Family foster care Development or decline?

As seen in recent evaluative studies, family foster care is in crisis in Australia, the UK and the USA, as in other Western countries. Although it has the potential to provide children and young people with nurturing substitute families, such a service cannot be expected to serve adequately all youth at risk of abuse, neglect and separation from their birth families. Anthony Maluccio and Frank Ainsworth argue that in order to promote the effectiveness of family foster care, we need to engage in further research, particularly in regard to what fostering can and cannot do, how agencies can reduce stress on foster carers and how to enhance policies and programmes dealing with the consequences of multiple placements, placement disruptions and problematic patterns of parental contact.

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Introduction
Foster family care for children and young people is in crisis in Australia, the USA and the UK, as elsewhere. Numerous studies and government reports question its effectiveness and urge consideration of other approaches to services for children and young people at risk, including placement in group homes or small residential settings. At the same time, however, local and national governments, as well as child welfare agencies, are faced with an increasing demand for family foster care services for children and adolescents whose behaviours make it extremely difficult to deliver a stable placement as an alternative to parental care. As Bullock and colleagues argue in the previous article, the state needs to ensure that foster carers provide quality services and support for children in their care.

Building on selected research studies, in this article we examine the following areas:

• what foster family care can appropriately do;
• what it should not be expected to do;
• what is currently undermining it;
• what research could contribute to its development.

What foster family care can appropriately do
Foster family care is based on the principle of providing, within the community, an alternative family that offers a stable period of care for children who cannot remain with their birth parents or relatives because of parental problems, the risk of abuse or neglect, or other conditions such as family rejection. Historically, it has been asserted that such care should be ‘warm, intimate and continuous with a mother or permanent mother substitute’ and other family members (Shaw and Hipgrave, 1983, p 16). In theory at least, the emphasis has been on time-limited, purposeful and well-supported use of foster care.

Family foster care thus has been intended to allow children to benefit from life in an alternative family setting, and it has been promoted as a better alternative to group homes or residential care. For decades, family foster care has been at the top of what Thoburn (1999) describes as a ‘hierarchy of desirable options’, only to be surpassed by adoption. Indeed, in some countries the emphasis on the value of foster family care has been reflected in national legislation that encourages its use for children separated from their families (Stevenson, 1999; Webb, 2003; Maluccio, Canali and Vecchiato, in press).

What foster family care should not be expected to do
In recent years, in some countries fostering has become not only the most desirable option but the only option, in part due to a lack of alternative services. For example, in Australia 94 per cent of all children currently in care are in family
or kinship foster care (Australian Institute of Health and Welfare, 2006). This proportion rises to over 98 per cent if children over 12 years are excluded from the calculation (Australian Government, 2006).

In addition, as in other Western countries, 40 per cent of the above-noted placements are with relatives or kin, regardless of the fact that there have been no Australian research studies about the effectiveness of this form of care. Yet, as Berridge (2005) points out in his summary of Sinclair’s (2005) study, *Fostering Now*, relatives or kin carers in the UK are poorer, less well educated, have lower incomes and receive less support and training from fostering agencies than those who are unrelated – a situation that also pertains to the USA (Ehrie and Geen, 2002). Along with these developments has come the assertion that foster family care, albeit in some instances specialist or treatment foster care, can serve even the most difficult children and young people, including those with behaviour problems or psychiatric issues (Chamberlain, 2001; Walker, Hill and Triseliotis, 2002).

Contrary to the above assertion, research evidence regarding the excessive number of multiple placements and the frequent breakdown of placements suggests that family foster care is not consistently appropriate or effective for certain children (Barber, Delfabbro and Cooper, 2000; Webster, Barth and Needell, 2000; D’Andrade, 2005; Berridge, 2005; Little, 2006). For example, recently released Australian data for 2004–05 show that of the 4,169 children who left care in that period, 2,035 had one placement, 994 had two placements, 468 had three placements, 407 had four to five placements, 219 had six to ten placements and 46 had eleven or more. Of course, these figures are influenced by children who were in care for less than a year (1,360), and who only had one placement, and those who were in care for five years or more (582); of the latter, only 139 had one placement and they were probably leaving foster care due to their age (Australian Government, 2006). As in Australia, studies of foster care outcomes in other countries at best yield mixed results (Maluccio, Pine and Tracy, 2002; McAuley, Pecora and Rose, 2006).

**Undermining family foster care**

Research has also indicated that certain foster care practices that have become commonplace due to the shortage of suitable carers undermine the effectiveness of foster family placement. In this regard, three recurring issues deserve our attention. They are:

- placement of several children in the same foster home;
- placement disruption;
- parental visiting of children in foster care.

**Multiple placements**

The placement of a number of unrelated children in the same foster home raises fundamental questions about the use of foster care, which originally was intended to provide warmth, intimacy and continuity in an alternative family. Although this may of course be viewed as ‘old thinking’, the aims of foster care, be it family foster care, kinship care or treatment foster care, to this day remain in line with such intention.

The placement of a number of unrelated children in the same foster home clearly jeopardises these noteworthy aims. It is common and understandable that practitioners seeking to find a placement for a child, often at short notice, may turn in desperation to established foster parents who are already caring for other children. When this takes place, the pragmatics of practice – rather than the theory that originally supported the development of foster care – end up determining the shape of practice: each child’s need for individualised, intensive care is inevitably compromised.

In addition, what is also contradictory about multiple placements is that they are common at a time when kinship care is being strongly advocated. Kinship care is promoted as a way of providing a home that preserves the intimacy of family life for the child, albeit within the extended family (Hegar and Scannapieco, 1999). Unfortunately, exactly the reverse occurs if a child is placed in a foster home with
other unrelated children who may move in and out frequently. This practice at times also serves to convert the foster home into an under-supervised, poorly staffed and probably unlicensed group home. It also endorses group care as a suitable alternative to family care, even though it is the very type of service that family foster care is supposed to replace.

Placement disruption
Another issue that accompanies multiple placements is their potential to destabilise existing placements and thereby add to the already high rate of disruptions. There is extensive research evidence from various countries regarding multiple placements and their frequent breakdown (Barber, Delfabbro and Cooper, 2000; Webster, Barth and Needell, 2000; Vecchiato, Maluccio and Canali, 2002; D’Andrade, 2005; Strijker and Zandberg, 2005). Consequently, placement instability is a major issue that the field of child welfare needs to address. The promise of ‘continuous family placement’ is all too often not delivered, especially for older children and young people. However, in a follow-up foster care study in the Netherlands, it has been found that risk factors associated with prematurely terminated placements, such as age and behavior problems, ‘can be established as soon as the child is referred to foster care, so that additional care can be provided to ensure the permanency of a foster care placement’ (Strijker and Zandberg, 2005, p 76).

Placement disruption can also be examined in light of research on group dynamics, which suggests that group stability and cohesion are difficult to achieve if the membership of a group is continuously changing (Toseland and Rivas, 2005). Placing children in group foster care brings various issues to the fore. When more than one child is placed in the same home, existing foster children are confronted with the need to adapt to a new situation and form new relationships. There may even be concrete and urgent challenges, such as sharing a bedroom, which had been a child’s exclusive space, with a new child.

As unrelated children are placed in the same foster home, there are also likely to be frequent changes in group membership within the home. In particular, this occurs as children enter then leave care as they return to their birth families or relatives. Such changes in group membership are inevitably unsettling and likely to further de-stabilise any child who is already in various ways unsettled. Furthermore, if a child in placement would like to be with her or his family but this is not possible, he or she is likely to be upset by seeing another child eventually reunited with parents.

Parental visiting
With regard to group foster care, a further issue is the impact of multiple placements on parental visiting. For instance, how can foster carers manage the complex web of relationships with birth parents of unrelated children? Simply scheduling visits and giving visiting parents the attention that they deserve is complex, and visits must in some measure be restricted when there is more than one foster child in the same home (Haight et al, 2002). Foster carers can also face another difficult group dynamic when some children receive parental visits while others do not; this can be a very unsettling experience for unvisited children, thus creating another challenge for carers.

Several research studies have also shown that restrictions on parental visiting of a child in family foster care or group care can have a negative impact on family reunification efforts, even though they may be appropriate and justified (Vecchiato, Maluccio and Canali, 2002). Such restrictions are typically imposed by child welfare agencies or by the foster families when birth parents during visits engage in behaviour that is upsetting to the child and/or foster carers and their own children (Scott, O’Neill and Minge, 2005).

Of course there may be extreme cases where restrictions on parental visiting are appropriate and necessary. In general, however, parents should know where their children are living; not knowing deprives them of the ability to imagine how their child is being looked after, as they have
no context in which to place her or him. Moreover, such restrictions convey to the child a sense of their parents’ vulnerability, which in turn does little for the child’s sense of self-worth. In addition, restrictions not only undermine reunification efforts but may also complicate or delay the child’s developmental processes and struggles to work through her or his feelings about separation from the parents.

Suggestions for further research

It is clear from the evidence emerging from numerous countries that family foster care is an essential service, if not *the* essential service, for children and young people at risk of out-of-home care and their families. However, all of the research discussed in this article suggests that, at present, it is not effective in meeting its purposes. An extensive programme of further research is required to arrest the decline of family foster care and promote its development; to achieve greater clarity as to what it can or cannot accomplish; and to determine ways of enhancing its delivery in contemporary society.

In the previous article, Bullock and colleagues (2006) indicate that research would be especially valuable in the following areas: large-scale follow-up studies of children ‘in need but not separated from home or living in substitute care’; experimental research with children presenting long-term needs, ‘such as those with learning difficulties, unaccompanied asylum seekers and those adopted and fostered under private arrangements’; and international studies that could help to ‘explain problems and resolutions in terms of wider social developments rather than local legislation or personalities’.

In addition, McAuley and Trew (2000), in their study of the emotional and social development of children in long-term foster care in Northern Ireland, have highlighted the need for research that involves the perspectives of looked after children regarding their relationships with foster parents, birth parents and other family members. The key issues they suggest for research scrutiny are:

- How do children cope with their sense of rejection by their birth parents and families upon placement in foster care?
- How do they respond as they face the complexities of visiting their parents and other family members, either in the foster family setting or their original homes?
- How do foster children manage to form close relationships with foster carers and other members of the foster family?
- How do foster children cope with their ambivalence regarding their birth parents as well as foster parents?
- How do foster children respond to the challenges presented by a new school environment, new teachers and new peers?

McAuley and Trew’s study also ‘reinforces the need for large-scale longitudinal research in the UK [and elsewhere] on children’s progress in foster families’ (p 106). Available studies usually involve only one country, small samples and brief time periods. Thus there could be further fruitful studies that:

- compare foster care processes and outcomes in different countries – but taking care to contrast the experiences of children with similar needs of similar severity;
- analyse national surveys and datasets gathered on the whole child population for such purposes as social security administration and population census, which typically include information on children’s family status;
- undertake cohort studies of populations of foster children using – or referred for – services for extended periods.

A complementary programme of research is also required regarding methods of promoting family reunification and preventing or reducing frequent replacements, especially placements in large group settings or institutions that cannot be responsive to the needs and qualities of young people. In particular, researchers

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1 A notable example is the review of international trends in foster care in a range of countries by Colton and Williams (1997).
should explore how agencies can work together to support birth parents in their efforts to resume the care of their children. Such research could lead to improvement of services to children’s birth families, most of whom are typically involved with numerous service providers for extended periods, and so improve the balance between prevention, early intervention and substitute care (Little, 1999).

Conclusion
To overcome the risk of foster family care becoming moribund and unviable, there has to be further development of theories and practice models in this area. This has to be accompanied by clarification and/or formulation of strategies that foster carers can apply in their work. In this regard, Cairns (2002, p 13) emphasises the need for tested ‘theories and models, so that foster carers can make order out of chaos and find inspiration and energy to apply themselves with full and loving commitment to the puzzle of the child’.

As Bullock et al conclude in the previous article, an integrated programme of research and development incorporating these aspects and different levels of generality offers the best hope for improving the state’s parenting and thus the outcomes for children in care.

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