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ANNOTATIONS OF RESEARCH
IN TREATMENT FOSTER CARE



FOR DIRECT SERVICE PRACTITIONERS

V O L U M E I I

F O S T E R F A M I L Y - B A S E D T R E A T M E N T A S S O C I A T I O N

I N T R O D U C T I O N

In the spring of 2000 the FFTA Research Committee was reconstituted and goals were set for the year 2000 and beyond. Two of these goals were to review and annotate research articles and papers relevant to Treatment Foster Care, and to continue to integrate research into the FFTA Annual Conference on Treatment Foster Care.

In the summer of 2000, the Research Committee published the first volume of *Annotations of Research in Treatment Foster Care*. Member agencies and others interested in Treatment Foster Care found the research annotations to be a useful aid in translating research to practice. As a result, the Research Committee was asked to publish a second volume.

The purpose of these publications is to provide summaries of the most relevant Treatment Foster Care-related research with an emphasis on interpreting how the results apply to the practice of Treatment Foster Care.

The research was reviewed and summarized by members of the FFTA Research Committee. Christy Kessler, Ph.D., at the Girls and Boys Town National Research Institute in Omaha, Nebraska, led the effort. The summaries were then reviewed and edited by members of an ad-hoc committee, comprised of practitioners from member agencies, to ensure that the research results were relevant to practice issues in Treatment Foster Care.

Each summary includes brief comments about research questions, subjects, methods, results, and implications for practice. The full reference is also provided for those who may be interested in more details about the research.

This publication was made possible by the combined efforts of the following members of the FFTA Research Committee, and treatment foster care practitioners from around North America:

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ARTICLE CITATION

Armsden, G., Pecora, P.J., Payne, V.H., & Szatkiewicz, J.P. (2000). Children placed in long-term foster care: An intake profile using the Child Behavior Checklist/4-18. *Journal of Emotional and Behavioral Disorders*, 8(1), 49-64.

RESEARCH QUESTION

Using the Child Behavior Checklist (CBCL), how does one agency's rates compare to other family foster care and residential treatment programs?

SUBJECTS

362 children ages 4-18; 56% girls; 47% Caucasian.

METHODS

- Youth were assessed at 3 points: at intake; 1 year after admission; and at age 18 or discharge using the CBCL.
- Differences were evaluated by gender and by two age groups.

RESULTS

- Over half of the children scored in the borderline clinical or clinical range on some problem behavior.
- Over half of the youth had poor overall competence.
- Foster youth were performing more poorly than the normal population, but better than a clinically referred sample in the areas of social and school competencies, delinquent behavior and sexual problems.
- Children with sexual problems are at risk for additional behavioral problems.
- Children with significant behavioral problems were also having difficulty in school.

IMPLICATIONS FOR PRACTICE

- To improve descriptions of children in care inclusion of gender, age, and ethnicity need to be included in the data. Inclusion of these factors will support the clarification of the interactions often seen.
- Using standardized measures to assess foster care children increases consistency of assessment, treatment and outcomes.
- This research suggests greater problems among adolescents than preadolescents.

ARTICLE CITATION

Baum, A.C., Crase, S. J., & Crase, K.L. (2001). Influences on the decision to become or not become a foster parent. *Families in Society: The Journal of Contemporary Social Services*, 82(2), 202-213.

RESEARCH QUESTION

What influences an individual's decision to become a foster parent?

SUBJECTS

491 potential participants in a foster parent preservice training program.

METHODS

- Participants attended a 12-hour training session based on the NOVA Foster Parent Preservice Training Program called Preparation for Fostering: Preservice Training for Foster Families.
- Participants were interviewed regarding the impact of the training on their decision to become foster parents.

RESULTS

- Majority of the respondents did not identify training as the key reason for deciding to become or not become a foster parent.
- Media (television, radio, and newspaper articles) did not impact participants' decisions.
- Factors that were identified as helping participants decide to become foster parents included support from friends or family, exposure to personal accounts of experienced foster parents and being aware of the need for foster parents. All of these factors occurred independently of the foster parent training.

IMPLICATIONS FOR PRACTICE

- Personal accounts of other foster parents at training sessions may be important motivators for others to become foster parents.
- Educating communities of the need for foster parents is also an important recruitment tool for influencing individuals to become foster parents.



ARTICLE CITATION

Campbell, L. (2002). Interagency practice in intensive family preservation services. *Children and Youth Services Review*, 24(9-10), 701-718.

RESEARCH QUESTIONS

Who can take credit for good outcomes after an intensive family preservation service (IFPS) intervention?

What are the interagency issues?

What niche does IFPS serve in a complex system?

SUBJECTS

32 families enrolled in “Families First,” an intensive family preservation service program in Melbourne, Australia.

METHODS

- Exploratory qualitative study using case study review and interviews with Families First caseworkers and protective service workers. Also, stakeholder group meetings with system partners provided additional information.

RESULTS

- Preparing both child protective service workers and family support workers appeared to increase the smoothness of referrals into the family preservation program.
- Difficulty operationalizing the “imminent placement” criterion for referral led to a lower than expected referral from some child welfare workers and concern by the workers about keeping a child at risk in the home.
- Collaboration was essential but very time consuming.
- Family First workers had to develop an identity recognizably different from child protective services.
- Families, when transferred to a less intensive level of service after Families First, were dissatisfied—they expected the same level of intensiveness.
- Long waiting list time for referrals of the family to specialized services (e.g. psychiatry).

IMPLICATIONS FOR PRACTICE

- An intensive family preservation service program working alone cannot lead to good outcomes for youth and families. However, IFPS workers must manage the relationship with the child protective service worker and the family support worker. Workers must understand and use social ecology and workers must go beyond tight disciplinary or field of practice boundaries.

ARTICLE CITATION

Cantos, A.L., Gries, L.T., & Slis, V. (1997). Behavioral correlates of parental visiting during family foster care. *Child Welfare, 76*(2), 309-329.

RESEARCH QUESTION

What are the effects of parental visiting on the emotional and behavioral adjustment of children in care?

SUBJECTS

- 49 children in family foster care who were referred for therapy due to behavior problems. 19 children were a comparison group and never referred.
- Children were between 5-18 years of age. Mean of 10.5 years.
- In care about 34 months, 2.1 placements, and 16 months in their current placement.
- 55% male, 74% African-American.

METHOD

Multiple measures were used:

- Children participated in a 2-hour structured interview;
- Foster parents completed the Child Behavior Checklist (CBCL);
- Children completed the Wide Range Achievement³ Test.

3 levels of parental visiting were used:

- No visits;
- Infrequent visits (less than 2/month);
- Regular weekly or biweekly visits.

RESULTS

- In the referred group, 25% were regularly visited, 27% were visited irregularly, 48% not visited at all.
- In the non-referred group, 32% were visited regularly, 37% visited irregularly and 32% were not visited at all.
- Those children visited regularly spent significantly less time in care and had fewer placements than those children not visited.
- Those children who were visited irregularly had fewer placements than those not visited.
- Children who were visited regularly had lower total behavior problem scores on the Child Behavioral Checklist (CBCL) than children who were not visited or visited irregularly.
- Children who were visited regularly were rated as deviant on fewer items than those children visited irregularly or not visited at all.
- Children from the referred group who were visited regularly spent less time in care and had fewer placements than children who were not visited. Children who were visited more regularly had fewer behavioral problems when compared to those children that were not visited or visited irregularly.
- Children who were visited regularly were rated as exhibiting fewer behavior problems, especially problems of an internalizing nature (i.e., withdrawal, depression, anxiety) than the children who were visited irregularly or not at all.

IMPLICATIONS FOR PRACTICE

- This study demonstrated the positive relationship of parental visiting and child outcomes.
- These findings may be in contradiction with experiences of foster parents and caseworkers in which children's behaviors become worse after parental visits.



ARTICLE CITATION

Davis, I.P., Landsverk, J., Newton, R., & Ganger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review, 18*(4-5), 363-382.

RESEARCH QUESTIONS

*What are the correlates of parental visiting during foster care placement with permanency planning outcomes?
How does parental visiting influence reunification?*

SUBJECTS

- 925 youth, under the age of 12.
- Youth who entered foster care between May 1990 and February 1991.

METHODS

- Data gathered from Child Protective Service case files.
- Variables included child and family characteristics, reasons for removal, placement experiences, plans in regards to parental visiting and recommended services, court involvement, permanency planning outcome decision by the court after up to 18 month in care, and disruption of permanency plans 12 months after the decision was made by the court.

RESULTS

- Parental visiting is an influential force in the decision to reunify foster children with their parents.
- Parental visiting varies among ethnic groups. When compared to other children, African-American children who receive the same amount of parental visits are reunified less.
- Parents visit more in kinship homes than in traditional foster care homes.
- Father visits are strongly related to reunification.
- No association was found between parental visiting and stability of reunification one year later.

IMPLICATIONS FOR PRACTICE

- Parental visiting may be a good indicator of how successful reunification will be.

ARTICLE CITATION

Davis, J.W., Pecora, P.J., Joyce, C., Flemmer, L., Edmondson, J., Gerhardt, J., Henderson, K., Paddock, G., Le Prohn, N.S., & Armstrong, T. (1997). The design and implementation of family foster care services for high risk delinquents transitioning from correctional confinement. *Juvenile and Family Court Journal*, 48(3), 17-32.

RESEARCH QUESTIONS

What are the characteristics of the Casey Family Programs Specialized Foster Care (SFC) for high-risk juvenile offenders including the theoretical concept of the program model, implementation challenges and costs?

What are the preliminary outcomes using this approach?

SUBJECTS

- 14 high-risk juvenile offenders entering the SFC program from the North Dakota Youth Correctional Center.
- 83% were male.
- 57% were Caucasian.
- 43% were Native American or Alaskan Native.
- 28 high-risk juvenile offenders from the North Dakota Youth Correctional Center, matched with the 14 SFC participants on risk factors and delinquent behavior but not admitted to the SFC program (this is the comparison group).

METHODS

- The goal and objective of this program is to provide family-based treatment and supportive supervision that promotes pro-social behaviors and skills with youths that have a history of delinquency.
- Youth are on average 15.5 years, average population of the North Dakota Youth Correctional Center is 65 males and 10 females.
- SFC is similar to therapeutic foster care, but also has a diagnostic component to assess the ability of the youth to transition to the foster home.
- Program components include intensive supervision, intensive juvenile aftercare and specialized family care.
- Essential service components include reduced caseloads, early and continual contact with potential program participants, interagency collaboration and cost-sharing, use of brokerage and purchase of service agreements, use of formalized assessments, intensive supervision and social control of youth, specialized treatment modalities, cognitive and behavioral training, and setting age limits.
- SFC participants were given a number of assessments including the Child Behavior Checklist (CBCL), the CBCL-Teacher Report Form (TRF) and the Ansell-Casey Life Skills Checklist to measure change.
- Assessments were given to the youth at intake, then every year after until case closure. A follow-up is being planned. Teachers, parents and case managers were also given questionnaires.

RESULTS

- The average intake score on the CBCL was below the borderline/clinical range.
- Youth had at least one sub-scale score in the clinical or borderline range on the CBCL, with 83% scoring in the borderline/clinical range on the Delinquent Behavior scale.
- The average intake score on the TRF was also below the borderline/clinical range.
- Only 18% had borderline/clinical scores on one of the Problem Behavior subscales.
- All youth reported using alcohol with 67% report using it more than 20 times.
- Other substance use reported by youth showed 75% had used inhalants, 92% marijuana and 50% LSD.
- Average age of first delinquent act was 10.2 years for stealing to 14.0 for selling hard drugs such as LSD or heroin. Average age across all acts was 12.6.
- Preliminary results indicate that the delinquent behavior of the SFC youth dramatically decreased in the first year when compared to the comparison group. These results must be viewed with caution though because of the small sample size.

IMPLICATIONS FOR PRACTICE

- High-risk delinquents who are at risk of placement in a juvenile detention center may benefit from a highly structured foster care model such as SFC.



ARTICLE CITATION

Fanshel, D., Finch, S.J. & Grundy, J.F. (1989). Modes of exit from foster family care and adjustment at time of departure of children with unstable life histories. *Child Welfare*, 68(4), 391-402.

RESEARCH QUESTIONS

What are the modes of exit from care?

What is the child's adjustment at the time of departure?

SUBJECTS

- 585 children that exited care from Casey Family Programs.
- This includes all children who entered and left care from 1966 through 1984.

METHODS

- Five categories were chosen to classify how each child left care. These included:
 - 1) Emancipation at 18;
 - 2) Emancipation at 17 or less;
 - 3) Returned to parents;
 - 4) Returned to court and/or public social service agency;
 - 5) Runaways.
- Clinical social workers read the case records of each child and gave two ratings to each. These ratings were based on the circumstances surrounding the child's departure and the adjustment of the child at departure.
- The two ratings were combined into 1 measure.

RESULTS

- Children who left at emancipation at the age of 18 had the best adjustment and the best circumstances surrounding their departure.
- The children emancipated at a younger age showed the next best outcomes, followed by those returned to their parents, and those who were returned to the courts, respectively.
- Disrupted adoptions were not associated with departure conditions.
- Those children in an established foster care family, who were subsequently admitted to Casey Family Programs (CFP), and who stayed with the same foster family (these foster families were transferred to the supervision of CFP), were in better condition than other children at exit.
- Children who had greater conflict with biological parents, were physically abused, or experienced more living arrangements before care were in poorer condition at exit.
- Children who were more hostile and negative at entry were in poorer condition at exit.
- Children who adapted to foster care were in better condition at exit.
- A child who was engaged in juvenile delinquency, or had more sexually acting out behaviors, was in worse condition at exit.
- Children who were moody or depressed while in care were in better condition at exit.

IMPLICATIONS FOR PRACTICE

- Those children in the poorest conditions at exit were also the ones that were the greatest challenge in care.
- Children who have had stability within foster care (living with the same foster parents) and are able to stay until 18 had the most positive departure conditions.

ARTICLE CITATION

Farmer, E., (1996). Family reunification with high risk children: Lessons from research. *Children and Youth Services Review*, 18(4/5), 403-424.

RESEARCH QUESTIONS

Provide a profile of reunified children, their families and their circumstances.

Explore social work practice in relationship to reunification.

Examine developments and outcomes for children after return to their families.

SUBJECTS

One in three random samples in four local authorities of social services departments in England on March 31, 1984. This resulted in 321 children from 301 families.

METHOD

- Case files were reviewed of these 321 high risk children who had been reunified with their families following a court order. Data was gathered through review of the children's files and in-depth interviews with parents and social workers.

RESULTS

- Two markedly different groups emerged: (1) disaffected adolescents who had been removed for offending and truanting; and (2) younger protected children removed for abuse, neglect or family breakdown.
- The most successful reunifications in both cases were the first attempts.
- Second or subsequent placements at home had higher failure rates.
- For the disaffected adolescents, appropriate special vocational provisions helped make reunification work.
- For the protected children the likelihood of reunification being successful was considerably affected by the extent of change and disruption with their families' experiences during the period of separation. Also, social workers have a key role in monitoring these returns.
- Once the child went home there continues to be risks that did not diminish over time.
- Child's return to family involves a major transition in which the child's relationship and roles at home and school have to be renegotiated.
- Efforts to ensure as much continuity as possible are likely to ease the transition.
- Not only can social workers contribute by maintaining continuity for children, they can also assist children and their families with major stresses which accompany the reunification.
- A combination of clarity of purpose, the ability to use authority, and steady reliable visiting, are the most effective social work intervention.
- Need to recognize that the work of reunification is demanding and time consuming.

IMPLICATIONS FOR PRACTICE

- To ensure the welfare and safety of children, social workers need to focus also on the relationship of the child with other members of the family.
- To manage a successful transition back to the child's family continuity must be ensured. This can be accomplished by maintaining regular contact with friends and family of origin, retaining a sense of belonging within the family of origin and by regular visits and stays before being returned home.



ARTICLE CITATION

Farmer, E.M.Z., Burns, B.J., Dubs, M.S., & Thompson, S. (2002). Assessing conformity to standards for treatment foster care. *Journal of Emotional and Behavioral Disorders, 10*(4), 213-222.

RESEARCH QUESTION

To assess conformity to national standards of care for programs that provide Treatment Foster Care (TFC) for youth with emotional and behavioral disorders.

SUBJECTS

46 agencies were included in the study.

METHODS

- Data collected was part of a larger TFC study that examined the effectiveness of TFC for children with emotional and behavioral disorders.
- Interviews were conducted with agency representatives, treatment parents and youth.
- The interview for the agencies was based on the Foster Family-based Treatment Association's (FFTA) *Program Standards for Treatment Foster Care* and the *FFTA Standards Review Instrument (SRI)*. Questions from the SRI were reworded to better fit research purposes. Additional questions were included to gather demographic information about the agencies.
- Interviews with the agency administrators lasting between 60 and 90 minutes.
- After the interviews, each interview was coded based on a codebook developed by research staff. 52 items were coded from 0 (no evidence of conformity) to 2 (full conformity). The codebook contained operational definitions that were based on criteria from the FFTA Standards and SRI.

RESULTS

- Programs varied widely in size, number of employees and years of existence.
- Overall conformity was calculated for each agency. The range of scores for the agencies was 53 to 91. Mean was 69.9.
- The Program Standards' domain includes program's organization and operating procedures. The "Standards" fit best in a program that had a supervisor that oversees caseworkers. In regards to caseloads, supervisors who oversaw less than 5 caseworkers, had high conformity (about 72%). Caseworkers with higher caseloads showed less conformity. Most agencies provided 24 hour, 7 days a week support.
- The treatment parent standards domain included characteristics that the treatment parents should possess and requirements that the parents needed to fulfill. Most agencies set few restrictions on what types of parents they would consider to be treatment parents. 71% of programs required 30 preservice hours of training. 56% of the agencies provided planned respite. 70% of the agencies reported that treatment parents were the primary implementers of the treatment plan. 91% of agencies allowed treatment parents to refuse to take particular youth.
- The child, youth and family standards included matching, preplacement introductions, plans for transitioning and initial treatment plans. All agencies indicated that they tried to match children with families in regards to a child's needs, family strengths, family composition, family tolerance and demographics. 62% required some sort of preplacement meeting. 38% had proactive planning for discharge. All agencies wrote treatment plans within the first 30 days.
- The three subscales were not significantly correlated with one another or with the composite score.
- How well treatment parents were trained, supported and supervised was not related to the administrative processes of the agency.

IMPLICATIONS FOR PRACTICE

- Variation in conformity to FFTA Standards is widespread, although many agencies are following key components of the Standards.
- Understanding how an agency conforms to the FFTA Standards may help distinguish the many forms of TFC, the effectiveness of programs and why specific outcomes occur.
- Identifying the patterns of placement may also influence how we investigate and interpret outcomes.

ARTICLE CITATION

Fasulo, S.J., Cross, T.P., Mosley, P. & Leavey, J. (2002). Adolescent runaway behavior in specialized foster care. *Children and Youth Services Review*, 24(5), 623-640.

RESEARCH QUESTIONS

How is running away behavior described in a specialized foster care (SFC) program?

Which variables predict running away behavior from a SFC program?

SUBJECTS

- 147 adolescents who began SFC between June 1993 and July 1997.
- 54% girls, 79% non-Caucasian.
- Average age at entry into the program was 14.1.
- No child under the age of 12 was included in the study.
- Median length of stay was 312 days.
- 86% of the sample received at least one psychotherapy session. Median number of psychotherapy sessions was 16.

METHODS

- This study used data from the Family Reunification Network's client information system. Client demographic characteristics were entered at entry of services. Events such as running away, psychotherapy, placements out of foster care and other service delivery information was entered on a weekly basis. The client caseworker also completed an outcomes checklist at the end of services.
- Additional follow-up data was gathered on 23 adolescents who had run permanently from SFC from July 1997 to July 1998.
- Temporary run was defined as when a child returned to placement within two weeks.
- Permanent run was defined as when a child was away from placement at least two weeks.
- Variables included ethnicity, sex, age, length of stay, history of child sexual abuse and number of psychotherapy sessions.
- Descriptive analyses, Pearson chi², and logistic regression analyses were used to examine which variables predict a permanent run.

RESULTS

- 44% of the adolescents ran away at least once. Those who ran, ran on the average of 3.4 times. 22% ran away permanently.
- Of those adolescents who did run, 66.2% did so within 6 months after entry into the program.
- 32% of those adolescents who had at least one temporary run also ran permanently.
- 17% who had no previous runaway behavior ran permanently.
- 44% ran back to the biological families, 39% ran to a friend, 17% ran to a friend or extended family member living in their community of origin.
- Amount of therapy was related to runaway behavior. Adolescents receiving more than 10 therapy sessions ran away less frequently than adolescents receiving fewer than 10 therapy sessions:
 - 28% of adolescents that received less than 10 sessions of psychotherapy ran away.
 - 9% of adolescents that received 10 or more sessions ran away.
- Girls are more likely to run away than boys; the odds of a girl running permanently were 3 times greater than that of a boy.
- Ethnicity, age, length of stay and sexual abuse history were not significantly related to runaway behavior in this study.

IMPLICATIONS FOR PRACTICE

- Runaway behavior is a serious problem in SFC.
- Extra care needs to be taken to make sure that girls are placed in foster homes with greater supervision. Foster parents of girls may need extra training and supervision to manage issues related to runaway behavior.
- Psychotherapy may have a variety of positive effects on preventing runaway behavior. The therapist may also be a valuable asset in providing monitoring and intervention of runaway behavior.
- Many adolescents choose to run away to return to their families of origin, reminding professionals of a child's need to be with their parents.



ARTICLE CITATION

Fisher, P.A., Ellis, B.H., & Chamberlain, P. (1999). Early intervention foster care: A model for preventing risk in young children who have been maltreated. *Children's Services: Social Policy, Research, and Practice*, 2(3), 159-182.

RESEARCH QUESTIONS

What are some of the characteristics of The Oregon Early Intervention Foster Care Project (OEIFC)?

What is the theoretical model and implementation of similar programs?

SUBJECTS

There are no subjects as this is a description of the Oregon Early Intervention Foster Care Project.

METHODS

- OEIFC was developed to work with preschool-age children who had been removed from their home in the hopes to change the life-course trajectory of antisocial behavior.
- Three areas are focused on for change: behavioral problems; developmental delays; and emotion regulation.
- OEIFC adapted behavioral elements from traditional MTFC programs to make them more age appropriate to deal with behavioral problems and emotion regulation.
- Activity Based Intervention (ABI), where the environment is structured in such a way to maximize opportunities to optimize skills, is utilized for dealing with developmental delays.
- Program elements include foster parent preservice training, support, and supervision, foster parent consultation, remediating developmental delays, therapeutic playgroup and long-term placement planning.

RESULTS

- This approach seems to be effective for reducing risk in preschoolers.
- Some preschoolers have been resistant to treatment. The authors are trying to identify similarities between these children.
- Foster parents who are emotionally reactive to the child's acting out have high levels of stress due to the foster placement.
- Preliminary analysis of this program has shown positive results when compared to a comparison group.

IMPLICATIONS FOR PRACTICE

- Foster care programs designed for specific age groups may be found to be the most cost effective and successful in meeting the needs of youth in foster care.

ARTICLE CITATION

Fisher, P. A., Gunner, M. R., Chamberlain, P., & Reid, J. B. (2000). Preventive intervention for maltreated preschool children: Impact on children's behavior, neuroendocrine activity, and foster parent functioning. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(11), 1356-1364.

RESEARCH QUESTIONS

Is the Early Intervention Foster Care (EIFC) program effective as a preventative intervention designed to reduce risk in preschool-age foster children?

Does the training and support provided for the program's foster parents lead them to use strategies that have been empirically documented to result in more positive outcomes for children?

What is the impact of the program's interventions on the children's behavior, specifically on the initial adjustment to a new foster home?

Do changes in behavior in maltreated preschool children in foster care match changes in neuroendocrine systems, the limbic-hypothalamic-pituitary-adrenal (L-HPA) axis in particular?

SUBJECTS

Thirty total children who were five and under were in the study. There were 10 children in each of the following study groups: EIFC group; regular foster care group; and community comparison group.

METHODS

- Data was gathered at initial assessment and at 12 weeks (final assessment) on the following data:
 - Parenting strategies – Child Caregiver Interview Impression Form.
 - Foster parent stress related to child's behavior – The Daily Report and The Early Childhood Inventory.
 - Child salivary cortisol levels.

RESULTS

- At initial assessment the EIFC children were rated as significantly more troubled than the two other groups and the regular foster care group was significantly more troubled than the community comparison group.
- EIFC foster parents exhibited parenting strategies equal to the community comparison group in monitoring, discipline and positive reinforcement. They were significantly different from regular foster parents on these measures.
- While not significantly different from the regular foster parents, the EIFC foster parents reported reduced stress related to parenting at final assessment.
- The EIFC foster children were rated as significantly different from the regular foster placements children in symptom reduction over time. EIFC group had a decrease in the number of report symptoms and the regular foster care group had an increase in the number of symptoms.
- The EIFC children were trending positively with their cortisol levels and moving in a direction toward patterns resembling the community comparison group, while the regular foster care group was not trending as positively.

IMPLICATIONS FOR PRACTICE

- This study is a first step in the prevention research process.
- The results show the EIFC program foster parent training and foster parent support efforts have a positive impact on the parenting strategies used by the EIFC foster parents.
- The results also appear to indicate that the prevention programming might lead to reduced reported negative behaviors by the EIFC foster children and a potential for the program's foster children to exhibit changes in their neuroendocrine activity toward the neuroendocrine activity exhibited by the community comparison group.



ARTICLE CITATION

Hudson, J., Nutter, R. W., & Galaway, B. (1994). Treatment Foster Care Programs: A review of evaluation research and suggested directions. *Social Work Research, 18*(4), 198-210.

RESEARCH QUESTION

This article reviewed and assessed the evaluation research on the effectiveness of TFC programs, as of 1994, and offers direction for future evaluations.

SUBJECTS

Eleven TFC studies met the criteria listed below. Two studies were conducted in Canada, four in the United Kingdom, and five in the United States.

METHODS

- The research studies reviewed were selected based on two principles: 1) the study was based on systematically collected data, and 2) the study was of a TFC program's efforts and results.
- Studies were omitted that provided strictly descriptive, historical, or legal accounts; that relied on logical arguments to the exclusion of systematically collected data; and that covered only particular features of TFC programs, such as support groups, payment levels, and training.

RESULTS

- Studies from the following programs were highlighted;
 - Parent-Therapist Program in Hamilton, Ontario
 - Alberta Parent Counsellors Program
 - Kent Family Placement Project
 - PRYDE Program
 - Oregon Social Learning Center Program
 - Casey Family Program
- The article concludes that youth who experience “serious problems in living” can be cared for within the Treatment Foster Care setting. They reported that youth served in the TFC setting had planned, completed placements with good or improved adjustment at discharge. One study found that, at follow-up, the children discharged from TFC programming had better outcomes than children discharged from an institutional environment. TFC was shown to be a good, more cost effective alternative to institutional care.

IMPLICATIONS FOR PRACTICE

- The authors encourage mature, established TFC programs to engage in research efforts to further verify the utility of the TFC setting for care of children. They recommend random assignment of children to TFC and institutional groups (when possible) with sample sizes of 30 to 40 per group. They also suggest follow-up after discharge at established intervals.

ARTICLE CITATION

Jivangee, P. (1999). Parent perspectives on family involvement in therapeutic foster care. *Journal of Child and Family Studies*, 8(4), 451-461.

RESEARCH QUESTION

What are the parents' perceptions of their involvement in therapeutic foster care including: Parent-child contact; parent participation in decision making; and relationships between families of origin and professionals and TFC providers?

SUBJECTS

- 10 parents (8 mothers and 2 fathers) of 14 children with serious emotional disorders who were placed in TFC.
- Cases were selected when there was at least some family involvement.
- 8 of the 10 parents had children removed due to findings of abuse or neglect.
- The other two parents requested placement because they were unable to manage their child's behavior at home.
- All children had mental health diagnoses.
- The plan for 5 families was reunification, 1 was undecided and 4 were long-term care or adoption.
- In 4 of the cases, the children were placed directly into foster care; in the other 6 cases, youth were transferred to TFC from regular foster care.

METHODS

- Qualitative study conducted in four counties of one state where TFC programs were funded collaboratively by the state child welfare and mental health agencies.
- Parents participated in a semi-structured in-depth interview lasting 1-1/2 - 2 hours. Questions focused on aspects of family involvement.

RESULTS

There are no statistics associated with the results in this article. Results are categorized by the following topics:

Involvement in placement decisions

- Two parents reported that they were involved in planning their child's placement.
- When asked whether parents' beliefs and values were taken into account in placement planning the general consensus was they were not.

Parents' relationships with professionals and TFC providers

- Positive relationships between parents and child welfare workers were characterized by professionals sharing information with parents, involving them in decision-making, building trust and providing support and advocacy.
- Parents expressed appreciation when they saw their caseworker acting as a support and advocate for them.
- In two cases, the TFC parents did not like the parents and did not want to have contact with them. These parents verbalized resentment towards the TFC parents and the child welfare system in general.

Barriers to family involvement

- Parents identified the barriers to their involvement and parent-child contact as transportation difficulties, the scheduling and location of meetings and the constraints placed on them by professionals.
- Parent education was identified by several parents as a valuable aspect of their involvement in TFC.

Strategies to Enhance Family Involvement in TFC

- Parent responses focused on ways in which professionals could work more closely with them and better meet their own needs for assistance.
- Some parents wished the treatment team had taken time to listen to them and to get to know them.

IMPLICATIONS FOR PRACTICE

- This survey helps to understand the treatment process from the parent's perspective and provides information about how parents can be more informed, educated and part of the treatment team.



ARTICLE CITATION

Jones, L. (1998). The social and family correlates of successful reunification of children in foster care. *Children and Youth Services Review, 20*(4), 305-323.

RESEARCH QUESTION

What predicts success or failure of reunification efforts for children returned home from foster care?

SUBJECTS

- 445 children ages birth-12 removed from their homes for more than 72 hours by the Department of Social Services (DSS) from 4/29/90 to 10/1/91 who were reunified with their parents.
- Mean age is 4.3 years.
- 36% Caucasian, 29% African American, 27% Hispanic, 8% Asian-Pacific Islanders.

METHODS

- Data was from case record reviews and from computerized data files at DSS.
- Data collected included demographic information, family composition, income-related variables, history of abuse, child problems, stressful life events, child's environment and caretaker characteristics.
- Three outcomes were examined: successful reunification; borderline successful reunification; and unsuccessful reunification.
- Children that were re-referred were compared to reunified children.

RESULTS

- Poverty and economic deprivation, such as inadequate housing, may be the greatest risk factor in the environment for successful reunification.
- Only half of the children had parents who were employed at least part time.
- Half of the children relied on Aid to Families with Dependent Children (AFDC).
- The number of parents in the household did not predict outcome.
- A child having medical or behavioral problems was more likely to re-enter care.
- When factors were controlled, single parent families were no more likely to have a re-referral or re-entry of a child into foster care than two parent families.
- Number of stressful life events did not predict re-entry, but was associated with re-referral.
- Substance abuse was not as important a factor as income or housing in determining successful reunification.
- Neglect predicted re-referral but not re-entry.

IMPLICATIONS FOR PRACTICE

- Providing economic and housing assistance to poor families might increase reunification rates.
- Intervention programs that provide more material support may be more cost effective than parenting classes.

ARTICLE CITATION

Kapp, S.A., & Propp, J. (2002). Client satisfaction methods: Input from parents with children in foster care. *Child and Adolescent Social Work Journal*, 19(3), 227-245.

RESEARCH QUESTIONS

What are effective methods for designing an ongoing system for collecting client satisfaction data?

What is the satisfaction of parents with children in foster care?

SUBJECTS

47 parents participated.

METHODS

- A series of 8 focus groups was conducted at four different sites.
- Approximately 6 parents in each focus group.
- Participants received \$50 for their participation.
- Meetings lasted approximately 1-1/2 to 2 hours.
- A semi-structured interview was used to cover the topic of consumer satisfaction.
- 3 questions were asked: 1) Had they received a mailed consumer satisfaction survey, and if so what was their reaction to it?; 2) Given their experience, what kinds of issues would be important for a survey like this to address?; and 3) What type of process would be effective for gathering this kind of information from consumers?
- All groups were tape-recorded and transcribed for coding into evolving themes.

RESULTS

- Themes that emerged from the focus groups included: (a) lack of and inconsistent communication from care workers; (b) problems related to worker turnover and worker overload; (c) feelings of a lack of respect from child welfare professionals; (d) feelings of helplessness and confusion about how the system works; and (e) general comments on the best methods to collect consumer satisfaction information.

IMPLICATIONS FOR PRACTICE

- Based on this study, both families of children in foster care and caregivers want the opportunity to have their opinions and feelings heard.
- However, this is only useful if some commitment is made to families that the information received will be used to facilitate positive change.
- There needs to be an established process to voice complaints and problems.
- Throughout all comments one common theme emerged, which was the need for personal communication with workers and agencies. This suggests a need for better collaboration between workers, agencies and families.



ARTICLE CITATION

Kerman, B., Wildfire, J., & Barth, R.P. (2002). Outcomes for young adults who experienced foster care. *Children and Youth Services Review, 24*(5), 319-344.

RESEARCH QUESTIONS

*How are former foster youth doing in terms of self-sufficiency, well-being and overall adult functioning?
Do these outcomes vary with the permanency pathway through care?*

SUBJECTS

- 115 alumni from one foster care agency.
- 46% male, 50% Caucasian.
- Average age at interview was 22.8 years; average age at placement was 10.7 years.
- 6.9 years since close of last placement in foster care.

METHODS

- Data were collected using record reviews and follow-up interviews.
- Variables included family history, child characteristics, service history and outcome composite scores (self-sufficiency, personal well-being and overall adult status).
- Permanency pathway groups included children who were adopted (n=28), children who remained in extended care through age 19 and beyond (n=53) and children who exited care prior to age 19 (n=34).

RESULTS

- Permanency pathway groups differed in family history, child characteristics and service history.
- About three-fourths of the alumni were self-sufficient in income, housing and employment as adults.
- Males and children who exited care prior to age 19 had the worst outcomes in personal well-being.
- Children who were adopted and those that received extended care were more self-sufficient as adults and had better outcomes in overall adult status.
- Minority status, IQ, family psychiatric history and length of agency service were not predictive of outcome.

IMPLICATIONS FOR PRACTICE

- Children benefit from extended foster care and/or adoption in the long run.
- Since suspected risk factors and length of service in general did not predict positive or negative outcomes, specific aftercare services should be planned and evaluated to measure cost benefit for each individual child.

ARTICLE CITATION

Landy, S., & Munro, S. (1998). Shared Parenting: Assessing the success of a foster parent program aimed at family reunification. *Child Abuse & Neglect*, 22(4), 305-318.

RESEARCH QUESTIONS

What is the effectiveness of a program using a shared parenting model with foster families and biological families? Does this model reunify families?

SUBJECTS

13 families recruited from five child care protection agencies.

METHODS

- In order to be eligible, families had to meet the criteria of having a child in care and giving parental consent for the program.
- Pretests were completed and a service agreement signed with foster parents.
- “Pretests” included measures of child behavior, parent support, parent depression, family functioning and family resources.
- Twelve months after the commencement of the program, the number of children who had successfully returned home was determined.
- The independent variables (program and child and parent factors) were entered into a regression equation (dependent variable was reunification).

RESULTS

- 31% of the participants were reunified with their children.
- Permanency planning was facilitated in 50% of the participants.
- The more stable families with less risk factors were more likely to have children returned to the home.

IMPLICATIONS FOR PRACTICE

- The shared parenting model appears to be most successful in preventing permanent placement of children with the higher functioning and more stable families who are experiencing stress or difficult life situations.
- It would seem most appropriate that this kind of program be offered through parent aides attached to community support agencies that provide support and resources, and respite care to families.



ARTICLE CITATION

Leathers, S.J. (2002). Foster children's behavioral disturbance and detachment from caregivers and community institutions. *Children and Youth Services Review, 24*(4), 239-268.

RESEARCH QUESTION

Are attachment, familial risk factors and informal social controls related to behavioral disturbance for children in substitute care?

SUBJECTS

- 199 boys and girls placed in non-relative foster care in a large city.
- At the time of the study all children were 12-13 years of age.
- All children had been in care for at least one year but not more than 8 years.
- 51% were boys and 84% were African American.

METHODS

- Foster parents and caseworkers were interviewed by phone.
- The following variables were assessed: symptoms of behavioral disturbance; attachment to parents and foster parents; involvement in the community; experiences in foster care (e.g., number of prior placements, frequency of parental visitations); and familial risk factors (e.g., substance abuse, incarceration).

RESULTS

- There was a high percentage of families with significant risk factors and children with serious behavioral problems (29% of the boys and 24% of the girls had symptoms of severe conduct disorder).
- Boys with stronger attachments to their foster parents had fewer behavioral problems.
- Girls with greater achievement had fewer behavioral problems.

IMPLICATIONS FOR PRACTICE

- Attachment to foster parents is important for boys' adjustment in foster care.
- Success in school is important for girls' adjustment in foster care.
- It will be important to look for gender differences when evaluating interventions provided to children in foster care.
- Attachment theory alone does not appear to explain behavior problems of children in foster care.
- Some of these results are consistent with previous studies and some are not. It will be important to do longitudinal studies of children's risk factors, behavior problems and experiences in foster care to draw reliable conclusions about these relationships.

ARTICLE CITATION

Mason, M., Castrianno, L., Kessler, C., Holmstrand, L., Huefner, J., Payne, V., Pecora, P., Schmaltz, S., & Stenslie, M. (2002). A comparison of foster care outcomes across four child welfare agencies. *Journal of Family Social Work*, 6(3), 1-18.

RESEARCH QUESTIONS

What are the results on 14 key outcomes for youth in foster care?

Purpose is to detail the completion of a pilot, post-discharge, outcome evaluation study to develop foster care benchmarks.

SUBJECTS

222 foster care alumni from 4 foster care agencies that served youth in both rural and urban settings throughout the United States.

METHODS

- Follow-up evaluation and information gathering via telephone interviews using a structured interview.
- Outcome variables are: residential placement and stability, school attendance, homelessness, type of school placement, employment, self-sufficiency, aggression, criminal behavior, substance use, relationships, community involvement, protections from harm, satisfaction and the impact of services.

RESULTS

- 52% of the alumni were living in a home setting.
- 40% had experienced more than one move since discharge.
- 67% were in school.
- 50% were working in full time or part time jobs.
- 4% reported being in fights.
- 10% reported drug or alcohol use.
- 74% reported positive relationships with others.
- 60% were happy with their life.
- Responses varied by age of the alumni and by agency.

IMPLICATIONS FOR PRACTICE

- Good contact information is critical and using a search service to locate individuals can be very helpful and cost effective.
- Some questions on drug and alcohol use and other sensitive topics may have been under-endorsed by alumni.
- The foster care industry must begin to benchmark outcomes and services and costs.



ARTICLE CITATION

Ownbey, M.A., Jones, R.J., Judkins, B.L., Everidge, J.A., & Timbers, G.D. (2001). Tracking the sexual behavior-specific effects of a foster family treatment program for children with serious sexual behavior problems. *Child and Adolescent Social Work Journal*, 18(6), 417-436.

RESEARCH QUESTIONS

What is the effectiveness of foster family treatment programs in reducing the frequency of problematic sexual behaviors? Would this program reduce the occurrence of re-offense?

SUBJECTS

6 children aged 8-12.

METHODS

- Foster parents were specifically recruited, selected and specially trained to work with this group of “sexualized” children.
- Foster parents were supported by a full-time professional program manager, a vigorous community-oriented safety planning program, twice-monthly parent support meetings, educational group meetings and quarterly in-service training.
- Information specifically describing the training or the type of intervention was not provided in the article.

RESULTS

- During the first few months of the program, the frequency of offenses rapidly declined and were generally maintained at low rates for the rest of the study (2 years in length).
- Caregivers estimated that the children were half as likely to re-offend.
- Data was gathered using an interview to assess why children were placed in treatment, when and where offenses occur, the target of the behavior, frequency of behavior in the last year, and how likely the child would engage in offenses if given the opportunity to do so.

IMPLICATIONS FOR PRACTICE

- Children that are prone to serious sexual behavior problems seem to need continued intensive supervision even after 24 months.
- While the sample size is small in this study, the results demonstrate that children who are prone to serious sexual behavior problems seem to need continued intensive supervision even after 24 months.

ARTICLE CITATION

Redding, R.E., Fried, C., & Britner, P.A. (2000). Predictors of placement outcomes in treatment foster care: Implications for foster parent selection and service delivery. *Journal of Child and Family Studies*, 9(4), 425-447.

RESEARCH QUESTION

What are the predictors of positive outcomes in treatment foster care based on a review of the literature?

SUBJECTS

The authors reviewed the foster care literature, focusing on studies involving emotionally or behaviorally disturbed children, and identified factors that are possible correlates of successful placements.

METHODS

- Reviews were conducted on the characteristics of the foster child, the biological family, the foster family and the agency that are correlated with successful foster placement.
- Child factors included emotional and behavioral problems, prior placements, relationship with the foster family and relationship with the biological parents.
- Biological family factors included relationship with the child, social supports, parents' satisfaction with placement, parental visitation, involvement in decision-making and parental fears.
- Foster parent factors include motivation for fostering, vocational interests and personality characteristics, parenting styles and home environment, and social support.
- Foster parents' biological children factors include belief about foster parenting and comfort with the placement.
- Agency characteristics include rapport and energy of the caseworker, rapport between the agency and the foster parents and rapport between the foster child and caseworker.

RESULTS

- The children who do best in TFC are those that have fewer emotional and behavioral problems, fewer prior placements and less time in institutions, few prior negative placement outcomes, good relationships with foster family and a degree of control over the frequency and type of visitation with their biological family.
- Biological parents may be dissatisfied with a placement when they fear they may not regain custody, when they fail to be kept informed, when they have insufficient contact with the child and when they are not involved in the decision-making about their child.
- Foster parents that are successful in this role tend to have stable emotions, be motivated to be foster parents, are authoritative in their discipline style, provide a variety of stimulating activities for the child and have a positive social support system.
- Biological children tend to be more satisfied with their parents being foster parents if they believe their parents are spending the same amount of time with them as the foster children and have greater involvement in decision making that effects the whole family. Typically though, foster parents often overestimate how well their children are doing and of their level of understanding of the foster care situation.
- Few articles discuss agency characteristics associated with successful placements.
- In ensuring placement success, one study found that individual characteristics of the child and of the foster family were not as important as the rapport between the foster family and the caseworker, along with the energy of the caseworker expended.

IMPLICATIONS FOR PRACTICE

The authors made these recommendations:

- The recruitment of motivated and skilled foster parents.
- Foster parents should possess the traits we want the foster children to develop. There should be a good fit between the foster child and the foster parent. Foster parents should receive appropriate training to deal with children with behavioral and emotional difficulties plus receive adequate support.
- Agencies need a well-defined service delivery model and a method for measuring the effectiveness of the program.
- Agencies need to actively empower the children and families by seeking input from all parties involved, and involve foster parents and biological parents in the decision-making and treatment planning processes.
- To promote smoother transitions for the biological child, biological children need to be provided with pre-training, support groups and groups meetings with social worker before placement.



ARTICLE CITATION

Reddy, L.A., & Pfeiffer, S.I. (1997). Effectiveness of treatment foster care with children and adolescents: A review of outcome studies. *Journal of American Academy of Child and Adolescent Psychiatry*, 36(5), 581-588.

RESEARCH QUESTION

What is the effectiveness of treatment foster care with children and adolescents?

SUBJECTS

40 published outcome studies from 1974 to 1996 were reviewed and coded in three areas:

- Sample characteristics.
- Treatment parent training and support services.
- Type(s) of child and family treatments offered.

The 40 articles included the following ages:

- 6 infant and preschool studies (birth to 5 years)
- 9 child studies (5-12 years)
- 9 adolescent studies (12-21 years)
- 16 combined child/adolescent studies (5-21 years)

METHODS

- Outcomes included children's educational and vocational skills, emotional and behavioral adjustment, health, placement stability, independent living, school attendance, level of restrictiveness at program completion and the meeting of treatment goals.
- Description of the support services and treatment parent training was also included.
- The 40 studies analyzed 25 different variables. Weighted predictive values were computed for the five most frequent dependent variables. These included placement permanency, behavior problems, discharge status, social skills and psychological adjustment.

RESULTS

- Treatment foster care produced positive social-psychological changes in children and adolescents.
- The largest effects were in children's social skills and placement permanency.
- Medium effects in reducing behavior problems, decreasing the level of restrictiveness at discharge placement and increasing psychological adjustment.

IMPLICATIONS FOR PRACTICE

The authors made these recommendations:

- Foster parent training and support services are necessary for quality programs and treatment in the home.
- Documentation of key training, support services and successful interventions are needed to assess what program changes have occurred and to understand what treatment foster care is.
- Agreement of what are successful outcomes.

ARTICLE CITATION

Rhodes, J.E., Height, L.W., & Briggs, E.C., (1999). The influence of mentoring on peer relationships of foster youth in relative and non-relative care. *Journal of Research on Adolescence Science*, 9(2), 185 –201.

RESEARCH QUESTIONS

What are the influences of a mentoring program (Big Brothers Big Sisters) on the peer relationships of foster youth in relative and non-relative care?

What extent does a formal mentoring program facilitate improvements in peer relationships of foster and non-foster youth and of placements in kinship care and non-kinship care?

SUBJECTS

- Subset of data collected as part of a national study of mentoring relationships through Big Brothers Big Sisters of America. This included 959 adolescents, ages 10 through 16, between 1992 and 1993.
- 180 youth were selected for this study.
- Foster group was comprised of 90 participants.
- Relative foster subgroup (n=78) defined as having a legal custodian that was an extended relative.
- Nonrelative foster subgroup (n=12).
- Non-foster group (n=90) included a subset of matched participants who indicated that their mother or father was their custodial parent.

METHODS

- Youths were randomly assigned to one of two groups.
- Treatment group – youth receive services from Big Brothers Big Sisters.
- Control group – youth are placed on a waiting list to receive services from Big Brothers Big Sisters. Changes in their peer relationships were assessed after 18 months.

RESULTS

- Foster parents were more likely than non-foster parents to report that their child showed improvement in social skills, as well as greater comfort and trust interacting with others, as a result of the intervention.
- Whereas the peer relationship of all foster youth remained stable, treatment foster youth reported improvement in pro-social and self-esteem enhancing support, and control foster youth showed decrements in peer support over time with the non-relative foster group showing the sharpest declines.
- When foster youth were differentiated further on the basis of their placement, a pattern of findings emerged in which treatment youth in relative foster care reported slight improvement in pro-social support, whereas treatment youth in non-relative foster care reported slight declines.
- All foster youth in the control group reported decrements in peer support over time, with non-relative foster youth reporting the sharpest decline.

IMPLICATIONS FOR PRACTICE

- Results suggest that mentoring is a viable intervention for altering problems and in the case of adolescents in relative placements, promoting peer relationships.
- Because mentoring programs address a fundamental need for many foster youth and do not depend on extensive research, they may represent a practical approach to prevention and intervention.
- Although decrements in non-relative foster care youth's peer relationships are attenuated by volunteer mentors, the mentors may be no substitute for high-quality professional intervention for promoting optimal development of such youth.



ARTICLE CITATION

Taussig, H.N., Clyman, R.B., & Landsverk, J. (2000). Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. *Pediatrics*, *108*(1), 1-7.

RESEARCH QUESTION

What are the outcomes of youth who were reunified after placement in foster care as compared with youth who did not reunify?

SUBJECTS

- 149 youth, 7 to 12 years of age.
- Entered care in San Diego, California between May 1990 and October 1991.
- Remained in care at least 5 months.

METHODS

- Data was collected at two points. Time 1 was within 6 months of the child entering care. Time 2 was identified as 6 years after entering care.
- 75% of the original sample were interviewed at a 6 year follow-up. Of these, 42.3% were classified as non-reunified and 57.7% were classified as reunified.
- At time 1, the Child Behavior Checklist (CBCL) was given to the youth's current caretaker, and demographic and maltreatment information was collected from child welfare records and databases.
- At time 2, the child was asked to complete the Adolescent Risk Behavior Survey, which includes items on risk behaviors and life-course outcomes. The youth also completed the youth self-report, which is similar to the CBCL.

RESULTS

- Reunified youth showed more self-destructive behavior, substance abuse and total risk behavior.
- Reunified youth were more likely to have received a ticket or have been arrested, to have dropped out of school and to have received lower grades.
- Reunified youth reported more current problems and lower total competence.
- Reunification status was a significant predictor of negative outcomes for youth.

IMPLICATIONS FOR PRACTICE

- Factors that lead to the youths' initial removal may still be present when the youth returns. This supports the argument that there is a need for more intensive services occurring before the youth returns home and longer services after the youth returns.

ARTICLE CITATION

Wells, K., & D'Angelo, L. (1994). Specialized foster care: Voices from the field. *Social Service Review*, 68(1), 127-144.

RESEARCH QUESTION

How do specialized foster parents view the experience of providing treatment and care to children?

SUBJECTS

40 foster parents participated. 30 were married. 10 were single. 71% were women, 55% were white, and 70% were 40 or older. Average income was \$40,000. 93% were responsible for only one or two foster children at a time.

METHODS

- Qualitative methodology was used.
- The views of specialized foster parents were viewed through a focus group. Each focus group was tape-recorded, transcribed and read by each author.
- 4 focus groups were held, each lasted 2 hours, with 9-13 participants.
- Interview focused on 3 main topics: 1) ways in which children enter specialized foster care; 2) issues that emerge in the process of providing treatment and care; and 3) ways in which children leave these homes.
- Questions that required descriptive information were asked first, questions that required explanatory information were asked second.
- Content analysis was used to begin to categorize the responses.
- Themes that were identified were discussed with the participants for their comments, which were also included in the article.

RESULTS

- Entry of children into Specialized Foster Care:
 - Some enter their homes with planning.
 - Some enter without planning.
 - Those who entered care with advanced planning had more information available for the foster parents.
 - Those entries with little planning often had little information available to the foster parents. Parents believed this was due to: 1) setting that children previously came from in which the adults involved had little interest in providing information about the child – they just wanted the children to be removed as soon as possible; 2) caseworkers lack the knowledge of each individual child because their caseloads are too large; 3) caseworkers withhold information, so parents agree to take the children; and 4) information is not available because children's biological parents refuse to provide it.
- Issues pertaining to providing Specialized Foster Care:
 - The complexity of the foster parent role. Act both as an agency worker and a parent. Sometimes the roles are not compatible.
 - The allegiance foster parents feel towards the children's biological parents.
 - The authority that specialized foster parents believe they had in comparison to county caseworkers.
 - Caseworker's ignorance and lack of concern towards the foster children affected the foster children.
 - The supportiveness of agency workers and the relevance of agency practices in the care of children.
 - Loneliness and doubt foster parents experience in caring for foster children.
 - The responsibility to care for their own children.
- Issues pertaining to the ways in which children leave Specialized Foster Care:
 - The preparation of children for the move and the consequences of various levels of preparation. Some kids leave within a few hours or gradually.
- Overall, parents are uncertain of their relationship with their children and the definition of this relationship may change over time.
- Parents want ongoing supervision that is adapted to specific children and wanted easy access to medical and community services.

IMPLICATIONS FOR PRACTICE

- Foster parents want appropriate information about their foster children in order to treat them and work with them more effectively.
- Policies need to be enforced that children would not be moved from one home to another, that parents would have a better understanding of their role as a foster parent and that parents would have the training and support necessary to treat and care for children.



ARTICLE CITATION

Wells, K., & Guo, S. (1999). Reunification and reentry of foster children. *Children and Youth Services Review, 21*(4), 273-294.

RESEARCH QUESTIONS

Which set of child, family, and placement use characteristics are associated with the timing of reunification of foster children with their biological families?

For those who have been reunified, which set of child, family, and placement use characteristics are associated with the timing of reentry into foster care?

SUBJECTS

- 2,616 children under 15 years of age who were in care between 1992 and 1996.
- The rate of reunification analysis was examined for youths that had been in care for 24 months. The rate of reentry was examined for reunified youths after 12 months post-reunification.

METHODS

- Cases were selected that met 3 criteria: 1) placement status; 2) date of placement; and 3) age of placement. Children were included that were placed in family foster care, group care or institutional care at any time in 1992 or 1993 and were 15 or less at the time of first entry.
- Variability for entry, length of stay, and reentry factors were managed by selecting the 24 months after each child's first entry into foster care as the period in which to examine the rate of reunification.
- Descriptive variables included demographic variables, family characteristics and placement use characteristics.
- To analyze reunification, 8 independent variables were used. These included year when child entered foster care, child's age at entrance, gender, ethnicity, health status at entry, home from which child was removed, reason for placement, and type of initial placement. The dependent variable was the number of months between foster care entrance and reunification.
- To analyze reentry, 9 independent variables were used. These included child's age at exit, gender, ethnicity, health status at entry, home from which child was removed, reason for first placement, number of placements (or time period in which the child was in placement), number of months in placement, and type of last placement before discharge. The dependent variable was the number of months between reunification and reentry.

RESULTS

- The majority of youths (72%) spent 24 months or less in their first placement of foster care.
- By the end of the study, 39% of study participants had been reunified, and 21% were still in foster care. 14% had reentered foster care.
- Reunification rates were slower for: (a) African American youths; (b) youths with health problems; (c) youths that lived with only one parent; (d) youths that were placed because of neglect or dependency versus physical abuse; (e) youths that were first placed in a hospital versus a kinship placement.

IMPLICATIONS FOR PRACTICE

- Kinship care needs to be studied further in relation to the practices of individual agencies, how kinship care influences children, the differences of the two types of families, and the willingness of family to provide care.
- Family resources and support may be critical to understanding the reentry process.

FFTA



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