Processes and outcomes in family foster care: A selective North-American review[1]

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Abstract

The author begins by discussing the central objectives of family foster care for children and youths in the USA: providing safety and protection from further harm, enhancing child well-being, and promoting permanency in a family setting. He then examines recent investigations of the processes and outcomes of foster care, concluding that especially required is further research on outcomes. The findings would help refine family foster care programs and delineate key service components for meeting the diverse needs of children and their families.

Key words: family foster care, service objectives, processes and outcomes

Introduction

Family foster care is increasingly and commonly used in the USA for young people who come to the attention of the child welfare system in private as well as public agency settings. According to estimates by the U.S.A. Department of Health and Human Services, typically over half a million children and youths are placed in out-of-home care, mostly in foster care. As of October 2000, 150.487 (26%) were placed with relatives; 272.036 (48%) with non-related foster families; 43.537 (8%) in group homes; 53.534 (9%) in institutional settings; and 19.463 (3%) in pre-adoptive homes. The rest (6%) were in supervised independent living (4.946), runaways (7.630), or on 'trial home visits' (16.368) (U.S.A. Department of Health and Human Services, 2000). For the most part, in comparison to those placed in family foster care, young persons enter group care with more serious behavioral problems and adjust poorly to life following discharge from care.

The assessment of processes and outcomes in family foster care presents quite a challenge, as there is limited systematic research. This paper reviews such research, following consideration of the objectives of family foster care.

Objectives of family foster care

Placement of young persons in family foster care occurs in situations in which the parents or relatives are unwilling or unable to provide adequately for their children due to a variety of

reasons, including in particular child abuse or neglect. The central objectives of such care are outlined below.

- Providing safety for the child or youth to avoid further maltreatment and protect her or him from physical and/or emotional harm.
- Enhancing child well-being, through improvement in behavioral functioning, emotional development, physical health, and academic performance.
- Promoting permanency planning for the child or youth, that is, helping her or him to live in a safe birth family or in another family setting that offers adequate care as well as a sense of belonging and life-long family ties.

To achieve the above-stated objectives, family foster care is typically conceptualized as a comprehensive family support service, with the family regarded as the central focus of attention. On the basis of comprehensive assessment and case planning, its major functions include protection in emergency situations; intervention when the family is in crisis; family reunification; preparation for adoption; or preparation for independent living.[2]

Placement in family foster care ideally is planned carefully, in order to provide services and opportunities that help families to be rehabilitated and children to grow up and develop optimally. Furthermore, such placement is for the most part time-limited, so as to avoid the drifting of children from one living arrangement to another and to promote permanency planning.[3] In addition, planning for placement should take into account the dimension of race and ethnicity of child, birth family, and foster family – a dimension which is largely neglected in the studies that will be reviewed. In particular, in the provision of services there should be attention to the significance and potential impact of human diversity and variations in such areas as family norms, child-rearing practices, and parent-child as well as family relationships. Such attention could serve to 'develop more responsive programs that will better meet the particular needs of families from diverse backgrounds.' (Martin, 2000, p. 198).

Processes in family foster care

Evaluative research on family foster care points to certain processes that can contribute to its effectiveness. These are highlighted in this section, with emphasis on the four most promising components.

Goal-oriented case planning

A fundamental process is goal-oriented case planning that actively involves, in addition to staff members and foster parents, the child, birth family and extended family members. This includes an intake study, family-focused assessment, service contract, and clinical as well as concrete services in the areas of income assistance, employment, and housing.

Such an approach has recently been described as 'concurrent planning' and represents decision making based on the contributions of the above-noted parties.[4] The concurrent planning process culminates in a contract or service agreement among family members, social workers, and other collaborating practitioners. In particular, staff members appreciate that parents typically feel intimidated by the 'experts' and need help to voice their feelings and opinions.

The agreement resulting from goal-oriented case planning serves the following purposes:
- facilitating decision making on the part of parents, social workers, children, and collateral persons;
- specifying time frames for decision making;

- encouraging participation of parents and thereby promoting their sense of competence and control;
- maintaining a focus on the child's need for safety and permanency as central issues;
- ensuring clarity of tasks, goals, and purposes for clients, workers, and collaterals; and
- providing for periodic review and assessment of progress (Maluccio, Pine & Tracy, 2002, p. 139).

To accomplish its purposes in a given case, the agreement needs to spell out the following roles and tasks of participants:
- goals and expectations;
- roles that each party will play in achieving the plan;
- tasks that each party must complete to provide for the child's growth, health, and safety as well as the family's integrity;
- small, concrete tasks that can be readily achieved;
- support for children, parents, and other family members as they are involved in decision making regarding the child; and
- plan for regularly convening formal and informal reviews of progress toward the goals delineated in the service agreement, and revising or amending the goals as needed (Maluccio, Pine & Tracy, 2002, p. 139).

Agency investment in service provision

Family foster care is most effective when (1) it is provided through experienced staff members who are well-trained and have reasonable caseloads; (2) intensive services are provided for the family as well as the child; and (3) social workers visit the child regularly during the out-of-home placement (Warsh, Pine & Maluccio, 1996).

Important service components that contribute to effective family foster care include the social worker's ability to form a helping relationship, empathy and positive regard for children and their families, skills in communication, and understanding of socio-cultural and racial differences. Agencies can contribute to the development and refinement of these skills through investing in staff recruitment, staff development programs, and competency-based approaches that tie worker performance to the agency's goals and priorities (Warsh, Pine & Maluccio, 1996).

In addition, Shapiro (1976) has demonstrated the importance of other staff-related factors in promoting effective family foster care:
- Social worker stability contributes to the discharge of children from foster care during the first two years of placement.
- Social workers with either low or high caseloads tend to discharge children more frequently than those with middle-range caseloads.
- Experienced social workers are more likely to return a child home in the first year of placement but less so as the placement continues.
- Social worker and parental contacts with children are strongly associated with a child's discharge during the first year of placement.
- Improvement in maternal functioning is associated with frequency of contact with the social worker, low caseloads, and no worker turnover.

Providing children and youths with a voice regarding plans for their care

Regardless of their age, young persons placed in foster care should be helped to express their views regarding their experiences, to the extent possible and in ways that respect the age and

qualities of the child. As various studies have demonstrated, young people can offer insights into the processes of family foster care that aid in improving services. In their review of a number of such studies, Barth and Berry (1994) concluded as follows:

- Most of the children who returned home preferred their own home to their foster home.
- Child satisfaction was highly associated with the child's sense of permanence in the family setting.
- Children who had multiple placements preferred adoption in their search for a sense of belonging.
- Children living in residential settings felt less comfortable, not as happy, less loved, less trusted, and less cared about than did children in other forms of out-of-home care or children who were reunified with their families.
- Children who were involved in choosing their foster care placement were more satisfied with their care than those who had not been given any choice.

Facilitating child adaptation

Placement in foster care is typically an emotionally upsetting event for children and youths, even when their family situation is unstable, unhealthy, or rejecting. Processes such as the following have been found to be instrumental in helping children to adapt to the challenges of family foster care (Pecora & Maluccio, 2000):

- Helping young persons to share their feelings of confusion and rejection, in order to understand the nature of their placement in foster care and to minimize denial, fantasy, and repression of their pain and suffering.
- Continuing at least some connection with their prior environment, particularly their birth parents or other close family members.
- Promoting, as appropriate, knowledge of – and identification with – the birth parents, so as to aid in the child's efforts to adjust.
- Providing information about the reasons for placement and the meaning of being in foster care. Children who know the composition of their birth family, their age when they left home, and where their parents live are able to adjust and fare better in foster care.
- Coordinating roles and activities among birth parents, foster parents, social workers, and other service providers, so as to facilitate cooperation and effective use of services. This is crucial, as children and youths in foster care typically require multiple services to meet medical, educational, and psychological needs.
- Planning ongoing visits with birth parents, siblings and other relatives, especially early in the placement.
- Focusing on preparation for independent living in situations of youths who cannot return to their families of origin or be placed with other families (see also the paper of Mann-Feder & White in this issue). For these young people, it is essential to provide early in the placement opportunities to develop life skills necessary for successful transition to independent living and emancipation as young adults.

Outcomes of family foster care

In a special issue of the journal *Child Welfare* (Curtis, 1994) nearly a decade ago, the authors challenged researchers, policy makers, educators, and administrators as well as practitioners to make a commitment to a comprehensive research agenda. The contributors to this special issue addressed the following themes:

- The field of child welfare needs knowledge that is derived from rigorous research.

- The field is challenged to make good use of vast data that can be gathered as a result of marked progress in information systems and technologies.
- Increased attention to issues of accountability and outcome evaluation will substantially influence the delivery and administration of child welfare services in the future.
- Research must be culturally competent and account for the special needs of children and families from minority groups.

Especially needed is research on the *outcomes* of family foster care – an area that has been much more limited than research on *processes*. Such research would involve 'quantitative and/or qualitative studies that examine the efficiency and effectiveness of services and programs designed to enhance the functioning of client groups coming to the attention of human service agencies' (Maluccio, Ainsworth & Thoburn, 2000, p. 1).

Available studies yield inconclusive results, as they are for the most part characterized by inadequate sampling, imprecise definition of key variables (such as *termination of placement*), and lack of control or comparison groups. To deal with this problem, Pecora et al. (2002) present a detailed summary of various data collection approaches, along with description of their strengths and limitations. They recommend, in particular, the use of prospective collection of outcome data along with administrative data bases rather than the more typical one-time 'snapshot' assessment.

The central themes resulting from the studies reviewed by Pecora et al. (2002) are described below.
- In a comprehensive synthesis of various studies on the long term impact of foster care, McDonald, Allen, Westerfelt and Piliavin (1996) reported that most studies employ retrospective, single-group designs. These studies are useful for *describing* children's experiences in foster care. However, the authors noted that further research is required to address 'gaps in our knowledge about the adult functioning of subjects formerly in foster care' (p. 151).
- Pecora et al. (2002) described a study in which they assessed outcome of family foster care in 1996 and 1999, using multiple measurement methods. These included case record reviews, along with collection of outcome data at intake for placement, every 3 to 6 months following placement, and at discharge. The authors concluded that outcomes in terms of child functioning were generally 'mixed'. For example, while many young people transition successfully from foster care to living 'on their own' in the community, others continue to have major problems in the areas of emotional and social functioning.
- Fanshel, Finch and Grundy (1990) examined the modes of exit from care and the adjustment at departure of 585 children who entered and left foster home placement through a large voluntary child welfare agency that serves older children. The authors found that over half of these young people left care at emancipation in a 'relatively good condition' and, as adults, were able 'to adequately address their income and housing needs, build families, enjoy relative well-being and good health, and obtain satisfaction out of their lives...' (p. 204).
- Festinger (1996) explored the situations of a sample of children returning to their families from foster homes and group care facilities. Finding that almost 20% re-entered foster care within two years, she concluded: 'Multivariate analysis showed that lower ratings of caregivers' parenting skills and less social support were the strongest predictors of reentry within 12 months of leaving care' (Festinger, 1996, p. 383).
- Courtney et al. (1998), Minty (1999), and Wedeven et al. (1997) have found that many youths in foster care improve in the areas as behavioral functioning, emotional development, and academic achievement; such improvements result from the attention that they receive through their foster families, school personnel, and social service providers.
- Other researchers have addressed the tenuous status of children in foster care and the consequent damage to their self-esteem, identity, and functioning. For example, Landsverk and Garland (2000, p. 193) concluded: 'Research studies over the past two decades have firmly established what practitioners have known for considerably longer, namely, that children in

foster care represent a high-risk population for maladaptive outcomes, including socio-emotional, behavioral, and psychiatric problems warranting mental health treatment'.

- On the other hand, in another study of outcomes of services in an exemplary voluntary agency, Pecora et al. (1998) found that the functioning of young persons in foster care improved in the following areas, among others: placement stability, emotional adjustment, sense of ethnic identity, educational competence, and volunteer or paid employment.
- Finally, there has been very little attention in research to the phenomenon of disruption or breakdown of foster home placement, which frequently requires a quick replacement of the child in another setting – or in some cases leading to homelessness. The few studies available in this area tend to focus simply on *counting* the number of placements that young persons experience and do not adequately consider the representativeness of study samples (Usher, Randolph & Gogan, 1999).

Conclusion

This review highlights a variety of contradictory findings regarding the outcomes of family foster care. For example, Courtney et al. (1998) report on the improved functioning of young people leaving care, whereas Landsverk and Garland (1999) typify foster children as a 'high risk population for maladaptive outcomes.' Additionally, Pecora et al. (1998) find placement breakdown along with improvement in the functioning of young people in care. These contradictions probably reflect the apparent limitations in study designs, sampling, and data collection procedures.

Available studies do suggest that innovative family foster care requires timely and responsive services; reasonable worker caseloads; goal and time-oriented service plans; close coordination of services at the practitioner as well as agency levels; and emphasis on child-centered, family-focused and community-based services.

The review also points to the need for further research, to help refine family foster care programs and delineate key service components that can best meet the diverse and multiple needs of children and their families. In this regard, young persons in care and alumni of foster care programs as well as birth families, caregivers, and staff members can make unique contributions to program design and evaluation studies.

Notes

1. Sections of this paper draw from Pecora and Maluccio (2000), and Maluccio, Ainsworth and Thoburn (2000).
2. Residential treatment is not considered in this paper, as it is a major topic in itself. See, for example, Maluccio, Ainsworth and Thoburn (2000), and Pecora, Whittaker, Maluccio and Barth (2000). See also the paper of Anglin in this issue.
3. Long-term or permanent family foster care may be an appropriate option for certain youths for whom family reunification, kinship care, or adoption are not viable options.
4. For further discussion of concurrent planning, see Curran and Pecora (1999), and Katz (1999).
5. Pecora et al. (2002) summarize outcome data from a range of studies in these areas: child safety; achieving permanency; improving emotional and social functioning; promoting cognitive development and academic functioning; forming positive personal, ethnic, and cultural identification; obtaining health care; and transitioning from foster care to community living.

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