strengthening their relationships with the birth families and the support for the foster family.
- ◆ *Increasing the involvement of foster social workers in deciding on treatment programs, and supporting relationships with birth parents:*
 - The difficulties that exist in the relationships between foster social workers and birth-family social workers need to be examined further and addressed.

- In particular, the study points to a significant lack of clarity with respect to the division of responsibility between foster and SSD social workers in dealing with the birth families, and this should be addressed.
- ◆ ***Matching support and responses to the special characteristics of fostering kin:*** The distinctive characteristics of providing foster care to kin require in-depth examination and perhaps also special attention to the topic of supporting these families and building relationships between them and the birth families.
- ◆ ***Reinforcing the implementation of the regulations and the agreement between the MSAS and the implementing organizations:*** Alongside the professionalization and improved supervision following partial privatization, the study found that the working modes of the implementing organizations may diverge from the Social Worker Regulations or the signed agreement with MSAS: e.g., the work experience required of foster social workers upon assuming the position as well as the training of foster parents and foster social workers. It is suggested that every topic showing wide gaps between the actual and desirable situations undergo review for ways to better translate policy into action. In general, the need for better supervision and enforcement should be examined. Alternatively, consideration should be given to whether policy should be changed to better approximate what actually happens in the field.
- ◆ ***Continued professionalization and improvement of the working modes of the implementing organizations:***
 - Given the importance of the personal meetings between foster social workers and foster parents and children, ways should be explored to increase the frequency of contact in certain cases and the areas that may require additional assistance and consultation should be identified.
 - There is a need to develop a more differential allocation of the resources devoted to monitoring and supporting the families so as to provide more intensive support where it is most required.
- ◆ ***Enhancing uniformity of the basic work patterns of the implementing organizations:*** Alongside the rationale of partial privatization, which encourages inter-organizational competition in order to expand foster-care solutions and enhance efficiency and improvement, the basic work patterns are expected to be uniform to ensure maximal egalitarian service to foster children and parents with similar needs. Nevertheless, the organizations were found to vary in several respects including the extent of preparation of families, the frequency of personal and group guidance for foster social workers, the extent of personal interaction of foster social workers with foster children, and the extent of work with birth parents. There is thus room to improve the uniformity of these procedures.
- ◆ ***Reducing the turnover of foster social workers:*** On average, the seniority and therefore experience of foster social workers on their jobs is quite low due to high turnover. There is a

need to examine ways to increase their job satisfaction and reduce turnover so as to ensure greater stability in the support for the families.

- ◆ ***Deepening the training of foster social workers supporting children with disabilities:*** Addressing the foster care needs of special-needs children with disabilities that are referred by the Rehabilitation and Disabilities divisions requires attention to their unique needs. Prior to partial privatization, there were foster social workers specializing in special-needs children. However, this is no longer the case. There is a need to strengthen their training and abilities to provide appropriate responses to this special population.
- ◆ ***Improving the dialogue between the MSAS and the implementing organizations with respect to the budget required by the service:*** The implementing organizations emphasized the need to increase the level of funding so as to more adequately implement foster-care services. There needs to be greater dialogue on these issues.
- ◆ ***Providing a response to the entirety of a child's needs:*** In this connection, two main courses of action emerged:
 - The program provides a special budget to finance the special expenses that arise in caring for the children. It is necessary to examine whether the current package of special expenses adequately meets the needs.
 - Many of the special needs relate to areas of responsibility of the various community services (e.g., schools, community centers, local health services) and of various government ministries (including the ministries of Education and Health). There is a need to strengthen the links with these various sources and organizations so as to promote adequate responses.

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