
Information

Foster parent support and needs of public health nurses, pediatric nurses, and childcare workers: A survey of three municipalities with high foster parent placement rates in JapanYoko ISHII^{*}, Sanae TOMITA^{*}, Sachiko IKEDA^{2*} and Akane YAMAMOTO^{3*}

Objective This study aimed to elucidate foster parent support afforded by and the related needs of public health nurses, pediatric nurses, and childcare workers in Japan.

Methods We conducted a quantitative study involving 95 public health nurses, 450 pediatric nurses, and 360 childcare workers in three municipalities with foster parent placement rates higher than the national average in Japan. The participants were questioned regarding their experiences in supporting foster parents at work; participation in foster parent support training; awareness and perceptions of foster parents; knowledge about foster parents, foster children, and the foster care system; and confidence in supporting foster parents. Descriptive statistics were used to analyze quantitative data. Fisher's exact test was used for statistical analysis.

Results Questionnaires were collected from 179 participants (recovery rate: 19.8%). The breakdown of respondents was as follows: 19 public health nurses (10.6%), 77 pediatric nurses (43.0%), and 83 childcare workers (46.4%). Twenty-four participants (13.4%) replied that they had participated in foster parent support training, and 46 (25.7%) replied that they had experience supporting foster parents at work. Only 20.8% of the respondents answered that they were confident in supporting foster parents. There were differences in the experience of supporting foster parents at work and participation in foster parent support training depending on the participants' job type. The proportion of public health nurses was high in both categories. Experience supporting foster parents at work and participation in foster parent support training were significantly related to confidence.

Conclusion We found that the limited opportunities for public health nurses, pediatric nurses, and childcare workers to engage in supporting foster parents and participate in foster parent support training contribute to their low confidence levels in these areas. Our findings underscore the necessity of disseminating knowledge about foster care systems and fostering an understanding of foster families among pediatric nurses and childcare workers. Integrating training related to social care and foster care systems into basic nursing education is necessary. Moreover, actively listening to the perspectives and experiences of foster parents can provide valuable insights for professionals in these fields.

Key words : foster parent, public health nurse, pediatric nurse, childcare worker, support, needs

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I. Introduction

In Japan, the foster parent placement rate is increasing year by year¹⁾, however, it is also pointed out that foster parents face difficulties^{1~6)}. There were approximately

42,000 children in need of social care as of 2021 in Japan¹⁾. Despite foster care being promoted within the realm of social care, the foster parent placement rate remains 22.8% in Japan (2020) which relatively low compared to other countries such as Australia (92.3%, 2019) and the UK (73.2%, 2019)¹⁾. However, Japan's foster care placement rate has shown significant growth, which is double the rate reported a decade earlier¹⁾. It has been reported that many children placed in foster care have disability such as behavioral disorders^{1~5)}, factors that significantly contribute to the activity burden experienced by foster parents⁶⁾ and pose challenges to maintaining stable parent-child relationships⁷⁾. Furthermore, these factors also cause foster children to require frequent placement change^{3,8,9)}.

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It is important for foster parents and foster children to receive support in the communities in which they live, but little is known about the actual situation of those who support foster parents. Supporting foster parents is essential for ensuring a stable living environment for foster children and offering them a hopeful future. This support should be provided by fostering agencies specializing in assisting foster parents as well as various entities such as municipalities, health centers, schools, daycare centers, kindergartens, medical institutions, and other organizations involved in the daily lives of foster families. Collaborative efforts are necessary to effectively support foster families as a team¹⁰⁾. Most foster children are examined by a general pediatric or family practice physician when they have healthcare needs⁴⁾. It has been reported that foster parents and adoptive parents often seek professional advice from pediatric medical workers regarding their children's illnesses, physical development, and mental growth¹¹⁾. On the other hand, it has also been reported that pediatric medical workers and health center staff do not understand the foster care system well^{11~13)} such as not knowing about the existence of medical certificates required for foster children to receive medical treatment. In the United States, a guidebook has been created to help pediatricians improve support for children and families in social care¹⁴⁾. In Japan, we believe that public health nurses, pediatric nurses, and childcare workers who support foster parents and children in the community are also required to improve support skills for them in social care. However, there are few studies examining the support provided by these professionals.

This study aimed to elucidate the experience supporting foster families and needs of public health nurses, pediatric nurses, and childcare workers who work with foster families and children in the community.

II. Methods

1. Operational definition

Public health nurses were defined as those who work in a designated city. Pediatric nurses were defined as those who work as nurses in a pediatric clinic. Childcare workers were defined as those who work at nurseries or certified childcare centers. Awareness was defined as the way of thinking and perceiving foster parents. Knowledge was defined as knowledge about foster parents, foster children, and the foster care system.

2. Procedures and participants

The survey was conducted from July to September 2022. Based on the foster parent placement rate¹⁾, we selected three municipalities with much higher foster parent placement rates than the national average. The three municipalities were designated cities that had both municipal and prefectural administrative functions. The participating facilities in three municipalities were selected using a random sampling method, whereby the facilities were numbered according to lists published by the municipalities. Prior to the survey of public health nurses,

we contacted the local public health nurses in charge of three municipalities and requested their cooperation by mailing a letter. As a result, we received cooperation from one municipality. A total of 905 people were surveyed, consisting of 450 pediatric clinic nurses (150 facilities out of 370 facilities, three people per facility), 360 childcare workers (120 facilities out of 725 facilities, three people per facility), and 95 municipal public health nurses (one municipality). For the pediatric clinic nurse and childcare worker survey, we sent a request letter to the facility directors to request cooperation. Three people at each facility were selected and given an envelope containing the request letter, a questionnaire, and a return envelope. For the public health nurses survey, we asked public health nurses in each department, and mailed an envelope containing a request letter, a questionnaire, and a return envelope. There was no restriction on the department to which the public health nurses belonged, since it is possible that they may have provided foster parent support in their previous departments.

3. Questionnaire contents

The survey asked age, sex, occupation, marital status, educational background, experience as a foster parent, presence of foster parents nearby, experience of participating in foster parent support training and experience supporting foster parents at work. If the respondent answered that they had experience supporting foster parents at work, they were asked to describe their feelings at that time. We also assessed their awareness of thinking and perceiving foster parents by eight items (4 Likert scale); their knowledge about foster parents, foster children, and the foster care system by four items (4 Likert scale); their confidence in supporting foster parents by one item (4 Likert scale). Furthermore, we asked about what they needed to do to support foster parents with confidence. The eight items regarding awareness of thinking and perceiving foster parents and four items regarding knowledge about foster parents, foster children, and the foster care system were created based on previous research and literature related to foster care. The questionnaire was revised after conducting a preliminary survey that included 12 participants, including public health nurses, pediatric nurses, and childcare workers, that aimed to improve the accuracy of the survey.

4. Data analysis

Although some questionnaires contained missing values, due to the significance of the responses received, they were used in the analysis to understand current status. The missing values were noted and accounted for in the analysis process. However, when investigating the relationship between experience supporting foster parents at work and participating in foster parent support training and awareness, confidence, and knowledge, we excluded the missing data in order to maintain analytical accuracy. Quantitative data were examined using descriptive statistics. Responses regarding awareness and confidence were divided into high and low groups, and responses regard-

ing knowledge were divided into three group; correct, incorrect and not sure. These data were compared by occupation. We then investigated the relationship between experience supporting foster parents at work and participating in foster parent support training and awareness, confidence, and knowledge. Fisher's exact test were used as statistical tests. The significance level was set at 0.05. Analyses were performed using the statistical analysis software SPSS version 22.0.

5. Ethical considerations

The questionnaire included the objective and methods of the study and stated that participation was voluntary, and that non-participation would not result in any disadvantage. Participants were also informed that all data obtained would only be used for the purpose of this study and the data would be processed in such a way that individuals could not be identified. Approval for this study was obtained from the Institutional Ethics Committee of Kawasaki University of Medical Welfare, Okayama, Japan (ref. no. 21-081, November 25, 2021).

III. Results

1. Responses and characteristics of the participants

We collected questionnaires from 179 subjects (recovery rate 19.8%). The breakdown of respondents was 19 public health nurses (10.6%), 77 pediatric nurses (43.0%), and 83 childcare workers (46.4%). The response rates by occupation were 19 public health nurses (20.0%), 77 pediatric nurses (17.1%), and 83 childcare workers (23.1%). Responses and characteristics of the participants are shown in Table 1. The average age of respondents was 45.4 ± 10.7 . None of the respondents had experience as foster parents. Public health nurses had the highest percentage as for experience of participating in foster parent support training (63.2%) and experience supporting foster parents at work (57.9%) among three occupations. The most common answer regarding their feelings when supporting foster parents at work was "Same as usual" (60.9%). Regarding what they need to

Table 1 Responses and characteristics of the participants

n = 179

Variable	Total		Phn (<i>n</i> = 19)		Nurse (<i>n</i> = 77)		Childcare (<i>n</i> = 83)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Age (Mean \pm SD)	45.4 \pm 10.7		42.6 \pm 10.1		45.5 \pm 10.4		46.0 \pm 11.1	
Sex	Female	173 96.6	19 100.0	77 100.0	77 100.0	77 92.8		
	Male	6 3.4	0 0.0	0 0.0	6 7.2			
Marital status	Yes	136 76.0	16 84.2	58 75.3	62 74.7			
	No	43 24.0	3 15.8	19 24.7	21 25.3			
Educational background*	Vocational school/Junior college	147 82.6	10 52.6	65 84.4	72 87.8			
	University/Graduate School	28 15.7	9 47.4	10 13.0	9 11.0			
	Others	3 1.7	0 0.0	2 2.6	1 1.2			
Presence of foster parents nearby*	Yes	33 18.4	3 15.8	9 11.8	21 25.3			
	No	145 81.0	16 84.2	67 88.2	62 74.7			
Experience of participating in foster parent support training	Yes	24 13.4	12 63.2	4 5.2	8 9.6			
	No	155 86.6	7 36.8	73 94.8	75 90.4			
Experience supporting foster parents at work	Yes	46 25.7	11 57.9	17 22.1	18 21.7			
	No	133 74.3	8 42.1	60 77.9	65 78.3			
Feeling when supporting foster parents at work (<i>n</i> = 46)	Same as usual	28 60.9	8 72.7	11 64.7	9 50.0			
	Get nervous	12 26.1	2 18.2	5 29.4	5 27.8			
	Feel in trouble	2 4.3	0 0.0	0 0.0	2 11.1			
	Others	4 8.7	1 9.1	1 5.9	2 11.1			
What they need to support foster parents with confidence**	Knowledge about the foster care system	161 89.9	16 84.2	70 90.9	75 90.4			
	Information and knowledge about foster parent support	137 76.5	14 73.7	62 80.5	61 73.5			
	Understanding the background	133 74.3	13 68.4	56 72.7	64 77.1			
	Information on social resources	127 70.9	14 73.7	59 76.6	54 65.1			

Phn: public health nurse, Nurse: pediatric nurse, Childcare: childcare workers

*: With missing values

**: Multiple answers

support foster parents with confidence, 89.9% selected “Knowledge about the foster care system”.

2. Responses about awareness, knowledge, and confidence in foster parent support

Responses about awareness, knowledge, and confidence in foster parent support are shown in Table 2. Many respondents answered, “Being a foster parent is

hard”, “I respect foster parents” and “Foster parents need support from their families and those around them” (Both 98.3%). Of the four items asking about knowledge, two items for which the correct answer rate was low were “In order for foster children to visit a hospital, they need a medical certificate issued by a child guidance center” (27.5%) and “Foster parents know everything about

Table 2 Responses about awareness, knowledge, and confidence in foster parent support

n = 179

Variable		Total		Phn (<i>n</i> = 19)		Nurse (<i>n</i> = 77)		Childcare (<i>n</i> = 83)	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Awareness									
1. Being a foster parent is hard*	Agree	174	98.3	18	94.7	76	98.7	80	98.8
	Not agree	3	1.7	1	5.3	1	1.3	1	1.2
2. I respect foster parents*	Agree	175	98.3	19	100.0	76	98.7	80	97.6
	Not agree	3	1.7	0	0.0	1	1.3	2	2.4
3. Foster parents need support from their families and those around them*	Agree	174	98.3	19	100.0	75	97.4	80	98.8
	Not agree	3	1.7	0	0.0	2	2.6	1	1.2
4. I want to support foster parents*	Agree	163	93.1	18	94.7	72	93.5	73	92.4
	Not agree	12	6.9	1	5.3	5	6.5	6	7.6
5. Special care and consideration is required when interacting with foster parents*	Agree	141	79.7	15	78.9	61	79.2	65	80.2
	Not agree	36	20.3	4	21.1	16	20.8	16	19.8
6. Foster parents are like other parents and families in that they are raising children*	Agree	151	84.8	17	89.5	66	85.7	68	82.9
	Not agree	27	15.2	2	10.5	11	14.3	14	17.1
7. The number of foster parents is increasing every year, so there may be an opportunity to get involved*	Agree	129	73.3	19	100.0	59	76.6	51	63.8
	Not agree	47	26.7	0	0.0	18	23.4	29	36.3
8. I need to be prepared to support foster parents*	Agree	144	81.4	15	78.9	64	83.1	65	80.2
	Not agree	33	18.6	4	21.1	13	16.9	16	19.8
Knowledge									
1. In order for foster children to visit a hospital, they need a medical certificate issued by a child guidance center*	Correct	49	27.5	10	52.6	23	29.9	16	19.5
	Incorrect	17	9.6	3	15.8	11	14.3	3	3.7
	Not sure	112	62.9	6	31.6	43	55.8	63	76.8
2. Foster parents know everything about their foster child, including their upbringing history*	Correct	40	22.5	10	52.6	17	22.1	13	15.9
	Incorrect	51	28.7	3	15.8	22	28.6	26	31.7
	Not sure	87	48.9	6	31.6	38	49.4	43	52.4
3. Among children eligible for social care, the number of children with disabilities, such as intellectual disabilities and developmental disabilities, is increasing*	Correct	101	57.1	14	73.7	43	55.8	44	54.3
	Incorrect	3	5.3	1	5.3	1	1.3	1	1.2
	Not sure	73	41.2	4	21.1	33	42.9	36	44.4
4. Some foster parents experience raising children for the first time when they adopt a foster child*	Correct	121	68.0	15	78.9	50	64.9	56	68.3
	Incorrect	9	5.1	1	5.3	5	6.5	3	3.7
	Not sure	48	27.0	3	15.8	22	28.6	23	28.0
Confidence in supporting foster parents*	Confident	37	20.8	9	47.4	7	9.1	21	25.6
	Not confident	141	79.2	10	52.6	70	90.9	61	74.4

Phn: public health nurse, Nurse: pediatric nurse, Childcare: childcare workers

*: With missing values

Awareness was divided into two groups: Agree consisted of agree and agree a little responses; Disagree consisted of do not agree and do not agree much.

Knowledge was divided into three groups: Correct was defined as a correct answer; Incorrect was defined as an incorrect answer; Not sure was defined as a reply of not sure.

Confidence in supporting foster parents was divided into two groups: Confident consisted of responses of confident and a little confident; Not confident consisted of responses of not very confident and not confident.

Table 3 Relationship between foster parent support experience/training participation and awareness, knowledge, and confidence *n* = 171

		Experience of supporting foster parents				<i>P</i>	Experience of participating in foster parent training				<i>P</i>
		Yes <i>n</i> = 44		No <i>n</i> = 127			Yes <i>n</i> = 24		No <i>n</i> = 147		
		<i>n</i>	%	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	
Awareness 1	Agree	43	97.7	125	98.4	1.000	23	95.8	145	98.6	0.367
Awareness 2	Agree	44	100.0	124	97.6	0.570	24	100.0	144	98.0	1.000
Awareness 3	Agree	43	97.7	125	98.4	1.000	24	100.0	144	98.0	1.000
Awareness 4	Agree	44	100.0	115	90.6	0.038	24	100.0	135	91.8	0.221
Awareness 5	Agree	27	61.4	108	85.0	0.002	21	87.5	114	77.6	0.417
Awareness 6	Agree	37	84.1	107	84.3	1.000	23	95.8	121	82.3	0.131
Awareness 7	Agree	39	88.6	87	68.5	0.009	22	91.7	104	70.7	0.043
Awareness 8	Agree	34	77.3	104	81.9	0.511	17	70.8	121	82.3	0.261
Knowledge 1	Correct	21	47.7	27	21.3	0.002	10	41.7	38	25.9	0.141
Knowledge 2	Correct	14	31.8	24	18.9	0.093	8	33.3	30	20.4	0.186
Knowledge 3	Correct	35	79.5	62	48.8	0.000	17	70.8	80	54.4	0.182
Knowledge 4	Correct	35	79.5	81	63.8	0.062	21	87.5	95	64.6	0.033
Confidence	Confident	19	43.2	15	11.8	0.000	11	45.8	23	15.6	0.002

Fisher's exact test was used with excluding data with missing values.

their foster child, including their upbringing history” (22.5%). On the other hand, two items for which the correct answer rate was more than 50% were “Among children eligible for social care, the number of children with disabilities, such as intellectual disabilities and developmental disabilities, is increasing” (57.1%) and “Some foster parents experience raising children for the first time when they adopt a foster child” (68.0%). By occupation, public health nurses had the highest percentage of correct answers to all four items. Nearly 50% of public health nurses had confidence in supporting foster parents, whereas approximately 10% of pediatric nurses and 25% of childcare workers had confidence in supporting foster parents.

3. Relationship between foster parent support experience/training participation and awareness, knowledge, and confidence

The relationship between foster parent support experience/training participation and awareness, knowledge, and confidence is shown in Table 3. There were six items that had significant differences depending on experience of supporting foster parents at work. Among them, the percentage of respondents with experience was high, except for Awareness item 5. As for responses of respondents who had experience of participating in foster parent support training, the percentages of those with experience were high and significant differences were found in three items. Both having experience supporting foster parents at work and having experience participating foster parent support training had a significant relationship with confidence.

IV. Discussion

1. Current status of foster parent support by public health nurses, pediatric nurses, and childcare workers

Although there were differences in trends among the three occupations, even in areas with a quite high rate of foster parent placement, public health nurses, pediatric nurses, and childcare workers had few opportunities to support foster parents and to participate in foster parent support training. In addition, the results showed that they had low confidence on supporting foster parents. The survey was conducted in three municipalities with a pretty high rate of foster parent placement; however, none of the respondents had ever been a foster parent, and only 18.4% had a foster parent nearby. Furthermore, only 13.4% of the respondents had participated in foster parent support training, and 25.7% had experience in foster parent support at work. This suggests that there are not many opportunities to support foster parents or to learn about them. In addition, there were differences depending on the job type, with more than 50% of public health nurses having participated in foster parent support training, and nearly 50% of public health nurses responding that they were confident in supporting foster parents. In addition to the functions of municipalities, designated cities¹⁵⁾ have child guidance centers that provide services, such as child abuse response, specialized consultation on disabilities, and foster parent support¹⁶⁾, based on administrative authority equivalent to that of prefectural governments. More than 80% of public health nurses be-

longing to government agencies have experience in child abuse cases¹⁷), and some are assigned to child guidance centers through job rotation. A public health nurse who had experience working at a child guidance center considered her role to be providing support to both foster parents and children¹⁸). Based on these characteristics, the higher percentages of public health nurses may reflect more opportunities to support foster parents at work, participate in foster care support training, and confidence compared with pediatric nurses and childcare workers.

About 80% of respondents answered that they did not have confidence supporting foster parents and especially only 9.1% of pediatric nurses were confident. Unlike the trend among public health nurses, pediatric nurses and childcare workers were more likely to have experience supporting foster parents at work than to have experience of participating in foster parent support training. It was considered that pediatric nurses and childcare workers provide support for foster parents and foster children without having opportunity of participating in foster parent support training.

2. Needs of foster parent support by public health nurses, pediatric nurses, and childcare workers

Confidence was related to experience supporting foster parents at work and participation in foster parent support training, furthermore, knowledge about the foster parent system was the most required. To provide support for foster parents with understanding the foster care system and the background of foster parents, it is necessary to establish a training system for foster parent support and to improve basic nursing education. Both experience supporting foster parents at work and participation in foster parent support training were significantly related to confidence. In terms of what the respondent needed to support foster parents with confidence, knowledge about the foster care system was the most desired. Knowledge item 1 “In order for foster children to visit a hospital, they need a medical certificate issued by a child guidance center” assessed the respondent’s knowledge about a procedure in the foster care system; thus, it is essential to understand the system to answer correctly. In addition, deriving the correct answer for Knowledge item 2 “Foster parents know everything about their foster child, including their upbringing history” may be challenging without understanding the foster care system. Questions related to upbringing history, such as Knowledge item 2, are troublesome questions that foster parents and adoptive parents may be asked by medical professionals when they visit a medical institution^{11,19,20}). In addition to pediatricians, nurses must develop an understanding of the foster care system, and the forms of parenting within that system²¹). Activities are required to promote understanding of the foster care system among foster care supporters, including medical professionals. Attempts are also being made to create leaflets to promote understanding between pediatric medical workers and foster and adoptive parents who

receive medical care²²). Although childcare workers learn social care in their educational curriculum, the relatively low foster care placement rate means that they do not have much experience supporting foster parents. For pediatric nurses and childcare workers, it would be effective to intentionally and systematically implement training sessions led by local governments. For students who aim to become public health nurses and nurses, in addition to learning about social care and the foster care system in basic nursing education, providing opportunities for students to listen to the voices of foster parents may also aid in a deeper understanding. In the UK, guidelines for improving the quality of life of children and young people in alternative medicine emphasize the importance of continued involvement of health professionals in health support²³). Among those who had experience in foster care support, the most common feeling at the time of support was the “Same as usual.” In addition, the proportion of respondents who agreed with Awareness item 5 “Special care and consideration is required when interacting with foster parents” was only about 80%. Many respondents imagined the difficulties of foster parents and had respect for them. In a previous study, Shirai²⁴) reported that considering today’s parent-child relationships and families are diversifying, foster parents and foster children should also be considered “normal parents and children,” and they value natural interactions that take into account their differences. In the comprehensive community care system for child rearing, we believe that it is essential to create a community where foster parent supporters can interact with foster parents and children with this kind of feeling.

3. Limitations and Future Directions

Our study had several limitations. First, the sample size was small because the survey was conducted during the COVID-19 pandemic. Second, selection of municipalities with pretty high foster parent placement rates may have resulted in selection bias, so the results must be interpreted with caution. Furthermore, although a preliminary survey was conducted regarding the awareness and knowledge questions created to understanding the needs of foster parent support among public health nurses, nurses, and childcare workers, the reliability and validity of the questions have not been sufficiently examined.

This study clarified the current status and needs of foster care support for public health nurses, pediatric nurses, and childcare workers. In the future, we believe that it is important to conduct activities, such as providing training sessions and education, to deepen the knowledge of foster care support and their understanding of foster parents.

V. Conclusion

Opportunities for public health nurses, pediatric nurses, and childcare workers to be involved in supporting foster parents and participate in foster parent support training are limited. Our findings suggest that they feel low confidence in supporting foster parents. Considering

the future predicted increase in foster parents, in order to disseminate knowledge of the foster care system and promote understanding of foster families, establishing training for pediatric nurses and childcare workers, and including opportunities to learn about social care, the foster care system, and hear the experiences of foster parents in basic nursing education are necessary.

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Conflict of Interest Statement None.

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