

Family Foster Care: Can it Survive the Evidence?

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The media coverage of foster care in Australia is replete with adoration for foster carers who look after disadvantaged and difficult children and youth. As this article is being written, New South Wales is holding a 'foster care week' with enhanced media coverage and praise for foster carers, the recruitment of new foster carers and acclaim for the 'foster carer of the year'. Yet, there is another side to foster care that offers less than ideal circumstances for children in care. There is the worrying issue of multiple placements, the problem with children and young people running away from foster care before they reach the legal age for discharge, and evidence of increased incidence of poor educational attainment and involvement in juvenile offending for young people in foster care. In addition, there are cases of foster children being abused by foster carers. As adults, former foster-care children and youth are over-represented among the homeless, in adult correction centres, the unemployed and the users of mental health services. This article documents these negative outcomes of entering the foster-care system, and asks whether family (or non-relative) foster care can survive this evidence. For too many children and young people, family foster care may not provide better outcomes than less-than-optimal parental care from which the children were removed. An alternative is to reduce the use of family foster care and increase intensive support and parenting education services for birth parents who have limited parenting capacity. The aim should be to limit the number of children being taken into care.

■ **Keywords:** foster care, juvenile offending, educational achievement, mental health, early parenting

Introduction

There are no large-scale studies of the outcomes of family foster care in Australia, but there are two relatively recent evaluations of the outcomes of foster care in the United States (US). The first is the *Midwest evaluation of the adult functioning of former foster youth* undertaken by Chapin Hall at the University of Chicago (Courtney et al., 2011), subsequently referred to as the 'Midwest study'. The data from this study, which began in 2002 and is now in its fifth wave, are presented in the 2011 report. A linked study of foster-youth crime during the transition to adulthood draws data from the same source (Cusick, Courtney, Havlicek, & Hess, 2011). The other large study, the 'Northwest foster care alumni study' subsequently referred to as the 'Northwest study', is sponsored primarily by Casey Family Programs (Pecora et al., 2010). This is a cross-sectional study of adults who, as children, were placed in non-relative foster care by one of three agencies – The Casey Family Programs in Oregon and Washington; the Oregon Department of Human Services, Division of Children, Adults and Families; and

the Washington Department of Social and Health Services, Children's Administration, Division of Children and Family Services.

Both of these studies, while undertaken for different purposes, provide significant evidence about the outcomes of foster care and the difficulties that foster-care youth face when they transition from care to independent adult life. Regardless of these differences, both the Midwest and Northwest studies were concerned with: (1) how foster-care youth are faring as adults; and (2) what key factors or programme components are linked to better functioning as adults of former foster-care youth? (Pecora et al., 2010).

The Midwest study began when the foster-care youth were 17 years of age and still in care (Courtney et al., 2011).

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At its inception there was a sample of 732 young people drawn from Iowa, Wisconsin and Illinois. The participants were interviewed between May 2002 and March 2003, and on four subsequent occasions. The final occasion was between October 2010 and May 2011, by which time the youth had reached 26 years of age and the sample was reduced to 596.

In comparison, the Northwest study had a sample of 479 former foster youth who had entered care at various ages between 1988 and 1998. These participants, when interviewed between September 2000 and January 2002, were aged from 20 to 33 years.

Added to the above is the 2013 Community Service Society of New York report on *Foster care and disconnected youth* (Mastin, Metzger, & Golden, 2013) which chronicles the plight of youth as they transition from foster care compared with the general population – a plight that is echoed in Australian studies, especially those of Mendes and Forbes (2006) and others, published in a special edition of *Children Australia*.

A somewhat different contribution is that from Fernandez (Australia) and Barth (US) (2010) who draw on evidence from the above studies, but also refer to international evidence from outcome studies undertaken in Australia, the Netherlands, Spain, Sweden, Denmark, Ireland and Canada, in the search for clarity about what can make foster care more effective. But as they say,

there is growing consensus in these international findings that foster care is not fulfilling its aspirations of helping to rehabilitate children to the point at which the negative impact of their prior experiences are largely mitigated. (Fernandez & Barth, 2010, p. 298)

We suggest that this is the starting point for a new debate about the use of family foster care as one of the mainstays of the child welfare out-of-home care system.

There is, of course, acknowledgement that for some children a stable long-term, non-relative foster-care placement is achieved and that, when this occurs, it must be seen as a highly productive response to a child's need for care.

The Size of the Problem

In the US, it was estimated that there were 400,540 children in out-of-home care on 30 September 2011 (US Department of Health and Human Services, Administration for Children and Families, 2013). These numbers include children in non-relative foster care, kinship care and residential care. For the UK, the figure on 31 March 2012 for England was 50,260; for Northern Ireland, 1946; and for Wales, 4,430; for Scotland it was 5,023 on 31 July 2011, making a total of 61,659 (Fostering Network, 2013). The number of children in Australia in out-of-home care totalled 39,621 on 30 June 2012. This is a rise of 8,455 children (more than 20 per cent) in the 5-year period since 2007–2008 (Australian Institute of Health and Welfare (AIHW), 2013, table 4.5). Overall,

the placement rate Australia-wide is 10.3 per 1000 children, although the rate for Tasmania is only 3.4 per 1000 (AIHW, 2013, table 4.4). When calculated separately, the rate for indigenous children is substantially higher (Robinson, 2013). The variation in rates of removal in the different states and territories, as well as the high removal of indigenous children, raises questions about the criteria that are being used to justify the removal of children from parental care. The high rate of use of foster care as the preferred out-of-home placement has enormous implications for the recruitment of non-relative foster carers and the overall cost of foster-care services, and both of these may be unmanageable in the future. Therefore it is time to rethink the high use of this form of out-of-home care.

Of the 39,621 children in foster care in Australia on 30 June 2012, only 44 per cent were in non-relative foster care whereas 47 per cent were in kinship care, with the remaining 9 per cent in other forms of home-based care or residential services (AIHW, 2013). This is important as the finding from the Midwest and Northwest studies do not apply to children or youth in kinship care. In fact, the outcomes for kinship care appear to be more positive than for non-relative foster care (Hansen & Ainsworth, 2011) arguably because of 'familial relationships and obligations' (Yardley, Mason, & Watson, 2009, p. 79).

Emergent Themes

There are many reasons for raising questions about family foster care continuing to be a mainstay of the child welfare system, not least of all because of the findings of the above studies about the outcomes of this form of foster care. These outcome studies all generate a familiar list of the areas of difficulty that foster children and youth commonly present, especially as they transition to adulthood. Some of these negative outcomes may be a product of the continuing issue of placement breakdown, and the resultant use of multiple placements (Barth & Lloyd, 2010; Fitzpatrick & Simmons, 2013; Strijker, 2010; Treggale & Hamill, 2011; Wulczyn, 2010). For example, in England, 22 per cent of children who were 'looked after' (to use the English term) on 31 March 2012 had two placements in that year, and 11 per cent had three or more placements (Department of Education, 2012). In the Australian Institute of Health and Welfare report on child protection in 2011–12 there are no data on multiple placements (AIHW, 2013). Data from South Australia, however, indicate that in that state, of the 2,546 children in out-of-home care on 30 June 2012, 'almost one in every five children had had between six and ten placement moves and another one in seven had had more than ten placement moves' (Fitzpatrick & Simmons, 2013, p. 1). There is no reason to suppose that the situation is any different in other Australian states and territories.

Common themes that arise from the outcome studies, no matter where they were conducted, include the following.

Educational Achievement

There is continuing evidence of the poor educational outcomes for children in foster care (Wise, Pollock, Mitchell, Argus, & Farquhar, 2010). The Create Foundation (2003) *Report card on education* also shows how such negative outcomes are widespread.

Juvenile Offending

McFarlane (2010) noted that the Wood Commission into Child Protection Services in New South Wales (NSW) (Wood, 2008) indicated that 38 per cent of males and 39 per cent of females in juvenile detention in NSW had a history of out-of-home care. In a similar vein, Johnson-Reid and Barth (2000) have identified the link between foster care and juvenile offending. The Midwest study does the same (Cusick et al., 2011).

Youth Mental Health

In a NSW study, Indig et al. (2011) reported that 81 per cent of young women and 57 per cent of young men in detention had been abused or neglected, with 57 per cent of the girls having been placed in care at the age of 10 years or older. This study also found that 92 per cent of females and 86 per cent of males in detention had a diagnosed psychological disorder, including an attention or behavioural disorder, a substance abuse disorder, an anxiety or other mood disorder, or a psychotic disorder. Other studies reinforce these findings (Lawrence, Carlson, & Egeland, 2006; Kessler et al., 2008; Tarren-Sweeney, 2008; Winokur, Crawford, Longobardi, & Valentine, 2008).

Early Parenthood (for both Males and Females)

Each year a number of women aged 17 years or younger, while still in foster care, become pregnant, and some male foster children impregnate a girlfriend. The data about events of this kind are not collected systematically in NSW (Ainsworth & Hansen, 2013). There are two earlier small-scale follow-up studies from NSW that report on this issue and indicate the high prevalence of early parenthood among young women recently discharged from care (Cashmore & Paxman, 1996, 2006). A recent article about pregnancy and parenting among youth in foster care indicate that this is a neglected issue in the US (Svoba, Shaw, Barth, & Bright, 2012).

Abuse in Care

There is some evidence of children and youth in care being abused by their foster carers. The *Child Protection Australia 2011–12* report notes 99 substantiated cases of this type (AIHW, 2013, table A9). This figure does not include numbers from NSW, Victoria or Queensland. Given the fact that NSW, Victoria and Queensland have 31,398 children in care, and that this is over 75 per cent of all the children and youth in care in Australia, it is more than likely that the number of cases of abuse by foster carers will be significantly higher than the 99 in the AIHW report. Another possible source

of information about abuse in foster care is the register of deregistered foster carers that is maintained by the Commission for Children and Young People in NSW, although access to this register is restricted.

A report on maltreatment and allegations of maltreatment in foster care, from the UK, reviews the international literature on both sides of the issue, i.e. maltreatment versus allegations of maltreatment. It offers little in terms of the quantification of the incidence of maltreatment in the UK or elsewhere (Biehal & Parry, 2010).

In addition there are issues for former foster-care youth that play out in adult life, such as homelessness, unemployment, difficulty in establishing long-term relationships and intimate-partner violence.

Impermanence Not Permanence

The issue of placement instability or multiple foster care placements has been the focus of many studies (Fitzpatrick & Simmons, 2013; Tregeagle & Hamill, 2011). For far too many children and youth, foster care does not provide permanence, in fact it only offers ‘impermanence’, through placement instability. Moreover, there are many US studies of non-relative foster care in comparison to kinship care, one of which indicates that

children in kinship care had significantly fewer placements and were seven times more likely to be in guardianship, whereas children in foster care were two times more likely to be reunified with their biological parents. (Winokur et al., 2008, p. 144)

The NSW study of kinship care by Yardley et al., (2009) points in the same direction in regard to the greater stability of kinship placements.

Reducing the Use of Foster Care

The first step in improving the outcomes of foster care is to reduce the number of children who are removed from parental care. This, in turn, will reduce the need to recruit more foster carers and will allow the focus to be on improving the quality of those who are recruited. One way to achieve a reduction in the number of children who are removed from parental care is to concentrate on improving the education and skill level of child protection caseworkers, so that they are able to engage fully with complex parenting situations where children are at ‘risk of significant harm’ and motivate the parents to substantially change their parenting practices (Miller & Rollnick, 2012). Accompanying the caseworkers’ improved engagement skills will be the need for intensive, long-term family support and education services. Close alliance with public housing authorities will also be needed, given that poor housing environments are known to have a negative impact and to increase parental stress levels which, in turn, interfere with parents’ capacity to safely and securely parent their children (Ghate & Hazel, 2002; Weatherburn & Lind, 2001).

More Steps

A further step is for foster care to become a fully professional service and for foster carers to be linked to a highly developed evidence-based model of foster care, such as the Oregon Multidimensional Treatment Foster Care Model (MDTFC) (Biehal et al., 2012; Chamberlain, 2003). Given the profile of children and young people coming into foster care, and the social and emotional difficulties they often display, it is unreasonable to expect individual foster carers to manage this level of complexity without the backing of a scheme or programme like MDTFC. It is also unreasonable to expect that foster carers, with limited training and residing in their own family home, will be able to provide the specialised counselling and social skills training that these children and youth may need and have a right to receive.

Yet another step would be for child protection caseworkers, in the care plan presented to the Children's Court, to include detailed material that indicates how there is a 'risk of significant harm' to a child if the child remains in parental care, rather than focusing on past harm. The care plan might also include a 'foster care wellbeing' statement. This statement should address the 'risk of significant harm' that a child removed from parental care may face if placed in foster care. This is a risk about which NSW Children's Court care plans currently remain silent.

This wellbeing statement might take the same form as informed consent in health, where practitioners have a legal responsibility to inform a patient of the degree of risk that a particular intervention/procedure involves (Chalmers & Schwartz, 1993). Given the results of the outcome studies of foster care reviewed in this article, the foster care wellbeing statement would have to quantify the degree of risk to a child experiencing placement breakdown and thereafter multiple placements, the likelihood of low-level educational outcomes, health and mental health issues and a record of delinquency while in foster care.

This would then allow a magistrate to consider both sides of the equation and balance the risk to the child of remaining in parental care against the 'risk' associated with being placed in foster care. Such a reporting requirement would also make the actions of the child protection authority more transparent and accountable. In all probability, such an approach might reduce the need for foster care and the recruitment of more foster carers.

Foster Care as Uncertainty

When a child or youth is removed from parental care as a result of a finding of abuse and/or neglect and placed in foster care, the state assumes responsibility for that child or youth's future wellbeing. This means that the state is making an implicit promise to the child or youth that being placed in foster care will improve his/her life chances and increase the likelihood of him/her growing up to be a fully functional, healthy adult. This is what was in doubt had he/she remained

in parental care. In the end, this state's promise or guarantee of future wellbeing is what should justify the removal of a child or youth from parental care (Hansen & Ainsworth, 2011).

Yet, as we have seen, young people transitioning from foster care frequently experience homelessness, have a poor educational record, have already engaged in criminal activities, have mental and other health issues and difficulty in maintaining social relationships. We even have the suggestion that having grown up in foster care should be treated as a mitigating circumstance in criminal proceedings (Pollack, Eisenberg & Sundarsingh, 2012). Given the state's failure to ensure a child or youth's wellbeing, this raises the question as to whether or not the child or youth would have been better off (or at least no worse off) had he/she remained in parental care. Doyle (2007, 2008) provides some empirical evidence in support of the proposition that remaining in parental care may, for some children and youth, be the safer proposition.

The problem is that while foster care is the most used form of alternative care for children and youth removed from parental care, there is little evidence to tell us which children or youth, when placed in foster care, will do well and which will do less well. Barber and Delfabbro (2004) indicated that approximately 20 per cent of children or youth when first placed in foster care do not settle and experience early placement changes. They also show that the best predictor of future placement failure is a previous failed placement. Hence the importance of multiple placements, as those children and youth who do worst on leaving care are usually the children who have had multiple placements (from the writers' experience, the occurrence of 10 different placements is not unusual, and that of 20 different placements is far too common).

As a result, it can be argued that placing a child in family foster care is taking a great risk with a child's future wellbeing, because child welfare services have, as yet, no way of predicting the outcome of a foster-care placement for a particular child or youth.

Final Comment

What continues to surprise us is the pride of place foster care occupies in the child welfare sector. Any other intervention would, in the light of substantial evidence of ineffectiveness, and in some instances of harmfulness, have been radically altered, if not completely discarded. As we have shown, there is overwhelming evidence about the ineffectiveness of family foster care, yet the community continues to be replete with praise for this service. The question, then, is – why is family foster care not required to provide the same evidence of effectiveness as is expected of other forms of service in, say, the health or disability fields?

It seems that there is an ideological commitment to foster care that is linked directly to the notion that, for children and youth, family care is best, even in the form of an alternative

family. But this only makes sense if it is for the few, not the many, and where birth family care is dominant and fully supported. Family care may not be optimal for many children who are currently in family foster care, but it may still be the better option.

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