What makes good outcomes for children in foster care?

Roslyn Leahy, Claerwen Little,
Linda Mondy & Dianne Nixon

This article describes one agency's strategies in developing benchmarks for best practice outcomes in fostering. Workers have used current literature, research and reports to identify optimum outcomes, and have then compared the performance of their own foster care program to these points. Future directions and current needs in research in this area are identified.

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Roslyn Leahy (B.Soc.Work (Hons), Grad. Dip. Child and Youth Studies, Grad Dip. VET), is a consultant in the child and family welfare area, currently based in Sydney. Roslyn was one of the evaluators of the Burnside foster care program.
Linda Mondy (CQSW (UK), MAASW), Claerwen Little (Cert. Welfare) and Dianne Nixon (B. Soc Work, Dip.Ed (Early Childhood) are social welfare professionals working for Burnside, the child and family welfare agency of the Uniting Church Synod in NSW. Burnside provides a range of family support and out of home care services aimed at the prevention of child abuse and neglect, and is committed to further research in this area.
Contact address: Burnside, PO Box 6866 Parramatta, NSW. 2150.
Tel. (02) 9768 6866. Fax. (02) 9630 6210.
Email: mail@burnside.org.au

Burnside is the child and family welfare agency of the Uniting Church Synod in NSW. Within the agency a range of out-of-home care and child protection services are used to work with the most vulnerable populations in the state. Foster care is one of these services, with a team of 15 working with approximately 50 families, 50 carer families and 50-60 children and young people at any one time.

Burnside is committed to creating models of best practice within each of its services, and staff in foster care have reflected this aim in their discussions and work around the question 'what makes good outcomes for children in foster care?' Staff see themselves as part of a team with the birth families, carer families, children and young people, and other Burnside programs, all working towards the best future we can provide for the children and young people we work with.

As part of the agency's work around best practice, Burnside's foster care service undertook an external evaluation of their program in 1996, benchmarking their performance against accepted best practice standards in foster care literature. This article reviews how fostercare in Burnside has developed its focus throughout the nineties.

THE CURRENT SITUATION

There were 2,508 children in foster care in New South Wales in 1997, representing 42% of all substitute care placements. While residential care is decreasing in popularity with funding bodies, foster care is a preferred placement model for both economic and philosophical reasons, consistently accounting for about 60% of all placements in NSW throughout the 1990s (ACWA, 1998). It is therefore critical to know what makes good outcomes in foster care in order to promote the best interests of the children in care, their families and the community.

This paper proposes that there has been very little Australian research and evaluation to date on what makes good outcomes in foster care. However, from the small beginnings made in evaluating foster care programs, there are some themes and directions emerging. To date, there has been little response from the NSW Government to these findings in policy and service delivery, and no framework in place to evaluate foster care.

RECENT HISTORY OF FOSTER CARE IN NSW

What is regarded as a good outcome in foster care has changed over time. Prior to the 1960s outcomes were measured by the child's behaviour, and to what extent professionals considered the objectives of the placement had been met. The child tended to be viewed in isolation from other spheres of influence such as natural family, health, education and community. However, as the ecological systems theory of Bronfrenbrenner (1989) has gained popularity, there has been recognition of the interrelationships within the layers of the foster child's environment – biological relationships, foster relationships, agency relationships, communities and cultures –all of which impact on the foster child. Today foster care programs struggle to take account of Government welfare policy which aims for family preservation with a

child centred - family focus, minimum intervention, and 'good-enough' parenting approach. The emphasis is on prevention of entry to care. Yet when it is necessary to place a child, few outcomes have been identified or measured. Cashmore & Paxman (1996), in their benchmarking report, *Wards Leaving Care*, argue that to truly assess outcomes, one needs to evaluate the adults who have been in care. Through this, it may then be possible to assess what factors led to positive transition and integration into their community.

Foster care has grown to include a variety of forms of care external to the natural family including short and long term care, therapeutic foster care or professional care, respite care, and shared parenting. Permanent care is a desired goal for children requiring long-term placement and, in more recent years, kith and kin have become a preferred option for short and long-term care. Kinship care (placements with close kin networks rather than unrelated families) is now the predominant placement setting for children in California USA, recently surpassing foster family care (Berrick, 1997). In NSW in 1997, 23% of children in the care of the State substitute care system were being cared for through kinship placements (ACWA, 1998). Family support services often coexist with foster care agencies, with the aims of promoting natural family strengths, lessening the likelihood of children being removed, and promoting reunification.

There were two initiatives undertaken by the NSW Government up to 1998 which demonstrated a willingness to critically analyse substitute care services. These were:

- *A Report to the Minister for Health and Community Services The Hon. J Hanaford MLC from the Committee established to review substitute care services in NSW* (1992), and

- *Wards Leaving Care: A Longitudinal Study* by Cashmore, J. & Paxman, M., commissioned by NSW Dept of Community Services (1996).

The impetus for the 1992 report was the Minister's concern about the educational deficiencies of children in

care and the high level of foster care breakdown and subsequent institutionalisation of these children. The Review examined the practice of 'out of home care', including:

- the responsibility of the State for children and young people who live away from their families;

- adequacy and distribution of current services including foster care;

- the relationship between Government and non-Government service provision.

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In their findings the Review Committee highlighted some of the major problems of children in care as being:

- the data collection system in existence, which cannot adequately identify or track children in care, and which is a prerequisite to any monitoring and evaluation;

- the State's poor track record to date in achieving positive outcomes for children in its care; and

- a clash of interests in that the State is the standard setter, monitor, provider and evaluator of substitute care services.

The Committee's findings concluded that:

The Department of Community Services should not continue to operate as a major substitute care provider... and services should be contracted to non government agencies and mechanisms should be in

place for the proper assessment of children entering, moving or leaving substitute care arrangements and for the periodic review of such arrangements.

The current State Government has to date chosen an approach at odds with these recommendations by retaining and expanding their role as major substitute care provider, failing to implement reliable review mechanisms and maintaining a conflict of interest in the roles it plays.

WHAT MAKES 'GOOD OUTCOMES' ACCORDING TO THE LITERATURE?

In identifying what makes good foster care outcomes, researchers and practitioners need to consider a number of parameters – the child, the carer, the agency and the family of origin.

Nissim and Simm (1994) reviewed existing research material on fostering, focusing on one perspective – that of the child. They found four key factors which consistently appeared to be linked to good outcomes, these being that:

- the younger the child, the more positive the outcome;

- contact with the family of origin leads to better outcomes;

- the greater the length of time in care, the greater the risk of negative outcomes;

- behaviour problems experienced in the care context are linked to negative outcomes.

When there are up to a dozen international studies conducted over a thirty year period which all point to a particular child factor going in the same direction, this evidence has to be taken seriously and be translated into our daily practice (Nissim & Simm, 1994). These factors outlined earlier leading to good outcomes were consistent, irrespective of different legal, welfare, cultural and professional contexts.

The study *Wards Leaving Care* (Cashmore & Paxman, 1996) focused on the experiences of young people leaving wardship in NSW in order to assess what factors led to positive transition and integration into their community. These were found to be:

- stability of the child's placement;

- the continuity of their supervising worker;

- involvement of the young person in decisions about their life

Factors linked to negative outcomes included:

- multiple placements, with wards in the study experiencing an average of 8.4 placements;

- placement breakdown;

- changes of worker and quality of contact, with the average number of District Officers for a ward in the study being 3.9.

Carers play a critical role in preventing placement breakdown. Berridge (1996) indicates that where carers receive better training and support and enhanced financial rewards, there appear to be better outcomes. However, these supports are usually linked to short term 'specialist' or 'professional foster care' approaches and are not so available to long term carers. Practitioners need to consider that better outcomes may occur if similar supports were available for long term carers.

It is important to consider the perspectives of all the key stakeholders in foster care and their interrelationships, but not at the expense of the child's perspective. Listening to children and young people in care and after they leave care should be our primary source of information in developing the future directions of foster care.

THE EVALUATION OF BURNSIDE'S FOSTERING PROGRAM, 1996

To what extent then is foster care practice reflecting principles of early intervention, optimum planning and resourcing when a child enters care to maximise the possibility of home return; ensuring meaningful contact and access between the child and family of origin; and responding adequately to effectively manage difficult behaviours?

In order to at least answer this question for ourselves, Burnside undertook a major external evaluation of its Foster Care Program in 1996. This decision was also in response to

recommendations in the 1992 Report and subsequent decision by the Government of the day that the non-government sector would be the main service providers in substitute care.

It was an opportunity to:

- evaluate key performance indicators of the Burnside Foster Care Program set 2 years previously;

- to inform better practice, future policy and standard setting;and

- strengthen accountability to Government in anticipation of increased resources and responsibility for substitute care.

Despite the Government's abandonment of this reform, Burnside proceeded with the evaluation, in order to maintain the strong commitment to the existing children in the program and to the development of best practice. While there was little research around to guide the evaluation, Burnside chose to use what was available to give direction, and use the responses as indicators for future research directions. The emphasis was placed on using input from all key stakeholders. This included children, carers, birth parents, allocated Departmental officers and foster care workers and focussed on a sample of 59 children currently in care. Data collection included in-depth file reviews of 45 children, face to face interviews with 14 children in care (aged 9.5 years and above and who were then in foster care), phone interviews with 13 birth parents, 20 questionnaires from carers, interviews with foster care workers and allocated Department of Community Services (DCS) officers.

OUTCOMES OF THE BURNSIDE EVALUATION

The outcomes are linked to the findings so far identified as main contributors to positive outcomes in foster care, particularly the findings of Nissim and Simm (1994), and Cashmore and Paxman (1996).

1. Early intervention

Most children in Burnside foster care were placed prior to their 10th birthday (84%). This is a helpful factor in the light of the research by Nissim and Simm (1994), which strongly links

positive outcomes of children in care to placement of younger children.

2. Stability of placement / worker / school

The majority of children in the file review sample had a stable and planned placement history, with 18% of the children having had a placement breakdown. Of these, one child had more than one placement breakdown.

Most children had worker stability, with regular visits from their foster care workers every 1 - 2 weeks (87.3%) and few, if any, changes of worker during their period in care. The children's perceptions of quality of contact were consistently positive.

Responses included:

> You have someone to talk to – she comes once a fortnight so you know she's coming
>
> I can tell her if I don't like something.

This level of placement and worker stability is positive in the light of Cashmore and Paxman's (1996) recommendations that monitoring of placements and regular contact between children in care and their workers, and the ability to listen and respond, could reduce placement breakdown and abuse in care.

When certain aspects of children's lives are held constant, change in other areas is more easily endured (Berridge & Cleaver, 1987). This is evident in the Burnside Foster Care Evaluation where placement and worker stability have been accompanied by school placement stability (with evidence of school placement breakdown in only 4.4% of files reviewed), and regular school attendance of all children. This achievement is also positive in the light of research which demonstrates relatively poor educational outcomes for children in foster care (Aldgate, 1990).

Stable placement at home and school has enabled educational deficits to be addressed more effectively by providing tutors and specialised educational placements for approximately 40% of children in the file sample. Educational assessment was undertaken in every file where this was identified as a need (66.7% of files reviewed), enabling early intervention to address learning
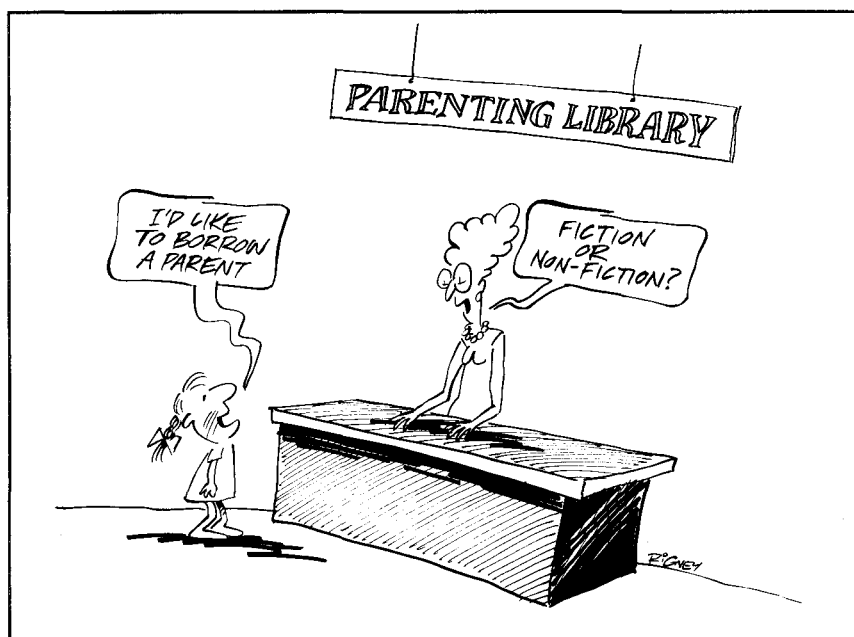
difficulties and to promote positive behaviours. Such positive outcomes should be of considerable interest to the NSW Government, given that educational deficits of children in care was a precipitating factor leading to the 1992 Review of Substitute Care Services (Ministerial Review Committee, 1992).

3. Contact with birth family

I feel like a stranger with my child'
'...it's just a big sadness'

'When I see mum, I don't know what to do or say anymore'

Contact with birth family in the Burnside evaluation was not rated positively. 46% of natural parents in this evaluation felt they had little or no part in their child's life and the greatest negative cited by children was incomplete knowledge of birth family, despite all children having contact with at least one relative. Key issues for children included obtaining relevant information about all members of the extended natural family and maintaining links with them. It was clear from parent feedback that lack of information, lack of adequate access to a District Officer, constant changes in worker and lack of support are significant hindrances in maintaining birth family contact and, in one instance, parents have given up trying. Frustrations directed specifically at the foster care program included:

- limited contact and access with their child;

- delays in parents receiving information about their child;

- effects on the relationship with their child resulting from access being supervised by workers;

- not understanding why changes to access arrangements have occurred.

Berridge (1997), an eminent researcher in this field, has found that for most children continued structured contact with their parents positively influences their social and emotional development and leads to placement continuity. Wider family involvement with children in foster care tends not to occur. There is general consensus by researchers that contact with grandparents is rare but often has major benefits and that aunts, uncles and estranged fathers are under-used resources. It has also been argued that the majority of children are more likely to sustain contact in their adult life with biological family members than with foster families (Berridge, 1997). According to the evidence, long-term outcomes for children in foster care appear to be linked to successful birth family contact and access.

There are a number of reasons as to why birth family contact is not as successful as it could be, particularly given its importance. One study discovered that social workers' attitudes were highly influential on carers' attitudes to birth

family and that foster households received more attention from social workers than did parents. In that study, Triseliotis (1989) identifies the key factors in influencing birth family contact, these being:

- social worker encouragement;

- attitude of the foster family;

- circumstances of the child's family;

- perception of the birth family in relation to the importance in their child's life.

There is a distinct imbalance of power between birth family members and welfare professionals, agencies, bureaucracies and the legal system. Visiting and attendance at meetings requires sophisticated skills, and there are few guides about parent's rights, ground rules, worker/agency expectations, respective roles and responsibilities of parent and workers, and meeting behaviour.

RECOMMENDATIONS AND ISSUES FOR FUTURE CONSIDERATION

The evaluation identified the following program strengths:

- the stability of placement and worker relationships achieved for most children in the program;

- the regularity of case reviews and placement supervision;

- the professional approach to identifying and addressing children's educational deficits; and

- the program's efficiency in responding to referrals of children, potential carer inquiries, and completion of assessments.

Overall, the evaluation findings indicated that the Burnside Foster Care Program was providing a quality service in the core areas and that these practices should be maintained. These practices included:

- the general standard of care children receive (all stakeholder groups gave positive feedback on the standard of care);

- the confidence birth parents feel in the care Burnside provides for their children;

- the level of supportiveness and the positive nature of relationships which have been developed between children and their carers and relations including, letters /cards, audio visual media, phone calls.

Areas that could be improved included:

- opportunities for creating family networks, irrespective of whether there is access, being actively considered for each child, for example, a Christmas card list for extended family members may develop opportunities for ongoing correspondence and may also achieve other outcomes such as a realistic testing of opportunities and assisting the child to deal with identity issues;

- where birth parents are separated, ensuring that both parents are assessed fully regarding their potential to care for their child, or to have access;

- the provision of information to natural parents about the Foster Care Program, in particular:

  − description of the goals of each program type;

  − description of legal orders and terms used;

  − information about natural parent rights;

  − explicit expectations of them and their behaviour;

  − clear information on the respective roles of Burnside and DCS in their case.

- explanations be given to enable birth parents to understand the reasons for changes in access and placement, rather than simply informing them of changes;

- Burnside workers persevere in initiating contact and providing information to birth families (particularly at the time the child enters care);

- the substantial powerlessness of birth parents should be recognised and proactive strategies should be employed to further enable parent participation in decision making and expression of views;

- the agency should be proactive in seeking feedback from birth parents, creating suitable opportunities to do this;

- the need for supervision of access should be reviewed, in each case, to clarify the grounds for supervision and to consider alternate strategies;

- the Foster Care Team should conduct a meeting specifically designed to review the team's approach to birth family contact and reach a shared understanding and consistency of practice in this area.

These recommendations reflect the relatively powerless position of birth parents when their child is in care, evidenced by lack of information, and opportunities to understand, participate and influence events in a meaningful way with children and their caseworker. Burnside has taken on these recommendations, and the team has focussed on improving practice in this significant area.

Research of this nature will help to provide the key to the bigger picture so that practitioners can become aware of assumptions underlying practice and seek realistic but optimum outcomes for children in foster care.

THE NEED FOR GREATER INDIVIDUAL CHILD FOCUS

Whilst it is usually regarded as desirable that siblings be placed together, it was still seen as important that workers creatively seek opportunities for individual time in sibling placements, as children were appreciative when this occurred.

Other methods of recording, beyond report writing, were identified as being needed to give some sense of the interaction between the child, birth family, foster family and worker, such

as a video record of events such as birthday parties and school plays. This would add depth to life history for children in later years.

A summary of workers' impressions and understanding of their relationship with the child, shared with the child from time to time (possibly annually) would promote a sense of identity and integration for the child.

It was recommended that forms of contact additional to access visits be explored and implemented for each child and their extended birth family members, such as writing journals, photo exchange and sending of cards.

Specific carer recruitment for children of non-English speaking and Aboriginal backgrounds and culturally relevant life story work, such as liaison with cultural leaders in the child's community, were also recommended strategies.

ADDITIONAL AREAS IDENTIFIED FOR ACTION

In all sixteen recommendations were made to strengthen birth family participation in their child's life and provide the child with knowledge of their birth family. A central concern emerged for exploration. It was proposed that the team should explore the current literature, and debate the issue, to help decide whether the central unit of service is the carer family or the birth family. At the same time, a variety of strategies should be used to help maintain birth family connections.

The collection and maintenance of life story work was identified in the evaluation as requiring attention, as was carer support. It was felt that the various research findings had significant implications for carers. Carers are being asked to intervene early, care for children with difficult behaviours and educational deficits, facilitate contact with the birth family and work towards reunification. This is all a 'big ask' if it is not adequately supported and enabled by a learning environment.

This evaluation also identified deficits in DCS meeting its roles and responsibilities, particularly in relation to birth family and information exchange. This adds support to concerns raised in the 1992 Report to

the Minister Community Services regarding the Department's poor track record to date in achieving positive outcomes for children, inadequate data collection and role conflict. These issues have still not been adequately addressed in 1999, though some are now identified and acknowledged by the Department in their strategic planning and their 1999 project which is now under way with the Community Services Commission, evaluating the voice of children in foster care.

CONCLUSION

Foster care is an established and valid form of care for children not able to be cared for by their birth family. Yet despite the large numbers of children requiring care, the significant complexities they face and limited resources, there has been little research concerning outcomes.

Some factors have emerged repeatedly in research as being linked to positive long term outcomes for children regardless of the legal, welfare, cultural and professional context (Nissim & Simm, 1994). The four key factors are:

- the age of the child at placement;
- contact with the family of origin;
- length of time in care;
- behavioural problems.

Studies conducted recently in NSW add weight to these findings with Cashmore and Paxman's study of Wards Leaving Care (1996) and the 1992 Review into Substitute Care, both funded by the Government. These findings indicate the beginnings of a framework that could be developed to evaluate foster care. Burnside is hopeful that the state government will eventually develop such a framework, and that our contribution will encourage this further.

Evaluation is of limited use, however, unless there is longitudinal study of the outcomes for programs participating in the foster care experience. Such studies can enable in depth and comparative analysis over time. Some areas identified as important to future research are factors leading to adolescent placement breakdown and appropriate service provision for this client group; the need to monitor the

child's health while in foster care, and the extent to which it improves over time; and the need to identify the values, attitudes and practices of foster care workers which impact on birth family participation and how to address the difficulties associated with this area.

Research of this nature will help to provide the key to the bigger picture so that practitioners can become aware of assumptions underlying practice and seek realistic but optimum outcomes for children in foster care. Government and non government sectors need to make a long term commitment to collaborate in evaluation and to implement resulting recommendations, irrespective of changes in the nation's political and economic agendas. □

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