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Foster parent self-care: A conceptual model

Arianne E. Miller*, Tonika Duren Green, Katina M. Lambros

Department of Counseling & School Psychology, San Diego State University, 5500 Campanile Drive, San Diego, CA 92182-1179, USA

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ABSTRACT

Foster parents play a critical role in the lives of youth in foster care, experience myriad stressors, have high rates of turnover and in turn the child welfare system ultimately over relies on relatively small numbers of caregivers to care for the majority of foster children. While there is a small literature that includes an examination of how foster parents care for themselves and maintain their well-being, to date there is only one study that has primarily examined foster parents' self-care. The purpose of the current article is to highlight the need for greater attention to foster parent self-care and integrate the research literature about foster parent stressors and self-care to propose a conceptual model of foster parent self-care. This manuscript describes the stressors faced by foster parents to illustrate the need for greater attention to foster parent self-care. It then proposes a conceptual model that seeks to expand the notion of self-care beyond a set of practices to an understanding of self-care practices as the result of internal and external factors that contribute to or inhibit foster parent self-care. The authors make recommendations for foster parents, researchers and agencies interested in improving the health and well-being of foster parents.

1. Introduction

Foster parents and caregivers are charged with parenting our nation's most vulnerable youth and thus play a critical role in the placement experience for youth in foster care. Despite this important role, there are only a few studies that have principally attended to their individual health and wellbeing (Blythe, Wilkes, & Halcomb, 2014; Cooley, Thompson, & Wojciak, 2017; De Maeyer, Vanderfaeillie, Robberechts, Vandschoonlandt, & Van Holen, 2015; Whenan & Lushington, 2009) and only one recent exploratory study that has made foster parent self-care the primary focus of study (Miller, Cooley, Owens, Fletcher, & Moody, 2019). While there is no one definition of self-care it is often described as engaging in behaviors that sustain a person's health and well-being and prevent burnout and illness (Lee & Miller, 2013). Self-care behaviors such as sleep hygiene, social support, emotion regulation, and acceptance have been found to be predictive of lowered subjective stress (Myers et al., 2012).

The purpose of the current article is to demonstrate that given the myriad stressors faced by foster parents, insufficient attention has been paid to their self-care and to suggest a conceptual model of self-care that integrates the self-care literature with what is known about the stressors faced by foster parents. We begin by describing the stressors and their effects on foster parents and what is known about foster parent self-care, define and discuss a broad conceptualization of self-care, and then suggest a conceptual model that applies the self-care literature to the experience of foster parents with the goal of conceptualizing foster parent self-care and identifying where foster parents, researchers and agencies should consider focusing their efforts to improve the well-being of foster parents.

1.1. Who are foster parents/caregivers?

Foster parents are a heterogeneous group, coming from a wide range of social, educational, economic, and cultural backgrounds. According to the Foster Coalition (2015), 63% of foster parents are married, 30% are single and female, and 3% are Lesbian, Gay Bisexual and Transgender (LGBT). These caregivers are primarily White, followed by African-American. The majority (70%) of foster parents/caregivers have education beyond high-school, yet, only 31% of foster parents are employed full time, and as a group, they have a mean household income lower than that of the general population with children. Foster parent households located in suburban or rural counties, those with foster parents of color, and those with two parents in the home, cared for more children at a time, yet had higher rates of placement turnover (Grimm & Darwall, 2005).

Foster parent homes differ from the general population in several ways. Many foster parents live in households with more children than adults. These households are typically larger, with 50% having three or

* Corresponding author.
E-mail addresses: amiller@sdsu.edu (A.E. Miller), tduren@sdsu.edu (T.D. Green), klambros@sdsu.edu (K.M. Lambros).

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more children, as compared to 21% of all households with children having three or more children (Annie, 2008). Twenty-five percent of foster parent homes have an adult with a disability present, which is greater than the general population. Foster parents often care for children and adolescents with disabilities, as foster youth have higher rates of disabilities than other children (Annie, 2008). Foster parents are more frequently responsible for the care of traumatized children than the general population. Lastly, but importantly, studies also suggest that a small percentage of foster parents, approximately 20–25%, provide most of the foster parenting services (Buehler, Rhodes, Orme, & Cuddeback, 2006; Cherry & Orme, 2013).

1.2. Foster parent stressors

While there is a wide continuum of caregiving experiences, ranging from especially stressful and complex to less impactful, with families often cycling through periods of intense stress as well as periods of stability and wellbeing (Blythe et al., 2014), caring for foster youth presents a myriad of challenges that must be considered in the caregiving experience. These range from individual child factors, to financial strain, to navigating the complexities inherent in the foster care and legal system (Fig. 1).

1.2.1. Foster child stressors: educational and mental health

Of the 428,000 children in the foster care system in the United States, the main source of entry is neglect (74.8%) (National Children's Alliance, 2015; U.S. Department of Health and Human Services, 2016a, 2016b). Due to neglect, abuse and other forms of victimization, youth enter into care with compounding social, academic and mental health challenges (Halfon, Mendonca, & Berkowitz, 1995; Turney & Wildeman, 2016; U.S. Department of Health and Human Services, 2016a, 2016b; World Health Organization, 2018). Estimates suggest that a child in the foster system will move a total of six times, resulting in a loss of four to six months of academic progress each time they change placements (Child Trends Data Bank, 2015; Foster Care and Education National Work Group, 2014). As a result, they fall far behind their grade level peers and are overrepresented among students receiving special education services compared to the general population (Hill, 2013; Lambros, Hurley, Hurlburt, Zhang, & Leslie, 2010; Larson & Anderson, 2005; United Cerebral Palsy and Children's Rights, 2006). Compared to youth who are not in care, children in foster care are more likely to attend low-performing schools (78%), score lower on statewide achievement measures, repeat a grade, and are less likely to graduate (Foster Care and Education National Work Group, 2014). In addition, foster parents may be overwhelmed and exhausted by the process and may feel unsure about how to advocate for their children (Scherr, 2007) as special education services can be a particularly challenging system to navigate (Zetlin, 2006),

The prevalence of mental health disorders for children in foster care ranges from 40 to 85% depending on the source (Turney & Wildeman, 2016), compared to 20% in the general population (World Health Organization, 2018). Some studies suggest that more than 80% of youth in foster care experience a mental health condition or acute need related to trauma (Halfon et al., 1995; U.S. Department of Health and Human Services, 2016a, 2016b). Subsequently, foster parents have been described as the "first responders," who see firsthand the effect of these challenges on their foster child's well-being (Doughty, 2017). Moreover, foster parents may care for multiple traumatized children at once and may do so for long periods of time as the research suggests that 25% of foster parents are responsible for a significant portion of children in the foster system (Buehler et al., 2006). As a result, some foster parents may be at increased risk for secondary traumatic stress (Carew, 2016).

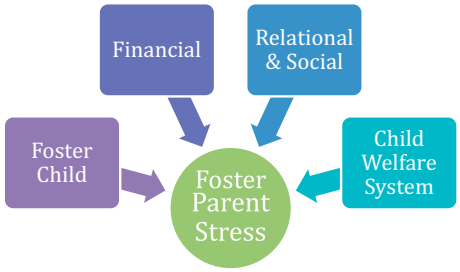

Fig. 1. Foster parent stressors.

1.2.2. Financial health stressors

Fostering can cause tremendous financial strain (ARCH National Respite Network & Resource Center, 2014). Foster parents across the country receive about $15–30 per day per child depending on the location (i.e. state) and the age of the child, with some states offering a reimbursement rate as low as $8.00 (DeVooght et al., 2013). Out-of-pocket costs for therapy appointments, prescriptions, clothing, food, gas, and extra-curricular activities may cost over and above what the state provides. Foster parents with a child who has significant and acute needs may have to reduce the number of work hours or stay at home on a more regular basis, which may also contribute to financial hardship.

1.2.3. Relational and social stressors

Fostering can have a significant impact on relationships with others. While the literature on foster parents in committed relationships is somewhat mixed, most research suggests that fostering can cause marital conflict (Cautley & Aldridge, 1975; Kriener & Kazmerzak, 1994; Seaberg & Harrigan, 1999; Walsh & Walsh, 1990). Relationships with other children living in the home may also become impacted, as birth children have reported feelings of resentment, guilt, pressure to adapt, and were observed being more withdrawn (Höjer, 2004; Poland & Groze, 1993; Younes & Harp, 2007). Foster homes are more likely to be unsuccessful when relational changes arise between the carers and their birth children, causing foster parents to work harder to preserve their biological family relationships (Thompson, McPherson, & Marsland, 2016; Triseliotis, Borland, & Hill, 2000).

1.2.4. The foster care system: a universal stressor

Although the foster system aims to provide support for foster parents, foster parents often report that a substantial source of their stress is related to the complexity of child welfare system, policy and procedures, and communication (Cooley et al., 2017; Jones & Morrissette, 1999). Foster parents are required to participate in numerous pre-service trainings, meet agency requirements for licensing, and undergo continual monitoring by child welfare agencies, yet the quality and utility of the trainings and monitoring can vary greatly within and across cities and states (Bromfield & Higins, 2005; Maluccio, Canali, & Vecchiato, 2006; Randle, Ernst, Leisch, & Dolnicar, 2017). Outcomes from a focus group of foster parents, child welfare staff, and program managers across five states revealed (a) a lack of adequate health, behavioral and respite services, (b) failure to have a voice in court and agency decisions; (c) inaccessible caseworkers; and (d) false allegations of abuse and neglect (U.S. Department of Health and Human Services, 2002). Other studies suggest foster parents may feel a lack of support or training (Randle et al., 2017). Several studies exploring stressors and predictors of foster parent retention (Brown, 2008; Brown & Calder, 1999; Brown & Campbell, 2007; Weinstein, 2001; Denby & Bean, 1999; Hudson & Levasseur, 2002), found that outside of individual child factors (i.e., complex medical and behavioral needs), the main predictor for retention was a positive relationship with the child welfare system.

1.3. The effects of stress on foster parent well-being

Taken together, this experience can impact the daily life and welfare of a foster parent (Child Welfare Information Gateway, 2014; Farmer,

Lipscombe, & Moyers, 2005; Schooler, Smalley, & Callahan, 2010). Studies suggest that foster parents of youth with behavioral and emotional problems are at risk for increased levels of stress (Goemans, van Geel, & Vedder, 2018). Foster parents are the primary source of support and normalcy for these youth (Pokempner, Mordecai, Rosado, & Subrahmanyam, 2015) and may feel a duty to provide safety and security for the child, yet also experience heightened levels of stress because of the child's challenges and multilayered needs and difficulties accessing sufficient financial and institutional support. In the only study of foster parents and secondary traumatic stress (STS), the author found that foster parents experience STS at the same rates as helping professionals who work with traumatized youth because of their intense involvement in the child's life (Carew, 2016). While this is the only study to examine rates of secondary traumatic stress among foster parents, it is line with research showing that those who work with traumatized children experience the consequences of trauma via their clients and are at risk for developing secondary traumatic stress, in addition to compassion fatigue and burnout (NCTSN, 2010). As a result, they are often at a loss about where to turn to for support (Geiger, Hayes, & Lietz, 2013; MacGregor, Rodger, Cummings, & Leschied, 2006; Murray, Tarren-Sweeney, & France, 2011).

The small, yet existing literature on the foster parent experience reveals that these experiences may negatively affect their well-being (Wilson, Sinclair, & Gibbs, 2000). Caregivers of high needs youth report poor health and well-being, increased financial strain, marital problems, and social stressors (Benzies & Mychasiuk, 2009; ARCH National Respite Network & Resource Center, 2014; Murphy, Christian, Caplin, & Young, 2007). It is not uncommon for a foster parent to be consumed with the welfare of their foster child and neglect their own physical health. In a focus group study by Murphy et al. (2007), foster parents reported that their physical and mental health were negatively impacted by the demands of caregiving, and that they experienced chronic fatigue, sleep deprivation, and emotional distress. Additionally, caregivers reported that they "often forgo their own medical appointments, nutrition, exercise, and stress reduction activities as care for a medically fragile child can be all-consuming" (ARCH National Respite Network and Resource Center, 2014, p. 2).

The emotional health of foster parents is also a critical area to explore as it can affect their ability to provide consistent levels of care. The literature on the mental health of foster parents is scant. Murphy et al. (2007) found that caregivers of high needs youth reported that caring for the daily needs of their child and family along with concerns about the future caused significant emotional distress. These caregivers also reported that they occasionally experienced overwhelming feelings of despair. This is consistent with parents in Kagan & Edgar's study (2014), who reported high anxiety, depressive symptoms, and other emotional problems, which could negatively impact children in their care (Fisher & Stoolmiller, 2008; Murphy et al., 2007).

As described here, foster parents face numerous stressors ranging from the typical health challenges that all parents face to managing the emotional challenges of integrating a new child, with many and varied needs into a preexisting family system, to negotiating a foster system that tasks parents with many responsibilities and often does not provide the necessary supports to successfully manage these responsibilities. Although, foster parent well-being is critical to the success of foster youth and the foster system, the literature has yet to identify how foster parents can maintain their health and well-being in the face of these challenges and stressors.

2. Foster parents and self-care

2.1. Foster parent self-care

Foster parents report that self-care strategies, stress management techniques and self-awareness that one is becoming stressed can all contribute to successful foster parenting (Brown, 2008). The only study to date to address the self-care practices of foster parents found that foster parents most often report doing self-care "sometimes" (Miller et al., 2019). This study found associations between foster parents self-reporting excellent health and having money leftover at the end of the month with higher self-care scores. The study also found that "being female, non-white, and not heterosexual seemingly predicted lower personal self-care scores." (p. 208). In addition, married as compared to unmarried foster parents also had higher mean self-care scores. Since approximately 30% of foster parents are unmarried women (Foster Coalition, 2015), these results suggest that addressing self-care may be especially important for this group, in addition to foster parents that are of color and identify as LGBTQ. Moreover, as the authors note, these results are consistent with the self-care practices reported by helping professionals in the research literature.

Given the wide-ranging set of emotional, physical, social, financial and legal responsibilities and challenges foster parents face, it is unlikely any one type of self-care would be sufficient for foster parents as a group. Whereas some may need traditional forms of self-care, such as improved nutrition and exercise, others may need to improve emotional self-awareness or interpersonal boundaries and still others who are exposed to traumatic foster youth, may need a more targeted kind of self-care such as Trauma-Informed Self-Care (Salloum, Kondrat, Johnco, & Olson, 2015).

Aside from the study cited above, literature that *principally* addresses foster parent self-care largely remains outside of peer-reviewed published literature. Existing literature produced for foster parents is published online by organizations such as the Children and Family Services Training Center at the University of North Dakota (Conrad, 2004), The Annie E. Casey Foundation (2017), Center for Advanced Welfare Studies and the National Child Traumatic Stress Network (NCTSN, 2010), newsletters such as *Fostering Perspectives* published by the School of Social Work on North Carolina at Chapel Hill ("Self-care,", 2015) as well as blogs (Brandy, 2018; McMahon, 2005) and self-published books (Kostelyk, 2017). This literature ranges from foster parent training manuals (Annie E. Casey Foundation, 2017) to self-help blogs and articles, much of which attempts to help caregivers and foster workers understand the impact of trauma on youth and parenting as well as offer self-care strategies.

2.2. Non-foster parents and self-care

Although there is only one study on self-care among foster parents, it is notable there is not a large body of literature about self-care among parents generally. A meta-analytic review of self-care behaviors (SCBs) and perspectives of parents identified only 10 studies that focus on the self-care of parents for the primary benefit of the parent rather than secondarily to their child and not related to specific medical conditions (e.g. diabetes, heart disease, etc.) (Raynor & Pope, 2016). This review suggested that parents describe self-care as taking care of one's self physically and emotionally, exercising, engaging in pleasurable activities, getting rest, getting help, planning, lowering expectations and making time for one's self (Barkin & Wisner, 2013; Mendias, Clark, Guevara, & Svrcek, 2011). Studies of self-care among low-income mothers who were also HIV positive or in substance abuse recovery suggest a strong reliance on spirituality, prayer, church and group support in the context of organized religion (Shambley-Ebron & Boyle, 2006). Regardless of financial access to self-care, each subgroup of parents identified self-care as essential to their functioning as a parent.

Obstacles to parental self-care are varied. Parents report barriers that include time, limited money and support, accepting help and difficulty setting boundaries (Barkin & Wisner, 2013; Mendias et al., 2011). With regard to boundaries, mothers, in particular, may view or describe their role as involving great amounts of self-sacrifice that can serve as a barrier to self-care (Barkin & Wisner, 2013). It should be noted that all of the studies cited here are of mothers.

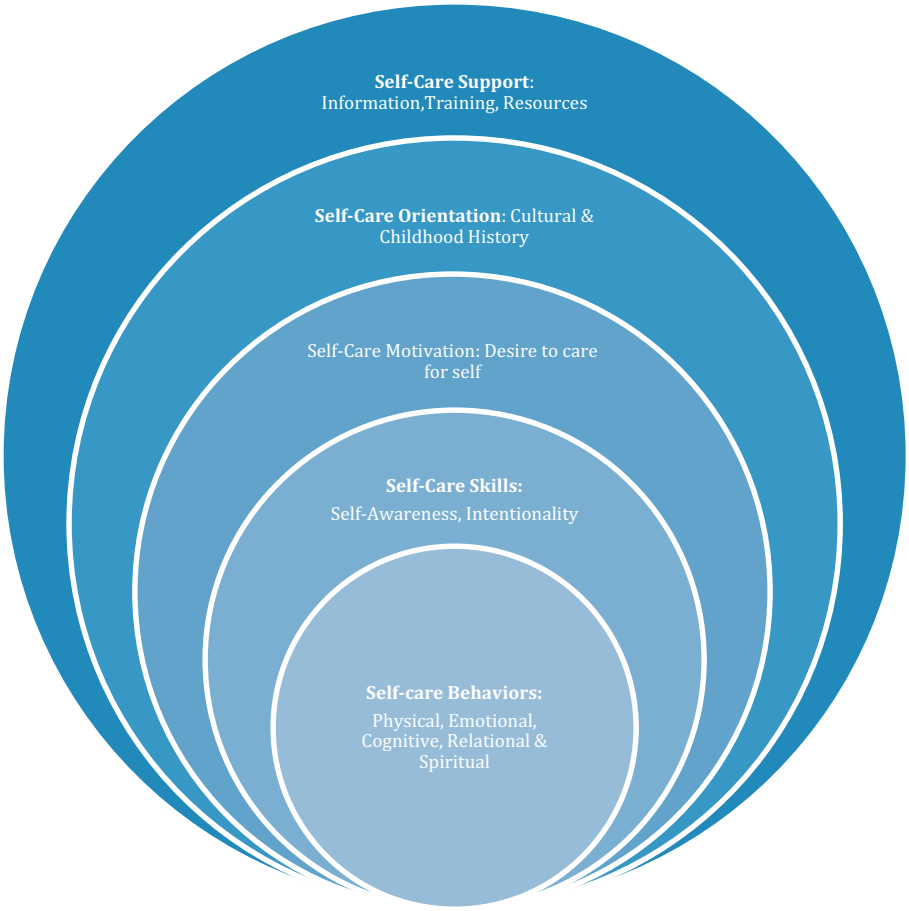

Fig. 2. A model of foster parent self-care.

3. Defining and conceptualizing self-care

The concept of self-care is widely used in both the mental health and medical fields. Nonetheless, as others have noted, there is no single definition of self-care used in or across any of the psychology, counseling and social work fields (Dorociak, Rupert, Bryant, & Zahniser, 2017; Lee & Miller, 2013), rather there are numerous general characterizations of self-care. For example, self-care is generally understood as engaging in behaviors that sustain a person's health and well-being and prevent burnout and illness (Lee & Miller, 2013). Reflecting a definition that includes specific reference to physical health conditions, it has also been described as a person's efforts and capacity to promote their optimal health and well-being, prevent illness and manage chronic health conditions (Bressi & Vaden, 2017; Lee & Miller, 2013; Woods, 1989). A review of the literature reveals that while there are many definitions of self-care that can focus on different aspects of self-care (i.e. practices, process, etc.) most are similar and overlapping, and reflect the aforementioned descriptions (Godfrey et al., 2011).

In the nursing literature, a widely cited theory of self-care, is Dorothea Orem's (1985, 1995) nursing theory which assumes that people want to care for themselves and if they are allowed and helped to care for themselves, they can return to optimal health more quickly. The theory, focused on helping patients with self-care, posits that self-care includes: self-care behaviors to maintain optimal health, the ability to engage in self-care and self-care needs that must be met that range from universal needs (e.g. food, water, air) to managing health conditions. For its part, the mental health field largely focuses on the self-care of professionals (and more recently trainees) who are susceptible to burnout, compassion fatigue and secondary traumatic stress due to working with traumatized adults and children, as well as more generally, as empathic and compassionate emotional- caretakers (Colman et al., 2016; Bressi & Vaden, 2017; Lee & Miller, 2013; Zahniser, Rupert, & Dorociak, 2017).

These differing but related areas of study are helpful for conceptualizing self-care among foster parents. We can both view self-care on a continuum from independence (e.g., care provided by individual) to dependence (i.e., care provided by others) (Godfrey et al., 2011), as well as on a continuum from self-care to self-neglect. Together they can help us to conceptualize an overall picture of foster parent self-care in which foster parents autonomously engage in their self-care and at the same time, foster systems provide the necessary support to facilitate consistent and effective self-care. This allows us to consider a more complete picture of the kinds of support and self-care that foster parents need and to distinguish between care that should be provided for them versus care they can provide for themselves.

Self-care has been identified as a key factor in the prevention of burnout among mental professionals and students (Barnett, Baker, Elman, & Schoener, 2007). The need for self-care is personal and is directly related to the type of self-care one ought to engage in and there may not be a one-size fits all self-care plan (Bressi & Vaden, 2017; Carroll, Gilroy, & Murra, 1999; Derthick, Ivanovic, & Swift, 2015). Similar to other authors that have taken a broader view of self-care beyond specific activities (Lee & Miller, 2013; Norcross, 2000; Norcross & Guy, 2007), we present here a conceptual model for self-care that views self-care behaviors and practices as result of a process of self-care that requires understanding the internal and external factors that make self-care more or less likely to occur.

3.1. A conceptual model of foster parent self-care

Traditional self-care is most often viewed as a set of behaviors or practices that one does such as improved nutrition, exercise, sleep, breaks, etc. (Jordan, 2010; Lee & Miller, 2013). As mentioned earlier, manuals and informal self-care guides typically address this traditional formulation of self-care attempting to answer the question: *what kind of self-care should foster parents do*? However, self-care has also been described as a process (Baker, 2003; Skovholt, 2001), an ability (Collins, 2005) and an ethical demand in the context of mental health professionals (Barnett et al., 2007). Given that studies suggest people may only engage in self-care "sometimes" (Miller et al., 2019), it may be helpful for foster parents, researchers and foster agencies to consider self-care beyond a set of behaviors. The following describes a conceptual model of foster parent self-care (Fig. 2) adapted from the self-care research literature and a self-care presentation designed for mental health graduate students (Miller, 2019). The purpose of presenting this model is to suggest that self-care is a multilayered process, in which behaviors, practices and activities are the last step, rather than the first step, in a larger self-care process. As such, researchers and agencies may need to attend to the process of self-care if they wish to improve self-care among foster parents.

As noted above, self-care can be viewed as a behavior (i.e. I do things to care for myself). Yet it can also be seen as a desire (i.e., I want to care for myself), an orientation (i.e., I think about myself and my needs), a cultural lens (i.e., I am supposed to care of myself), a learned behavior or skill (i.e., I know when and how to take care of myself) and each of these facets of self-care may affect whether a person ultimately engages in self behaviors (e.g. exercise, meditation, doctor visits, etc.) Ecologically speaking, self-care also occurs in the context of an individual, a community, a social system and a historical time period. Thus, self-care behaviors, activities and practices must always be considered in light of other facets of one's internal and external life.

3.1.1. Self-care support

Foster parent self-care occurs in the context of the agency and overall foster system and foster parents described being greatly affected by the rules of the foster agency and system. Foster agencies that provide training help foster parents to feel confident, effective and emotionally prepared to be a foster parent and those that include self-care information are associated with greater foster parent well-being and better perceptions of the foster agency (i.e. less stressful) (Whenan & Lushington, 2009). As such, foster systems have significant responsibility for creating an environment in which foster parent self-care is possible. Foster parents should not be left to understand and implement self-care with the assumption that they think about self-care, know how or when to implement it or have the internal or external resources required to do self-care. They are likely to need a combination of information about what constitutes self-care, training on how to do self-care and resources that make it possible such as respite care or gym memberships that have child care.

3.1.2. Self-care orientation

To achieve consistent and preventative self-care, foster parents may also need to be oriented towards taking care of the self (e.g. I think about my needs). However, similar to developing self-awareness of one's needs, foster parents may need to learn to consider and prioritize the self along with their foster children and others in their life. The ability or willingness to do this is related to one's childhood experiences and one's culture. Adults who do not learn to take good care of themselves or who do not come from families that prioritized their care may struggle to think about their own self-care as adults and parents.

The idea that a foster parent should make time for self-care rather than wholly focus on their child may not align with some cultures that do not subscribe to individualism or American views of parenting. Some may feel the concept of self-care is individualistic and in opposition to a culture of origin that is more family and community oriented. It is also common in many cultures, including American culture, that parents ought to sacrifice the self for one's children (Barkin & Wisner, 2013), especially if you are a mother or in a maternal role. Even among non-parents, people may feel guilty or believe they are selfish for doing self-care (Brownlee, 2016).

3.1.3. Self-care motivation

Self-care is often referred to as a practice in part because it occurs repeatedly and is not a one-time decision. Meaning, it is an activity that one must repeatedly choose to do, as it is not enough to do self-care once. The mental health literature suggests that even when trauma therapists believe in self-care, this belief is not necessarily correlated with time allotted for self-care (Bober & Regehr, 2006). Thus, self-care requires motivation as even those who might benefit most and who are well-informed may still not do self-care. This is important to note because teaching or "prescribing" self-care to already overwhelmed foster parents may be less likely to work than helping foster parents establish consistent self-care *prior to or at the beginning* of foster placement. Even after identifying self-care activities that work for them, they will need the motivation to repeatedly choose to practice self-care. This is another area in which foster agencies and personnel can assist foster parents in their self-care.

3.1.4. Self-care skills

Self-care has also been described as something that is intentional with respect to which behaviors or activities one chooses for self-care (Lee & Miller, 2013). Thus, it requires learning how to be self-aware and strategic. For foster parents to do effective self-care that successfully prevents or manages stress, burnout or health issues, they will need to be aware of their emotional, cognitive, physical and spiritual state to be able to identify and strategically choose the kinds self-care that work for them as well as when and how often they should engage in various self-care behaviors. Self-awareness has been demonstrated to be an effective and teachable skill via the practice of mindfulness (Kabat-Zinn, 1990) that foster parents may need assistance in developing or maintaining to facilitate their self-care.

3.1.5. Self-care behaviors

Finally, the traditional and most basic understanding of self-care is a set of behaviors or practices that one may choose to engage in or practice. Foster parents have multiple ways of taking care of the major domains of the self: physical (e.g., exercise, sleep nutrition, going to a physician, getting a massage); emotional (e.g., going to a therapist, support groups, journaling, emotion regulation, having fun); cognitive/psychological (e.g., self-awareness/insight, self-reflection, etc.); relational/social (familial and friend support, boundary setting, self-sacrifice, etc.) and spiritual/meaning-making. (e.g., praying, meditating, attending religious or spiritual groups, etc.). Yet, as described here these behaviors occur in the context of other internal and external skills, choices, capacities, cultural perspectives and supports.

4. Recommendations for foster parents, agencies and researchers

4.1. Recommendations for foster parents and agencies

While the aformeentioned examples are all effective methods of self-care, thinking more broadly about self-care could help assist foster parents to try and maintain self-care behaviors. In attending to how foster parents may do self-care, agencies may need to offer guidance to foster parents about the types of self-care available to them (e.g. respite care), encouragement to do self-care and strategies about how to make time for self-care. Foster parents may need assistance in choosing to do self-care sooner rather than later to avoid becoming overwhelmed as well as assistance in identifying personally effective forms of self-care. For example, while respite care is one form of break that foster parents

may need, taking small 5–10 min breaks during the day, could also help to manage becoming overwhelmed. Helping foster parents to identify signs it is time to make use of respite services, especially for reluctant foster parents, could be especially useful.

Additionally, sometimes talk of self-care can give the impression it is up to the individual to solve their stress problem. Agencies can partner with foster parents to provide support for self-care as way to build and maintain foster parents' satisfaction (Randle et al., 2017), as well as strong relationships with foster parents. Training, particularly in the context of highly traumatized people has been shown to improve confidence and self-efficacy which is associated with lower rates of secondary traumatic stress and compassion fatigue (Kolko, Hoagwood, & Springgate, 2010). When foster parents (Kolko et al., 2010) are provided with the skills to manage intense trauma, they report improved confidence and self-efficacy and as a result, better satisfaction in their respective roles. Additionally, research suggests that foster parents may perceive foster agencies as being more supportive when training specifically includes information on foster parents' support and self-care (Randle et al., 2017).

4.2. Recommendations for researchers

We suggest the research literature take several steps. First, as demonstrated here foster parents are under extraordinary amounts of stress from and within the foster care system. Thus, the literature must continue to take up the task of identifying best practices for foster parents and best methods for foster agencies to support their well-being.

Second, to improve the quantity and consistency of foster parents able and willing to serve, research should consider the well-being of foster parents for the sake of their well-being and not only for how they can serve foster youth. The research literature has rather extensively documented many of the stressors that foster parents face. We suggest that more focused and comprehensive investigations into the amelioration of the effects of these stressors on the emotional, physical, spiritual and social world of foster parents are likely to produce valuable insights into to the kinds of self-care foster parents may need to improve and maintain their overall well-being. In addition, given the similarities in function of foster parents and child protective service workers who have high rates of secondary traumatic stress, the research would benefit from a similar examination of the rates of STS for foster parents. In turn this may help to lower turnover and increase retention, satisfaction and quantity of qualified, long-term caregivers.

Third, foster parent research and well-being would benefit from attending to what foster parents and agencies are publishing and reading on local websites and blogs. Foster parents and caregivers, as well as those working with this population, are currently reliant on unpublished literature for information about how to do self-care and achieve and maintain foster parent well-being. More primary research on the self-care habits, as conducted by Miller et al. (2019), is greatly needed as well as research producing self-care strategies for foster parents and caregivers. Moreover, these sites provide insight into what foster parents are seeking and creating themselves.

Fourth, as time and resources are always a factor when choosing to practice self-care, research not only needs to attend to what kinds of self-care foster parents need, but more importantly *how* to practically do self-care given the time and financial constraints of foster parenting. As noted earlier, even when people believe in self-care, this belief is not necessarily correlated with time allotted for self-care (Bober & Regehr, 2006).

Fifth, the self-care model proposed here is our effort to describe an expansive conceptualization of self-care beyond practices and behaviors. Future research should similarly cast a wide net regarding identifying what self-care is or could be for foster parents. This should include adapting facets of the secondary trauma literature to the situation of foster parents, considering self-care for parents with low intensity placements and studying the use of respite care as a form of self-care as well as barriers to using this service. Research should identify which foster parents would most benefit from traditional or typical self-care and those who may need Trauma-Informed self-care.

Finally, and perhaps most importantly, identifying specific steps that foster agencies can take to reduce stress among foster parents that is produced by the agency itself. The research clearly suggests that foster agencies and the overall system are a universal stressor and challenge, even for successful and satisfied foster parents (Cooley et al., 2017). In addition, supporting the well-being and engagement in self-care should be considered a primary focus and role of foster agencies, in service of their overall goal of protecting children in the foster system.

5. Conclusion

Despite facing the amount and types of challenges outlined here, recent research suggests that some foster parents are highly resilient (Cooley et al., 2017). In a study of exemplary foster parents, foster care social workers were asked to identify foster parents that they would leave their own children with for an extended period of time, if the need ever arose (Berrick & Skivenes, 2012). While subjective, this study elicited an important set of emotional skills that the authors refer to as "parenting+" (p. 1958) - general parenting skills supported by the research literature, plus the additional skills needed by foster parents. These foster parents, deemed highly effective by foster care social workers, provide emotional buffering to manage or prevent disappointment, have flexible but boundaried relationships with the child *and* birth-parents, balance the child's need for both foster parents and birth-parents, help the child to feel that they are one of the family, as well as other important emotional skills. If the foster care system hopes to recruit and retain a sufficient number of successful, high quality, resilient foster parents who have the capacity and flexibility to manage the demands of caring for youth in the foster system, they will need support in developing effective and consistent self-care strategies to maintain their own health and well-being.

Declarations of interest

None.

References

Annie E Casey Foundation (2017, November 20). Retrieved from: http://www.aecf.org/blog/self-care-skills-and-strategies-for-foster-parents/.

Annie, E. (2008, July). Casey foundation. Retrieved from: http://www.aecf.org/m/pdf/FosterChildren-July-2008.pdf.

ARCH National Respite Network and Resource Center (2014). Respite for Families Caring for Children Who Are Medically Fragile. The Technical Assistance Center for Lifespan Respite Fact Sheet, Number 11, August 2014. Retrieved from https://archrespite.org/images/docs/Factsheets/FS_11-MedicallyFragile.pdf.

Baker, E. K. (2003). *Caring for ourselves: The therapist's guide to personal and professional well-being.* Washington, DC: American Psychological Associationhttps://doi.org/10.1037/10482-000.

Barkin, J. L., & Wisner, K. L. (2013). The role of maternal self-care in new motherhood. *Midwifery, 29*, 1050–1055.

Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice, 38*, 603–612. https://doi.org/10.1037/0735-7028.38.6.603.

Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child & Family Social Work, 14*, 103–114. https://doi.org/10.1111/j.1365-2206.2008.00586.x.

Berrick, J. D., & Skivenes, M. (2012). Dimensions of high quality foster care: Parenting plus. *Children and Youth Services Review, 34*, 1956–1965.

Blythe, S. L., Wilkes, L., & Halcomb, E. J. (2014). The foster carers experience: An integrative review. *Collegian, 21*, 21–32. https://doi.org/10.1016/j.colegn.2012.12.001.

Bober, T., & Regehr, C. (2006). Strategies for reducing secondary or vicarious trauma: Do they work? *Brief Treatment and Crisis Intervention, 6*(1), 1–9.

Brandy (2018, February 4). Foster parents need love too: Why self care is essential. Retrieved from: http://thefosterparentassistant.com/2018/02/04/foster-parents-need-love-too-why-self-care-is-essential/.

Bressi, S. K., & Vaden, E. R. (2017). Reconsidering self-care. *Clinical Social Work Journal, 45*, 33–38. https://doi.org/10.1007/s10615-016-0575-4.

Bromfield, L., & Higins, D. (2005). National comparison of child protection systems. *Child Abuse Prevention Issues, 22*(Autumn), 1–32. Retrieved from http://www.aifs.gov.au/nch/pubs/issues/issues22/issues22.pdf.

Brown, J., & Calder, P. (1999). Concept-mapping the challenges faced by foster parents. *Children and Youth Services Review, 2*, 481–495.

Brown, J., & Campbell (2007). Foster parent perceptions of placement success. *Children and Youth Services Review, 29*(8), 1010–1020.

Brown, J. D. (2008). Foster parents' perceptions of factors needed for successful foster placements. *Journal of Child and Family Studies, 17*, 538–554.

Brownlee, E. (2016). How do counsellors view and practice self-care? *Heathcare Counselling and Psychotherapy Journal,* 15–18 April.

Buehler, C., Rhodes, K. W., Orme, J. G., & Cuddeback, G. (2006). The potential for successful family foster care: Conceptualizing competency domains for foster parents. *Child Welfare, 85*, 523–558.

Carew, N. M. (2016). *Secondary traumatic stress and the foster parenting experience: Exploring factors associated with the prevalence of secondary traumatic stress in foster parents caring for children who have experienced trauma. Dissertation abstracts international section a: Humanities and social sciences. 78*, 3.

Carroll, L., Gilroy, P. J., & Murra, J. (1999). The Moral Imperative. *Women & Therapy, 22*(2), 133–143. https://doi.org/10.1300/J015v22n02_10.

Cautley, P. W., & Aldridge, M. J. (1975). Predicting Success for New Foster parents. *Social Work, 4*(2), 48–53.

Cherry, D. J., & Orme, J. G. (2013). The vital few foster mothers. *Children and Youth Services Review, 35*(9), 1625–1633.

Child Trends Data Bank (2015). Foster youth: Indicators on children and youth. Retrieved from http://www.childtrends.org/wp-content/uploads/2014/07/12_Foster_Care.pdf.

Child Welfare Information Gateway (2014). *Parenting a child who has experienced trauma.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Collins, W. L. (2005). Embracing spirituality as an element of professional self care. *Social Work & Christianity, 32*, 263–274.

Colman, D. E., Echon, R., Lemay, M. S., McDonald, J., Smith, K. R., Spencer, J., & Swift, J. K. (2016). The efficacy of self-care for graduate students in professional psychology: A meta-analysis. *Training and Education in Professional Psychology, 10*(4), 188–197.

Conrad, D. (2004). *The cost of caring: Secondary traumatic stress. Fostering communications. XVIII (3)*Child and Family Services Training Center. Department of Social Work. University of North Dakota. Retrieved from http://www.secondarytrauma.org/Fostering_Communications.pdf.

Cooley, M. E., Thompson, H. M., & Wojciak, A. S. (2017). Risk, resilience, and complexity: Experiences of foster parents. *Children and Youth Services Review, 76*, 35–41. https://doi.org/10.1016/j.childyouth.2017.02.030.

De Maeyer, S., Vanderfaeillie, J., Robberechts, M., Vandschoonlandt, F., & Van Holen, F. (2015). Foster parents' coping style and attitudes toward coping. *Children and Youth Services Review, 53*, 70–76. https://doi.org/10.1016/j.childyouth.2015.03.023.

Denby, R., & Bean (1999). Predictors of foster parents' satisfaction and intent to continue to foster. *Child Abuse & Neglect, 23*(3), 287–303.

Derthick, A. O., Ivanovic, M., & Swift, J. K. (2015). Therapist self-care. In R. Cautin, & S. Lilienfeld (Eds.). *Encyclopedia of clinical psychology*Hoboken, NJ: Wiley-Blackwell. https://doi.org/10.1002/9781118625392.wbecp318.

DeVooght, K., Child Trends, & Blazey, D. (2013). Family foster care reimbursement rates in the U.S. (Publication # 2013–19). Retrieved from https://www.childtrends.org/wp-content/uploads/2013/04/Foster-Care-Payment-Rate-Report.pdf.

Dorociak, Rupert, Bryant, & Zahniser (2017). Development of the professional self-care scale. *Journal of Counseling Psychology, 64*(3), 325–334.

Doughty, M. (2017). Foster parents are first responders. *Foster Focus, 7*(5/6), Retrieved from https://www.fosterfocusmag.com/articles/foster-parents-are-first-responders.

Farmer, E., Lipscombe, J., & Moyers, S. (2005). Foster carer strain and its impact on parenting and placement outcomes for adolescents. *British Journal of Social Work, 35*(2), 237–253.

Fisher, P., & Stoolmiller, M. (2008). Intervention effects on foster parent stress: Associations with child cortisol levels. *Development and Psychopathology, 20*(3), 1003–1021.

Foster Care and Education National Work Group (2014). Research highlights on education and foster care. Retrieved from http://www.fostercareandeducation.org/DesktopModules/Bring2mind/DMX/Download.aspx?EntryId=1933&Command=Core_Download&method=inline&PortalId=0&TabId=124.

Foster Coalition (2015, June). Foster parents: Who are they? Retrieved from: http://www.fostercoalition.com/who-are-foster-parents-demographic.

Geiger, J. M., Hayes, M. J., & Lietz, C. A. (2013). Should I stay or should I go? A mixed methods study examining the factors influencing foster parents' decisions to continue or discontinue providing foster care. *Children and Youth Services Review, 35*(9), 1356–1365.

Godfrey, C. M., Harrison, M. B., Lysaght, R., Lamb, M., Graham, I. D., & Oakley, P. (2011). Care of self - care by other - care of other: The meaning of self-care from research, practice, policy and industry perspectives. *International Journal of Evidence Based Healthcare, 9*, 3–24. https://doi.org/10.1111/j.1744-1609.2010.00196.x.

Goemans, A., van Geel, M., & Vedder, P. (2018). Foster children's behavioral development and foster parent stress: Testing a transactional model. *Journal of Child and Family Studies, 27*, 990–1001. https://doi.org/10.1007/s10826-017-0941-z.

Grimm, D., & Darwall, J. (2005). Foster parents: Who are they? *Youth Law News, XXVI* (3), 1–8.

Halfon, N., Mendonca, A., & Berkowitz, G. (1995). Health status of children in foster care. The experience of the Center for the Vulnerable Child. *Archives of Pediatrics & Adolescent Medicine, 149*, 386–392.

Hill, K. (2013). Special education experience of older foster youth with disabilities: An analysis administrative data. *Journal of Public Child Welfare, 7*(5), 520–535. https://doi.org/10.1080/15548732.2013.843493.

Höjer, I. (2004). What Happens in the Foster Family? A Study of Fostering Relationships in Sweden. *Adoption & Fostering, 28*(1), 38–48. https://doi.org/10.1177/030857590402800106.

Hudson, P., & Levasseur, K. (2002). Supporting Foster Parents: Caring Voices. *Child Welfare, 81*(6), 853–877.

Jones, G., & Morrissette, P. J. (1999). Foster Parent Stress. *Canadian Journal of Counselling, 33*, 13–27.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness.* New York, NY: Bantam Dell.

Kolko, D. J., Hoagwood, K. E., & Springgate, B. (2010). Treatment research for trauma/PTSD in youth and adults: Moving from efficacy to effectiveness. *General Hospital Psychiatry, 32*(5), 465. https://doi.org/10.1016/j.genhosppsych.2010.05.003.

Kostelyk, S. (2017). Self-care for foster and adoptive families (n.p.): Author. Retrieved from: https://www.thechaosandtheclutter.com/product/self-care-foster-adoptive-families.

Kriener, K., & Kazmerzak, D. (1994). *Foster family satisfaction survey report.* Des Moines, IA: Iowa Foster Family Recruitment and Retention Project.

Lambros, K. M., Hurley, M., Hurlburt, M., Zhang, J., & Leslie, L. K. (2010). Special education services for children involved with child welfare/child protective services. *School Mental Health, 2*(4), 177–191. https://doi.org/10.1007/s12310-010-9026-5.

Larson, S. A., & Anderson, L. (2005). Children with disabilities and the child welfare system: Prevalence data. *Impact: Feature Issue on Children with Disabilities in the Child Welfare System, 19*(1), 6–7. Retrieved from http://ici.umn.edu/products/impact/191/over6.html.

Lee, J. J., & Miller, S. E. (2013). A self-care framework for social workers: Building a strong foundation for practice. *Families in Society: the Journal of Contemporary Social Services, 94*(2), 96–103.

MacGregor, T. E., Rodger, S., Cummings, A. L., & Leschied, A. W. (2006). The needs of foster parents: A qualitative study of motivation, support, and retention. *Qualitative Social Work, 5*(3), 351–368.

Maluccio, A. N., Canali, C., & Vecchiato, T. (2006). Family foster care: Cross-national research perspectives. *Families in Society, 87*, 491–495.

McMahon, D. (2005, February). Self-care: Barriers and basics for foster/adoptive parents. *North American Council on Adoptable Children*. [Web log post]. Retrieved from: https://www.nacac.org/resource/self-care-barriers-adoptive-parents/.

Mendias, E. P., Clark, M. C., Guevara, E. B., & Svrcek, C. Y. (2011). Low- income Euro-American mothers' perceptions of health and self-care practices. *Public Health Nursing, 28*, 233–242.

Miller, A. E. (2019). *Re-thinking self-care in graduate psychology training.* (Manuscript in preparation).

Miller, J. J., Cooley, M., Owens, L., Fletcher, J. D., & Moody, S. (2019). Self-care practices among foster parents: An exploratory study. *Children and Youth Services Review, 2019*. https://doi.org/10.1016/j.childyouth.2019.01.002.

Murphy, N. A., Christian, B., Caplin, D. A., & Young, P. C. (2007). The health of caregivers for children with disabilities: caregiver perspectives. *Child: Care, Health and Development, 33*, 180–187. https://doi.org/10.1111/j.1365-2214.2006.00644.x.

Murray, L., Tarren-Sweeney, M., & France, K. (2011). Foster carer perceptions of support and training in the context of high burden of care. *Child & Family Social Work, 16*(2), 149–158.

Myers, S. B., Sweeney, A. C., Popick, V., Wesley, K., Bordfeld, A., & Fingerhut, R. (2012). Self-care practices and perceived stress levels among psychology graduate students. *Training and Education in Professional Psychology, 6*, 55–66. https://doi.org/10.1037/a0026534.

National Child Traumatic Stress Network [NCTSN] (2010). *Caring for children who have experienced trauma: A workshop for resource parents.* Substance Abuse and Mental Health Services Administration. Retrieved from https://www.nctsn.org/resources/resource-parent-curriculum-rpc-online.

National Children's Alliance (2015). National statistics on child abuse. Retrieved from http://www.nationalchildrensalliance.org/cac-statistics.

Norcross, J. C. (2000). Psychotherapist self-care: Practitioner-tested, research-informed strategies. *Professional Psychology: Research and Practice, 31*, 710–713. https://doi.org/10.1037/0735-7028.31.6.710.

Norcross, J. C., & Guy, J. D. (2007). *Leaving it at the office: A guide to psychotherapist self-care.* New York, NY: Guilford Press.

Orem, D. E. (1985). A Concept of self-care for the rehabilitation client. *Rehabilitation Nursing, May-Jun* (pp. 33–36). .

Orem, D. E. (1995). *Nursing: Concepts of practice* (5th ed.). St. Louis, MO: C. V. Mosby.

Pokempner, J., Mordecai, K., Rosado, L., & Subrahmanyam, D. (2015). *Promoting normalcy for children and youth in foster care.* Philadelphia, PA: Juvenile Law Center.

Poland, D. C., & Groze, V. (1993). Effects of foster care placement on biological children in the home. *Child and Adolescent Social Work Journal, 10*(1), 153–163.

Randle, M., Ernst, D., Leisch, F., & Dolnicar, S. (2017). What makes foster carers think about quitting? Recommendations for improved retention of foster carers. *Child and Family Social Work, 22*(3), 1175–1186.

Raynor, P., & Pope, C. (2016). The role of self-care for parents in recovery from substance use disorders: An integrative review of parental self-care. *Journal of Addictions Nursing, 27*, 180–189.

Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. R. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children and Youth Services Review, 49*(2), 54–61. https://doi.org/10.1016/j.childyouth.2014.12.023.

Scherr, T. G. (2007). Educational Experiences of Children in Foster Care: Meta-Analyses of Special Education, Retention and Discipline Rates. *School Psychology International, 28*(4), 419–436. https://doi.org/10.1177/0143034307084133.

Schooler, J., Smalley, B. K., & Callahan, T. (2010). *Wounded children, healing homes: How*

traumatized children impact adoptive and foster families. Carol Stream, IL: NavPress.
Seaberg, J. R., & Harrigan, M. P. (1999). Foster families' functioning, experiences and views: Variations by race. *Children and Youth Services Review, 21*(1), 31–55.
Self-care (2015, May). Do it for yourself, your family and your kids. *Fostering perspectives*. Retrieved from: http://fosteringperspectives.org/?series=may-2015-2.
Shambley-Ebron, D. Z., & Boyle, J. S. (2006). Self-care and mothering in African American women with HIV/AIDS. *Western Journal of Nursing Research, 28*, 42–60.
Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals.* Boston, MA: Allyn and Bacon.
Thompson, H., McPherson, S., & Marsland, L. (2016). 'Am I damaging my own family?': Relational changes between foster carers and their birth children. *Clinical Child Psychology and Psychiatry, 21*(1), 48–65. https://doi.org/10.1177/1359104514554310.
Triseliotis, J., Borland, M., & Hill, M. (2000). *Delivering foster care.* London: British Agencies for Adoption and Fostering.
Turney, K., & Wildeman, C. (2016). Mental and physical health of children in foster care. *Pediatrics, 138*(5), https://doi.org/10.1542/peds.2016-1118.
U.S. Department of Health and Human Services (2002). *Retaining foster parents.* Washington, DC: Author. Office of Inspector General. Retrieved from https://oig.hhs.gov/oei/reports/oei-07-00-00601.pdf.
U.S. Department of Health and Human Services (2016a). *The AFCARS report: Preliminary FY 2015 estimates as of June, 2016 (No. 23).* Washington, DC: Author. Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services. Retrieved from: https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf.
U.S. Department of Health and Human Services (2016b). *Administration for children, youth and families, child maltreatment, 2016.* Washington, DC: U.S. Government Printing Office. Retrieved from: https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf.
United Cerebral Palsy and Children's Rights (2006). Forgotten children. A case for action for children and youth with disabilities in foster care. A project of the United Cerebral Palsy and Children's Rights. Retrieved from http://www.childrensrights.org/wp-content/uploads/2008/06/forgotten_children_children_with_disabilities_in_foster_care_2006.pdf.
Walsh, J. A., & Walsh, R. A. (1990). Studies of the maintenance of subsidized foster placements in the Casey Family Program. *Child Welfare, 69*(2), 99–114.
Weinstein, D. (2001). *The foster parent experience: A qualitative study.* Doctoral Dissertation. (Retrieved from Proquest. (3018300)).
Whenan, O., & Lushington (2009). Factors associated with foster carer well-being, satisfaction and intention to continue providing out-of-home care. *Children and Youth Services Review, 31*(7), 752–760.
Wilson, K., Sinclair, I., & Gibbs, I. (2000). The trouble with foster care: The impact of stressful 'events' on foster carers. *British Journal of Social Work, 30*, 1193–1209.
Woods, N. (1989). Conceptualizations of self-care: Toward health-oriented models. *Advances in Nursing, 12*, 1–13.
World Health Organization (2018). Child and adolescent mental health. Retrieved from http://www.who.int/mental_health/maternal-child/child_adolescent/en/.
Younes, M. N., & Harp, M. (2007). Addressing the impact of foster care on biological children and their families. *Child Welfare, 86*(4), 21–40.
Zetlin, A. (2006). The experiences of foster children and youth in special education. *Journal of Intellectual and Developmental Disability, 31*, 161–165. https://doi.org/10.1080/13668250600847039.
Zahniser, E., Rupert, P. A., & Dorociak, K. E. (2017). Self-care in clinical psychology graduate training. *Training and Education in Professional Psychology, 11*(4), 283–289.