

# Foster care research in the US and Australia

## An update

Frank Ainsworth

*This article reviews recent reform, research and trends in foster care (family foster care, kinship care and group care) in the US. In presenting this data attention is drawn to the lack of comparable Australian materials. Practitioners are also cautioned against embracing US initiatives too eagerly as the time lag in the transfer of information means that these developments may have been modified by research findings by the time they come to notice in Australia.*

This article reviews recent reforms, research and trends in foster care (family foster care, kinship care, and group care) in the US. Given the tendency for Australian services to ape US approaches and the lack of Australian research to counter this tendency, it is important that practitioners are conversant with the latest US findings and their limitations. These findings are contrasted with Australian data when this is available.

Reforms in the US that commenced with the permanency planning movement (Lahti et al 1978) and continued with family preservation efforts (Forsythe 1992) have not achieved the hoped for reduction in the size of the foster care population. The results of the US Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), which provided the legislative force for the development of permanency planning options, have been 'disappointing and its goals ... not fully realized' (Maluccio, Abramczyk & Thomlison 1996, p. 292). Additionally, the 1993 US Omnibus Budget Reconciliation Act, Family Preservation and Support Services (Public Law 103-66), while providing legislative impetus for 'states to engage in comprehensive planning processes so as to develop family support and family preservation strategies' (Maluccio, Abramczyk & Thomlison, 1996, p. 294), is too recent to be fully evaluated.

### FOSTER CARE POPULATION

In the meantime the US foster care population has risen to the same level as in 1977 prior to any of these reform efforts (Ainsworth 1994). For example, in the six years 1985 to 1991 the foster care population grew by 153,000 or 55% (Goerge, Wulczyn & Fanshel 1994). The National Commission on Family Foster Care (1991) predicted that this population would reach 540,000 by 1995 with a continuing increase in subsequent years. This represents a US placement rate of approximately 7.7 per 1000 children (Bath 1994). This increase is not well known to Australian practitioners who all too readily assume that these reforms have achieved positive outcomes.

By contrast, figures for Australia are noticeably lower although they also point to an increase in the number of children in foster care. In June 1996 the total number of children in all forms of foster care was 13,979 (Broadbent 1996). This is a 13.9% increase over the 1995 figure of 12,273. It represents a placement rate of 2.7 per 1000 children in the Australian population.

### KINSHIP AND FAMILY FOSTER CARE

In the majority of US states, kinship care is the preferred option for out-of-home placements.

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The percentage of children placed in kinship care grew from 18% in 1986 to 31% in 1990 in the 25 states responding to a national survey (Kusserow, 1992). In Illinois and New York City, approximately half of children placed in out-of-home care by child protective services are in kinship care (Illinois Department of Children and Family Services, 1990; Meyer and Link, 1990) (Dubowitz, 1994, p. 553).

By contrast, figures for Australia indicate that children on care and protection orders, which is slightly different from those placed in out-of-home care, are more likely to be in family foster care. Of the 12,750 children in this category in mid 1994 those in family foster care numbered 6,690 or 52.4%. A smaller group was in kinship care, 3,315 or 26%, although the kinship care category used in published statistics includes those who remained in parental care (Angus & Golley, 1995).

Despite the extensive use of kinship care in the US there is little research on this issue (Dubowitz 1994). Nor is there any generally available Australian research on kinship care. Furthermore, there are no established US guidelines to guide decisions about which potential kinship carers require full assessment as potential foster carers, and those who can safely be only briefly assessed before they assume this role. In fact, we do not know if kinship care produces better outcomes for children than non-relative related foster care. Nor do we know how kinship care affects the length of time a child is in foster care or if kinship care facilitates reunification with birth parents (Goerge, Wulczyn & Fanshel 1994). The ideological predisposition to view kinship care as a preferred form of out-of-home care combined with the lack of empirical data about outcomes suggests that Australian practitioners should be cautious about kinship care.

### GROUP CARE

The US data also indicates that 17% or approximately 92,000 of the children in foster care will be in group care placements (Child Welfare League of America 1995). This is probably an underestimate given the recent national study of residential care for children

undertaken for the US Department of Health and Human Services (DHHS) (1995), which identified 6,747 facilities with a licensed capacity of 119,854 places. Even these figures are likely to be an underestimate, since they are of facilities licensed by child welfare agencies and exclude unlicensed facilities and those licensed by other state government instrumentalities, eg, Departments of Health. Such facilities are still used as placement venues for a small number of children in the care of state child welfare authorities. They also exclude children and youth in mental health and juvenile justice facilities. These figures clearly indicate that group care programs in the US continue to provide care and treatment services for a significant number of children. This is a further sharp contrast to the Australian scene where such placements are viewed negatively. In Australia group care (including juvenile justice) programs in 1994 provided the placement venue for 1,757 or 13.8% of children (Angus & Golley 1995). The placement of the remaining children is unclear (988 or 7.8%) (Angus & Golley 1995).

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Overall, these figures demonstrate the different scale of the issues that face the foster care system in Australia and the US. They also illustrate the different emphasis that is found in the use of the three types of foster care placements in the two countries.

### RESEARCH INITIATIVES

A major effort in the US has been on improving the data on foster care. One advanced source of data is the Multi-state Foster Care Data Archive (MFCDA) at Chapin Hall Center for Children at the University of Chicago. This Federal government funded initiative involves the electronic transfer of non-identifying administrative data directly from the files of the child welfare agencies in California, Illinois, Michigan, Texas and New York state to a university site and to academic researchers (Goerge, Wulczyn & Harden 1996). This data accounts for almost half of the foster care cases in the US. The data set is complete for the six years from 1988 to 1993. It provides data that is 'longitudinal at the individual case level (the full experiences and characteristics of each child can be described) as coverage can be comprehensive in that all children are included' (Goerge, Wulczyn & Fanshel 1994). The database will eventually cover ten states. No comparable source of Australian data is available.

Advances in Australian data collection are visible in the publications of the Institute of Health and Welfare relating to child abuse and neglect and children under care and protection (Angus & Golley 1995; Angus & Woodward 1995). However, these documents provide descriptive statistics and are of limited use in research activities. Access by scholars to child welfare data held by state child welfare agencies is not well advanced although there are encouraging signs that this situation may be changing (Cashmore & Paxman 1996; Fernandez 1996).

### FAMILY PRESERVATION

The relatively recent emergence of family focused child welfare programs in the form of family preservation (Forsythe 1992; Whittaker & Pfeiffer 1994) and family reunification services (Pine, Warsh & Maluccio 1993; Walton, Fraser, Lewis, Pecora & Walton 1993) is in some measure a product of a previous over reliance on out-of-home placements. This was encouraged by traditional forms of practice and a child rescue philosophy (Maluccio, Abramczyk & Thomlison

1996). Family preservation services originated with the 'Homebuilders model' in 1974 (Kinney, Haapala, Booth & Leavitt 1990). In this model services are highly intensive, delivered generally in the client's home and for a relatively brief period of time. They aim to:

...protect children, to maintain and strengthen family bonds, to stabilize the crisis situations, to increase the family's skills and competencies and to facilitate the family's use of a variety of informal and formal helping resources (Whittaker & Tracy, 1990. p. 2).

They are also based on a value position that it is best for children to grow up with their natural families, hence their strong placement prevention focus (Adams & Nelson 1995; Fraser, Pecora & Haapala 1991; Whittaker, Kinney, Tracy & Booth 1990).

In keeping with this value position the expectation in the US is that foster care placements will be of limited duration and that family reunification will occur whenever possible (Maluccio, Abramczyk & Thomlison 1996). This is increasingly the case in Australia. Traditional practice based on a child saving and child rescue philosophy (Costin 1985; McGowan & Meezan 1983; Costin, Karger & Stoesz 1996; Van Krieken 1991) implicitly blames parents for instances of abuse or neglect (Ainsworth 1991; Scott & O'Neil 1996) and, as a consequence, limits the potential for cooperative work with parents and family reunification. The acceptance of the alternative family preservation philosophy is pushing foster care to become child centred and family affirming (Ainsworth & Small 1994; Scott & O'Neil 1996). Family involvement and family support services, including financial aid for parents, are vital if placements are to be of limited duration. This is recognised in the US Family Preservation and Support Act of 1993 (Public Law 103-66). These services, including parent education and training (Ainsworth 1996), are an essential part of helping parents and family members to learn to care better for their own child. This shift from a sole focus on the child to a focus on the child in the context of the family is supported by the limited empirical

evidence that suggests that traditional practices, and the failure to supply these services, results in a weakening of parent-child connectedness, reduced parental visiting, and an increase in placement duration (Goerge 1990, Palmer 1995). A recent study of parental visiting found that the majority of children who received visits at the level suggested by the courts were reunified (Davis, Landsverk, Newton & Granger 1996). Indeed, parental visiting has been described as the 'heart of reunification' (Hess & Proch 1993).

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### **Evaluation of family preservation services**

However, US evaluations of family preservation programs are far less optimistic than the promoters of these services initially suggested (Blythe, Selley & Jayaratne 1994; Forsythe 1992). The ambitious large scale evaluation in Illinois by Schuerman, Rzepnicki and Littell (1996) is one such example. This evaluation was conducted over four years and covered 6,522 families in 60 'Families First' programs. In this instance the researchers conclude that the programs did not have a significant effect on the risk of placement, subsequent maltreatment, child and family functioning or case closing. In short, the Families First program did not achieve its objective, which was prevention of placement in out-of-home care. Moreover, in a review of these findings one author suggests that, while the experiment was rigorously conducted, 'the large and interrelated differences among sites, programs and families create problems in assessing service effectiveness for sub-populations, to such an extent that it is unclear what

was being tested' (Nelson 1995, p. 118). She also questions the extent to which *family preservation* was actually being evaluated and points to the way in which hallmarks of family preservation services such as time limited service and the mutual setting of goals by workers and families were not observed (Nelson 1996). More sympathetically, Maluccio (1995) when reviewing the same study draws attention to the complexity of the phenomena under scrutiny and the limitations of the research methodology.

There is also a large group of programs in the US known as home-based services, family-based services or family-centred services which aim to prevent the placement of children in out-of-home care and which claim to be family preservation programs. This is not unlike Australia where programs are beginning to use this terminology even when established practice seems to remain largely unaltered. Many of these programs do not meet the intent or operational criteria mentioned above and as such should probably be excluded from this category (Bath & Haapala 1994). As a consequence evaluations of family preservation services have been bedevilled by a lack of agreement as to exactly what is being evaluated (Nelson 1996; Rossi 1991). Given these findings, conclusions about the effectiveness or ineffectiveness of family preservation programs need to be treated with great caution.

There is clearer evidence of outcomes when within-program rather than between-program evaluations (Curry 1991) of the outcomes of intensive family preservation services are made. In an examination of 530 families from the Homebuilders management information system data base for the period 1985-1988 and classified into three maltreatment groups based on the reason for referral, physical abuse, neglect, and mixed physical abuse and neglect, differential outcomes are reported (Bath & Haapala 1993). The results indicated that the majority of the 854 children from these families, ranging in age from 7.1 to 10.1 years, avoided placement. Thus at:

...12 months post intervention the placement rate was 13.9% which means that 86.1% of all the children remained with their family. The rates for the physical abuse, the neglect and the mixed physical abuse groups were 9.6%, 15.3% and 24.2%, respectively. However, because differences between groups in the number of at-risk children, the placement of the oldest child at-risk in each family is a more valid comparative measure. These rates are 11.5% for the physical abuse group, 20.9% for the neglect group, and 31.0% for the mixed physical abuse and neglect group, with an overall placement rate of 17.1% [ $\chi^2$  (2:N = 426) = 14.4,  $p = .0008$ ] (Bath and Haapala, 1993, p. 220).

This evidence shows that this particular family preservation program is most successful with families referred because of physical abuse only. The majority of children in neglecting families and those with a history of multiple maltreatment were also able to avoid placement, but the risk of failure was considerably greater for them than that for physically abused children. Australian practitioners need to note these results and the age of the children (7.1 to 10.1 years) in the sample as these results may not be good for older children, particularly adolescent children.

The Australian evaluations of services described as family preservation services, although not necessarily conforming to the established models (Campbell 1994; University of Melbourne 1993), by contrast have been small scale and limited in terms of methodological sophistication. At best they indicate that family preservation services have a place in the repertoire of interventions that need to be available to child welfare practitioners.

Certainly the evaluation of family preservation programs continues to be fraught with methodological difficulties. Reviews of the research have raised many issues (Bath & Haapala 1994; Pecora, Fraser, Nelson, McCrosky & Meezan 1995; Rossi 1991).

Firstly, there is the difficulty in developing clearly defined models of the range of family preservation programs and the component services

in ways that allow for the measurement of the separate elements of the intervention. The problem of ensuring that these programs and services are only targeted at families with children that are genuinely at 'imminent risk of out-of-home placement', which is vital to any evaluation of their placement prevention capacity, continues to be a serious challenge (Pecora, Fraser, Nelson, McCrosky & Meezan 1995; Rossi 1991). There are also issues about the purpose and scope of any evaluation. Is it to 'monitor program implementation, measure client outcomes, track child placement rates, determine differential effects among certain client groups, gather cost-effectiveness data, or some other purpose?' (Pecora, Fraser, Nelson, McCrosky & Meezan 1995, p. 11). Given this situation, Maluccio's (1996) plea for family preservation practitioners and researchers 'to hang in there' but temper their enthusiasm about program effectiveness and their critique of these services seems entirely appropriate. This plea seems equally relevant for Australian practitioners.

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Overall the US evaluations do not provide evidence that family preservation services are significantly more effective than more traditional forms of family casework (Lindsey 1994). Accordingly, those who have urged practitioners to move more slowly in the light of the limited knowledge of the impact of family preservation programs and to strike a balance between family preservation and child protection continue to deserve attention

(Ainsworth 1993; Lindsey 1994; Wald 1988).

## FAMILY REUNIFICATION

The emphasis on placement prevention and family preservation services has rightly drawn attention to the importance of services designed to facilitate family reunification following the placement of children in out-of-home care. These services are philosophically in line with family preservation and permanency planning efforts as they all emphasise the importance of family and child-parent connectedness. Thus, these services are defined as:

...the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers. They aim to help each child and family to achieve and maintain, at any given time, the optimal level of reconnection – from the full re-entry of the child into the family system to other forms of contact, such as visiting, that affirm the child's membership in the family (Maluccio, Warsh & Pine 1993, p. 3).

All too often reunification services have been thought of solely in terms of the physical reunion of children after placement with their family of origin. This confuses reintegration, which focuses on the full re-entry of the child, and the process of reunification where the objective is the optimal level of reconnection between children in placement and their families, but which does not necessarily include full re-entry into the family system. This emphasis on maintaining the link between children in placement and their families is based on evidence that frequent, regular scheduled contact between children and their parents from whom they are separated enhances children's wellbeing (Borgman 1985; Fanshel & Shinn 1987). It is especially important for minority children, whose ethnic identity may be threatened by separation from their cultural group. Even though many children in out-of-home care have a background of failed attempts at placement prevention, as well as failed attempts at reintegration, ongoing contact with parents and family members are considered beneficial for these children (Maluccio,

Abramczyk & Thomlison 1996). Additional support for reunification programs comes from the fact that most children are either returned to their family from care (Maluccio, Abramczyk & Thomlison, 1996) or renew contact with their family after discharge from care to independent living (Barth 1990; Cashmore & Paxman 1996).

Central to the success of family reunification services and the avoidance of further abuse or neglect are attempts to address deficits in parenting practices. Confirmation of this is to be found in Festinger's (1994) study of 210 children in New York that exited from foster care, and those that re-entered care following failed family reunification efforts. This study found that the predictors of a child's return to care were the parents' limited parenting skills, insufficient knowledge of child development, poor behaviour management skills, and lack of support from family, friends and community.

Of course, neither of these services, family preservation or family reunification, is without controversy. Feature articles in a range of US magazines have drawn public attention to these approaches, which have been portrayed as leaving children in, or returning them to, abusive situations (Ingrassia & McCormick 1994; MacDonald 1994; Weisman 1994). Outrage has been voiced specifically in relation to child fatalities that are said to be attributable to these practices (Gelles 1996). These articles tend to reinforce the notion that rescuing children by removing them from a neglectful or abusive family situation can only have positive outcomes, when clearly this is not always the case. The media campaign in support of mandatory reporting in Victoria following the Daniel Valerio case is an Australian illustration of this type of reporting (Goddard & Liddell 1993; Scott 1995).

### Evaluation of group care services

Funding pressures in the US and the impact of placement prevention services and family reunification programs which emphasise the importance of the family to children in out-of-home care are resulting in changes in terms of

how group care programs seek to be defined (Ainsworth & Small 1994; VanderVen & Stuck 1996; Fairhurst 1996). As VanderVen and Stuck (1996) indicate, 'family centred service delivery has become the new paradigm in both residential and non residential agencies' (1996, p. 13).

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The result is that programs are rewriting their service descriptions to come into line with this paradigm. Indeed, this move is highlighted by the publication of a handbook and resource directory on family focused practice in out-of-home care by the Child Welfare League of America (Brazier 1996). However, there is no evidence that these changes in program description are accompanied by a systematic revision of agency practices. Nor is there any evidence that these changes result in these programs conforming to a recognised model or commonly agreed definition of family centred practice. Similar changes in program descriptions are occurring in Australia.

Evaluation studies of service programs show the importance of having a clearly defined program in order to facilitate outcome research (Curry 1995; Bath & Haapala 1994; Nelson 1995). The most rigorous large scale empirical outcome study to date in the US is that of the Casey Family foster care program (Fanshel, Finch & Grundy 1990).

This study is of 585 children in the care of the Casey Family Program in five western states in the US. It was a retrospective longitudinal study based on archival data. In the context of the

study the researchers hypothesised that a group care placement would be associated with some positive therapeutic benefit for the child. Such a placement was used at least once in 21.1% of the 585 cases. Multivariate analysis techniques were used to test for associations between the use of a group care placement and the child's condition at exit from care. The study found that a child who had a group care placement while in the Casey program was in better condition at exit ( $p < .001$ ). This association was especially strong for children who adapted poorly while in Casey care ( $p < .001$ ). Accordingly, the researchers report that when used planfully, positive benefits flow to the children from group care placements.

The equally impressive study of youth and family characteristics and treatment histories at Boysville, a large residential facility for delinquent adolescents (Whittaker, Tripodi & Grasso 1990), also indicates favourable placement outcomes. This small study was of 239 youths released from the Clinton, Michigan campus of Boysville. Using the data relating to the youth's release status and by defining 'planned release' as a measure of outcome, it was possible to examine the relationship between a series of family and youth treatment process variables and intake characteristics. On average, those who stayed in the program longer (14.1 vs. 8.7 months,  $p < .001$ ) had twice the family worker face-to-face contact (12.1 vs. 6.1,  $p < .001$ ), received significantly more family work by staff (1047 vs. 485 mins.,  $p < .001$ ) and had higher total family contact, including telephone (20.7 vs. 11.8,  $p = .002$ ). In addition, success related to a number of intake variables. These included age at admission, and the number of prior adjudications (2.0 vs. 1.7,  $p = .03$ ) and the living situation prior to entering Boysville.

Boysville has also completed a longitudinal study of adult imprisonment in Michigan of male youth released from their group homes and campus residential facility between 1985 and 1987 (Kapp, Schwartz & Epstein 1994). The cohorts for 1985 were followed for five years and for 1987 for three years. These results show that of the 242 youth released in 1985, 75% or 184 were not subject to imprisonment in the

five years to 1990. For the 1987 cohort of 317, an even larger percentage, 255 or 80% avoided imprisonment in the three years to 1990. Multivariate analyses was then used to construct a predictive model of adult imprisonment. The risk factor identified as associated with increased odds of imprisonment were: race (white vs. non-white), number of adjudications prior to placement (juvenile offender vs. non-offender) and venue at discharge (home setting vs. non-home). The most at-risk group were non-white with prior offences who did not return home at discharge. Expressed in terms of differential odds of imprisonment, the 'odds are almost one in five (18/100) that these youths will graduate into ... the adult prison system' (Kapp, Schwartz & Epstein 1994, p. 29). The odds of being imprisoned:

...were virtually double those of non-white juvenile offenders who returned home. Least vulnerable were white non juvenile offenders who returned home on discharge. They are 4.5 times less likely to find themselves in the adult prison system than the vulnerable group (Kapp, Schwartz & Epstein, 1994, p. 29).

This study clearly highlights the positive value of home placement for youth with offence histories and the importance of removing barriers to family reunification that may exist in group care settings (Petr & Enriken 1995).

There is also a fine ethnographic study of the Rochester Jewish Children's Home that involved interviewing former residents now in their later adult years about their lifetime achievements (Goldstein 1996). This study, together with others (Maunder 1994; Weiner & Weiner 1990; Zmora 1994), suggest that the commonly held view that 'group care (programs) for children and youth are counterproductive and even intrinsically abusive ... and programs always have a negative effect may be wrong' (Beker 1996). As Beker indicates:

reports of happy memories and good outcomes among adults who were raised in group care are not unusual, not merely the exception that many claim them to be (Beker 1996).

This does not of course imply that there should be a return to large scale use of group care facilities. Growing up in groups does offer some advantages for some at-risk youth and it is an educational option that warrants a new examination (Beker & Magnusson 1996).

However, the Casey Family and Boysville studies are deficient because details of the design of these group care programs are absent from the published results. It looks as if the program model is not entered into the research hypothesis as a variable that may influence the treatment outcomes. Indeed, there is no clear definition of what constitutes treatment at Boysville. What are the program goals and objectives and how were these objectives implemented for each youth? How can we be certain, given the lack of program definition, that each youth at Boysville received the same treatment? Indeed, if a service is not clearly defined it cannot be evaluated (Pecora, Fraser, Nelson, McCroskey & Meezan 1995). Furthermore, in the case of the Casey Family study (Fanshel, Finch & Grundy 1990) more than one group care program provided the source of the sample. Thus, diverse programs were treated as a single unified entity when clearly this was not the case.

## CONCLUSION

In spite of the above studies it is still true to say that in all areas of child welfare practice in the US the 'present state of empirical based knowledge to protect children and promote their healthy growth and development' (Curtis 1994) is not sufficient to support this effort. This is also true in Australia. It is time for Australian academics to create a national child welfare research forum in order to reduce the dependence on US data and provide practitioners with knowledge that supports and refines local practice. □

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## ADVANCE NOTICE

### **Australasian seminar on the UK Looking After Children project 27-28 November 1997**

La Trobe University is pleased to announce that Dr. Harriett Ward has agreed to visit Melbourne and participate in an AUSTRALASIAN SEMINAR on practice and research possibilities which have come to light during the development and implementation of the UK LOOKING AFTER CHILDREN PROJECT. The seminar is to be held on Thursday, 27 November 1997, the day after the national CWAV/CAFWAA conference being held in Melbourne from 24-26 November 1997. It is hoped that delegates from Australian States and Territories, New Zealand and other countries will be able to stay on after the conference or visit Melbourne for this one day seminar. It is also proposed that some workshop opportunities for those interested will occur on Friday, 28 November.

Dr. Ward is a Senior Lecturer at the University of Leicester and has also been the Research Director of the project auspiced by the British Department of Health and the Dartington Social Research Unit which developed the LOOKING AFTER CHILDREN materials. The LAC project produced a comprehensive assessment, case planning and review system for use with children and young people in out-of-home care. The central feature of the system, which will also be the main subject of the seminar, involves building long term child development outcomes into the design and evaluation of child and family welfare intervention.

The system has now been adopted by most of the local authorities in Britain and has attracted a great deal of international interest. Departments in a number of Australian States and New Zealand are adapting and testing it for local use.

Anticipated registration costs will be \$50 for the one day seminar and \$25 per half day workshop.

Register your interest for the seminar and/or workshops, giving name, organisation and contact details, with:

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