PARENTAL INVOLVEMENT IN FOSTER FAMILY CARE

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Abstract

Parental involvement has become a cornerstone of the movement to promote permanency planning for children and youth wo are placed – or at risk of placement – out of teir homes. Foster family care in particular provides many opportunities for effective involvement of biological parents in child welfare practice. Following consideration of the rationale and purposes of parental involvement, this article focuses on implications and guidelines for promoting optimal participation of biological parents.

The crucial significance of biological parents for children and youth in out-of-home placement has long been recognised. Studies have shown that parental-child contact is among the most prominent variables affecting the outcome of the placement as well as the Child's development (Aldgate, 1980; Fanshel, 1975; Fanshel and Shinn, 1978; and Rowe, Cain, Hundleby, and Keane, 1984). Parental involvement has therefore become a cornerstone of the recent movement to promote permanency planning for children and youth who are placed – or at risk of placement – out of their homes (Blumenthal and Weinberg, 1984; Carlo, 1985; Maluccio, Fein, and Olmstead, 1986).

Foster family care in particular provides many opportunities for effective parental involvement, along with varied challenges to social workers and others engaged in child welfare practice. This article explores these opportunities and challenges and their implications for service delivery. Following consideration of the rationale and purposes of involving biological parents, the focus is on implications and guidelines for promoting optimal parental involvement.

RATIONALE FOR PARENTAL INVOLVEMENT

There is an extensive rationale for maintaining parent-child contact and involving parents in treatment programs, even in situations in which the child may need to be to be permanently removed from the biological family.

Philosophical, Theoretical, and Research Base

First, there is a strong philosohical base that speaks to the value of rearing children in a family setting. For instance, many writers emphasize that stability in living arrangements and continuity of relationship with parental figures promote a child's growth and development (e.g., Goldstein, Freud, And Solnit, 1973; Laird, 1979).

Second, the importance of the family is supported by various theoretical perspectives, including the role of parent-child bonding in the development of human beings and the significance of the biological family in human connectedness and identity formation (Hess, 1982; Laird, 1979).

Third, there is evidence of the negative impact of separation on parents as well as children; studies have shown that parents experience servere reactions such as depression (Jenkins and Norman, 1972), while children exhibit symptons of serious emotional disturbances (Bryce and Ehlert, 1971).

Fourth, research shows that, when parents are not effectively involved, the gains that children make while in a foster family or a residential treatment program are often negated or reversed if they return to an unchanged home environment (Taylor and Alpert, 1973). And finally, there are pragmatic reasons for involving parents: as Fanshel (1981; ix) has noted, biological "parents are by far the most likely source of permanency for children". As found in a follow-up study of children discharged from foster care, over two-thirds of the children are returned to their parents (Fein, Maluccio, Hamilton, and Ward, 1983).

Impact of Permanency Planning Movement

Further support for parental involvement comes from the permanency planning movement that in recent years has been reshaping child welfare services (Blumenthal and Weinberg, 1984; Maluccio and Fein, 1984). Permanency planning originally emerged as a response to the abuses of the child welfare system, especially the inappropriate removal of children from their homes and the recurring problem of "drift", that is, children being moved frequently from one out-of-home placement to another. It was soon viewed as a vital means of dealing with the needs of children and youth living away from their own families with little sense of stability or continuity (Maluccio, Fein, Hamilton, Klier, and Ward, 1984; Maluccio, Fein, and Olmstead, 1986).

Permanency planning reflects a basic and non-revolutionary idea: every child is entitled to live in a family, preferably his or her own biological family, in order to have the maximum opportunity for growth and development. It is an idea which has ancient origins, and it has been restated over and over throughout the history of child welfare (Shyne, 1979). Most recently, in the U.S.A., the goal of permanency for each child has been embodied in federal legislation, the "Adoption Assistance and Child Welfare Act" of 1980 Public Law 96-272), which mandates that states promote permanency planning for children and youth coming to their attention, through such means as subsidized adoption; procedural reforms; and, above all, preventative and supportive services to families.*

Parent Visitation

A key means of accomplishing preservation of family ties is parental visiting of children in foster care. As noted earlier, the findings of recent studies have highlighted the crucial role played by parent-child contact or parental visitation in the outcome of the placement as well as the child's functioning and development. For instance, research has demonstrated the importance of parental visiting of children in foster care as the best single predictor of the outcome of placement and, therefore, as the "key to discharge" (Fanshel, 1975). In their longitudinal study of foster care in New York City, Fanshel and Shinn (1978) found that children who were visited frequently by their parents during the first year of placement "were almost twice as likely to be discharged eventually as those not visited at all or only minimally" (p. 96). Similarly, in a study conducted in Scotland, Aldgate (1980) reported that, in those cases where children had been returned to their families, "there had been some contact between at least one parent and child in 90% of the cases, and contact monthly or more frequently in just under half the cases" (p. 29).

Of course these findings only show correlations, and it may be that those children whose families who seem most promising are those ones whose parents

* For discussion of this Act and its provisions and impact, see: Maluccio, Fein and Olmstead, 1986; McGowan and Meezan, 1983).

are encouraged by professionals to be involved with the child. Experimental research is needed to demonstrate convincingly that visitation plays a causal role in the outcome of placement; but in the meantime we should assume that it plays at least some role and promote such visitation.

In line with these findings, researchers have stressed the importance of encouraging and monitoring visiting: "agencies should be held accountable for efforts made to involve the parents in more responsible visitation" (Fanshel and Shinn, 1978; p. 111). Practice guidelines have also been proposed for using parent-child visiting as a means of achieving permanency planning (White, 1981). It has been stressed that "the visiting experience can be effectively used as a natural opportunity to provide services that meet the developmental needs of children and promote the competence of parents (Sinanoglu and Maluccio, 1981; p. 444).

As noted by Aldgate (1980), parent-child contact can have various beneficial results, such as assuring the child that he or she has not been rejected; helping the child to understand why he or she cannot live at home; preventing the child's idealization of the parent; and helping parents maintain their relationship with their children. Others have also called attention to a neglected dimension: the significance of sibling relationships and the importance of maintaining sibling ties while children are in placement (Ward, 1984).

Use of Service Agreement

In sum, in each case practitioners need to consider a variety of factors in making decisions about the extent and purpose of parental involvement, and about permanent plans for the child. Use of the service agreement or contract with parents (Stein and Rzepnicki, 1983) can be an effective means of determining when sufficient efforts have been made or when the parents have gone as far as they can. Through active, therapeutic use of the service agreement, practitioners and parents can consider concretely when treatment goals have been accomplished, when there is reason to renegotiate new or additional goals, and when it is time to stop because the parents have demonstrated that they are unable to effect change or make use of the service.*

* Specific principles and techniques for working with parents who come to the attention of child welfare agencies are discussed in Blumenthal and Weinberg, 1984; Horejsi, Bertsche, and Clark, 1981; Kaplan, 1986; Maluccio, Fein and Olmstead, 1986; and Stein and Rzepnicki, 1983.

ADOPTING A COMPETENCE PERSPECTIVE

Effective parental involvement can be facilitated by having practitioners adopt a competence perspective or growth orientation in their work with parents of children in placement (Maluccio, 1984). They should stress approaches that serve to enpower their clients, parents or children, that is, to help them to enhance their competence in dealing with environmental challenges.

Parents as Resources

Adopting a competence perspective means regarding parents as resources in their own behalf, as partners in the helping process, rather than simply as carriers of pathology. As we shift from a pathological view of parents to a competence orientation, we are better able to identify strengths in parents themselves and involve them in growth-producing activities. As they are given adequate opportunities, parents and other family members can mobilize their own potentialities and natural adaptive strivings.

As demonstrated in recent years by the success of self-help groups such as Parents Anonymous, parents can be recognised as resources who can help each other. Practitioners should aim toward empowering clients to accomplish their purposes and meet their needs through individual and collective efforts, as Solomon (1976) has argued in her book on empowerment in Black communities. For parents of children in foster care, working together to obtain needed resources for a better life for themselves and their children is an excellent way to counteract powerlessness and promote competence and self-esteem (Carbino, 1981).

Self-help Groups

Practitioners should also encourage parents to become involved in groups. Self-help groups are especially valuable and have proven effective with parents from varied socio-economic and ethnic backgrounds (Whittaker and Garbarino, 1983). For example, Leon, Mazur, Montalvo, and Rodriguez (1984) describe a self-help group for Hispanic mothers who benefitted in a number of ways: building personal relationships and mutual support systems with others sharing similar concerns and interests; feeling free to relate their problems and express their anxieties as parents; strengthening their self-eteem and increasing their self-confidence in parenting; and learning how to negotiate the various service delivery systems.

Parent Training

In addition to paving the way for parents to participate in groups relating to their specific needs, practitioners can help them become involved in parent training programs. Parents of children in foster care usually need help in the area of parenting; the need to learn or relearn skills to enhance their functioning as parents. Through such help, they are more likely to be able to care for their children on a permanent basis. In many agencies, parent training is offered to foster parents on a regular basis (Hampson, 1985; Stone and Hunzeker, 1974). Yet biological parents need such training even more urgently, and greater efforts should be made to provide it.

Opportunities for parent training may be offered directly by the agency or treatment centre, or through community resources such as schools, family service agencies, and self-help organizations (Abidin, 1980; Turner, 1980). Practitioners generally find that most biological parents can make use of these resources, in conjunction with counselling services or other treatment programs (Turner, 1980).

As with any professional intervention, it is important to asses with the parents what is needed. For instance, do the parents recognize any needs around their parenting? What are the areas in which they need to build or improve skills, in child care? What is the parents' competence in areas such as interactional skills, behavior management, and the stimulation of cognitive development? Participation in parent training programs geared to the needs and qualities of parents can serve to enhance their competence and lead to more constructive involvement with their children.

CONTRADICTIONS

It should be recognised that in some situations continuing parental involvement is inappropriate. Many parents can be sufficiently rehabilitated to be able to maintain, sustain, or resume care of their children, or can be helped to accept their inability to do so and participate in making an alternate permanent plan. But there are also parents who are not able to respond or who cannot be helped toward rehabilitation. In many of these cases, practitioners are compelled to ask: How can we manage to help the family overcome its difficulties within a time scale that does not damage the child? How far do we go in trying to help the parents? When is it time to give up? When should we move decisively to make another plan for the child?

As discussed elsewhere (Maluccio, Fein, and Olmstead, 1986), there are certain factors that workers should consider in resolving these questions, although precise prescriptions are not available:

In essence, permanency planning refers to "the process of taking prompt, decisive action to maintain children in their own homes or place them permanently with other families" (Maluccio and Fein, 1984; p.3). This does not mean that adoption, permanent foster care, or reunification of children with their families are inherently good or bad for everyone. It does mean that in each case there should be careful assessment and extensive work to maintain children with their own families or make other permanent plans, when it has been demonstrated that the parents cannot care for the child.

PURPOSES OF PARENTAL INVOLVEMENT

The effective participation of biological parents in foster family care requires careful analysis and assessment in each case. It is not something that should be undertaken casually. However, in all cases the presumption should be that parents will participate in one way or another, unless there are overwhelming contraindications, such as situations in which the parent's involvement can be demonstrated to be damaging to the child.

The purposes and extent of involvement depend on a variety of factors, including the significance of the parents to the child; the motivation, qualities, capacities, and needs of parents and child; the reasons for placement; the developmental status of the child; and the nature of the permanency planning option being considered. Through analysis of these and other relevant factors, workers can determine the degree, kind, and purpose of parental involvement in a particular case, in collaboration with parents and child.

Continuum of Parental Involvement

It is useful to think of parental involvement along a continuum, from *minimal* or *non-existent* – as in cases in which termination of parental rights has been accomplished, or there is no viable family unit, or the youth is mowing toward emancipation – to *maximum,* as in situations in which the plan is to reunify the child with his or her biological family. In most cases, the extent of parent involvement in the treatment program falls somewhere between these extremes; also, it may vary from time to time within the same case, with changes in the child's needs, parental motivation and behavior, family crises, and treatment goals. The key guideline should be that of encouraging maximum useful participation of parents in the program, including optimal contact with the child.

The process of analysis and assessment also serves to clarify the kind of parental involvement that should be promoted. For instance, should parent-child contact be in the own home, foster home, or agency setting?

Specific Purposes

The extent and kind of parental involvement should of course be related to its primary purpose, as agreed upon between clients and professionals. Specific purposes include:

1. Working toward reunification and integration of child with the family of origin.

2. Providing a sense of continuity and family identity for the child. This purpose is increasingly seen as appropriate even in situations of adoption, particularly of older children, as exemplified in the growing practice of "open adoption".

3. Moving toward termination of parental rights, where necessary, and placement of the child in an alternate permanent plan, such as adoption.

4. Having parents help the child to separate from them and accept a new set of parents.

5. Helping parents and/or children cope with the impact of separation or loss.

6. Providing the child with the opportunity to gain a realistic understanding of his or her parents and the family's problems.

7. Helping to resolve therapeutic issues, such as those involving resentment, guilt, or depression on the part of parents or children.

8. Offering parents the opportunity to carry out their parenting roles, even in a limited way, and thus reduce their feeling of failure and enhance their sense of competence.

9. Helping parents to meet their own needs, strengthen their coping skills and adaptive patterns, and deal more successfully with future life challenges.

10. Teaching the child and/or parents new interacting skills that will help develop or maintain a more effective relationship.

By paying attention to these and other specific purposes of parental involvement and choosing the most appropriate ones on the basis of careful analysis in each case situation, foster family care programs can contribute not only to accomplishment of specific goals pertaining to the child, but also to the habilitation of parents and prevention of further dysfunctioning in them and their families. Such a focus on parental involvement as an *explicit, systematic* component of foster family care suggests various guidelines and implications for service delivery in these areas; viewing the family as the unit service; adopting a competence perspective; and contra-indications to parental involvement.

VIEWING THE FAMILY AS THE UNIT OF SERVICE

Focus On The Family

Promoting maximum parental involvement requires, first of all, that the family be regarded as the central unit of service or focus of attention, whenever possible and as much as possible. Human beings can best be understood and helped within their significant environment, and the family is the most intimate environment of all. It is here that the child develops and forms his or her identity and competence. The family has the potential for providing resources throughout the life cycle, especially as its members are sustained and supported by various services.

As various projects have demonstrated, the family's own environment can be employed as the arena in which practitioners intervene to help strengthen communication, parenting skills, and parent-child relationships (Bryce and Lloyd, 1981; Horejsi, Bertsche, and Clark, 1981; Kaplan, 1986; Kinney, Masden, Fleming and Haapala, 1977; Maluccio and Sinanoglu, 1981; Maybanks and Bryce, 1979; Sinanoglu and Maluccio, 1981; Stein, Gambrill, and Wiltse, 1978; and Wahler, Winkel, Peterson, and Morrison, 1971). These projects have shown that many parents can be rehabilitated and helped to plan responsibility for their children, through provision of comprehensive help involving both counselling and support services, emphasis on skill training, and systematic case management based on principles of decision-making, goal setting, and contracting.

Even in situations in which children cannot be returned home, parents can be helped to participate in the planning process in a way that reflects their caring, helps maintain their dignity, anf frees the child to move into another family (Jackson and Dunne, 1981). A common denominator in these programs is that parents are regarded as human beings with feelings and needs of their own, rather than being approached primarily in relation to what they may offer or mean to the child. The agency accepts its responsibility to the parents in their own right. In addition, parents are helped to cope more decisively with their typical ambivalence toward their children.

In particular, the growth of the family therapy movement (e.g. Minuchin and Fishman, 1981) has led to the application of various family treatment approaches as alternatives to placement of children out of their homes or as methods of speeding up the reunification of placed children with their families. For example, some agencies employ intensive family therapy with multi-problem families having children at risk of placement in substitute care (e.g. Kinney et al., 1977). These programs stress the importance of

viewing the family from an ecological perpective: assessment and intervention focus on the family's transaction with its kinship system, school, community institutions, and other social networks. Intervention strategies are directed not only toward engaging the family in treatment but also toward changing the social systems that influence it (e.g. Tomlinson and Peters, 1981).

Through these and other approaches, foster family care programs can create many opportunities for involving parents in the helping process and thereby helping both them and their children. In addition, there is the challenge of preserving family ties as much as possible. The natural bonds between children in care and their parents continue to be prominent for parents as well as children long after they are physically separated, reflecting the significance of the biological family in human connectedness and identity (Jenkins, 1981; Laird, 1979). Practitioners should therefore regard the goal of preserving family ties as a major imperative of foster family care.

1. Age of Child: In general, the younger the child, the more quickly a decision about a permanent plan needs to be made, to facilitate the child's bonding with parental figures.

2. Time: A parent's potential for rehabilitation "over time" is not enough. There must be an ability to rehabilitate within a "reasonable length of time", as determined on the basis of careful assessment of the child's needs, sense of time, and interests.

3. Previous Efforts at Rehabilitation: Where comprehensive and quality services have previously been provided for a sustained period with no indication of progress, the value of additional efforts should be questioned.

4. Chronicity of Problems: When history reflects no time of stability for a family and dysfunction has been a "way of life", there is less optimism about the potential for positive change. This is especially so when there is an established pattern of child abuse or neglect or extensive history of incapacitating drug addiction.

5. Parents' Investment: When parents are unwilling to participate in rehabilitative efforts despite energetic, repeated, varied creative attempts to enlist their participation, an extended length of time is inappropriate.

CONCLUSION

Foster family care offers the challenge of optional involvement of parents and substantial contribution to permanency planning. Such a challenge presents agencies and practitioners with varied opportunities to work with parents as an integral feature of treatment.

To exploit these opportunities on behalf of children and their families, we must show total commitment to the importance of parental involvement and go beyond regarding biological parents as unmotivated, untreatable, unresponsive, or hard-to-reach. Through active parental participation, we can help parents mobilize their resources and become partners in permanency planning for their children.

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foster care. Without this, the agencies involved cannot give the necessary prominence to specialist teams to select, train and support that much needed commodity called foster parents.

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