

Improving Children's Experiences in Foster Care: Foster parent ideas

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Abstract

Beyond the family, the protection of children involves an extensive system of services. Foster care is, particularly in the United States, the preferred means of caring for children who must be temporarily placed outside their own homes. The shortage of foster homes, as increasing numbers of women enter the work force, results in overcrowded foster homes, and some foster homes that meet no more than minimal health and safety standards. At the same time, increasing numbers of troubled children are entering the system. In placement decisions, the risks of foster care must be weighed against the risk to children in their own homes.

Children in the foster care system need protection, most commonly provided through interaction of foster parents and caseworkers. With large caseloads, extensive contact is often not possible. Given the limitations of time that caseworkers can spend with foster parents, it is important to know what types of interactions foster parents most value.

As part of a larger study, data from a statewide survey of Oregon foster parents, and data collected in interviews with 45 foster parents, are reported in this article. These data, and review of other studies in which foster parents report their ideas, indicate those elements of support that foster parents find most helpful. There is also some beginning identification of foster homes that may need particularly close support and supervision. Such information should help workers prioritize their work with foster parents.

Introduction

In discussing the protection of children, we usually focus on the risks that children are subjected to in their home environments. However, beyond the family, the protection of children involves an extensive system of services. When a child is placed in out of home care, the hope is to remove him or her from risk. However, out-of-home placement itself carries risk.

Foster care is, particularly in the United States, the preferred means of caring for children who must be temporarily placed outside their own homes. The role of the foster family is complex. They must accept a child as a new family member, incorporate the child for a period of time, and be able to release the child to his original family or an adoptive family. During the time the child is with them, the family is expected to provide a safe, secure, and nurturing environment, arrange for medical and dental care, provide transportation to meet mental health care needs, advocate for the child with the school system, support the child's cultural needs, support permanency plans, and manage ambiguity and loss for the foster child and the foster family. Increasingly foster families are being asked to incorporate the child's original family into their lives, supporting visits with parents, siblings, and other relatives, and sometimes mentoring the original parents. To add to the complexity, the children they foster have suffered significant trauma and very often have difficult emotional and behavioral problems.

There is a shortage of foster homes in the United States, in part because increasing

numbers of women have found that entry into the workforce is an effective way to supplement family income, and in part because of increasing numbers of children needing foster care. One result is overcrowded foster homes, and use of some foster homes that meet no more than minimal health and safety standards. Another result is that children placed where there is room, without much consideration of their needs or of the foster parent capacities, and as a result are too often moved to another foster home. It has become apparent that children can and do come to harm in these foster care experiences.

When protective service workers investigate a referral, one of the critical decisions they must make is whether to leave a child in the current home, or whether to remove the child and place him or her in foster care. In making this decision, workers use risk assessment tools to balance risk and protective factors in the home. What is often lacking, however, is a weighing of the risks of foster care.

Agency practice and policy can minimize the risks to children in foster care through such elements as an individualized assessment of the child's needs at entry, access to well trained casework staff with appropriate supervision, provision of services that provide evidence of effectiveness, and an agency system that is proactive rather than reactive in risk reduction (Gambrill and Sholansky 2001). However, in this paper the focus is on the foster home itself, and ideas of the foster parents about parenting, and about actions that caseworkers can take to facilitate sustained and successful placements.

The risks of foster care

The initial risk to the child is, of course, the trauma of separation from his own family. This trauma is serious, and re-placements within the foster care system exacerbate it. Risks within the foster home include physical abuse and neglect, failure to provide services to remedy developmental delays and/or physical and mental health problems, poverty and its attendant disadvantages, the stress that comes from a poor "match" of foster parent and foster child, and repetitively severed attachments as foster children move from home to home.

The trauma of separation from family. Recognition of the trauma caused the child by separation from the familiar world of home and family has limited the use of foster care in recent years, as sensitive workers apply the new skills of family preservation programs to attempt to avoid placement. However, when the risk of harm in the home outweighs the risk of foster care, a placement is necessary.

In “The Traumatic Effects of Separation and Placement” (Littner, 1950), a landmark publication, the devastating psychological consequences to the child of this separation, particularly when it is followed by other placement and re-placements in the foster care system were first described.. In this process, the child may learn not to trust, and not to form new attachments, thus disrupting healthy growth and development. Later writers have reinforced these ideas.

Placement in foster care is relatively rare, a testimony to worker awareness of the seriousness of this move. About 50% of reports to protective services are screened out with further action, about 20% of those cases actually investigated result in a foster care placement (Waldfogel 1998). Nevertheless, there are over 500,000 children currently in foster care in the United States, a number that has been relatively stable for a number of years (U.S.Department of Health and Human Services 2008).

Abuse or neglect by foster parents. Despite the newspaper headlines, outright abuse and neglect is not a pervasive problem in foster care. Estimates of the extent of abuse and neglect of foster children vary greatly. Of the 905,000 children for whom maltreatment was reported and substantiated in 2006, 0.4 percent, or 3,600, were maltreated by foster parents (U.S. Department of Health and Human Services 2008). This percentage seems to hold fairly constant over time. Stated differently, of the 500,000 children in foster care, 3,600 or 0.7 percent were maltreated by foster parents. Abuse or neglect is, of course, particularly serious in foster care. These children have already experienced maltreatment, and need a safe and secure environment if they are to manage these emotional and physical injuries and develop well. Furthermore, the state has taken responsibility for foster children, and has a responsibility to see that they are safe. Child welfare systems work toward insuring that no foster home maltreats the children in its care. But newspaper accounts make clear that some foster children have horrendous experiences.

Predictors of abuse and neglect in foster care have not been identified in the literature. The research to date suggests that there is a mix of child characteristics and behavior, foster family characteristics, and agency practices that are responsible (Zuvarin et al.1993, Buehler et al. 2006). Thus maltreatment, though infrequent, remains a risk for foster children.

Inadequate care. There is relatively little in the literature about the day-to-day care that foster parents give children. Foster parent assessment and training protocols emphasize selection of warm and flexible foster parents who have sufficient energy and a strong support system.

Training focuses on the unique issues of foster parenting. Information about the developmental needs of children is provided, and information about non-physical discipline techniques, but there is there is little about the management of daily care.

Research on the association of foster family characteristics with difficulties of children in the home is sparse and cross-sectional designs do not permit establishing of cause and effect. A research review reports that approximately 18% of foster parents “manifest potentially poor or troubled parenting.” (Orme and Buehler 2001, 7). This high percentage may be testament to the shortage of foster parent applications and the acceptance of marginal homes, or perhaps to flaws in the selection and training process.

On a more hopeful note, when Seaberg and Harrington (1999) used the McMaster Family Assessment Device (Miller, et al. 1985) they found that foster parents scored better than a normative non-clinical group, thus suggesting that the functioning of foster families is strong.

Finally, it should be noted that there is no agreed on criteria for successful foster parenting. The Child Welfare League of America has standards for foster parenting that help guide practice. A common practice is to use requests that a child be moved as an indicator of unsuccessful parenting. There is agreement that the match of foster parent capacities with a child’s needs is important. The concept, however, needs further study, and lack of definition in itself constitutes a risk for foster children.

Untreated medical, dental, and mental health problems. Children in the foster care system are identified as an “at risk” population for mental health and substance abuse disorders (O’Connell et al. 2009). Indications are that more than half of infants and toddlers in foster care are at high risk for neurological and cognitive emotional problems; nearly half of school age children have a clinical level of behavioral and emotional problems (Vandivere 2003). Childhood neglect and abuse prior to entry into foster care is associated with challenging behavior in foster care, which is itself associated with multiple moves in foster care. For example, Holland and Gorey (2004) report that children who have been sexually abused are six times more likely to experience multiple foster care placements than other children. Yet mental health services are not used by children in foster care to the extent that would be expected.

Though children in foster care use mental health services at a higher rate than children in their biological homes, given the degree of disturbance manifested, it is thought that there is

under-utilization of mental health services by children in foster care (Leslie et al. 2000). Though the difficult experiences of children prior to entering the system would suggest that most might need mental health service, individualized mental health assessments are not routinely given to children entering foster care. Additionally, an assessment that indicates need is not necessarily followed by the needed service. Zinn (2006) reported that 40% of the children for whom mental health services were recommended were not receiving them.

Lack of follow up is routinely blamed on a shortage of practitioners. However, the role of foster parents as “gatekeepers” to the mental health system has been noted (Leslie et al. 2000). Being daily with the child, they are the ones who alert caseworkers to the child’s need for services, and they must also be willing to participate in the service. Foster parent and/or youth unwillingness to access a recommended service is sometimes the reason children lack needed mental health services (Zinn et al. 2006).

Disruption of education. Education remains one of the most important ways that young people can assure a productive place in their society. Surprisingly little attention has been paid to the extent to which foster children are struggling in school. Franck’s data analysis finds that 32% of children in foster care have school-related difficulties (Franck, as reported in Buehler et al. 2006, 535). Recent reports of poor outcomes for children aging out of foster care all contain data on the limited educational attainment of these youth (Courtney et al. 2007, Peora et al. 2005). Each move for a child means a disruption in school, as he must adjust to a new environment, new curriculum, new friends, new teachers. Unmet mental health needs, noted above, create emotional and behavioral difficulties that may make learning difficult. There has, perhaps, been too much emphasis on these factors, without thorough discussion of how the school experience itself could be made better for foster children.

Poverty. Recent data suggests that one-third of foster children are living below the federal poverty level. Though there is no evidence that poor foster families are not good parents, there is risk that these families will face the daily living stresses of poverty, need to protect children from community violence, and may live in neighborhoods that lack community resources for children. There are more subtle effects of insufficient income in a foster home: Smithgall and her colleagues (2008) discovered that foster families that felt financially “strained” were less likely

to initiate requests for services and community activities for their foster children, and were more likely to rely on the worker for both planning and execution of meeting children's needs.

Multiple moves. Perhaps the greatest risk for children in foster care is that they will experience multiple moves from one foster home to another. Each mover exacerbates the original trauma of separation from their parents. Children need stability to recover from the effects of early abuse or neglect, and to avoid further damage.

Almost all children in foster care have experienced neglect (64%), physical abuse (16%), sexual abuse (8.8%) or psychological maltreatment (6.6%) (U. S. Department of Health and Human Services 2008). As a result, more than half of the infants and toddlers in foster care are at high risk for neurological and cognitive developmental impairment, and nearly half of the children in foster care have a clinical level of behavioral and emotional problems (Vandivere et al. 2003). Foster parents need a high level of skill, as well as access to services, to meet the unusual needs of these children. This implies specialized training for foster parents, a careful match of the needs of the child with the capacity of the foster home, and a high level of support from the child welfare organization.

If foster parents become discouraged or overwhelmed in trying to meet the needs of the child in their care, they are apt to ask that the child be removed. Not all children are moved often; about half of the children leaving foster care have had only one or two foster care placements (a first placement is often a shelter placement). Longer stays in foster care are associated with more movement. (Shireman 2003, 215). Some children have an astounding number of moves; newspaper stories of children with 17 or 19 foster home placements are not rare.

Investigation of multiple placements repeatedly flags child behavior problems as a predictor of movement (McCarthy 2004, Webster et al. 2000, James et al. 2004, Zinn et al. 2006). Sinclair and Wilson (2003) in addition focus on the qualities of the foster parent and the foster parent/foster child interaction, and note the importance of intervention before a "downward spiral" of parent/child interaction occurs. Zinn (2006) using data based on caseworker reports of reason for moves in foster care, found that 27 percent of moves were attributed to foster parents' inability to continue to tolerate the child's behavior.

Zinn (2006) reports that caseworkers recommended services to help stabilize placements - mental health services (50%), respite services (25.1%), transportation assistance (22.8%),

recreational or after school programming (46.5%), and ongoing developmental disabilities support services (24.2%). However, 40 percent of the children for whom mental health services were recommended, 40 percent of those for whom after-school programming was recommended, and a third of those for whom respite was recommended had not received them (Zinn et al. 2006, 3-4). Astoundingly, in almost a third of the situations, the caseworker had not yet made the referral. And, equally interestingly, in 23.1% of child-specific services, and 18.5% for placement-specific services, the foster parent and/or child did not want to avail themselves of the service.

The voice of the foster parents: From a study of protective services

In 1996, the state of Oregon adopted a model of protective service intervention based on the premise that most people wanted to be good parents. Initial protective service contacts focused on involving parents in the determination of their children's' needs and discussion of what changes would be necessary to meet these needs. Family strengths were to be utilized as services were planned. Flexible funding was available so that individualized, non-traditional services could be developed if these met a family's needs. The approach was labeled "strengths/needs based services."

The Regional Research Institute for Human Services, part of the Graduate School of Social Work at Portland State University, monitored the implementation of this initiative over a five-year period.¹ In the first year, an attempt was made to engage protective service workers in development of study methodology, and the methodology—interviews with families and with their workers—was piloted. Foster parents were interviewed and a survey developed. In the second year, the initial engagement with the family was examined, and in the third year the focus was on the delivery of individualized services. Finally, in the fourth and fifth years, 148 families

¹ Study and findings are reported in:

Shireman, Joan, Angela Rogers, Jeff Alworth, Lynwood Gordon, Bart Wilson, Claire Poirier, Cindy Workman, and Wendy Howard. 2001. *Strengths Needs Based Services Evaluation: Final Report*. Portland, OR: Regional Research Institute and Child Welfare Partnership

Shireman, Joan, Diane Yatchmenoff, Pauline Jivinjee, Barbara Sussex, Lynwood Gordon, Bart Wilson, Claire Poirier, Cindy Workman, Jeff Alworth and Wendy Howard. 1999. *Strengths Needs Based Services Evaluation: Biennial Report*. Portland, OR: Regional Research Institute and Child Welfare Partnership

Shireman, Joan, Diane Yatchmenoff, Barbara Sussex, Lynwood Gordon, Bart Wilson, Claire Poirier, and Cindy Workman, Jeff Alworth and Wendy Howard. 1998. *Foster Parent Survey*. Portland, OR: Regional Research Institute and Child Welfare Partnership

and their caseworkers were interviewed at the beginning of their protective service experience, and 75 of these families were followed from intake through a year of protective service involvement, with interviews with families, caseworkers, and foster parents. Table 1 shows the pattern of these interviews.

Table 1
Year by year interviews in Strengths/Needs Based study

Year	Family and Caseworker interviews	Foster parent interviews
1997	53	21 (basis for survey)
1998	99	None
1999	100	26 (supplementary data for this paper)
2000	127	None
2001	148	45 (primary data for this paper)

During the five year period of this study, no direct work was done with foster parents. Caseworkers, however, received extensive training in the principles of strengths/needs based practice. One result of this training seemed to be an increased responsiveness to foster parents and an increased willingness to make them participants in decision making. This is reflected in the information provided by foster parents.

Part 1: A survey of foster parents

In the first year of the study of strengths/needs based services, foster parents in Oregon were mailed a survey. Survey questions were developed to investigate the key concepts of the research, from the literature on fostering, and from interviews with 21 foster parents about the issues that most concerned them².

A random sample of 1200 foster homes, distributed across the state of Oregon, received a mailed survey asking about their experiences. Thirty percent (N=346) returned the survey, a relatively low proportion. Telephone interviews with a random sample of 90 foster parents who did not return the survey suggested that there was no substantive difference between those who responded to the survey and those who did not.

Eighty percent of the Oregon foster parents were Caucasian, reflecting the population of the state. The length of time these families had been foster parents ranged from one month to 45 years, with a median of 3 years. Eighty three percent of the respondents had been foster parents

² The constructs around which the survey were built are those of particular interest to the strengths/needs based philosophy of child welfare: the “match” of child and foster home so that the child’s needs will be met, (2) maintaining the child’s attachment to his biological family, (3) use of the strengths of the foster parents in discovering the child’s needs and planning services, (4) the involvement of the foster parents in decision making, and (5) the provision of support to maintain the placement.

for a year or longer. Most respondents were foster mothers.

Foster parents were asked to select a child currently in their home and answer the survey with reference to that child, or to select a “typical” child they had fostered and use that child as a reference. Of the children selected, 60% had been in the home more than a year. Eighteen foster parents were in the process of adopting the child in their care.

Mitigating the trauma of removal from home. About half of the foster parents were pleased with the process through which children were placed in their homes. Slightly more than half of these foster parents thought that they had adequate information about the child prior to the placement, and 57 percent thought that their preferences as to the age and characteristics of a child they wanted to foster had been met. Encouragingly, seventy eight percent thought the “fit” of the child to their home was very good, while less than 2 percent thought it a poor match.

The survey asked about the means through which contact with the biological family was maintained. About 80% of the foster parents knew one or both parents, but only a quarter thought the parents had a great deal of interest in the child. Parents visited regularly in the foster home in only 9 percent of the cases, though a third of the homes had had parents or relatives visiting at some time. Sixteen percent of the foster parents said they had worked with parents and/or relatives on parenting skills. The efforts of foster parents to see that their foster children kept in touch with siblings placed in other foster homes were impressive.

Preventing moves through supportive services. Most foster parents reported they were pleased with their involvement in the planning and delivery of services for the children in their care. About 80 percent of the foster parents thought that caseworkers listened to their views about the children, at least partially, and 83 percent were asked to help plan services for the children. Foster families were highly involved in the delivery of services to foster children; most common was taking the child to the doctor, transporting the child for visits with biological family, meeting with the caseworker, and meeting with the teacher at the child’s school. They also attended court hearings, attended planning meetings, and met with service providers. Though this level of involvement was rewarding in many ways, it also stretched foster parent capacity.

Foster parents used the caseworker as their major source of support. Fifty eight percent said that the caseworker or someone at the agency was the first person they would call during a crisis with the child. Only half the foster parents found the caseworker responsive, however;

fifty one percent reported that when they telephoned, the caseworker returned their calls the same day or the next day. Caseworker responses were described as helpful. Caseworker responsiveness was associated with foster parent perceptions that the agency was meeting the child's needs, and to connection with the agency in planning for the child.

Foster parents also reported unmet needs, many reflecting their high level of activity in meeting the needs of the children. About a third of the foster parents commented on the inadequacy of foster care payments, allowances for clothing, and long delays in reimbursements for expenses. Need was expressed for day care, for respite care, and (in rural areas especially) for help with transportation. They noted a need for recognition of the time demands made on them.

A quarter of the foster parents reported problems with the caseworker or the agency. Complaints centered around lack of involvement in planning, anger about accusations of neglect, agency slowness and lack of follow-through in developing services for children, failure to recognize the emotional, financial, and time drain on foster parents, and lack of respect shown foster parents. Foster parents also asked for additional training to learn how to meet the needs of seriously behaviorally disturbed children coming into their homes.

Thus this survey painted a broad picture of foster parent experiences, focusing on foster parent ideas about mitigating the trauma of separation from home, and sustaining the foster home placement. About half the foster parents had a reasonably good experience in fostering, thinking they were well prepared for their foster child's placement, involved with the caseworker in planning for the children in their care, finding the caseworker to be responsive to their requests for help. Almost all of the foster parents were very active in meeting the needs of the children in their care, and the needs they expressed were for more support for this work.

Part 2: Interviews with foster parents

Interviews were designed to gather a more detailed picture of the fostering experience. Foster parents were interviewed in their homes in the first, third and fifth years of the study (see Table 1). The interviews were semi-structured, and interviewers were trained to allow foster parents to expand on areas of particular concern to them. The interviews were transcribed. Foster parents summarized their responses by placing themselves on a scale, and most information was coded for analysis from these scales in a quantitative research design.

Though occasional foster parent quotes from early interviews are used to illustrate points,

data from the interviews in the fifth year of the study with the 45 foster parents who had fostered the study child for a year, or until case closing, was used as the primary data for this analysis. Demographically, these foster parents resembled those who responded to the survey. These data were collected in the final year of the study, and responses reflect caseworker incorporation of strengths/needs based principles³. The foci of these interviews were the foster child's well being, and interaction between caseworker and foster parent. Obviously, the material the foster parents shared with us was shaped by our emphasis in the interviews.

Abuse and neglect in foster care. None of the foster parents that we interviewed discussed allegations of abuse or neglect. Interviews were by appointment, and we made no attempt to interview foster children apart from their foster parents. Under these conditions, any observations of maltreatment would be surprising.

The trauma being removed from home. The placement experiences of the 45 foster parents were mixed. Only 10 children had a pre-placement visit in the foster home, though four of these foster families already knew the foster children. Three-quarters of the foster parents thought they had adequate information prior to the placement of the child; one-quarter did not. Describing the information needed, one foster parent said:

Background, a lot more background, medical records, shot records. What kind of a kid he was when he was at home or at grandma's, things like that.

These foster parents were very aware of the risk that children would lose contact with their biological families, and we were impressed by the lengths to which foster parents will go to see that a child maintains contact with parents, and most especially with siblings. They recognize that children may respond with behavioral difficulties after visits, and find that unimportant. And there is little to match a foster parents' anger when a parent fails to show up for a planned visit.

Before and after [the visits with her mother] behavior just goes crazy. She becomes real whiney, clingy. She don't listen, she just uses that defiant way. If it gets broken [mother doesn't show up for the visit] she usually just falls apart.

More than three-quarters of the children had at least weekly visits with their parents. Foster parents thought this aspect of their work very important.

³ There are differences between foster parent responses in the first and third years of the project, and responses in the fifth year. Many foster parents by the fifth year reported a more involvement in decision making and a more collaborative relationship with caseworkers, though there was still great variability among their experiences

Thirty three of the 45 foster parents transported the children in their care to visits, at least some of the time; 20 supervised some visits, and most encouraged the children to value the visits.

I said, "It really won't hurt you to see your Mom. No matter what your mother had done, she is going to love you forever. . .she is still learning. She still loves you". . .and he said, "OK, if I go and see her will you go, too?" I said, "I will go on the visit with you." "Will you stay there?" "If you want me to, I will stay right there with you.

Some foster parents said they were willing and able to do more than the agency expected. Only 12 of these foster parents had worked directly with biological parents on parenting skills. One said, reflecting on neighborhood foster care,

I thought it was pretty cool to help bio parents get their kids back and kind of work with them. And it would be a different avenue but one where there is more stress put on the fact that families should stay together, and I thought that was good. . .

Another foster parent described her work with biological parents, but said the state had never asked her to do this.

I have done it just because it all works together. The bio parents, the caseworker, the foster parents, the counselors, the teachers, the drivers, everybody has to work together for the child. Otherwise it is not going to work.

Inadequate care. Foster parents had many ideas about the prevention of inadequate care, though they discussed it in terms of successful fostering. The enjoyment of and attachment to the children being fostered was evident. These two foster parent comments reflect both motivation and the rewards of fostering.

[The child] climbs into your heart. . .and she stays there no matter what.

It has been rewarding. . .when you see kids make such good progress, that, in itself, the payments are nothing. Because the payments you get isn't enough to give them a good life. We usually go in the hole. It is just seeing them progress and become good people and independent. That is the neat thing about it all.

Invested in the children they care for, foster parents wanted more information about the children's possible future—and wanted some voice in the planning. They wanted workers to give them some idea of how long the children might be with them. They wanted to be involved in planning for the children in their homes, noting that they knew the children and their daily

needs better than any other member of the “team”. Of the 45 foster parents interviewed, two thirds attended planning meetings, and two thirds thought they had a good deal of input into decisions made about the child.

Some had good experiences:

[The caseworker] has always told me my opinion is of great value. . .She always asked what my opinion was, she always made me feel that I was a part of the puzzle. All the time. I never expected it, but it did happen. I was impressed.

Others were less involved in planning.

I don't know whether it is children's services—I don't know whether it is the judge or what. But he has been with me for a year. He has nothing to look forward to. He doesn't know when or if he is ever going home to be with his mom and dad. And he just lives from day to day, not knowing anything. And if he was an adult, that wouldn't happen.

And another foster parent offered a different, and important, perspective:

They need to talk more with the kids, they don't ask the kids, they act like the kids have no say in it. They don't do much with the kids. They don't say much to the kids. They just kind of like go through me, and they kind of leave it up to me to surprise them [with news of what is to happen], and I don't like that at all.

Foster parents expressed the need for clarity of expectations, and for respect and support in their complex work. In the survey they had noted that they usually turned first to the caseworker for help, and this expectation of support from the caseworker was also evident in interviews. They reported varied experiences to the interviewers, and interviews with caseworkers confirmed that contacts ranged from frequent discussions of all aspects of a case with foster parents to visits only in times of crisis.

The relationship with the caseworker could be very good:

I can't say enough great things about her (the caseworker). When she has just totally gone out of her way too, and she is really overloaded. She has got I don't know how many cases, but she really hears what you are saying. ..and then she acts on it.

Or it could go less well.

It got to the point where this last one (a caseworker) she just out and ignored everything, no matter what I did. She would never answer the phone, she never returned messages,

she never came across with anything she promised. She was (the child's) worker for a good four months. Talked to her once. She never called to check on her. She never called or nothing.

The time that foster parents reported it took caseworkers to return telephone calls provided a relatively concrete measure of caseworker responsiveness. At the beginning of this research, foster parents reported in the survey that calls were returned the same day or the next only half of the time. In interviews at the end of the study, when training in work with community partners had been experienced by workers, foster parents reported more responsiveness; three-quarters said calls were returned within forty-eight hours.

Untreated medical, dental, and mental health problems. Families reported that 91 percent of the children in our sample of 145 children were healthy “most of the time.” Beyond that basic statement of physical health, the many problems of these children became evident. A quarter of the children had chronic disabilities, ranging in severity from autism and cerebral palsy to well-controlled asthma. Eleven percent experienced developmental delays, and an additional 10 percent had learning disabilities. Nineteen percent of the children in this sample were reported by caseworkers and biological parents to have mental health issues, and 21 percent had serious behavior problems. A few of the older children were involved in substance abuse, delinquency, and/or sexual acting out. Thus these children looked much like most descriptions of children involved in the child welfare system.

The children being cared for by the 45 foster parents interviewed were rated on standardized measurements, meant to describe children’s behavioral and emotional strengths⁴. Between a quarter and a third of the infants and toddlers scored in the “clinical” or concern range, as did between one third and two thirds of the pre-school age group, and one quarter to three-quarters of the school age children. Though there is no data on specific behavioral problems, it is evident that these children were not easy to foster.

Foster parents were responsible for scheduling medical and dental appointments, and for transporting children to those appointments. They reported difficulties in finding doctors and

⁴. Instruments used were;

For children under 23 months of age: Sparrow, S.S. Balla, D. A. and Cicchetti, C. V. 1998 *The Vineland Social and Emotional Early Childhood Scales, Manual*. Circle Pines, Mn: American Guidance Service.

For children age 2 through 5 years: LeBuffe, P. A. and J. A. Naglieri. 1999. *The Devereaux Early Childhood Assessment: User’s Guide*. Lewisville, NC: Kaplan Press.

For children ages 6 through 18 years. Epstein, M. H. and J. M. Sharma. 1990. *Behavioral and Emotional Rating Scale: A strength-based approach to assessment. Examiner’s Manual*. Austin, TX: Pro-Ed Publisher.

dentists who would accept the children's insurance plan.

A number of foster parents reported struggling to obtain the mental health services the children needed. Some foster parents did not ask for resources because they did not know what they could ask for, and the caseworker did not tell them. Other foster parents were advocates for their children with the system.

A lot of the things I have had to initiate on my own, which has been kind of hard. . .I think she [the child] could use more help but I don't know where from. It's frustrating trying to get help, trying to get answers about what else is there.

I just don't see the interest in the boy. . .it took him five months to get him into [mental health center] for an evaluation. . .and that was only after we kept insisting.

Foster parents reported that they received support and advice from other foster parents, from foster parent support groups, and from contacts with service providers.

Disruption of education. Difficulties in school are common for children in the child welfare system. Not only are they struggling with issues of attachment and trust and anxiety, all of which inhibit the capacity to learn—they have also almost always had experiences in multiple schools. That was true of this group of children. Only four were placed in a foster home where they could continue in their original school. Almost half of the children read below grade level, and one third were below grade level in math. School functioning was rated on a standardized scale⁵ as at the “concern” level for 8 of the 14 children who had been longest in foster homes and remained in care at the end of the study.

Foster parents were active in seeing that school needs were met. Eighty-two percent of those with school age children had met with the children's teachers. They also asked for help from the agency. Tutoring and provision of school supplies were supplied by the agency, paid for usually with funds earmarked for “flexible” use.

Poverty. Foster parents almost universally told us that the foster care board rates were not adequate, and that it was difficult to get reimbursement for expenses. However, foster parent poverty did not emerge as a concern from caseworkers, foster parents, or biological parents.

Foster parents complained about the inadequacy of reimbursement and, even more

⁵ The instrument was Epstein, M.H. and J. M. Sharma. 1990. *Behavioral and Emotional Rating Scale: A Strengths Based Approach to Assessment*. Examiner's Manual, Austin, TX: Pro-Ed Publishers.

frequently, about inadequate clothing allowances. They noted that they often purchased infant and children's equipment out of their own funds, and that the agency was reluctant to pay for children's activities in the community. Foster parents talked of difficulty in funding these activities for the children in their care, and wished the agency could be more generous. However, many of them did pay for community activities and school sports out of their own funds in order that the children have these opportunities.

Multiple moves. Probably the most destructive aspect of foster care is the many moves that too often occur between homes, each move reinforcing earlier trauma. There are the serious effects of disrupted attachments, the anxiety provoking task of building relationships in a new family, and the strain of making new friends in new neighborhoods and schools.

The children in this sample had reasonably stable placement histories; almost two thirds had only a single placement, 30 percent were placed twice, and only five children had three or more placements. From this statistic alone, one could postulate that the agency was providing adequate training and support to foster parents. There was no direct discussion of being unable to continue with a placement among the foster parents we interviewed.

Foster parents did talk about the stress that they were under at times, and of course there is concern that too much stress may cause a foster parent to ask for a child's removal. One foster mother had difficulty knowing how and when to reach out for help:

I didn't know how to reach out, I guess, to get help. . . I didn't know what questions to ask. I didn't know what was normal and what was not normal. So, I think I took it all in and I didn't have an outlet. . . Physically and mentally, I was just beat. But I didn't know how to say that.

Another foster mother's comment displays the dilemma of foster parents—just walking away is not a possibility, because of commitment to (and enjoyment of) the children.

If it weren't for my mentors, I probably would have gone. . . I just would have quit. I mean, I never could have quit because of the babies.

Though children in these foster homes had some severe behavior problems, foster parents in this study focused on the difficulties of obtaining help, but did not identify these problems as a reason to stop fostering. Three quarters of these foster parents found their experiences with the children and the agency satisfying enough that they planned to continue being foster parents.

It has been rewarding. When you see kids make such good progress, that, in itself, the

payments are nothing. Because the payments you get isn't enough to give them a good life. We usually go in the hole. It is just seeing them progress and become good people and independent. That is the neat thing about it all.

Summary of the two parts of the study

Thus data from the foster parent survey, and from interviews with foster parents, suggest a group of foster parents who are active in their children's care and devoted to the welfare of those children. They are parenting some difficult children. About half think they received good preparation for the placement of their foster child. With varying degrees of intensity, they seek help from their caseworkers and, to a lesser extent, from other professionals and foster parents. Their complaints are about low board rates and inadequate reimbursement. Their relationships with their caseworkers are varied; some say caseworkers are over-loaded and consequently cannot give sufficient attention to the children in their care or respond to requests for help in a timely manner, others find their caseworkers to be consistently supportive and helpful.

Recent voices of foster parents

The data reported above were gathered between 1998 and 2001. Wondering to what degree foster parenting had changed, and whether the risks of foster care might have been modified since then, a review of the recent literature in which foster parents speak was undertaken. The following material is more comprehensive, and covers some themes that the data reported above did not. And it does illustrate the importance of the question asked in shaping the data.

Foster parent surveys, focus groups with foster parents, and interviews have been ways in which data has been obtained. Table 2 lists the studies reviewed here, noting the research question, the methodology, sample size, and major findings. It should be noted that it is predominantly the voice of foster mothers.

Table 2. Investigations of Foster Parent Ideas

Author and year	Question asked	Methodology	Sample	Major findings
Brown, et al. (1999)	Challenges faced by foster parents	Telephone interview, sorting, concept mapping	30 foster families	4 clusters: safety, stress, problems with the agency, and perception of low importance by others
Brown et al. (2005)	Causes of placement breakdown?	Telephone interview, sorting by foster parents, concept mapping	194 statements: number of foster parents not reported	4 of the 8 clusters reflect child behaviors.
Brown et al. (2007)	Causes of placement breakdown	Telephone interview, sorting by foster parents, concept mapping	63 foster parents who had fostered a child with fetal alcohol syndrome	6 clusters: 3 reflect child behavior, 2 problems with the agency, 1 exhaustion
Buehler et al. (2003)	What promotes successful fostering	Semi-structured interviews. Two authors developed codes and themes—high reliability.	22 foster parents	Foster family patterns with consistent routines, flexibility and tolerance. Family and church support.
Critelli (2007)	How do low income mothers view fostering?	Telephone interview. Constant comparison analysis of qualitative data.	100 foster parents on TANF	Fostering a good “fit” for these women. Caring for children a part of identity. Income supplements TANF payments.
Chapin Hall (2008)	Does money matter?	In-person interviews, from coding, typologies of how finances were perceived.	46 foster families	Patterns of child care and use of community resources varied with income
Denby (1999)	Predictors of satisfaction and intent to continue fostering	Mailed survey, logistic regression analysis	539 useable surveys returned	Satisfaction with fostering and dealing with difficult behavior strongest association with intent to continue fostering
Hudson (2002)	What supports are needed?	Mailed questionnaire-percentages and quotes reported	66 returned questionnaires	Most needed are respect and recognition
MacGregor et al. (2006)	What is the motivation to foster. What supports are needed?	Focus groups. Consensual qualitative research methods analysis	54 participants, nine groups	Motivations intrinsic and altruistic, supports included good communication with workers and being considered part of team.
Paztor et al. (2006)	What is the foster parent role in obtaining health and mental health services	Focus groups. Content analysis	55 foster parents in 9 focus groups	Need for access and continuity in health care good communication with caseworkers, training in using mental health providers.

Rhodes et al. (2003)	What are role expectations?	Standardized measure: Foster Parents Role Perception Inventory	161 foster parent applicants (and 67 workers)	Agreement that primary role is that of parent, including providing specialized medical and mental health care needed.
Rodger et al. (2004)	What is the motivation to foster?	Survey and factor analysis of Denby's foster parent satisfaction survey	652 foster parents	Motivations are child centered. Satisfaction is related to perceptions about teamwork.
Sanachirico et al. (1998)	Does involvement in service planning increase satisfaction?	Survey. Multiple regression, cumulative causal models	1160 returned surveys	Involvement is linked to satisfaction. Training can improve the quality of involvement.
Seaberg, et al. (1999)	Does foster family functioning vary by race?	Mailed survey and standardized measure of family functioning	124 useable questionnaires from foster mothers	No major differences by race
U.S.Department of Health and Human Services	What supports do foster parents need?	Focus groups and personal interviews	115 foster parents	Needs include financial and emotional support from agency, help accessing services.

Mitigating the trauma of separation from parents. Ability to interact with the child's birth parents was seen as a factor that would promote successful fostering (Buehler et al. 2003). Though prominent in discussions with relative foster parents, the complexities of interacting with the child's birth parents was quite absent from non-related foster parent discussions. Either these interactions go smoothly and merit little comment, or there is little contact with birth parents.

Foster parents had ideas about the preparation of the foster home to make the initial transition easier. Paztor (2006), reporting from focus groups, notes that communication challenges with caseworkers centered around the sharing of information that the foster parents needed to care for the child. Foster parents were adamant that "confidentiality" was not a reason to withhold information. The foster parents of children diagnosed with fetal alcohol syndrome reported that not having received enough information, either about the child or fetal alcohol effects, prior to placement made them consider ending fostering (Brown 2007). In interviews, foster parents noted lack of information as a negative in their relationship with the child-placing agency.

The deception of not giving us any information, not telling us anything was wrong with these kids (Buehler et al. 2003, 69).

I think sometimes they have nowhere else for this child to go. So, they don't want to give

out too much information because then you won't take the child. (MacGregor et al., 2006, 360)

Failure to share information was sometimes perceived as a lack of trust between workers and foster parents, and sometimes as an indicator that the foster parent was not valued (MacGregor et al. 2006).

Maltreatment and inadequate care. Maltreatment occurs relatively infrequently in foster care. Not surprisingly, being named in an allegation of abuse or neglect emerges as a stress that sometimes leads to considering ending fostering (Brown 1999, Denby 1998, U.S. Department of Health and Human Services 2002).

An accusation of abuse or neglect is a common concern of experienced foster parents who are well aware of the troubled past of the children they foster. Foster parents (in focus groups) talked about understanding the need for protocols to investigate such allegations, but stressed the emotional devastation such an investigation caused. Investigations leave them feeling insulted and distrusted. Investigations can also be a financial drain, and foster parents always feared that the foster children, or even their biological children, might be taken away (Department of Health and Human Services 2002). An experienced foster parent said,

It is not a matter of if you will be accused of abuse and neglect, but when you will be accused. If you remain a foster parent long enough, it will eventually happen to you. (U.S. Department of Health and Human Services 2002, 10)

Though foster parents talk about the anguish of being accused of maltreatment of a child, there is almost nothing in the literature about their ideas of what might lead to maltreatment.

Factors that promote successful fostering. Foster parents place motivation high among the factors that are linked to successful fostering. A strong love of children and an altruistic theme of wanting to “make a difference” were dominant (MacGregor 2006). Foster parents were also emphatic that the “wrong” motivation, such as adding income, or having a playmate for one’s own child, made a foster home less likely to succeed (Buehler et al. 2003).

I always felt that there were so many children out there who would never have an advantage to having a good home. If you had a good home to provide, why wouldn't you offer that home to a child who needs one? (MacGregor, 2006: 358)

Buehler et al (2003) note that perceived rewards of fostering act as a stabilizing factor in foster homes, and are thus an important and under-understood factor. In interviews with foster parents,

the authors found themes of making a difference in a child's life, and watching them grow and develop, were articulated as rewards. As one foster parent said:

Giving a child a nurturing environment. . .letting them feel safe and then begin to learn their environment and then the security then begin to grow. . . they need to attach of course to grow, and if they have that security they give a lot of love (Buehler et al 2003, 67).

The family factors that enable successful fostering were many and varied. A deep concern for the foster child's welfare was most frequently noted among foster parents, and a real empathy for foster children shows through their comments (Buehler et al. 2003). Discussing discipline, one foster parent noted:

Trying to understand what the children have gone through. Try to put yourself in their place. Sometimes when I would get frustrated sometimes I would just step back and I would put myself in their place and think, well you know had I gone through that I'd probably act the same way (Buhler et al. 2003, 75).

Qualities of flexibility and ability to accept differences emerged as important.

Someone who is pretty accepting of different types of people. [An] incredibly open mind. (Buehler et al. 2003, 73)

These ideas occurred in conjunction with the observation that structure and routine in the foster home were important for if a home was to succeed with these troubled children (Buehler et al. 2003).

Strong support of fostering, from church affiliation and from family members, was seen as stabilizing a foster home by many foster parents. Foster parents say "the most important supports they seek are respect, affirmation, and acknowledgment" (Hudson and Levasseur 2002, 848). Most stressful is the foster parent perception that too often they are relegated to the role of caretakers, and have little voice in decisions about the children they care for.

The times I've felt most valued was to have workers who called me before they did something and said "What do you think of this?" (MacGregor et al. 2006, 360)

Foster parents perceive themselves as being essential members of the child's team.

Denby (1999) documented a link between caseworker willingness to share information and foster parent satisfaction. Foster parent satisfaction is also significantly linked to participation in planning for children (Sanchirico 1998). Participation seems to involve

caseworkers sharing information and showing “trust, regard, and respect” (Denby 1999, 300-301).

Access to medical, dental, and mental health services. Paztor et al. (2006) report that among the major concerns identified by foster parents were the developmental, health, and mental health needs of the children, access to health and mental health services for the children, and continuity in service provision. The foster parents documented extensive health and mental health needs of the children.

Foster parents reported that accessing physical health care was usually their responsibility, and that unless they had their own family doctor, it could be difficult to find a doctor or dentist that would accept Medicaid. Other foster parents were often helpful in suggesting names (Paztor et al. 2006).

Foster parents listed the behavior problems of children that did not respond to usual parenting techniques as a major stressor, particularly when the agency was not responsive to requests for help.

So services and dealing with caseworkers that were overwhelmed and I figured out in the end that the squeaky wheel gets the oil—gets greased first. Emotionally, it was very tiring to have to scream, “I need help, I need help; please do this, please do that. And that’s what I found most stressful besides the behaviors and the behaviors came in second place. (Buehler et al. 2003, 69).

Additionally, foster parents are unclear about how courts and agencies used mental health assessments in decision making, and often felt intimidated by medical personnel (Paztor et al. 2006). Smithgall et al. (2008) found that foster families who were financially “strained” or “managing” did not advocate for services for their foster children, though they were compliant with caseworker plans.

When a child come into the system anyway and it is something wrong with the child or whatever, DCF (sic) go through with that [assessment and location/provision of services] anyway with the child. . . and whoever they get, those the people who I talks to when they come out to my house.” (Smithgall et al. 2008,17)

Disruption of education. Education does not emerge as a dominant theme in the discussions of foster parents. They describe active roles as advocates for their foster children in school. This seems to be an area in fostering where roles are fairly well defined and where

caseworkers and foster parents work together.

Poverty. Most of the research in which foster parents speak has asked about their motivation for fostering, and the responses have changed little over the years (Seaberg and Harrington 1999). Altruistic motivations, such as wanting to care for children who needed loving parents, and saving children from harm consistently emerge prominently as foster parents describe their reasons for fostering. The desire to increase family income is mentioned least (Rodger et. al. 2006) It is possible that this is viewed by foster parents as a socially unacceptable reason, for many foster parents have low incomes (Orme and Buehler 2001; Smithgall et al. 2008). Low foster board rates and the failure of agencies to adequately reimburse foster families for expenses is a common complaint. It can be a reason for ending a placement when the child is exhibiting severe behavior problems (Brown and Bednar 2006).

Citrelli, (2007) interviewed foster mothers receiving TANF income support, and found that these mothers found fostering to be a respectable way of earning needed supplementary income, and cited the income from fostering as a “survival strategy” that enabled them to stay home and care for their own children, while performing a service to the community.

Smithgall et. al. (2008) examined differences between foster parents who were financially “strained”, who were “managing” and who were “secure”. Foster children in the “strained” group participated in few activities, in part because of the cost, in part because of unsafe neighborhoods. Those in the “managing” group participated in more activities, but parents found the agency’s reluctance to pay costs to be a barrier. Time and energy to enroll children in organized activities may also play a role, and foster parents in the “strained” group seemed to place less value on organized activities. The same patterns prevailed in accessing therapeutic services.

Financial resources doubtless also affect permanency decisions. Though there were many factors involved, less financially secure families were less likely to think about adopting the children in their care, partly because of the expenses of managing the child’s many needs.

Because then everything is on me then and I don’t know if I would be able to afford it. I wouldn’t want to take that [art classes and behavioral management services] away from her (Smithgall et al. 2008, 21).

Multiple moves. The literature on foster home breakdown, from the perspective of foster parents, has two themes. The first is represented in a series of studies that asked foster parents

what would make them consider of ending fostering (Brown and Bendar 2006, MacGregor et al. 2006, Rodger et al. 2004, Denby et al 1999, Brown and Calder,1999). The second group studies focuses on stresses in the foster home, with the underlying premise that too much stress (or an imbalance of stress and reward) may lead to asking for a child's removal (Buehler et al. 2003, MacGregor et al. 2006). Running through the discussion of ending a placement, however, is the theme of commitment to the children, and the reluctance with which a foster parent considers not continuing.

Much of the literature through which foster parents speak is focused on factors which would cause a foster parent to end a placement, or to end fostering. There is no literature on the decision-making process of foster parents in deciding to end a placement, though a 2006 study noted the foster parents statements of "having exhausted all avenues" and "mutual agreement that the placement was not working (among child, parents, and others" before ending a placement would be considered (Brown and Bednar, 2006 1507)

(Denby, et. al., 1999), in addition to looking at satisfaction, considered intent to continue fostering. Not surprisingly, satisfaction and intent to continue fostering were linked. A factor labeled "challenging aspects of fostering" correctly predicted having thought about quitting for 74% of the respondents. These challenging aspects included conflict with workers, insufficient boarding rates or reimbursement for expenses, loss, dealing with the child's primary family, dealing with the child's difficult behavior, and being named in an allegation of abuse or neglect.

In a surveys in Alberta, Canada, Brown and Calder (1999) asked foster parents "what would make you consider stopping fostering?" and then used sorting by foster parents and concept mapping to organize the foster parent responses. The clusters that emerged were: (1) problems with the child welfare department, (2) perception of low importance by others, (3) safety and (4) stress and health. The problems with the child welfare department focused for the most part on negative interactions with the caseworker, again emphasizing the critical role of the caseworker in interpreting the policies of the department to foster parents.

Several authors note the importance of foster parents "being recognized for their contribution and being included as an integral part of the clinical team." (Rodger et al. 2004, 1140). It emerges as a cluster in Brown's work (Brown and Calder 1999). The foster parents identified several factors as indicators that they were not considered important; among them low board rates, failure to share information about a child, and not being notified of court reviews or

invited to agency decision-making meetings.

Children's behavior problems are commonly thought of as a reason for a foster parent asking that a child be moved, but as foster parents describe ending fostering, these reasons emerge strongly only in a very recent study, in which violence of children's behavior and threats to family safety are prominent (Brown et al. 2006), and in a study focused on parents fostering children with fetal alcohol syndrome (Brown et al. 2007)

Conditions that produce stress in foster homes have also been identified. In Buehler's interviews with foster parents, child behavior problems were identified as a major stress, but lack of help from the agency in dealing with these problems was a greater stress (Buehler et al. 2003). Particularly in a crisis, an immediate response is valued.

When the first violent episode occurred, I couldn't sleep. I phoned three different people. One person called me back in the morning. I was so upset. I shouldn't have been alone. They should have been there to support me. (MacGregor et al. 2006, 360)

Dealing with loss when a foster child leaves is a part of foster care. Though foster parents may realize that this is part of fostering, the actual occurrence is difficult, and if there is not agency or family support the family may end fostering. Transitions are important; a child leaving with little notice is upsetting to foster parents, as is children not having the opportunity to say "good-bye" to foster brothers and sisters (Buehler et al. 2003). It is possible that a family history of recent loss may exacerbate the difficulty of a foster child's move.

Unmet needs. As they discussed the components of successful fostering, three issues repeatedly emerged as unmet needs of foster homes.

First, many foster parents said that respite was important to continued success in fostering. The importance of respite to the biological family, and biological children was emphasized (MacGregor et al. 2006). However, some foster families object to respite care because it differentiates the foster child from the other children in the home, and they prefer fuller integration (Hudson and Levasseur 2002) Respite is difficult for foster families to attain, and they may use each other in an informal system of trading child-care, or may use family members for relief. Foster parents suggested a greater role for agencies in supporting foster-parent self-help systems.

I wonder if they did something like partnered fostering. If you had foster parents who were the consistent parents and your weekend homes were stabilized. It would also be

another source that the child sees as being a support in their life. They have two sets of families that are willing to consistently provide for them (MacGregor et al. 2006, 362).

Second, foster parents expressed the need for child care when one child in their home had an appointment, and the need for transportation to children's appointments. Foster families turned to their own extended families, or sometimes to other foster parents, for assistance with these (Paztor et al. 2006). Low reimbursement rates and agency reluctance to pay for child care complicate this problem.

Finally, foster parents also expressed a need for more training in handling the complex problems of the children in their care (Paztor et al. 2006). Seaberg et al. (2006) noted that 75 percent of the 124 foster parents surveyed turned to other foster parents for consultation about foster parenting.

The information provided by these many foster parents, in these many formats, thus begins to form a coherent picture of foster parent strengths and needs.

Major limitations of this review

The limitations of the research reported here, and the supporting literature review are many. Most notable is the reflection of the ideas of foster mothers, with very little input from foster fathers. With family support being identified as so important, and with what is known about parenting and family dynamics, we need considerably more information about the ideas of foster fathers.

These studies in general looked only at "regular" foster care. Some studies included relative foster parents (as did the research reported here) but none focused on distinctions between relative and unrelated foster homes. Nor did these studies distinguish between families that fostered a limited number of children and those that fostered many. Therapeutic foster homes also are not represented here. With enhanced training, more support, and more resources, therapeutic foster homes could offer insights about successful fostering of very difficult children.

Finally, the synthesis of these studies is not as tight as it might be. This article is the reporting of some original research and a systematic review of related literature. However, the questions being explored, and the methodologies used, were too diffuse for any type of meta analysis that would bring out the dominant factors. However, the multiple themes that have emerged provide basis for thought, further research, and action by caseworkers and the child welfare system.

Conclusion

There are areas of agreement across these studies that suggest a re-alignment of thinking and some ways to improve foster care, even in the absence of new resources. Foster parents have ideas that address many of the risks of foster care.

In the interviews with foster parents reviewed here, the foster parents were not discussing the risks of foster care, nor presumably did they see many. Thus many risk factors, such as “inadequate care”, were turned to their positive—“factors that promote successful fostering.” Foster parents had many ideas for making the foster care experience more satisfying. And satisfaction is linked to positive fostering experiences, and to foster home retention.

Minimizing the trauma of placement for the child. Preparation for a placement can ease the transition of a child into a foster home, and foster parents report that this preparation is often lacking. There are few pre-placement visits. And foster parents often do not know enough about the child to make him or her comfortable in the foster home. Also missing is sufficient information about the child to enable foster parents to make an informed decision about whether this is a child they can successfully foster. Foster parents sometimes interpret this lack of information as an indicator that they are not viewed as full members of the child care team. Additionally, the empathy noted in foster parent comments is partially dependent on knowing what the foster children have been through.

Interaction with birth parents notably absent from foster parent discussion except in the Oregon data. It appears occasionally as a stressor. In the Oregon survey, foster parents were specifically asked about visits and work with birth parents, and foster parent understanding of the importance of the family connection, and willingness to expend considerable energy to help maintain it, was revealed.

Preventing maltreatment and inadequate care. Foster parents in all of these studies reported that motivation is important, and most foster parents decide to foster out of altruistic motives and liking of children. Other motives may lead to maltreatment, or to requests for re-placement, because with the stress of foster parenting, it is necessary to have this basic enjoyment of children as a balancing factor. There is no additional data from these foster parents about the series of events that can lead to maltreatment. The implications are that motivation is a critical factor in the selection of foster parents, and that additional inquiry into parent/child interactions in foster family care would be a valuable addition to the literature.

Poverty. Only the foster parents who were also receiving TANF grants could be, as a group, classified as coping with poverty. For these parents, fostering was as respectable way of supplementing income, while performing a service that was perceived as important and enhancing to the foster mother's self image. The finding that foster parents who are financially insecure may use community services less for their children, and may adopt a more passive role in accessing services is interesting. There are implications foster parent training in this data.

The role that money plays in foster care needs continued thought. State and federal budget shortfalls continue to be our expressed reason for the low foster care rates; this stance needs to be examined. There remains a philosophy that foster parents should be interested in fostering only because they love children and thus the presence of children should be reward enough. That philosophy is expressed reluctance to pay more than board rates that will not quite meet the expense of fostering a child. Foster parents report that they are doing a difficult and complex job. They report that adequate pay can make the difference between being able to continue fostering and needing to find another source of income. They also report that low pay and reluctance to authorize additional expenses are seen as marks of disrespect for the work they are doing.

Improving the educational experiences of foster children. Foster parents report very little that was not already known about their children's educational experience. The amount of energy and activity that foster parents expend to try to help their foster children with school is notable. This seems to be a role that is familiar and that foster parents take on without difficulty.

Meeting health and mental health needs. Access to mental health services is of great importance for children in foster care, Children identified as a "high risk" population. Foster parents express their uncertainty about how to access mental health care, and their frustration at the length of time it takes caseworkers to set up plans for this care. They express eagerness to use this service though they may need help with child care and transportation.

Children appear to be getting regular physical and dental care, foster parents report. But it is often difficult to attain, and foster parents must expend considerable energy and have great determination to secure it.

Support needed to avoid inadequate care and multiple moves. Foster parents want a knowledgeable and responsive caseworker, help in accessing services their children need, they do not like being "looked down upon", and they want a voice in the decision making about the

children in their care. They need occasional respite from the demands of fostering. In return, they are ready to be active in securing needed help for their children, cooperative in case planning, active in facilitating visits with biological parents, and ready to provide warm and constant homes for the children.

Caseworkers are the link between the foster home and the planning and services that the children need. The importance of the caseworker to the foster parent is present in much of the material. Foster parents turn first to the caseworker in a crisis or for help with a chronic problem. They find caseworker advice to be useful. They also noted that sometimes caseworkers were not responsive to their requests for help. The length of time it took caseworkers to return telephone calls was linked to foster parents' ideas about whether they wished to continue foster.

Foster parents do need support and help in their work, and caseworkers are their first source of support. Caseworkers in many agencies carry heavy caseloads and are themselves stressed by the demands of their work. In prioritizing their time, caseworkers might like to think about those homes that may need extra attention. These data suggest that those homes might be;

- Homes that are fostering a child with serious behavior problems, particularly if the behavior is violent or could be perceived as a danger to other members of the foster family.
- Homes in which the foster child has had many moves. Children who have many moves in addition to early abuse and/or neglect are prone to serious behavior problems. They are also likely to be slow to build trust and responsiveness with a new foster home. Foster parents describe serious behavior difficulties that are not responsive to their intervention as a reason for requesting a child's removal.
- Homes with many children, or in which the foster mother has extensive caretaking responsibilities for family members. Foster parents particularly spoke of the constant demands of multiple toddlers. There is always worker temptation to place another child in a good foster home, but "overload" can turn a good foster home into a marginal one, and finally into a home that stops fostering.
- Homes in which the family style is rigid and mutual support within the family and community is uncertain. Foster parents identified flexibility, ability to see the other person's point of view, comfort with differences, and support from other family members

and their church as important to successful fostering.

- Homes where there has been a recent loss. Often little attention is paid to the grief a foster family feels when a child is replaced, even if the placement is a planned return home or to an adoptive home. Failure to recognize this grief is seen as an indicator of lack of respect for the foster parent, and may lead a foster parent to consider stopping fostering. If there has been a recent loss in the family, the grief may be complicated by feelings from the earlier loss, and it may be even more important to provide casework support.
- Homes in which incomes are insufficient for a comfortable style of living. These homes may be in communities with fewer opportunities for children, and these foster parents may be less forward in asking for needed resources for the children in their care.

Despite their importance in the system of care for children, the voice of foster parents is only infrequently heard in child welfare. The foster parents who spoke in the study carried out here, and in the studies reviewed, have given some ideas of ways to manage the risks of foster care. They have also described their many competencies. The foster parents have also provided some ideas about ways caseworkers, the vital link between the foster family and the resources of the child welfare system, could use their time with foster families most effectively. These samples are small, but they provide an addition to knowledge. They present ideas that can be put into practice, and give considerable insight into the nature of foster care.

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