Connection and continuity in foster care

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Based on interviews with children, birth parents, foster carers and social workers in the province of Ontario, Kathleen Kufeldt, James Armstrong and Marshall Dorosh explore some of the benefits and pitfalls of fostering as an effective response to children 'in need' of substitute care. Among the more surprising findings of their study is the high percentage of respondents who assert that, in retrospect, coming into care was the best solution to their particular situation. At the same time, the majority among all four sets of participants are in favour of maintaining ties and involvement in the form of continuity, connection and contact with birth families. Other positive findings show that children, especially pre-adolescents, often have quite a realistic understanding of the situation leading up to their placement in care with less of a tendency to blame themselves or idealise their birth families than has previously been suggested.

Foster care can encourage lasting connections; it may also engender disconnection and discontinuity. The authors embarked on a series of studies to explore this aspect of care and also to examine some commonly held assumptions with respect to the substitute family and the role of the biological family after reception into care. Some assumptions that have been current include the following:

* substitute care should only be used as a 'last resort';

* children blame themselves for being placed in substitute care;

* children in foster care idealise their biological families;

* foster carers are resistant to an inclusive approach to care.

The findings reported here are from a study which interviewed all the principal members of the foster care role set, i.e. children, birth parents, foster carers and social workers. The results challenge some of the beliefs and practices in child welfare services and suggest that faulty assumptions left unchallenged might hamper connection and continuity in foster care. The article also explores the themes of inclusiveness (see Holman, 1975), attempts to maintain continuity, and visiting. The conclusion provides some brief comments with respect to service outcomes. The material is presented to promote debate and dialogue and to guide further investigations of substitute care for children. Such debate and dialogue will contribute to the generation of ideas and suggestions that may be applied to the task of improving services to children and families.

Background

The data to be presented are derived from a study funded by the
Social Sciences and Humanities Research Council of Canada and conducted in the Province of Ontario. The population of interest is children in foster care, aged between nine and 16. In order to achieve the desired sample size of 110 children, all foster children in this age group, in the care of six children's aid societies in southern Ontario at the time of the study, were included with the exception of those who were extremely emotionally disturbed or developmentally delayed. In each case interviews were held with children, biological mothers, foster mothers and social workers. Trained interviewers used an interview schedule designed and protested in an earlier pilot study (Kufeldt, 1981). Some of the questions were designed to elicit general opinions about various aspects of child welfare and foster care services; some related specifically to the particular child in the study. The latter set of questions allowed us to test for consensus and congruency among respondents in different roles. It should be noted that the decision to sample only one partner in the two parenting groups was based on practical, not substantive, considerations. As the study was exploratory it seemed advisable to mount a project that was feasible, modest in scope (and therefore cost) and relatively simple in design and execution. Mothers were considered to be more accessible than fathers. Given the interesting outcomes and findings that emerged from this project we would hope that further research will in fact explore the beliefs, perceptions and understandings of fathers, of the foster carers' own children and of other significant players in the lives of children in care. Interviewers were selected for their interviewing skills, particularly with children, and were trained by the principal investigator in an intensive full-day workshop.

The results presented here are from 92 children in foster care, 67 birth parents, 84 foster carers and 47 social workers. Some foster carers had more than one child and several social workers had more than one child on their list. Not all birth parents could be reached. The average time in care for these children was four years. A more complete description of sampling and methods is provided in Kufeldt, Armstrong and Dorosh (1989).

The Laidlaw Foundation and the Toronto Sick Children's Hospital Foundation funded an additional part of the study in which a sub-sample of the children were asked to provide an assessment of their own family and foster family (N = 40). The assessments were done using the FAM (Family Assessment Measure) (Skinner, 1987). This measure is a self-report instrument of family functioning based on the Process Model which attempts to integrate systems theory and individual psychopathology (Steinhauer, Santa-Barbara and Skinner, 1984). The version used, the FAM III, consists of three components: (1) a General Scale, which focuses on the family as a whole; (2) a Dyadic Relationship Scale, which measures relationships between specific pairs in the family; and (3) a Self-rating Scale, which looks at the individual's perceptions of self-functioning in the family. The components may be used together or individually. In the current study the General Scale was used to explore the foster children's perception of family functioning for their own family and their foster family. The General Scale yields quantified results on seven subscales (task accomplishment, role performance, communication, affective expression, involvement, control and values and norms). In addition there are two subscales which have the ability to highlight a 'faking good' or 'faking bad' tendency.

Table 1
At the time it happened was coming into care the best solution?

Percentages of respondents who said yes

<p>| | |</p>
<table>
<thead>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>89</td>
</tr>
<tr>
<td>Birth parents</td>
<td>79</td>
</tr>
<tr>
<td>Social workers</td>
<td>88</td>
</tr>
</tbody>
</table>

Beliefs and realities

Substitute care as last resort. 'least intrusion

A philosophy that has become pervasive in the field (and that influenced development of new child welfare legislation in the provinces of Ontario and Alberta in the mid-eighties) is that the best interests of children and families are served by the 'least possible intrusion' (with respect to disrupting families). The implicit intention is that support services should be provided to families; in practice the philosophy has been translated into a reluctance to take children into care unless and until extremely serious problems are manifested. This philosophy and practice is bolstered by a belief that parents and children will not be in favour of alternative care arrangements.

Accordingly respondents were asked whether, at the time it happened, coming into care was the best solution. Table 1 displays the responses. (Foster carers were not asked this question.) It is not suggested that these responses reflect people's feelings at the time of the event, but rather retrospective views with respect to events (bearing in mind the fact that the average stay in care for our sample had been four years). Since being taken into care children had been exposed to different family arrangements and different standards of care: they had a point of comparison. Social workers, with hindsight, or removed from the stress of a crisis event, may well be able to conceive of an alternative plan. Nevertheless the strong support from children and birth parents is surprising. (In a subsequent study, interviews after less than one year in care show similar responses on this question of the need to come into care.)

Children and guilt

Another commonly held belief is that children placed in substitute care (and for that matter children of divorce) carry with them a burden of guilt - that somehow they are responsible for the family break-up and consequent course of events. Respondents were asked an open-ended question: 'What is the main reason that most children come into care?'. Responses were then coded into categories that reflected the underlying background to the causes. Categories were:

1 environmental factors
2 emergency (sudden illness, accident)
3 personal problems of parents
4 parent-child problems
5 child's, problems, physical
child's problems, emotional (including behavioural)

combination of above

other

If the belief about children's feelings of guilt were correct, one would hypothesise that their responses would be most likely to fall into categories 4 and 6. While indeed a considerable proportion did identify parent-child problems, very few provided responses that could be referred solely to the children themselves, and the second most likely response was that children come into care because of parents' own problems. It is worthy of note that their position with respect to parents' problems receives strong support from other participants including the parents themselves. To further illuminate understanding of this variable the effect of age was examined: Is this response a reflection of the generally increased incidence of parent-child conflict during adolescence? There were certainly indications that this might be so.

While 81 per cent of the total sample of children attributed coming into care to either parent or parent-child problems, the distribution of responses did vary by age. Almost half (48 per cent) of the younger children identified parents' problems as the main reason for coming into care. In contrast, over half of the older adolescents (56 per cent) identified parent-child problems. Only a very small percentage of both the older and younger groups identified the child's own problems as the primary reason for coming into care.

Idealisation of absent family

When we consulted with others in the field about use of the FAM scale by children to describe their own and their foster family, caution was expressed with respect to a predicted tendency to idealise the absent family when separation has occurred. Figure 1 (overleaf) displays the aggregated results achieved from application of the FAM scales. With a standard deviation of ten points above and below a standard score of 50, rating for normal families is expected to fall between a standard score of 40 and 60. Scores above these levels indicate problem areas; while 'idealised' scores would appear in the lower ranges. Figure 1 shows that the foster families scored within the limits described for normal families. In contrast, the children's own families were rated higher, i.e. in the direction of pathology, on all seven subscales. Response bias subscales were within acceptable limits. Of particular interest with respect to the birth families, is the failing within the pathological range of four of the subscales: task accomplishment, communication, affective expression and involvement. The differences between the children's ratings of their own parents and their foster carers were statistically significant on all subscales. These results have potential clinical interest and suggest that the FAM may be a useful research and diagnostic tool, as well as an independent measure of treatment outcome. The differences are provocative, particularly in light of the information about the way many children saw parental problems as leading to reception into care. This is very different from the expected 'idealisation' and internalisation of guilt. It could be that the very naivety of younger children provides a clearer eyed vision and increased tendency to 'tell it like it is'. It does suggest, as later research has found (e.g. Triseliotis, Borland, Hill and Lambert, 1995), the usefulness of more participation of youth in
diagnostic, assessment and placement activities.

Figure 1 (omitted)

Resistance to inclusiveness

Inclusiveness is a concept derived from the work of Holman (1975). It relates to the efficacy of maintaining ties and involvement with the birth family, as contrasted with the practice approach which would minimise the role of the birth family and allow the foster family to take over the child to a much greater extent, i.e. the ‘exclusive’ approach. There is increasing support in the literature for the inclusive approach (Blumenthal and Weinberg, 1984). Similarly support is growing among practitioners but practice does not always measure up to theory. One barrier is the belief that it would be difficult for foster carers and that they would not be in favour.

To test this belief foster carers and birth parents were asked what they thought about 'opportunities for you to get to know each other and to discuss your child'. They were also asked whether there had been any such contacts. Based on the earlier pilot study (Kufeldt, 1981), it was expected that, for the foster carers where contacts had taken place there would tend to be a favourable attitude to such contacts. Findings supported this expectation.

One-third of the foster carers who had not worked with birth parents thought that it would be a good idea. Over 60 per cent were in favour where contacts had taken place. Birth parents’ responses showed a somewhat similar pattern. The 44 per cent in favour where there were no contacts rose, to 56 per cent when contacts had taken place. Overall, responses indicate that inclusiveness is not only feasible but desirable.

Continuity

Whether or not a particular agency philosophically supports 'least intrusion' or the need for substitute care, it would be difficult not to support the need for continuity in the lives of children who do come into care. This study included a number of indicators of efforts to maintain some continuity, including symbolic means. Respondents were asked whether birth parents should accompany children to their first placement and asked the children and their parents whether this had in fact happened. Table 2 presents responses to these questions.

Table 2

Should birth parents accompany the child to the placement?
Percentage valid responses

<table>
<thead>
<tr>
<th>Should they?</th>
<th>Did they?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social workers</td>
<td>57</td>
</tr>
<tr>
<td>Children</td>
<td>30</td>
</tr>
<tr>
<td>Foster carers</td>
<td>29</td>
</tr>
<tr>
<td>Birth parents</td>
<td>25</td>
</tr>
</tbody>
</table>

It should be noted that even when children and parents were in favour
of this practice, the actual occurrence was quite low. It is particularly low given the fact that 64 per cent of the children came into care by agreement with their parents. Interestingly, when presenting these data to an international audience in Ypsilanti, USA, it emerged that support for this activity is dependent on the prevailing culture. It was reported, for example, that in an agency in Ireland with a tradition of long-term and 'exclusive' care this would never happen. By contrast in Sweden, where there is an expectation of continued involvement, or 'inclusive' care, it is the norm for parents to preview the placement. A further indicator of continuity is whether families will know when they are going to see each other again. It is sad to note that less than half of the family members actually had this information.

The normal behaviour for those in control of their own lives is to use symbolic means of maintaining continuity when a disruption, even of a benign nature, occurs. For example, young people leaving home for the first time will take with them familiar possessions and family photographs. Children were asked whether they were in favour of bringing favourite belongings with them to the foster home and whether this had in fact happened. Virtually all of the children were in favour, but less than two-thirds of them did in fact bring a favourite possession with them. Similar findings were obtained with respect to family photographs.

Visiting

Potentially the most powerful means of maintaining connections and continuity is through the medium of visiting. This important variable was explored through a variety of questions. Presented here are some indications of the degree of importance placed on this aspect of service, potential difficulties, and opinions about frequency. To determine the priority attached to visiting, participants were asked to rank order the importance of typical social work tasks:

1 helping parents so that the child can go home;
2 helping the child with problems and feelings;
3 working with foster carers;
4 finding a new permanent home;
5 making sure that the child is happy in the foster home;
6 arranging visits with family;
7 anything else.

The percentage of respondents who ranked 'arranging visits' in the top four social work tasks were as follows: children 22 per cent, birth parents 27 per cent, foster carers 26 per cent, and social workers 13 per cent. The low-level-of importance assigned by social workers was particularly surprising.

A variety of forms of visiting took place: some were in the children's own homes; some parents took their children on an outing or to a restaurant for a meal. Respondents were asked to identify the types of difficulties that they believed might be associated with visits. It is interesting to note that the most frequent response
from children was that there were no difficulties whereas birth parents and foster carers were most likely to identify the children’s reactions. Other difficulties mentioned included foster carer reactions, distance and other practical difficulties.

Given the variety of difficulties that might occur it is of interest to examine how children usually get to visits. Are there measures in place to cushion or prevent problems? It emerged that in one out of four cases volunteer drivers carry out this most crucial task. This raises the issue of the level of understanding of the importance and the crucial nature of visits. With limited resources does visiting become a lesser priority subordinated to more crisis related activities?

Continuity and connection involve places as well as people. A relatively high proportion of the children - 60 per cent - did visit in their own home, although the chances of doing so were affected somewhat by the particular environs: only 44 per cent of urban visits were at home as compared to 69 per cent of the rural. Alternatives used in the urban setting included a restaurant or other outing. Indications from an earlier study seemed to be that a parent might offer this as a treat, whereas a child might well wish just to be at home: ‘I would like to have eaten at home - Morn took me out for supper.’ (Kufeldt, 1984, p 260; see also Millham et al, 1986, p 101).

Overall, social workers were perceived by all respondents to be supportive of visits. Regarding the number of visits that took place, the majority of respondents thought they were about right, although about one in five of social workers and foster carers, one-third of the children and a little over 40 per cent of the birth parents thought that they should be more often.

Table 3
How care affected the child
Percentage responses

<table>
<thead>
<tr>
<th></th>
<th>Child</th>
<th>FC</th>
<th>BP</th>
<th>SW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpful</td>
<td>89</td>
<td>89</td>
<td>49</td>
<td>90</td>
</tr>
<tr>
<td>No effect</td>
<td>8</td>
<td>6</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Harmful</td>
<td>3</td>
<td>5</td>
<td>35</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
<td>98*</td>
<td>98*</td>
</tr>
</tbody>
</table>

*AFFECTED BY ROUNDING

Table 4
How care affected the family
Percentage responses

<table>
<thead>
<tr>
<th></th>
<th>Child</th>
<th>FC</th>
<th>BP</th>
<th>SW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpful</td>
<td>57</td>
<td>56</td>
<td>45</td>
<td>68</td>
</tr>
<tr>
<td>No effect</td>
<td>18</td>
<td>29</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Harmful</td>
<td>23</td>
<td>12</td>
<td>50</td>
<td>5</td>
</tr>
</tbody>
</table>
Outcomes It is important to note that, with the exception of half of the birth parents, all groups considered that the effect of care on the child tended to be in a helpful direction (Table 3). Opinions were more divided with respect to the effects on families (Table 4). Descriptions of helpful effects for the child most usually identified the positive contribution to the child's development. Respite was the most frequently mentioned helpful aspect for families. Not surprisingly, harmful effects were generally described in terms of the breaking up or disruption of the family.

Summary and conclusions

Without doubt these findings raise as many questions as the facts that they present and further investigation is warranted. Nevertheless they are highly suggestive of a number of important factors that should be considered in the delivery of services to children in need of care and protection. In the first place they provide support for the need for substitute care in certain circumstances. They also indicate the positive role of fostering in the care of children who need accommodation. The necessity for and the value of substitute care for children does not necessarily lessen the importance of birth family ties. All four sets of participants in the study were supportive of the need for continuity, connection and contact. That being so, a greater priority must be accorded to these aspects of the social work task. This implies the provision of increased resources and a more creative use of the skills and talents of foster carers. An important final point is that, apparently, being helpful to families is often a more difficult task than meeting the children's needs. Given that many young people drift back to their family of origin after care, attention is needed toward the enhancement of the development and well-being of all participants, including the birth parents, in plans for children.

Acknowledgements

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References


Fanshel D, 'Parental visiting of children in foster care: key to discharge?', Child Welfare 55 3, 1975, pp 143-1

Galaway B, Nutter R and Hudson J, 'Birth parent participation in treatment foster family care', in Brad McKenzie (ed). Current Perspectives on Foster Family Care for Children and Youth, Toronto:


Holman R, 'The place of fostering in social work', The British Journal of Social Work 5 1, 1975, pp 3-29


Kufeldt K and J Allison, 'Fostering children, fostering families', Community Alternatives 2 1, 1990, pp 1-17