Children’s Experiences in Out-of-Home Care:
A Review of the Literature

Instructional Guide (Chapter III)

This chapter highlights literature exploring foster children’s experiences in out-of-home care. Findings from studies employing foster children as research informants are reviewed in relationship to four fundamental child welfare goals: 1) protecting children from harm; 2) supporting children’s families; 3) promoting permanence; and 4) fostering children’s well-being. Since one prominent theme in the literature is that the dearth of children’s voices in foster care research is paralleled by their inadequate inclusion in child welfare practice, this review also identifies opportunities when foster children should play a more active role in case planning and implementation.

Contents
- Introduction (page 55)
- Overview: Children in Foster Care (page 56)
- Safety: Protecting Children from Harm (page 57)
- Fostering Children’s Well-Being (page 63)
- Supporting Children’s Families (page 73)
- Promoting Permanence (page 84)
- Conclusion (page 91)
- Accompanying Table Documenting Key Features of Reviewed Studies (page 93)
- References (page 96)
- Questions for Discussion (page 104)

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This chapter can be used to foster the following competencies for public child welfare work: 1.1, 1.5, 1.9, 2.6, 2.10, 2.11, 2.12, 2.14, 2.15, 3.1, 3.2, 3.7, 3.10, 3.17, 4.1, 4.4, 4.5, 4.7, 5.4, 5.5, 5.7, 6.2, 6.7, and 6.9.
CHILDREN’S EXPERIENCES IN OUT-OF-HOME CARE:  
A REVIEW OF THE LITERATURE

Introduction

The U.S. foster care population has grown as a proportion of this country’s child population and changed compositionally in profound ways over the last decade (Barth, Courtney, Berrick, & Albert, 1994; U.S. House of Representatives, 1998; Wulczyn, Harden, & George, 1998). To better meet the needs of this population, the foster care service delivery system is rapidly evolving. Meanwhile, foster care research has become much more sophisticated and now offers ample information about children in out-of-home care, including demographic characteristics, data on their functioning in multiple domains, and case outcomes. Most of this information has been acquired indirectly from caregivers, social workers, case records, and administrative data systems, while only a few studies have included children as informants, in spite of their status as the primary clients of the foster care system.

Festinger’s 1983 book title, “No one ever asked us,” is largely true today. Due to a myriad of methodological challenges associated with foster children’s vulnerable status (Berrick, Frasch, & Fox, 2000), a paucity of literature exists on children’s self-reported experiences in out-of-home care. Most of these studies are retrospective and therefore provide data filtered by subjects’ long-term memory, while only a handful of studies have involved interviews with children while currently in care, thereby acquiring direct insights into their immediate experiences (Bush & Goldman, 1982; Colton, 1989; Fanshel & Shinn, 1978; Gardner, 1996; Gil & Bogart, 1981; Johnson, Yoken, & Voss, 1990; Kufeldt, 1984; Proch, 1982; Wald, Carlsmith, & Leiderman, 1988; Wilson, 1996). Still fewer have examined children’s experiences by placement type. Only one study has specifically examined the experiences of children living in kinship care (Wilson, 1996), in spite of recent, dramatic increases in many states’ use of kinship care as a formal placement option (Wulczyn et al., 1998).

The purpose of this paper is to highlight literature exploring foster children’s perspectives. Findings from studies involving interviews with current and former foster youth are reviewed in relationship to the child welfare field’s four fundamental goals: 1) protecting children from harm; 2) fostering children’s well-being; 3) supporting children’s families; and 4) promoting permanence. One of this paper’s broad underlying assumptions is that children possess unique insights, ones that can inform child welfare policies, planning, and practice in significant ways. Viewed more specifically from a client-centered program evaluation

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1 The ordering of these four areas is not intended to imply levels of priority. In particular, it should be noted that “fostering children’s well-being” generally constitutes an ideal in current child welfare policy, planning, and practice. The other three areas are more fundamental.
perspective, foster children provide critical consumer feedback on the foster care service delivery system’s process and outcomes (Curran & Pecora, in press). Finally, since one prominent theme in the literature is that the dearth of children’s voices in foster care research is paralleled by their inadequate inclusion in child welfare practice, all four sections of this paper identify opportunities where foster children should play a more active role in case planning and implementation.

Three major limitations of this literature review should be noted. First, while relevant findings from international studies are cited, this review is primarily intended to explore the experiences of children who have experienced out-of-home care in the United States. Second, while this paper’s use of the term children is intended to be inclusive, it is beyond this paper’s scope to specifically review findings from important studies exploring youth’s generally difficult transition to independent living (Barth, 1990; Fanshel, Finch, & Grundy, 1990; Festinger, 1983; Mech, 1988; Stein & Carey, 1986). Third, significant methodological limitations generally characterize this literature. Many studies exploring foster children’s experiences predated current service delivery system, employed small and/or unrepresentative samples, lacked comparison groups, relied on untested measures with unknown psychometric properties, and/or generated difficult-to-interpret findings given the dearth of normative data. Thus both the validity and reliability of findings from empirical research involving foster children remain largely uncertain. (Please refer to the table at the end of this chapter for background information on reviewed studies involving interviews with current and former foster youth.)

Overview: Children in Foster Care

The U.S. foster care caseload size has increased dramatically since the early 1980s and now includes more than 500,000 children (U.S. House of Representatives, 1998). According to states’ reports on their 1998 caseloads to the National Child Abuse and Neglect Data System (DHHS, 2000), more than half of children entering care were removed from their homes due to neglect. Many of these removals were related to parental substance abuse. Almost a quarter suffered from physical abuse. Nearly 12% were sexually abused. Victims of psychological abuse and medical neglect accounted for less than 10% of all reports. One quarter were reported to be victims of more than one maltreatment type.

The U.S. foster care population can be examined by child’s age, gender, and race/ethnicity (DHHS, 2000). The age distribution has changed dramatically over the years, with steady increases in the number of

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2 Searches on Gladis, ERIC, PsychINFO, and MARGS databases generated the list of studies reviewed in this paper. Studies conducted in other countries were briefly reviewed for relevance. No time-related parameters were imposed. As a reference for the reader, a table is included at the end of this paper that documents key features of reviewed studies.
very young children entering care. The total population is roughly evenly divided by gender. African-American children are significantly over-represented in the foster care population: Among children who remained in care at the end of 1995, 45% were African-American, 37% were Caucasian, and 11% were Hispanic (U.S. House of Representatives, 1998). Similarly, African-American children experience the highest rates of reported victimization, indicated in the following pattern of incidence rates (i.e. number of victims per 1,000 children of the same race/ethnicity): Asian/Pacific Islander (3.8), Caucasian (8.5), Hispanic (10.6), American Indians/Alaska Natives (19.8), and African-American (20.7) (DHHS, 2000).

Another significant feature of the out-of-home care population is the changing proportions of children in different placement settings (e.g. foster family homes, kinship foster homes, group homes, residential treatment centers, and emergency shelters). Most striking has been child welfare agencies’ increased use of kinship foster homes, particularly for ethnic/racial minority youth living in urban areas. In some states, kinship care now represents up to half of the foster care caseload (Hardin, Clark, Maguire, 1997). In California, the proportion of its total caseload in kinship foster homes increased from 43% in 1990 to 48% in 1997, while the number of children in non-kin foster homes decreased from 43% to 30% during the same period (Needell, Webster, Curraco-Alamin, & Armijo, 1998).

Safety: Protecting Children from Harm

As one of the fundamental goals of child welfare services is to protect children from harm, an incontrovertible area to examine is children’s experiences of safety during placement, particularly within their home. There are two dimensions to this literature. The first is focused on acquiring relatively “objective” accounts of children’s self-reported exposure to discrete, potentially harmful events, as both witnesses and victims. In reality, for individuals of all ages, various perceptive processes substantially bias the degree to which objectively dangerous events are experienced, interpreted (or given meaning), and reported (Guterman, Cameron, & Staller, in press). For this reason, self-reported rates of exposure to violence should be validated by other sources. The second dimension of the literature is focused on identifying children’s “subjective” experiences of safety (i.e. the degree to which they feel safe). These two dimensions are distinct; two children living in “objectively” comparable environments, specifically in terms of probabilities that they will encounter danger,
are likely to subjectively experience their environments very differently.

This section reviews the literature on foster children’s self-reported experiences along both dimensions -- exposure to discrete, potentially harmful events and perceived safety. Five specific areas are discussed: 1) self-reported experiences with maltreatment in out-of-home care, 2) perceived safety in out-of-home care, 3) perceived safety during birth parent visits, 4) neighborhood safety, and 5) environmental safety within the home.

Child maltreatment in out-of-home care. While the popular press often reports dramatic instances of maltreatment in foster care, this coverage misrepresents children’s risk of increased harm while in out-of-home care because the vast majority of caregivers do not maltreat the children in their care. Nevertheless, Dubowitz, Zuravin, Starr, Feigelman, and Harrington (1993) found that both kin and non-kin caregivers are more likely than the general population to be accused of abusing a child in their care. Although most of the reports in the Dubowitz et al. (1993) study were unsubstantiated, this phenomenon remains an area of grave concern. Further complicating this analysis is the likely existence of reporting bias since foster homes, particularly non-kin foster homes, bear relatively high levels of agency supervision and public visibility. Alternatively, maltreatment may be more common in foster homes, perhaps because foster children tend to be more challenging behaviorally than their non-fostered peers (Berrick, Barth, & Needell, 1994; Dubowitz et al., 1994; Simms, 1989).

Additional studies have attempted to elucidate the characteristics of maltreating caregivers (e.g. their age, health, educational attainment, and income), while distinguishing between kin and non-kin settings (see Berrick, Needell, Shlonsky, Simmel, & Pedrucci, 1998 for a review).

To date, only two studies have investigated children’s self-reported experiences with maltreatment in care. Both of these studies were retrospective. In a follow-up study involving interviews with 61 adults who entered care between the years of 1951 and 1969, 40% reported experiencing severe physical punishment, but not necessarily confirmed cases of abuse, in at least one foster home during their tenure in the system (Zimmerman, 1982). In another follow-up study involving interviews with 106 young adults who were Casey Family Program foster youth between the years of 1966 and 1984, 25% reported that they experienced severe physical punishment in their Casey home of longest stay (Fanshel et al., 1990). More disturbing, when asked, “Did anyone in the foster home ever try to take advantage of you sexually?” a small, but significant proportion of the total sample responded affirmatively -- 24% (n = 11) of female subjects and 8% (n = 5) of male subjects. When asked for suggestions to improve Casey foster care services, these adults reported that screening of caregivers should be more thorough, while caseworkers should become more skilled in establishing trust with
children, maintaining privacy during child-worker conversations, and recognizing signs of abuse.

**Perceived safety in out-of-home care.**
The degree to which children feel safer in their caregiver’s home, relative to their experience of safety in their birth family’s home, is a critical indicator of the system’s success. Unfortunately, few studies have explored children’s voices on this important indicator. Fortunately, findings from two studies assessing children’s perceived safety in out-of-home care are generally positive, particularly with respect to children living in foster family care (Gil & Bogart, 1981; Wilson, 1996).

As part of an exploratory study, Gil and Bogart (1981) examined the perceived safety of 100 foster children ages 8-18. The sample included 50 children living in foster family care and 50 children living in group care. Eighty percent of children living in foster family care reported feeling “safe and secure” in their homes -- almost double the figure found for children living in group care (47%). Length of stay is one of many variables that may explain this discrepancy since 76% of the children in foster family care reported living in their current placement for three years or more, compared to 42% of children living in group care. Also noteworthy, children were not specifically directed to consider caregivers, rather than other children in their homes, as potential victimizers. In the absence of controls, it is impossible to discern how numerous potentially relevant child and placement characteristics account for this discrepancy.

As part of its Fourth Annual Client Evaluation for the Illinois Department of Children and Family Services, Wilson Resources Inc. (1996) more recently examined the perceived safety of foster children. The Wilson study is, to date, the largest study examining foster children’s direct perspectives on their immediate experiences in care; the researchers employed a randomly selected sample of 300 children ages 4-17 that was statistically representative of children in out-of-home care within the state of Illinois. The majority of children reported feeling safe in their current placement, although important differences emerged by placement type: 92% of children in kin foster homes, 92% of children in non-kin foster homes, and 64% of children in residential group care replied that they “always” feel safe in their current placement. Frequencies were highly comparable by race/ethnicity. The study also included a “quality of life” scale to compare children’s experiences living in their birth families’ homes to their experiences living in out-of-home care. Children’s average ratings on this scale’s “feeling safe” item were significantly higher with respect to their experience living in out-of-home care, relative to their experience living in their birth family’s home.

**Perceived safety during birth parent visits.** Another important area of concern is the potential for a birth parent to re-abuse a child
during unauthorized or authorized visits. Due to family dynamics and proximity, some kin caregivers may be more inclined to allow unauthorized birth parent contact than non-kin foster parents, possibly exposing the children in their care to increased risk of harm. Meanwhile, one of the most resounding messages from the literature exploring children’s perspectives is that authorized visits also entail risk. Current and former foster youth consistently report wanting to be consulted more about when, where, and with whom visits are conducted -- not only because they are reluctant to revisit painful memories, but also because some fear the possibility of being physically harmed (Festinger, 1983; Kufeldt, 1984). Children may underestimate or overestimate their risk of harm. Nevertheless, close consideration of their perspectives is critical to ensuring their safety during birth parent visits and, secondarily, to enhancing the overall success of these visits, thus promoting family continuity.

**Neighborhood safety.** As many kin caregivers and a fair number of non-kin foster parents have low incomes (Berrick et al., 1994; Denby & Rindfleisch, 1996; Fein et al., 1990; Gebel, 1996; U.S. Department of Health and Human Services, undated), one could argue that many foster homes are located in neighborhoods that are not optimal for raising vulnerable children. Generally, economically depressed neighborhoods have high rates of community violence, in addition to poor housing, poor schools, decreased social mobility, and widespread unemployment (Danzinger & Gottschalk, 1995; Korbin & Coulton, 1996). In the last decade, our knowledge about children’s exposure to community violence has grown substantially, evidenced in the large number of recent publications devoted to this topic, commonly referred to as a “public health epidemic” (American Journal of Orthopsychiatry, 1996; American Psychological Association, 1993; Eron, Gentry, & Schlegel, 1994; Journal of the American Academy of Child and Adolescent Psychiatry, 1995; Journal of the American Medical Association, 1995; Osofsky, 1997; Psychiatry, 1993). It should be noted that this literature has not specifically examined the experiences of children living in out-of-home care, thus limiting generalizability, but some review is warranted given its probable salience in many foster children’s lives.

Most research with children in this area attempts to assess rates of exposure to severe acts of violence. For example, as part of the NIMH Community Violence Project, Richters and Martinez (1993) administered *Things I Have Seen and Heard* to a sample of young children in grades 1-2 and a more detailed questionnaire to a sample of older children in grades 5-6. According to official crime data, these children lived in a moderately violent Washington D.C. neighborhood in comparison to other neighborhoods within the district. Most disturbing are the rates reported for directly witnessing at least one shooting (47% for young children, 31% for older children), stabbing
(31%, 17%), mugging (45%, 43%), arrest (88%, 74%), open-air drug deal (69%, 67%), and dead body outside (37%, 23%). This pattern of results indicates a few wide discrepancies between younger and older children’s reports. Additionally, the parents in this NIMH study reported consistently lower estimated rates of violence exposure for their children, raising questions about the integrity of their respective reports. Unfortunately, though, even the younger children’s self-reported prevalence rates are highly consistent with rates found in nearly a dozen epidemiological studies conducted with urban youth (see Jenkins & Bell, 1997 for a review). Although most of these studies employed middle and high school samples, two of these studies included large numbers of young elementary age children and found comparable and, in some cases, much higher rates.

The NIMH Community Violence Project underscores the importance of data triangulation in studies assessing self-reported community violence exposure. While self-reports appear to hold greater accuracy than reports from close informants (Richters & Martinez, 1993) or administrative sources (Tolan & Lorion, 1988), examination of all three sources can assist with the process of identifying inevitable perceptive biases embedded in self-reports (Guterman et al., in press). At the same time, in this quest to assess the differential validity of various sources, clinicians and researchers should remain attentive to children’s subjectivity, particularly as it bears on their well-being and overall development.

Exposure to community violence exerts a substantial toll on children’s overall development and is linked with a host of negative psychosocial sequelae: symptoms of post-traumatic stress disorder (Berman, Kurtines, Silverman, & Serafini, 1996; Fitzpatrick & Boldizar, 1993; Garbarino, Pardo, & Kostelny, 1992; Horowitz, Weine, & Jekel, 1995); pronounced grief reactions (Freeman, Schaffer, & Smith, 1996; Osofsky, Wewers, Hamn, & Fick, 1993; Pynoos & Eth, 1985); elevated depression (Freeman, Mokros, & Poznanski, 1993; Singer, Anglin, Song, & Lunghofer, 1995); increased aggression (Attar, Guerra, & Tolan, 1994; Cooley-Quille, Turner, & Beidel, 1995; DuRant, Pendergrast, & Cadenhead, 1994; Gorman-Smith & Tolan, 1998; Schwab-Stone, Ayers, Kasprow, Voyce, Barone, Shriver, & Weissberg, 1995); “futurelessness” (DuRant et al., 1994; Kotlowitz, 1991; Schwab-Stone et al., 1995; Van Der Kolk, 1987); and cognitive and academic delays (Osofsky et al., 1993; Shakoor & Chalmers, 1991).

While numerous studies report links between exposure to community violence and poor psychosocial outcomes, the pathways are unclear, due to definitional heterogeneity surrounding the term, “community violence” (Guterman et al., in press), as well as a need for theoretical frameworks to explain these links (Cicchetti & Lynch, 1993). Previous studies
indicate that parenting is an important mediator of neighborhood effects; parents who perceive danger and minimal resources in their neighborhood are likely to supervise their children more closely, while pursuing opportunities for their children outside their immediate neighborhood (Furstenberg, 1993; Korbin & Coulton, 1997). Richters and Martinez (1993) found that maternal education was an enduring protective factor, one that explained resilient outcomes for some children exposed to community violence. Specifically, in the NIMH study, violence exposure was more strongly related to distress symptoms in children with less educated mothers. The nature of this relationship is less clear. Perhaps educational attainment is closely associated with the effective parenting behaviors identified by Furstenberg (1993) and Korbin and Coulton (1997). If so, non-kin foster parents may be more adept at playing this mitigating role, relative to kin caregivers, since they tend to have higher levels of educational attainment (Berrick et al., 1994, Gebel, 1996; James Bell & Associates, 1993; Kirby, 1997). In any case, caregivers who live in chronically violent neighborhoods and have low levels of educational attainment may require particular support in their efforts to protect children in their care from neighborhood-level dangers, both actual and perceived.

Although a large number of children living in out-of-home care, particularly those living in kinship care, are likely to experience high rates of exposure to neighborhood violence (i.e. “community violence” excluding in-home violence), only one study has attempted to elicit foster children’s perspectives on this aspect of their experience. As part of a study involving interviews with 59 children ages 11-14, Johnson et al. (1990) learned that all but three children moved to different neighborhoods when they were placed in family foster care. Of those who relocated, 56% said that the neighborhood in which they were currently living was “better” than their birth family’s neighborhood. With probing, these children said that they witnessed fewer fights and felt that the people living in their new neighborhood were friendlier. Again, in the absence of relevant controls, it is impossible to discern how various child and placement characteristics mediate children’s perceptions of their neighborhood.

Environmental safety within the home.
In spite of its importance, the literature on children’s environmental safety in various placement settings is noticeably absent, largely because foster homes are required to meet certain safety standards for licensing and are therefore presumed to be safe. In the absence of licensing requirements, kin homes are likely to be more variable than foster homes in terms of environmental safety. While a study involving interviews with caseworkers indicated that a majority of kin homes meet the standards of average foster homes (Berrick et al., 1994), another study involving interviews with caregivers revealed wide discrepancies on
certain indicators, such as possession of a complete first aid kit, caregiver knowledge of CPR, presence of a fire extinguisher, and storage of guns in a locked space (Berrick et al., 1998). In contrast, Meyer and Link (1990) found that the majority of kin homes are safer than birth parent homes. No studies have examined children’s perceptions of environmental safety within their homes.

**Fostering Children’s Well-Being**

Well-being may be conceptualized in at least two ways: first, as the absence of dysfunction in critical settings influencing development; and second, as the presence of personal resources conducive to optimal development. These two conceptual models imply very different goals. In the first case, the goal is to forestall dysfunction, by intervening at critical moments to alter projected negative developmental trajectories (Coie et al., 1993). In the second case, the goal is to promote overall health, by attending closely to the fulfillment of developmental needs, such as the formation of early attachments and acquisition of age-appropriate competencies (Cowen, 1994).

A large body of literature provides information on the well-being of current and former foster youth. At least three broad generalizations can be made about this literature. First, this literature generally reflects the “absence of dysfunction” conceptualization of well-being, as opposed to the “presence of overall health” conceptualization. While this conceptualization is appropriate given foster children’s high rates of dysfunction (see review below), increased attention to their broader developmental needs is deserved. Second, although outcomes are amply documented, we know very little about the ways in which children experience support for their well-being -- from the child welfare system and particularly from their caregivers. Third, consistent with the foster care literature as a whole, the experiences of children in kinship care are largely unrepresented.

Recognizing these gaps in the literature, this section endeavors to provide a comprehensive perspective on foster children’s well-being. The section begins with a brief discussion of poverty as a major risk factor in many foster children’s lives. Then, building on relevant theories and on the large number of studies documenting outcomes for foster children, it highlights findings from the handful of studies investigating children’s voices on their experience of support in several specific areas: 1) meeting children’s basic health needs, 2) supporting children’s academic achievement, 3) supporting children’s friendships, 4) furthering attachment, 5) helping children cope with parental separation, 6) explaining reason for removal, and 7) promoting positive future expectations. It should be apparent from this list that many of foster children’s needs are normative, while others reflect their unique experiences.
Poverty as a major risk factor. Much research with foster children has focused on the effects of maltreatment (only sometimes differentiating between forms of maltreatment) and of out-of-home care placement (again, only sometimes differentiating between placement types) on children’s development. Meanwhile, foster care literature has generally minimized the deleterious effects of poverty on children’s development, particularly during early childhood (Brooks-Gunn & Duncan, 1997; Haveman & Wolfe, 1995), even though this relationship is likely to be generalizable to a majority of out-of-home caregivers (Denby & Rindfleisch, 1996; Fein et al., 1990; U.S. Department of Health and Human Services, undated). While caregivers attempt to reverse the effects of maltreatment, many, particularly those who are kin, have very limited economic resources for doing so (Berrick et al., 1994; Gebel, 1996). The relationship between poverty and child outcomes is not direct. Instead, it is generally mediated by the timing, depth, and duration of poverty in children’s lives, as well as children’s continuous access to developmentally challenging resources such as safe play spaces, toys, books, engaging activities, role models, older peers and adults who can scaffold children’s learning, and language stimulation within the home (Duncan & Brooks-Gunn, 1997).

Meeting foster children’s basic health needs. Children in out-of-home care experience generally high rates of acute and chronic physical health problems including limited growth, obesity, impaired visual acuity, impaired hearing, dental carries, asthma, and Acquired Immunodeficiency Syndrome (see Simms, 1989 and Rosenfeld et al., 1997 for reviews). The rates of health problems experienced by poor foster children are generally similar to rates experienced by poor non-foster children (Dubowitz et al., 1992; Simms, 1989), underscoring the negative impact of poverty on children’s physical health. At the same time, the traumatic life histories of foster children often compound the health risks associated with poverty (Berrick et al., 1994; Simms, 1989). Differences between children living in kin and non-kin placements within this domain may be minimal (Dubowitz et al., 1992; Simms, 1989). Finally, it should also be noted that in addition to experiencing high rates of health problems, many foster children receive inadequate health care prior to placement and, in some cases, after entering care (see Rosenfeld et al., 1997 for a review).

Paralleling high rates of physical health problems, children in out-of-home care also experience high rates of developmental delays and psychopathology, particularly externalizing behavior disorders (see Pilowsky, 1995 for a review). According to Pilowsky (1995), foster children’s vulnerability is only partially explained by their exposure to chronic poverty: “Available evidence suggests that the prevalence of psychopathology among children in foster care is higher than would be expected from normative data, even when this population is
compared with children who have backgrounds of similar deprivation” (p.906). From a developmental psychopathology perspective (Garmezy, 1993), foster children’s vulnerability is best explained by the presence of multiple risk factors in their lives -- most prominently, their experiences with neglect and/or abuse, but also including their experiences living in stressful prenatal, pre-placement, and post-placement environments -- coupled with a dearth of protective factors (e.g. inadequate access to appropriate care and developmentally challenging opportunities). Comparisons between children living in kin and non-kin placements in this domain are sparse. Two studies found relatively low rates of behavior problems among children in kinship care (Benedict, Zuravin, & Stallings, 1996; Berrick et al., 1994). However, not uncommon in studies with this population, the validity of these findings may be compromised by caregiver reporting bias and by their lack of baseline assessments before, or at entry into, out-of-home care.

Although caregivers are not responsible for the presence of physical and mental health problems among children entering care, they and the child welfare system as a whole need to increase early detection efforts (Dubowitz et al., 1994; Simms, 1989). A comprehensive service delivery system should include both preventive and treatment services (Rosenfeld et al., 1997; Schneiderman, Connors, Fribourg, & Gonzales, 1998). At the same time, caution is warranted, particularly within the mental health field: In the absence of well-developed ecological perspectives on foster children’s health and of normative data for this population, early assessments risk labeling transient behaviors as pathological (Schneiderman et al., 1998). It is important to note that timely, appropriate care is needed not only to meet children’s physical and mental health needs, but also to increase children’s access to permanent placements and to reduce the child welfare system’s caseload burden.

In spite of these high rates of problems found among children in out-of-home care, we know very little about foster children’s perspectives on the degree to which their basic physical and mental health needs are being met. Zimmerman’s (1982) retrospective study provides some insights into this area. The following frequencies were reported for not experiencing the following physical conditions in at least one home during their tenure in the system: having one’s own bed (22%), adequate bathroom facilities (22%), enough food to eat (14%), and a clean home (2%).

Two studies involving interviews with children while currently in care generally reveal more positive evaluations. In the Wilson (1996) study, nearly every child had received medical and dental care at least once during the previous twelve months. When asked if they were getting enough to eat, over 90% of children replied affirmatively, with minor differences by race/ethnicity. When asked if there were things
that they needed but did not have, African-American children were more likely to reply affirmatively (50%) than their Hispanic (38%) or Caucasian (34%) peers, with books/toys and clothes/shoes being some of the most commonly reported needs. Children, on average, also reported being significantly happier with their food, sleep, and overall health during their experience in out-of-home care, relative to their experience in their birth family’s home. Finally, Johnson et al. (1990) learned that a third of the 59 children in their sample had individual counselors (whose involvement may have been initiated by a caregiver, relative, friend, social service provider, or teacher). Among those 20 children, a third were unclear about the purpose of the counseling. In response to the question, “Is the counseling helpful?” 14 replied that their individual counseling was helpful, while six replied, “not at all.”

Supporting foster children’s academic achievement. Studies of maltreated children, only some of whom were placed in out-of-home care, consistently reveal unmet educational needs, evidenced by their overrepresentation in special education programs, limited achievement, high retention rates, and high drop-out rates (see Trocmé & Caunce, 1995 for a review). Underlying these more obvious indicators are significant delays and, in some cases, deficits in cognitive functioning, language, attention, and social-emotional development (Trocme & Caunce, 1995). Again, these deficits may be explained by the presence of cumulative stressors in children’s prenatal, pre-placement, and post-placement lives, coupled with minimal protective factors (Garmezy, 1993). Important distinctions emerge if one examines this population by child’s age, prenatal history, type of maltreatment, type of placement, poverty exposure, and access to various environmental supports.

In general, though, the literature strongly indicates the need for systemic reforms to ensure that foster children’s educational needs are being met. At the same time, caregivers need to become much more skilled at identifying children’s educational needs in a timely manner, providing sensitive support at home, collaborating effectively with teachers, and advocating for necessary educational services. To date, only one study has explored children’s perceptions of their caregivers’ support in one very specific educational realm. According to the retrospective accounts of Zimmerman’s (1982) subjects, 77% had sufficient time and space for doing their homework, while 23% did not.

There do not appear to be significant differences in educational outcomes between children in kin and non-kin homes (Benedict et al., 1996; Inglehart, 1994; Solomon & Marx, 1995). However, the nature of educational support experienced by children in these two broad placement types is likely to differ. Since non-kin caregivers tend to have higher levels of educational attainment than kin caregivers (Berrick et al., 1994; Gebel, 1996; James Bell &
As reported by Kirby, 1997), they may be more adept at continuously promoting children’s academic achievement. On the other hand, since kin caregivers generally provide more permanent homes, children in kinship care are less vulnerable to experiencing multiple school transfers and associated disruptions (Berrick et al., 1994).

Several retrospective studies document subjects’ general frustration with the educational instability that they experienced while in care (Barth, 1990; Fanshel et al., 1990; Festinger, 1983), while few studies have endeavored to acquire direct insights into foster children’s experiences with school disruptions. In Wilson’s (1996) study, 76% of Caucasian children, 61% of Hispanic children, and 46% of African-American children reported that they changed schools when they were removed from their birth parent’s homes. Of those who changed schools, between 39%-62% of children were “very unhappy” or “unhappy” about the change (with some differences by race/ethnicity), while roughly three-quarters of children felt that things were going “very well” or “well” in school. In the Johnson et al. (1990) study, only 4 out of 59 children remained in the school that they had attended prior to placement. Roughly half of the children said that their new schools were “better” than their previous schools, while one quarter of them said that their new schools were “worse.” Slightly over half of the children reported that changing schools was difficult, primarily because they found it hard to develop new relationships with peers and teachers. Nonetheless, many children had become actively involved in their new schools, with almost half of them participating in extracurricular activities at school. Finally, in one study involving interviews with 32 foster children ages 4-10, children reported generally positive attitudes toward school, in spite of the fact that most had experienced multiple school changes and were generally doing poorly academically (Wald et al., 1988). To date, no studies have explored ways in which children feel supported -- by caregivers, caseworkers, school personnel, or administrative policies -- during their transitions to new schools.

Supporting foster children’s friendships. While peers can be important sources of social support and inevitably influence development, only three studies have examined foster children’s experiences with friendships. In the Wilson (1996) study, children reported being significantly happier with their current friends, compared to the friends that they had while living in their birth family’s home. Nonetheless, disruption of friendships can be particularly troublesome for many children, indicated in Johnson et al.’s (1990) finding that over one-third of their pre-adolescent sample identified friends as the persons they miss most from their previous lives. The fact that 66% of their sample reported having occasional contacts with old friends may be a reflection of their caregivers’ efforts and/or these subjects’ emerging independence. Finally, among the
former foster youth in Zimmerman’s (1982) study, roughly one-third had lived in at least one placement where their caregiver disallowed access to friends in several specific ways. Of course without knowing the unique circumstances of these children’s experiences, it is impossible to evaluate whether these caregivers were acting in children’s short- and long-term interests.

Furthering attachment. Attachment theory and empirical research is a particularly rich resource for exploring children’s experiences in out-of-home care. In its original formulation (Bowlby, 1969/1982), attachment theory asserts that the quality of the infant-caregiver bond strongly affects future relationship building and therefore is an essential component of development. In general, children who have experienced responsive care, thereby forming a secure attachment to their caregiver, internalize working models of others as being available and of themselves as having social agency. Conversely, children who have experienced less responsive care, resulting in an insecure/avoidant, insecure/ambivalent, or disorganized/disoriented attachment to their caregiver, generally internalize working models of others as being less consistently available and of themselves as having relatively less social agency (although important distinctions emerge by classification type). Children’s representational models influence the meaning that they give to situations, such as their perceptions of trustworthy support available in their social environment. Thus, a secure attachment in infancy serves a protective function, while non-secure attachments generally predispose children to adaptational difficulties over time. Empirical studies involving maltreated children indicate that they are more likely to have non-secure attachments with their primary caregivers than are non-maltreated children, with some variations by maltreatment type. (See Cicchetti, Toth, & Lynch, 1995 for a review of attachment theory and its applications to high-risk populations.)

Attachment theory and empirical research is relevant to understanding the experiences of children in out-of-home care in at least two ways. First, clinical literature underscores the fact that children’s removal from their birth parents’ care constitutes a severe crisis bearing heavily on children’s ability to utilize resources in their environment (Littner, 1950). Meanwhile, children’s previously developed attachment patterns are likely to have a major influence on the degree to which they cope with this crisis in an adaptive manner.

Second, one of permanency planning’s primary assumptions is that all children have a right to constant, nurturing parents, if not from birth, then from another permanent family. Meanwhile, the majority of children entering care are doing so with already developed models of non-trustworthy adults, thus imposing particular challenges on their new caregivers and ultimately on the foster care system as a whole.
Helping children cope with parental separation. What do we know about the ways that foster children experience the temporary and, in many cases, permanent loss of their families, particularly their primary attachment figures? This question may be contextualized in a very broad literature examining foster children’s short- and long-term adjustment. Large-scale, comprehensive outcome studies generally suggest that remaining in out-of-home care does not significantly compound children’s adjustment difficulties in various domains (Fanshel et al., 1990; Fanshel & Shinn, 1978; Fein et al., 1990; Lahti, 1982), implying that pre-removal experiences, rather than foster care itself, primarily explain poor outcomes found among fostered populations (previously reported). Although these large-scale, comprehensive outcome studies connote a promising picture, a host of methodological limitations embedded in these studies preclude drawing definitive conclusions.

Reflecting on the inconclusive nature of findings from their five-year, longitudinal study of 624 foster youth in New York City, Fanshel and Shinn (1978) articulated a query that has since served as an impetus for and is often quoted in studies exploring foster children’s experiences with parental separation:

We feel that our measures of adjustment are not without problems, and we are not sure that our procedures have captured the potential feelings of pain and impaired self-image that can be created by impermanent status in foster care. We fear that in the inner recesses of his heart, a child who is not living with his own family or who is not adopted may come to think of himself as being less than first-rate, as an unwanted human being. (1978, p.479)

Fanshel and Shinn (1978) are themselves included in the list of researchers who attempted to look much more closely at the “inner recesses” of foster children’s hearts. As part of their larger longitudinal study, they conducted qualitative interviews with 205 children, roughly 7 through 13 years old, two and a half years following their entry into care. The authors focused on learning about children’s immediate reactions to parental separation and tabulated children’s coded responses to the question, “How did you feel on the day you left your family?” Sixty-three percent of children who remained in foster family homes and 77% of children who reunified with their birth families reported that they felt sad, bad, depressed, or upset on their removal day. In both groups, roughly 10% reported feeling relieved. Older children reported a greater number of occasions when removal was a relief, typically because of the conflicts that they were having with their birth parents.

Other researchers have similarly focused on learning about children’s relatively short-term reactions to parental separation. Among the 59 pre-adolescents interviewed by Johnson
et al. (1990), all but three reported missing their families. It should be noted that Johnson et al. restricted their sample to youth who had more recently entered care (between six months and two years previously), and most still had permanency plans to return home. Fifty-six percent reported that they miss their parents most of the time. When asked, “What do you do [when you miss your families]?” a large majority said that they try to find something to do (87%). More than half said that they cry. More than half said that they try to find someplace to be alone. Forty-four percent said that they try to talk with someone -- most commonly, a foster parent.

Finally, interviews with current and former foster youth also provide insights into children’s perceptions of meaningful support while coping with parental separation (Johnson et al., 1990; Kufeldt, 1984; Van Der Waals, 1960; Weinstein, 1960; Zimmerman, 1982). For many, the actual removal event was handled in an upsetting manner. For example, Johnson et al. (1990) found that at least a quarter of their subjects were taken from school and placed immediately, often with police presence. This event reportedly elicited several subjects’ embarrassment and anger. Other common themes in this literature include the desire for timely, accurate explanations; the value of caring foster parents, particularly ones who are eager to hear about children’s unique histories; and the reassuring presence of biological siblings. Most of these observations will be discussed at greater length in subsequent sections of this paper.

Explaining reason for removal. While children cope with family separations, one important question emerges: “To what extent should children be informed about the circumstances surrounding their removal?” As a general principle, the literature argues in favor of disclosure. This knowledge is deemed important to children’s development in several ways: to ameliorate possible self-blame and, in some cases, deeply felt shame; to identify unrealistic notions about the degree to which children can influence future reunification; to facilitate the grief process; and to avoid the potential for unresolved separations which, in turn, may interfere with their ability to form trusting relationships with new caregivers. Following her interviews with 277 former foster youth, Festinger (1983) also found that subjects who understood the reasons behind their placement and perceived their placement as a necessity were more satisfied than their less informed peers. However, while disclosure is an unquestioned goal, in practice, efforts to inform children about the circumstances surrounding their removal involve questions of degree and manner. The child’s age and unique history are two critical considerations. For specific guidance on communicating with children about the circumstances surrounding their removal, the reader is referred to clinical resources (Fahlberg, 1991; Harrison, 1988; Stahl, 1990; Steinhauer, 1991).
Drawing on theory and clinical experience with foster children, Fahlberg (1991) presents three common ways in which children interpret their removal: first, that they are being “given away” by a parent, other relative, social worker, or judge and are, in some way, to blame for the event; second that they are being “taken away” by a parent, other relative, social worker, or judge and have no personal control over the event; and third, that they chose and actually orchestrated the event. Among adolescents, this final interpretation may be accurate, but for younger children, it represents a kind of “magical thinking” characteristic of children ages 3-6 which may interfere with their ability to cope effectively with their losses. In any case, Fahlberg urges caseworkers to identify children’s interpretations and provide corrective ones when needed. Again, accurate knowledge assists children not only in coping with their present situation, but also in laying a foundation for future development.

While Fahlberg’s perspective is shared by most in the child welfare field, research with foster children provides direct insights into their knowledge about the circumstances surrounding their removal. Confusion and/or lack of knowledge may be common to children’s experiences, particularly among those entering non-kin foster care. Johnson et al. (1990) found that most of their subjects were able to identify a reason for their removal, but for at least 40%, the circumstances were confusing. Wilson (1996) found similar results in their much larger study. Of those responding to the question whether anyone had explained to them why they were being moved from their home to live somewhere else, between 29%-41% of children reported that they had received this information.

In interviews with current and former foster youth reflecting on their removal experiences (Fanshel & Shinn, 1978; Gil & Bogart, 1991; Johnson et al., 1990; Kufeldt, 1984; Rest & Watson, 1984; Zimmerman, 1982), the most common theme is the perception of having been “taken away,” rather than “given away” as a consequence for personal wrongdoings. Few subjects conveyed the belief that they actually orchestrated their removal (i.e. magical thinking) -- an unsurprising finding, given the absence of very young children’s voices in this literature. Instead, over the course of these interviews, most subjects identified problems existing outside of themselves -- including a myriad of parental failures, as well as environmental circumstances -- leading ultimately to their removal. One additional impression is that roughly half of interviewed current and former foster youth characterized their removal as being an appropriate event in their lives. Johnson et al. (1990) explicitly asked subjects about their attitudes toward state intervention and found that 58% of their subjects thought it was a good idea to remove children from their homes, primarily to prevent re-abuse.

While this literature suggests that self-blame may be less pervasive than is popularly thought, methodological limitations embedded
in these studies impel cautious interpretation. The pattern of findings identified above may be explained, in part, by the investigative, rather than clinical, nature of these interviews; subjects may have felt inhibited in responding to this very personal question within the research setting. Additionally, for subjects in retrospective studies, time and memory may have filtered their responses in significant ways. For example, while caseworkers and other adults may have provided corrective explanations over the years, these subjects may have forgotten these conversations in the interview setting or judged them to be of little import.

It is noteworthy that research exploring foster youth’s perspectives on their removal experiences may be interpreted in very different ways. Consider two small exploratory studies -- one with 40 children ages 6-12 (Kufeldt, 1984) and one with 13 adults who were formerly in care (Rest & Watson, 1984). In both of these studies, many subjects attributed coming into care to environmental stresses -- economic stresses, in particular. Reflecting on subjects’ responses relative to information gained from case record reviews, Rest and Watson (1984) generally argue that their subjects responded defensively to avoid facing negative feelings about their birth parents. In contrast, Kufeldt (1984) reflects on Canadian policy and questions whether temporary substitute care is an appropriate solution for alleviating family difficulties associated with economic hardship. From an ecological perspective (Bronfenbrenner, 1979; Garbarino, 1992), both interpretations usefully contribute to our understanding of how children explain their entry into out-of-home care; the reciprocal parent-child interaction system is important to examine, but so, too, is individual behavior interacting with larger social contexts.

Helping foster children cope with possible stigmatization. As a whole, the literature suggests that children in out-of-home care feel different, and, in some cases, negatively stigmatized by their foster care status, particularly within the school context. Forty-two percent of the subjects interviewed by Johnson et al. (1990) reported feeling uncomfortable with the fact that others knew their foster care status, primarily because they were afraid of being teased. Forty-three percent of Zimmerman’s (1982) former foster youth recalled “feeling different.” Other retrospective studies suggest that some children experience “great anxiety” in talking about their status, leading them to employ unconscious “avoidance techniques” (Rest & Watson, 1984, p.300), while others deliberately avoid “undesirable attention” because they do not like being associated with the public welfare system (Triseliotis, 1984, p.163). Almost 58% of Festinger’s (1983) subjects said that they often did not want to acknowledge being a foster child (p. 273).

None of these studies specifically explored foster children’s experiences of support in coping with possible stigmatization.
However, one of the most resounding messages is that many children prefer to keep their status private, particularly within the school context. The implication is that adults should respect foster children’s privacy. When appropriate, adults may assist foster children in asserting their privacy. In other cases, foster children may need assistance in developing a “cover story” -- a short explanation that they can provide for why they do not live with their birth family (Fahlberg, 1991, p.350).

**Promoting positive future expectations.** Studies with high-risk youth -- but not specifically children in out-of-home care -- document the link between children’s positive future expectations with resilient adaptation in the face of major life stress (Werner & Smith, 1992; Wyman et al., 1992). Meanwhile, exploratory studies conducted with current and former foster youth provide some insights into foster children’s future expectations. Given a list of professions, the subjects in Gil and Bogart’s (1981) study were asked to choose what they would like to be as an adult (i.e. their aspirations). Then they were asked to identify what profession they thought they would be doing as an adult (i.e. their expectations). For 59% of their subjects, there was an exact match between children’s aspired and expected professions. In most cases, children selected “low-status, sex-stereotyped occupations” (p.357). For 17%, there were large discrepancies, which, according to the authors, may be explained by these subjects’ low “self-esteem” (as measured by the Coopersmith Self-Esteem Inventory). The authors did not specifically explore children’s perceptions of their caregivers’ role in nurturing positive future expectations.

**Supporting Children’s Families**

This section examines two distinct aspects of foster children’s “families.” First, it examines children’s self-reported experiences of continuity with their birth families (a primary goal of the child welfare system), while relating findings to relevant theory and administrative data. Second, given that foster care is designed to replicate home care in most respects (Wolins, 1963), this section also reviews studies that examine the degree to which children experience family-like, out-of-home care. It should be noted that this second examination serves as a useful bridge to the final section of this paper, “Promoting Permanence,” since children’s experiences of family-like care in placement generally influence their overall commitment to its continuation.

**Family Continuity**

**Concepts of family.** The fact that foster children always maintain a birth family and simultaneously develop relationships with additional families raises the question, “What are foster children’s concepts of family?” To explore this question, Gardner (1996) conducted a study with 43 children living in long-term family foster care and 42 non-fostered, matched controls. As part of the interview protocol,
children ages 8-15 chose figures to represent family members and placed them on a board in a manner indicating emotional closeness to each. When asked to represent their family, 100% of children in intact families and 37% of children in care included their birth parent(s). Among those in care, 91% included their foster parent(s). Similarly, while children in intact families included all of their siblings as part of their family, children in care included 42% of their biological siblings and 80% of their foster siblings. Removing coresident biological siblings from the analysis, children in care included only 24% of their biological siblings. Finally, Gardner’s analysis of children’s expressed emotional proximity to placed figures paralleled their patterns of inclusion.

Gardner argues that these findings call into question two common assumptions underlying family foster care policy: 1) the primacy of the biological bond, and 2) that genealogical closeness guarantees socioemotional closeness under all circumstances. This interpretation should be considered cautiously. First, the study’s findings are generalizable to a restricted group of children -- specifically, children ages 8 to 15 living in long-term care. Second, without controlling for children’s levels of knowledge about certain family members, it is impossible to determine whether the subjects’ choices were based on limited information, rather than perceptive processes. In other words, children in care may have excluded certain individuals from their “family” because they did not know of their existence. Nevertheless, the study usefully illustrates how children in long-term foster care often develop inclusive family representations.

Knowledge of birth families. Many children in out-of-home care, particularly those in non-kin care, have little information about their birth families. Fanshel and Shinn (1978) found that 26% and 22% of the children in their qualitative study could not state their mother’s and father’s names, respectively. Other studies suggest comparable results, but the fact that most of these studies were conducted nearly two decades ago should be noted. When the former foster youth in Zimmerman’s (1982) study were asked about their knowledge of birth family members while in care, 70% reported knowing their mother’s name, 47% knew her location, and 28% knew how to contact her. Much lower rates were found for knowledge of fathers, with 21% not knowing if their fathers were alive. Comparing case records with retrospective interviews in which subjects were asked how many biological siblings they had, Zimmerman found that for 21% of subjects, there were inconsistencies, suggesting that either the case records were inaccurate or that subjects lacked accurate knowledge. Finally, among the 277 former foster youth included in Festinger’s study (1983), roughly 70% expressed a strong desire to have had more background information on their birth families when they were in out-of-home care. This desire reflected practical considerations (e.g. wanting knowledge of their
medical history), as well as subjects’ ongoing identity-related struggles (further evidenced in the fact that half of Festinger’s subjects described themselves as having no roots). The reader is referred to clinical resources for strategies, such as the construction of autobiographical life books and family genograms, for preserving children’s histories (Altshuler, 1999; Fahlberg, 1991; Harrison, 1988).

As part of a retrospective study conducted in Scotland, Triseliotis (1984) explored the impact of having little birth family information on the identity formation of adoptees and former foster youth. The study involved interviews with 44 adults who were adopted between the ages of three and seven and 40 adults who spent most of their childhood in stable, long-term foster homes. For roughly three-quarters of the adopted group and half of the fostered group, there was little or no discussion of their birth families until the children entered adolescence. Triseliotis judged that the former foster youth’s “genealogical confusion” had a negative impact on their personal identity and generally exacerbated their sense of insecurity in placement. In contrast, for most adoptees, this lack of information was problematic, but it did not significantly impact their sense of belonging to their adoptive families. In spite of these differences, Triseliotis argues that long-term foster care remains an appropriate option for many children in Scotland, provided certain conditions are met.

**Continuity with birth parents.** For the majority of children in out-of-home care (regardless of their permanency plan), the preservation of birth parent ties constitutes a primary goal. The value of continuity with birth parents may be viewed from several perspectives. First, clinical literature, bolstered by findings from empirical research, underscores the importance of child-parent contact to avoid agency- and/or court-created abandonment, ease the trauma of separation, catalyze the work of mourning, prevent the extreme idealization of birth parents, and generally facilitate children’s functioning (Fahlberg, 1991; Steinhauer, 1991). Second, supervised visits provide caseworkers with opportunities for direct observation of child-parent interactions and therefore inform case planning in potentially meaningful ways (Hess, 1987; Hess & Proch, 1988). Third, administrative outcome data on children placed in non-kin care indicate that child-parent contact is highly associated with, but not necessarily causally related to shorter lengths of stay in out-of-home care (Fanshel & Shinn, 1978; Hess, 1987; Meezan & Shireman, 1985; Milner, 1987), while lack of contact is highly associated with placement disruptions (Berridge & Cleaver, 1987). Finally, for children who remain in care, child-parent visits may increase the probability that birth parents will remain a potentially valuable resource for some youth following emancipation (Fein et al., 1990).

Interviews with current and former foster youth highlight the importance of birth
parent visits. Among the 59 children interviewed by Johnson et al. (1990), the majority had at least some regular contact with their birth parents. Again, it should be noted that most of Johnson et al.’s subjects still had permanency plans to return home. Contacts with mothers were more common than were contacts with fathers, with over half of their sample reporting at least monthly contact and a quarter reporting weekly contact with their mothers. Twenty-seven percent reported never seeing their mothers. In contrast, 54% reported having had no visits with their fathers within the last year. All but two children felt that visits with birth parents were “a good idea.” In the Wilson (1996) study, 55% of children reported having contact with their mothers, while 23% reported having contact with their fathers. When asked, “How often does your parent visit you?” 30% of Hispanic children, 22% of African-American children, and 13% of Caucasian children had seen their parent either “never” or “not at all in the past year.” Approximately one third of children felt that their visits with birth parents were sufficiently frequent. Without examining differences in subjects’ pre-placement experiences, retrospective studies suggest that visits preserved and possibly promoted subjects’ belief in “the real devotion of mothers” (Van Der Waals, 1960, p.31). Similarly, Zimmerman (1982) found a positive association between visiting and likelihood of “feeling loved” by birth parent(s). Finally, in an article where Kufeldt (1984) highlights the importance of birth parent visits as a critical component of “inclusive family foster care practice,” she quotes one child, “The child will think that the parents don’t care if they don’t know when they’re seeing each other” (p. 260).

In spite of this convergence of administrative data and qualitative interviews with current and former foster youth on the value of child-parent visits, visiting should not constitute an unquestioned goal (Fein et al., 1990; Hess, 1987; Hess & Proch, 1988). In all cases, systematic planning and caution is warranted. In some cases, postponement may be appropriate. In addition to agency/court mandates, caseworkers should consider factors including the purpose of the visits, the age of the child, the nature and chronicity of family problems, previous intervention efforts, parental motivations, child and parent reactions to visits, the level of risk to the child (see earlier discussion of perceived safety during birth parent visits), and the degree of supervision required (see Hess & Proch, 1988 and Steinhauer, 1991 for thorough reviews on this topic). Finally, children’s voices regarding visits should be given serious consideration. Interviews with current and former foster youth consistently reveal that they want to be consulted more about when, where, and with whom visits are conducted (Festinger, 1983; Kufeldt, 1984). Again, inclusion of children’s voices in decision-making is likely to bolster
their safety during birth parent visits and to enhance the overall success of these visits.

Clinical literature frequently describes the intense loyalty conflicts that many children in out-of-home care experience, particularly once their proverbial honeymoon periods have ended (Fahlberg, 1991; Steinhauer, 1991). Meanwhile, caregivers are often obliged to facilitate child-parent visits and generally nurture children’s relationships with their birth parents, while promoting a sense of belonging in their foster family. Important differences exist by placement type. For example, compared to children in non-kin care, children in kinship care are likely to experience greater continuity with their birth parents, given the higher rates of child-parent contact found in kinship care (Berrick et al., 1994; LeProhn, 1994; Oyserman & Bebenishty, 1992).

The nature of the relationship between birth parents and caregivers also has a significant bearing on children’s experience of continuity with their birth parents. Zimmerman’s (1982) study of former foster youth provides some insights into this area. In this retrospective study, subjects reported that birth parents’ attitudes toward foster parents were more positive than foster parents’ attitudes toward birth parents. Reflecting on the latter relationship, 9% of subjects characterized their foster parents’ attitudes toward birth parents as positive, 60% characterized their attitudes as neutral, and 30% characterized their attitudes as negative. Subjects who perceived negative attitudes described caregivers’ disparaging comments about birth parents and instances when caregivers did not allow child-parent visits.

**Continuity with biological siblings.** Although the federal Adoption Assistance and Child Welfare Act (1980) emphasizes the importance of preserving sibling ties, separation from siblings is a reality for many foster children. At a national level, an estimated 38% of children are currently placed as full sibling groups (Staff & Fein, 1992). According to an analysis of California’s 1995 administrative data, roughly 41% of siblings in the state’s foster care system do not live in the same home (Report to Legislature, California Department of Social Services, 1997). Important subgroup variations exist. Most prominently, children living in kinship care are much more likely to live with their siblings than children in non-kin care (Berrick et al., 1994). Wilson (1996) found that while 14.7% of the study’s randomly selected 300 children were living with all of their siblings, children of color were ten times as likely as to live with all of their siblings as Caucasian children. However, this particular finding is confounded by the fact that children of color, particularly African-American children, were also much more likely to live in kinship care than their Caucasian peers.

Current research reveals a host of barriers to sibling group placements. Ward (1984) classifies these reasons into two groups: 1) “administrative” (e.g. difficulties associated
with home recruitment, home size, family income, wide age spans between children, or assignment of different caseworkers) and 2) “semi-psychological” (e.g. concerns associated with children’s different medical/psychosocial needs, sibling rivalry, one sibling playing a parentified role, or size of the proposed blended family). Currently many states are pursuing strategies to minimize these barriers and increase the number of siblings who are placed together in permanent foster homes.

Meanwhile, foster children’s lived experiences with siblings are largely neglected in the literature. What are their experiences? Under what circumstances are separate, rather than joint, placements in children’s best interests? Under what circumstances should social workers promote greater sibling contact among siblings who are separated from one another?

Theory and empirical research with non-foster children identify several major functions of sibling bonds (Bank & Kahn, 1982). Siblings assist children in becoming socialized to the world, thus playing an important role in children’s identity development. They are important sources of social support throughout development. For example, in most cultures siblings have caretaking responsibilities of varying kinds and degrees. Additionally, in the general course of events, children use siblings to transition away from their primary attachment figures.

Children living in out-of-home care may have unique relationships with their siblings (Begun, 1995; Hegar, 1988; Staff & Fein, 1992; Ward, 1984). For some, pre- and post-placement crises intensify bonds of mutual protection. For others, pre-placement hostility with siblings persists. In general, this literature argues that sibling contact minimizes the trauma of parental separations, provides essential psychological comfort, and ultimately preserves foster children’s experiences of continuity with their families and cultures. In contrast, sibling separations are generally associated with increased short- and long-term adjustment difficulties.

Two retrospective studies underscore the importance of sibling contact. As part of her retrospective study, Festinger (1983) concluded that subjects were generally less satisfied with the amount of contact that they had with their biological siblings, relative to the amount of contact that they had with their birth parents and other relatives. Most had been in contact with at least one sibling while in care (92%), but only one in three were satisfied with their level of sibling contact. Similarly, among the former foster youth interviewed by Zimmerman (1982), a quarter were entirely separated from at least half of their siblings. That these separations were distressful was evident in their responses regarding whom they wished to see more frequently during their stay in foster care. While 30% of the former foster youth wanted to see
more of their birth parents, 40% wanted increased sibling contact.

Begun (1995) refers to “unintentional” and “intentional” sibling separation. Without using Ward’s (1994) terms, Begun offers “administrative” and “semi-psychological” reasons to describe each phenomenon. Unintentional separation, for example, often results from a general scarcity of family placements that can accommodate large sibling groups. In other cases, siblings have never cohabitated. Alternatively, they may have been removed at different points in time and therefore experienced non-coordinated placement plans. In contrast, intentional separation may be justified in certain situations -- most defensibly, in situations when children need to be protected from abusive, but not simply antagonistic relationships with their siblings. Drawing on family systems theory, some have argued that sibling separations are justified to reconfigure dysfunctional relationships -- for example, to prevent older siblings from playing parentified roles, leaving little room for the development of positive child-caregiver relationships in their new placement. However, without empirical support for this particular justification (Staff & Fein, 1992), the child welfare field should be humbled by former foster youth’s expressed desire for greater continuity with their biological siblings (Festinger, 1983; Zimmerman, 1982).

When joint placements do not occur, child welfare workers are responsible for facilitating contact. In the Johnson et al. (1990) study, contact with non-coresiding biological siblings was variable, with 14% reporting that they never see their siblings and 40% reporting at least monthly contact. In the Wilson (1996) study, nearly one in five children reported not having seen their siblings at all in the past year (excluding African-American children). Two-thirds of all subjects in the Wilson study reported at least monthly contact with their siblings. Festinger’s (1983) subjects provided some specific insights into social workers’ performance in this role, although her findings may have limited relevance today. Many subjects reported that their social worker did not inform them when they were in placement that they had biological siblings. Others commented that social workers interfered with their efforts to maintain contact with siblings (e.g. by requiring appointments). Still others reported that their social worker successfully facilitated contact with siblings closest in age to themselves, but did not make sufficient efforts to facilitate contact with siblings when wide age discrepancies existed. In sum, this literature generally suggests that child welfare staff should consider more seriously the value of foster children’s sibling bonds.

Children’s experience of family-like care in placement

Children on consignment. Stahl (1990) uses the term, “children on consignment,” to describe the instability experienced by many children in out-of-home care. A relatively large body of research has attempted to evaluate
children’s placement experiences in terms of several interrelated dimensions: perceived “social environment” (Colton, 1989), “emotional climate” of the home (Zimmerman, 1982); child relatedness with their new caregiver(s) (Fanshel et al., 1990; Johnson et al., 1990; Triseliotis, 1984; Van Der Waals, 1960; Wald et al., 1988; Zimmerman, 1982); structure, including disciplinary practices (Fanshel et al., 1990; Gil & Bogart, 1981; Johnson et al., 1990; Zimmerman, 1982); and “treatment by foster family” (Fanshel et al., 1990; Johnson et al. 1990; Zimmerman, 1982). Implicit in most of these studies is an ideal to lessen children’s sense of being “on consignment” and to promote their sense of belonging in a new family, regardless of its potentially temporary nature.

Perceived social environment. Colton (1989) conceptualized the social environments of children in out-of-home care in terms of five areas: caregiver strictness, caregiver support, friendliness of children in home, antisocial behaviors of children in home, and overall satisfaction with placement. He administered the Revised Social Climate Scale (RSCS) to 60 British children -- 26 children living in family foster homes and 34 children living in residential group homes. Comparing the RSCS’s five individual subscale scores, foster children’s ratings were significantly more positive, relative to residential children’s ratings. To capture children’s sources of social support, Colton asked a follow-up question: “If you had a personal problem on your mind, who would you discuss it with?” In response, the foster children in his sample awarded the highest mean rank to their foster parents, followed by a member of their natural family. In contrast, residential children gave the highest mean rank to a member of their natural family, with staff placed second overall. Although both groups indicated strong commitments to their families of origin, Colton hypothesized that foster children were more dependent on their foster parents for support than residential children were on staff because many foster children, unlike the majority of their residential counterparts, were unable to maintain contact with their natural families.

Emotional climate of home. Zimmerman (1982) conceptualized the emotional climate of a foster home in terms of the home’s inclusiveness, affection for children, provision of reasonable discipline, and openness to discussion about children’s concerns. Collapsing former foster youth’s ratings for each placement, Zimmerman learned that 58% of former foster youth experienced generally “positive” emotional climates during their total out-of-home care experience, while the remaining 42% gave either “neutral” or “negative” ratings (in roughly equal proportions). Separate from Zimmerman’s emotional climate assessment, 73% of subjects reported “always” celebrating their birthdays in care, 11% replied “sometimes,” and 16% replied “never.” Not surprisingly, subjects’ responses to
this question strongly correlated with their emotional climate ratings.

**Relatedness with new caregivers.**

Relatedness, which has its conceptual roots in attachment and self-system theory, reflects the need to feel securely connected to one’s social surroundings, coupled with the need to experience oneself as both worthy and capable of love (Connell, 1990). Relatedness has two dimensions: “emotional quality” and “psychological proximity-seeking” (defined as the degree to which children wish they were psychologically closer to a specific person). Lynch and Cicchetti (1991) found that maltreated children are more likely to describe confused patterns of relatedness with multiple persons in their lives (i.e. high levels of positive emotion, coupled with extremely high levels of psychological proximity-seeking), while nonmaltreated children are more likely to describe optimal patterns of relatedness (i.e. high levels of positive emotion, coupled with low levels of psychological proximity-seeking).

No studies have specifically examined foster children’s patterns of relatedness with their out-of-home caregivers. However, a few studies have attempted to examine specific aspects of relatedness, including “foster home attachment” (Fanshel et al., 1990); “feeling loved” (Wilson, 1996; Zimmerman, 1982), “feeling emotionally close” (Triseliotis, 1984; Van Der Waals, 1960); and perceived openness to discussion about children’s concerns (Zimmerman, 1982; Johnson et al., 1990).

Fanshel et al.’s (1990) retrospective study included an index of “Foster Home Attachment” which included four questions about their last Casey foster family: *Did you feel secure in this home? To what extent did they understand you? How close did you and the foster parents get? Do you keep in touch with the family?* Subjects’ mean score of 3.61 on this 4-point index suggests that the former foster youth in this sample experienced high levels of “attachment” to their last Casey foster family, although the reported standard deviation of 1.29 also indicates considerable variability. Three statistically significant associations were found. Subjects receiving less extensive psychological services reported closer measures of attachment to their Casey foster family. Length of stay in Casey care and greater contact with birth mothers were also positively associated with closer measures of attachment.

This positive association found between high levels of child-parent contact and “foster home attachment” may seem somewhat counterintuitive. However, from an attachment perspective, continuity with birth parents provides children with the necessary knowledge that they have not been abandoned. In turn, this knowledge allows children to trust and develop distinct relationships with new, substitute caregivers. At the same time, it should be noted that the causal direction of this relationship is unknown. Did child-parent contact cause the subject to feel more attached to their foster home, or did the experience of foster home
attachment in some way facilitate increased child-parent contact? Both phenomena are plausible and may have occurred simultaneously.

A few studies have examined children’s experiences of “feeling loved.” In her retrospective study, Zimmerman (1982) asked her subjects an open-ended question: “Did you really feel loved by anyone while you were growing up?” Twenty-five percent of her subjects identified at least one foster parent. (26% said that they did not feel loved by anyone while they were growing up, 25% named a natural parent, 12% named a peer, 8% named a combination of individuals, and 3% had unclassified responses.) Consistent with Fanshel et al.’s (1990) findings, Zimmerman learned that longer lengths of stay in care and visiting with birth parents at least once in six months were significantly associated with feeling loved by a foster parent. More recently, Wilson (1996) found that roughly three-quarters of children “always” felt loved in their current homes (with minimal differences by race/ethnicity). Among the 18 children who reported that they “never” felt loved in their current homes, 12 were living in a group care facility, while none were living in kinship care.

Similarly, retrospective studies have examined former foster youth’s feelings of emotional closeness with their out-of-home caregivers (Triseliotis, 1984; Van Der Waals, 1960). Among Triseliotis’ 40 subjects who spent most of their childhood living with the same foster parents, 70% said that they felt close with their foster parent(s) as a child, while 30% said that the quality of their psychological bonds were either mixed or unsatisfactory. Among Triseliotis’ 44 subjects who were adopted between the ages of three and seven, 80% said that they felt close with their adoptive parent(s) as a child, while very few said that the quality of their psychological bonds were either mixed or unsatisfactory. In contrast, only 25% of Van Der Waals’ 160 Dutch subjects reflecting on their experiences in long-term foster care described positive relationships with their foster parents, while 25% and 50% characterized their relationships as mixed or negative, respectively.

Finally, perceived openness to discussion about children’s concerns is likely to be another aspect of relatedness. Sixty-six percent of Zimmerman’s (1982) former youth reported that they were able to talk with their foster parents about problems. Directly examining children’s experiences while in care, Johnson et al. (1990) found that 71% of their subjects brought their worries to foster parents at least once in a while, while over one-third consulted with their foster parents routinely. These subjects reportedly expressed appreciation that their foster parents listened carefully to their concerns and provided experience in helping youth resolve difficulties. In contrast, after two years of living in stable placements, the majority of Wald et al.’s subjects did not seem to view their caregivers as emotional resources, even though most of these children reported positive
relations with their caregivers (Wald et al., 1988).

**Structure and disciplinary practices.** Among others, Stahl (1990) argues that “consistency helps to weave a bond of security” around children (p.19) -- foster children, in particular. Effective rules, according to Stahl, enable children to predict caregivers’ behavior, providing a space for them to test the limits of their personal autonomy. Given the inconsistencies in many foster children’s lives, they are likely to have an even greater need for routines and “effective rules,” ones which are clearly stated, well understood, reasonable, and enforceable.

Only a handful of studies have examined children’s experiences with structure in their out-of-home care environments, particularly in comparison to their experiences with structure in their birth family’s homes. Johnson et al. (1990) conducted the most thorough investigation into this area. Overall, 56% of subjects reported that their foster homes provided them with more structure than did their birth homes. While their mealtime and bedtime routines were familiar, children reported having more homework rules, curfew rules, household chores, and consistency surrounding the acquisition of allowance. Children also reported differences in the consequences for breaking rules. Twenty percent responded that nothing happened when they broke rules in their birth homes, while three-quarters reported that their current caregivers send them to their rooms or revoke certain privileges (e.g. allowance). Only 2 out of 59 children described being physically punished in their foster home, while one-quarter of the children reported that they were physically punished in their birth homes.

**Treatment by foster family.** In their interviews with former foster youth, Fanshel et al. (1990) created a ten-item index measuring the manner in which their last Casey foster family before exit from care had “treated” them. The authors report that the vast majority of subjects positively endorsed an item inquiring about their experience of being “treated kindly and accepted as family members” (p.92). On the other hand, the mean score on this 10-point index was 4.40 (with a standard deviation of .83), indicating generally low evaluations. A few statistically significant associations were found. Moodiness while in Casey care and one boy’s prior experiences with abuse in non-Casey foster homes were negatively associated with positive perceived treatment. Multiple out-of-home-care placements prior to Casey placement and maintenance of close relationships with birth mothers were positively associated with positive perceived treatment. Again, it should be noted that without additional data, explanations for these associations are speculative. For example, did the child’s moodiness cause the subject to perceive treatment more negatively, or did poor treatment in the home cause the child’s moodiness? In all likelihood, these causal chains are complex and multi-directional.
A common theme in interviews with current and former foster youth is the perception that foster parents, particularly non-kin foster parents, “treat” their foster children differently and, in some cases, unfairly, relative to their biological children. For example, among the former foster youth interviewed by Zimmerman (1982), 40% said that foster parents “distinguished” between foster children and their own children. Meanwhile, 22% of the children interviewed by Johnson et al. (1990) reported feeling that their foster parents treat them “worse” than they treat their own children. Specific complaints included the perception that caregivers expect foster children to do more chores around the home and also trust their biological children more readily, particularly when there are conflicts between children in the home.

**Promoting Permanence**

Foster children’s experiences of safety, support for their well-being, continuity with their birth families, and family-like care in placement are integrally related to this paper’s final discussion -- promoting permanence. In spite of this goal’s prominence in child welfare policy, planning, and practice, it is the least understood, particularly from foster children’s perspectives. This section begins with a brief overview of this elusive concept. It then discusses three particular topics: 1) children’s self-reported satisfaction in placement as it relates to permanence, 2) children’s perspectives on adoptive and long-term foster placements -- again, specifically in terms of perceived permanence, and 3) children’s inclusion in case planning.

**Defining permanence.** The concept of permanency has two aspects – legal and psychological. Legal permanence has its roots in landmark studies documenting “foster care drift” (Fanshel & Shinn, 1978; Maas & Engler, 1959) which, in turn, bolstered interest in permanency planning -- generally understood as a time-limited, goal-directed process for maintaining children in their birth families’ homes or, if necessary, placing them with families that can provide alternative, permanent homes (Maluccio, Fein, & Olmstead, 1986). Studies conducted in the 1970’s such as the Oregon Project (Emlen et al., 1978) and the Alameda Demonstration Project (Stein, Gambrill, & Wiltse, 1978) greatly contributed to the promotion of permanency planning as a large-scale national movement. In 1980, Congress gave federal sanction to permanency planning when it passed the Adoption Assistance and Child Welfare Act (PL 96-272). In policy and practice, legal permanency generally exists in a hierarchy of desirable outcomes: prevention of placement; reunification; adoption; legal guardianship; and long-term foster care. However, the policy pendulum has shifted somewhat in recent years, as children’s safety is now considered the child welfare system’s premier goal. With passage of the Adoption and Safe Families Act (ASFA) in
1997 – resulting in swifter timetables for the termination of parental rights and several measures to encourage more adoptions – adoption now holds more weight in the hierarchy of desirable outcomes – at least in the policy arena – than it did in the 1980's and most of the 1990's.

Psychological permanence, on the other hand, has its roots in research documenting that a “sense of permanence,” rather than a placement’s legal status, is one of the best predictors of children’s well-being (Lahti, 1982). From this perspective, the legally defined hierarchy of preferred placement outcomes is not consistently compatible with the distinct ways in which children and their caregivers experience particular placements as permanent. Psychological permanence may exist without legal sanctions. Conversely, psychological permanence may be absent, even when legal sanctions are in place.

Large administrative data systems now yield valuable information on the stability and legal permanence of children’s placements. We can track children’s lengths of stay in the foster care system, placement moves within the system, placement moves out of the system (by outcome, including reunification, adoption, legal guardianship, and emancipation), and re-entry rates. Outcomes vary considerably by county, child’s age, child’s race/ethnicity, reason for removal, and placement type. On average, though, children experience high levels of placement instability. In California, for example, 25% of children living with kin, and 52% of children living with non-kin experience at least three placements if their stay in foster care lasts a minimum of three years (Needell, Webster, Curraco-Alamin, & Armijo, 1998). Also noteworthy is the finding that only slightly over half of California’s children in kin and non-kin foster care return home within four years following their entry into the system (Needell et al., 1998), even though reunification is the preferred placement outcome.

The stories behind the trends that administrative data systems identify are much less clear. How are individual- and group-level outcomes achieved? In particular, how do children’s and caregivers’ perceptions of permanence influence outcomes? Moreover, we also need to ask whether these data trends provide sufficient information for assessing the child welfare system’s success in “promoting permanence.” Put differently, are our measures sufficiently aligned with our goal(s)? Recent studies examining the perspectives of caregivers, child welfare workers, and outside reviewers provide some critical insights, while foster children’s perspectives merit heightened attention.

Overall satisfaction in placement.
Children’s satisfaction in placement is likely to be highly associated with children’s permanence in placement. Children who experience psychological permanence in placement are likely to be relatively satisfied in placement. Conversely, children who are satisfied in
placement are likely to be committed to their placement’s continuation (Colton, 1989), while those who are not may undermine their placement’s long-term viability – either intentionally (e.g. by running away) or unintentionally (e.g. by unconsciously resisting their caregiver’s efforts to form a close, positive relationship). Relevant findings are reviewed below.

Gil and Bogart (1981) asked the 100 children ages 8-18 in their sample to judge the “best place” that they had “ever lived.” Eighty percent of the children living in foster family homes, and 47% of the children living in group homes identified their current placement. Fifteen percent of the children living in foster family homes, and 39% of the children living in group homes identified their home with a relative (most commonly, a birth parent). It is noteworthy that 76% of the children in foster family care reported living in their current placement for three years or more, compared to 42% of children living in group care. Thus in spite of their legal vulnerability, the majority of children in long-term foster family homes reported being highly satisfied with their current placements.

In contrast, Johnson et al. (1990) asked their 59 subjects, “If you could pick anybody you know to live with, who would you most like to be living with now?” Thirty-nine percent identified their birth parents. Other children identified a relative (32%), a current or former foster parent (19%), or a friend (10%). Unlike Gil and Bogart’s subjects, Johnson et al. restricted their sample to pre-adolescents ages 11-14 who had more recently entered foster care (between six months and two years previously). Most still had permanency plans to return home.

Recall that the Wilson (1996) study is, to date, the largest study examining foster children’s direct perspectives on their immediate experiences in care. Over 90% of the 300 interviewed children ages 4-17 were living in a foster home (rather than a group home). Sixty-seven percent of African-American children, 43% of Hispanic children, and 27% of Caucasian children were in kinship care. On average, children’s cases were in the Illinois system for nearly four years, while children of color tended to have longer lengths of stay, relative to their Caucasian peers. Wilson’s study included a 15-item “quality of life” scale. Children used a 5-point Likert scale to rank the 15 indicators included in the scale – first, in reference to their birth families’ homes and second, in reference to their current homes. Findings from several individual items are described in earlier sections of this paper. Here it should be noted that children reported quite high levels of satisfaction with their current homes, with minimal differences by race/ethnicity, as well as significant increases in overall satisfaction following placement on nearly all 15 items and on the collapsed scale. One year previously, Wilson (1994) administered this same 15-item “quality of life” scale and examined children’s overall
satisfaction by placement type. Briefly, children living in foster homes were found to be significantly happier than children living in other substitute care arrangements (shelters, group homes, child care institutions, and private institutions).

Unlike other studies, the Wilson 1994 study compared the reports of children living in kin and non-kin foster homes. The literature generally indicates that kin placements are less likely to disrupt children’s home, school, neighborhood, and community associations (Berrick et al., 1994) and ultimately provide greater placement stability (Courtney & Needell, 1997; Wulczyn et al., 1998). For these reasons, kin placements may engender relatively high levels of placement satisfaction and commitment. Wilson (1994), however, did not find differences in self-reported satisfaction between children living in kin and non-kin foster homes.

In spite of children’s self-reported high levels of satisfaction with their current homes, nearly half of Wilson’s subjects replied affirmatively when asked if they would rather live someplace else. With probing, between a quarter and one third of the total sample replied that they would prefer to live in a birth parent’s home (with minimal differences by race/ethnicity), regardless of whether that parent was the child’s caregiver when the child was removed from the home.

Finally, Zimmerman (1982) asked her 61 former foster youth to name all the places that they had lived while growing up and to identify which home they considered their best. It should be noted that most of Zimmerman’s subjects were in long-term foster care; on average, her subjects had spent 8.9 years in the system. It should also be noted that 53% of her subjects had lived in 1-2 homes, 36% had lived in 3-4 homes, and 11% lived in five or more homes. Overall, 33% percent reported growing up in their best home, 45% reported losing their best home (either their birth parent’s home or a foster home), 12% had lived in only one home, and 10% were not able to identify a best home.

Taken together, these studies raise innumerable questions and merely provide hints into children’s experience of permanence in out-of-home care. Ideally, children who are satisfied in placement -- either absolutely (e.g. living in the “best place” that they have “ever lived”) or relatively (e.g. living in a home where they are happier than they were when living in their birth parents’ home) -- also experience their placement as permanent and are, in fact, given the opportunity to grow up in that home. Unfortunately, none of these studies were longitudinal; outcomes for these subjects remain unknown. Roughly one third of Zimmerman’s subjects reported growing up in their best home, but her 1982 findings are likely to have limited generalizability to the present. Moreover, the retrospective nature of her subjects’ evaluations should be noted; her subjects may not have recognized the loss of their best home until after
the fact and possibly not until Zimmerman interviewed them.

These studies also illustrate that children’s placement satisfaction does not necessarily reflect their placement’s legal status. Most of these studies included large numbers of children in long-term foster care. In all of these studies, substantial percentages of children reported being generally satisfied. The reader is invited to speculate on the range of potentially important influences on children’s satisfaction in placement, many of which are addressed in earlier sections of this paper (e.g. child’s functioning in various domains prior to removal, age when removed from birth parents’ care, reason for removal, length of tenure in the system, number of previous placements, current age, current functioning, relatedness with caregiver, characteristics of current placement, degree of caseworker support, birth family contact, and likelihood of returning home).

In turn, children’s placement satisfaction does not necessarily correspond with their stated placement preferences. Most notable is Wilson’s (1996) finding that while three quarters of their subjects were happy in placement, nearly half would prefer to live somewhere else – most commonly, their birth families’ homes. In the Wilson study and others, children’s underlying reasons and degree of attachment to their stated placement preferences were not explored. Some subjects may have been entirely dissatisfied. Others may have been satisfied, but still interested and perhaps firmly committed to the idea of leaving. Others may have developed a capacity to tolerate conflicted feelings and were generally committed to their current placement. Caseworkers have the opportunity to explore children’s placement preferences with considerable depth. Indeed the literature consistently reveals current and former foster youth’s desire for more consultation in this area (Festinger, 1983; Johnson et al., 1990; Rest & Watson, 1984; Van Der Waals, 1960; Wilson, 1994, 1996).

Adoption vs. long-term foster care. On a continuum of placement desirability, reunification stands as the prevailing preference, assuming children’s home environments are stabilized for their safe return. In recent years, slightly over half of California’s children who entered care were reunified with their families within four years following their entry into the system (Needell et al., 1998). When reunification is not possible, adoptive homes, legal guardianship, and long-term foster homes are generally considered (in that order of preference). For a variety of reasons, though, relatively few children are adopted, and many children remain in long-term foster care. In California, for example, roughly 9% children who entered care in 1988 were eventually adopted (Needell et al., 1998). In contrast, California’s 1997 total caseload included large percentages of children living in kin (48%) and non-kin (30%) foster homes, with the former generally experiencing longer lengths of stay.
and fewer placement changes (Needell et al. 1998).

One important question that emerges from administrative data is whether children experience adoption as being more “permanent” than long-term foster care, and if so, how? In 1982, Proch completed interviews with 29 adoptive foster children ages 9-13, as well as their adoptive foster parents, to identify perceived distinctions between foster care and adoption. Sixty-six percent of her subjects were at least six years old when they were adopted, but children had lived 4.8 years on average in their adoptive parents’ homes prior to adoption. Among the children who were interviewed, only 28% could distinguish between foster care and adoption. The remaining children either did not know what the two placement options were or considered them to be the same. Not surprisingly, the children who did not make distinctions were those children who could not remember living in any other home than their adoptive foster home. Adoption had much more significance for children who remembered living in other foster homes. These children generally characterized foster care as temporary (e.g. “You keep moving from house to house”) and adoption as permanent (e.g. “You don’t have to move”). Proch’s study underscores the point that the presumed psychological permanence gained from adoption is not absolute. Many factors -- including children’s placement history -- impact the degree to which children perceive their adoptive placement as permanent.

Bush and Goldman’s (1982) study involved a stratified random sample of 370 state wards ages 9-18 in a large metropolitan area. The researchers determined that of the 136 youth in long-term foster care within their sample, 111 (82%) were “unable to return home.” Of these 111 youth in the “unable to return home” category, 87% percent reported wanting to stay in their present placement. At the same time, when asked, “If you could choose the adopting parents, would you like to be adopted?” only 44% replied affirmatively. Most commonly, these youth wanted “to ensure the security of their tenure in their placement” or “to have the sense that they now belonged in a real family” (p.231). Correspondingly, 66% of youth in their sample said that they did not want to be adopted, even though all of them were unable to return home, and the majority wanted to remain in their present placement.

Bush and Goldman examined the justifications that these 59 youth provided for not wanting to be adopted. The most common theme revolved around wanting to maintain ties with their birth parents. This desire was reflected in subjects’ comments: “I want to keep my last name” and “I want to remain with my own identity” (p.232). Other responses clustered evenly around four additional themes:

1) some children wanted to keep open the possibility, however unlikely, of returning home to their own parents;
2) some felt they were too old to want or need another set of parent figures;
3) some wished to stay as foster children in their present foster homes; and 4) some did not want to be tied down to any home, preferring to retain the freedom to move on if they became uncomfortable where they were currently living (p.232).

Bush and Goldman conclude, “…there remains a large category of children who, while they appreciate stability of care, cannot return home, do not wish to be adopted, and do not wish to become exclusively attached to their foster parents” (p.232). As Bush and Goldman note, it appears that these youth were prepared to tolerate and actually preferred the ambiguity in their relationships with their foster parents. While some of these youth appeared interested in independence for its own sake, the most common theme revolved around wanting to maintain birth family ties, however tenuous these ties may have been.

Like Proch’s (1982) study with slightly younger subjects, Bush and Goldman’s study underscores the complexities inherent in conceptions of permanency and clearly illustrates the relative, rather than absolute, value of adoptive placements. While their data are nearly twenty years old and are only generalizable to youth ages 9-18 in long-term foster care, their overall findings have important implications for child welfare practice. Unfortunately, Bush and Goldman did not explore the actual stability of their subjects’ placements, raising questions about these youth’s permanency plans and placement outcomes. Did caseworkers consider youth’s perspectives? If so, how? To what extent did children’s placement histories reflect their preferences? The answers to these questions are largely unknown.

Children’s inclusion in case planning. Several authors emphasize the importance of distinguishing between planned long-term placements and unplanned long-term placements – those existing by default from caseworker, agency, or systemic inadequacies (Bush & Goldman, 1982; Steinhauer, 1991). Permanency planning ideally involves the active participation of multiple stakeholders. However, one prominent theme in the literature is that foster children are not regularly included in and/or even informed about circumstances surrounding case planning decisions (Festinger, 1983; Gil & Bogart, 1981; Johnson et al., 1990).

From foster children’s perspectives, experiences with placement changes are particularly troublesome. Among Johnson et al.’s (1990) 59 preadolescent subjects, 61% reported that they were told very little about the reasons for being removed from their former foster homes. More than half reported having no involvement in the decision to move. Although they felt excluded from decision-making, 23 children were asked, primarily by their caseworker, if they wanted to live in their current foster home. Of those who were not asked, almost three-fourths said that they would like to have been asked. Similarly, in Wilson’s
(1996) much larger study, roughly three-quarters said that they had not helped their caseworkers decide what would happen to them, and roughly 40% had not attended their last administrative case reviews. Eighty-six percent of African-American, 68% of Hispanic, and 44% of Caucasian children replied that they had not seen their service plans – a pattern that may be explained by children’s placement types, rather than – or in addition to – children’s racial/ethnic identities. Finally, two retrospective studies suggest that some foster children’s lack of information about placement changes may persist into adulthood (Rest & Watson, 1984; Van Der Waals, 1960).

Conclusion
The United States’ out-of-home care population has increased significantly since the mid-1980’s and is now estimated to include more than one half million youth under the age of 18 (Curtis, Dale, & Kendall, 1999). In spite of their growing numbers, foster children’s voices remain grossly underrepresented in two parallel realms: first, in the research literature intended to improve the foster care service delivery system; and second, in day-to-day child welfare practice. Foster children’s relative silence is not surprising. For researchers interested in conducting studies involving foster children, methodological challenges are formidable. Similarly, child welfare workers are regularly confronted with overwhelming systemic demands and ongoing, immediately pressing crises in the field, leaving little time to focus on individual foster children’s unique experiences. In sum, the potential for foster children to assist us in developing richer understandings of the system is considerable, but largely unrealized.

The slowly emerging literature exploring children’s experiences in out-of-home care represents an important beginning. While significant methodological limitations generally characterize existing empirical studies, several major themes can be discerned from these studies, as well as qualitative investigations into foster children’s experiences. Curran and Pecora (in press) identified five such themes: 1) Foster children need to be given accurate information about their family background, including reasons for their placement; 2) Older foster youth need much more support prior to and during their transition to independent living; 3) More attention should be paid to foster children’s educational attainment; 4) More attention should be paid to foster children’s safety and overall sense of belonging in their new homes; and 5) Foster children should be active participants in the planning that dramatically affects their lives. A sixth theme that should be added to this working list is the need for ongoing, supportive relationships in children’s lives (in addition to ongoing, supportive services). While performance indicators usefully track foster children’s pathways through the system, interviews with current and former foster youth consistently
provide much more intimate pictures of the ways that particular relationships positively influence their subjective experiences of safety, well-being, family, and permanence.

Future research involving foster children should continue to explore the areas reviewed in this paper. At the same time, tenacity, resourcefulness, creativity, and agency-researcher-court collaboration is needed to bolster the overall quality of future studies. Larger, more representative samples are needed so the experiences of foster children by race/ethnicity, class, gender, age, reason for removal, placement type, and a host of other potentially influential factors can be examined. Because the instrumentation for exploring foster children’s experiences is scant, future research should also strive to develop a lineage of standardized measures that are valid and reliable for use with this unique population. Equally important, investigators need to disseminate vital study findings in ways that will significantly improve our foster care service delivery system. Until greater attention is directed to these methodological concerns, foster children’s experiences in out-of-home care will remain elusive.

Meanwhile, the challenge for child welfare workers is to seriously consider the implications of Festinger’s 1983 book title, “No one ever asked us,” and strive to listen more closely to children’s personal perspectives. The theoretical frameworks and empirical findings reviewed in this paper are offered to stimulate greater inclusion of children’s voices into child welfare practice. Political, legal, financial, administrative, and pragmatic barriers all conspire to limit child welfare workers’ ability to be regularly client-focused in their work with foster children. At the same time, child welfare practice that fails to incorporate foster children’s perspectives may exacerbate foster children’s commonly experienced feelings of powerlessness and ultimately undermine the possibility of achieving desired client outcomes. Inclusive child welfare practice, on the other hand, constitutes an invaluable opportunity for foster children to have an active, positive involvement in making decisions that will profoundly impact their lives.
<table>
<thead>
<tr>
<th>Author (Date)</th>
<th>Nature of Study</th>
<th>Sample Size</th>
<th>Age Range</th>
<th>Era in Care (Country)</th>
<th>Placement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bush &amp; Goldman (1982)</td>
<td>Informal, unstructured, in-person interviews; case record reviews; surveys completed by several individuals</td>
<td>Interviews were conducted with 136 youth. (The larger study involved a total of 370 state wards.)</td>
<td>9-18</td>
<td>1970s (U.S.)</td>
<td>The 136 youth were in long-term foster care (&gt;1 yr. in placement)</td>
</tr>
<tr>
<td>Colton (1989)</td>
<td>In-person, semi-structured interviews involving completion of the Revised Social Climate Scale</td>
<td>60</td>
<td>12-18</td>
<td>1980s (England)</td>
<td>26 “hard to place” youth in foster homes (&gt;6 mos. in placement); 34 youth in residential group homes (&gt;3 mos. in placement)</td>
</tr>
<tr>
<td>Fanshel &amp; Shinn (1978)</td>
<td>Prospective, 5-year longitudinal study involving in-person, semi-structured interviews. (The larger study involved multiple sources of data.)</td>
<td>Interviews were conducted with 205 children. (The larger study involved 624 subjects.)</td>
<td>7-13</td>
<td>Subjects entered care in 1966 and were in care for a minimum of 90 days (U.S.)</td>
<td>Range of substitute living arrangements</td>
</tr>
<tr>
<td>Fanshel, Finch, &amp; Grundy (1990)</td>
<td>Retrospective longitudinal study involving case record reviews and in-person, semi-structured interviews with 106 former foster youth.</td>
<td>Interviews were conducted with 106 former foster youth. (The larger study involved 585 subjects.)</td>
<td>Young adults at time of interview</td>
<td>Discharged on or before December of 1984 (U.S.)</td>
<td>Youth participating in The Casey Family Program, a privately funded agency located in western states that emphasizes maintenance of children in long-term foster homes</td>
</tr>
<tr>
<td>Festinger (1983)</td>
<td>Retrospective study involving completion of a questionnaire (as part of an in-person interview, a phone interview, or a mailing)</td>
<td>277</td>
<td>Young adults at time of interview</td>
<td>Discharged in 1975 and had been in continuous care for at least five years (U.S.)</td>
<td>76 subjects had been discharged from a residential group setting; 201 subjects had been discharged from a foster home</td>
</tr>
<tr>
<td>Study</td>
<td>Methodology</td>
<td>Sample Size</td>
<td>Age</td>
<td>Year</td>
<td>Details</td>
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<tr>
<td>Gardner (1996)</td>
<td>In-person, structured interviews involving The Kvebaek Family Sculpture Technique</td>
<td>85</td>
<td>8-15</td>
<td>1990s   (Australia)</td>
<td>43 in long-term foster care (&gt;1 yr. in placement); 42 non-fostered, matched controls</td>
</tr>
<tr>
<td>Gil &amp; Bogart (1981)</td>
<td>In-person, semi-structured interviews involving completion of the Coopersmith Self-Esteem Inventory and the Parks Career Role Inventory</td>
<td>100</td>
<td>8-18</td>
<td>1970s   (U.S.)</td>
<td>50 in foster homes 50 in group homes</td>
</tr>
<tr>
<td>Johnson, Yoken, &amp; Voss (1990)</td>
<td>In-person, semi-structured interviews</td>
<td>59</td>
<td>11-14</td>
<td>1980s   (U.S.)</td>
<td>State and privately-run foster homes. All youth had been living in family foster care in this county for between 6 months and 2 years.</td>
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<tr>
<td>Kufeldt (1984)</td>
<td>In-person, semi-structured interviews</td>
<td>40</td>
<td>6-12</td>
<td>1970s   (Canada)</td>
<td>Foster homes</td>
</tr>
<tr>
<td>Proch (1982)</td>
<td>In-person, semi-structured interviews</td>
<td>29</td>
<td>9-13</td>
<td>1970s   (U.S.)</td>
<td>All children had been placed by public child welfare agencies into their adoptive foster homes at a young age. The mean time in the home prior to adoption was 4.8 years.</td>
</tr>
<tr>
<td>Rest &amp; Watson (1984)</td>
<td>Retrospective study involving semi-structured interviews</td>
<td>13</td>
<td></td>
<td>Era is unknown, but predated 1984 (U.S.)</td>
<td>Long-term foster homes</td>
</tr>
<tr>
<td>Triseliotis (1984)</td>
<td>Retrospective study involving semi-structured interviews</td>
<td>88</td>
<td></td>
<td>Era is unknown, but predated 1983 (Scotland)</td>
<td>40 were placed in term foster homes (when they were a few months to 9 years old); 44 were adopted between the ages of 3 and 7.</td>
</tr>
<tr>
<td>Researcher</td>
<td>Study Design</td>
<td>Sample Size</td>
<td>Age Range</td>
<td>Date</td>
<td>Placement Type</td>
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<tr>
<td>Van Der Waals (1960)</td>
<td>Retrospective study involving in-person interviews</td>
<td>160</td>
<td>Early to mid 1900s (Holland)</td>
<td>Long-term foster homes</td>
<td></td>
</tr>
<tr>
<td>Wald, Carlsmith, &amp; Leiderman (1988)</td>
<td>In-person, semi-structured interviews (The larger study involved multiple sources of data.)</td>
<td>32</td>
<td>4-10</td>
<td>1970s (U.S.)</td>
<td>Foster homes</td>
</tr>
<tr>
<td>Wilson (1994 data)</td>
<td>In-person, semi-structured interviews</td>
<td>250</td>
<td>4-17</td>
<td>1990s (U.S.)</td>
<td>91% in some kind of foster home (with 62% in kinship foster homes); 9% in residential group facilities. All youth had spent &gt;3 months in placement.</td>
</tr>
<tr>
<td>Wilson (1996 data)</td>
<td>In-person, semi-structured interviews</td>
<td>300</td>
<td>4-17</td>
<td>1990s (U.S.)</td>
<td>Similar to Wilson (1994)</td>
</tr>
<tr>
<td>Zimmerman (1982)</td>
<td>Retrospective study involving in-person interviews</td>
<td>61</td>
<td>Young adults at time of interview</td>
<td>Subjects entered care between 1951-1969 (U.S.)</td>
<td>Mostly long-term foster homes (&gt;1 yr. in placement)</td>
</tr>
</tbody>
</table>
References


Children’s Experiences in Out-of-Home Care:  
A Review of the Literature

Questions for Discussion

Safety

1. How can child welfare workers and other agency personnel support safe out-of-home care settings for children?

2. Identify reasons why children might not disclose experiences of maltreatment to their child welfare worker. How can child welfare workers increase the probability that children will disclose this information? Consider all contexts where maltreatment may occur, including visits with biological parents. Consider the experiences of children living with kin, as well as the experiences of children living with non-kin.

3. To what extent are child welfare workers responsible for promoting children’s subjective experience of safety in various contexts? Toward that goal, what strategies might be employed?

4. Richters and Martinez (1993) found that maternal education mediates the effects of community violence exposure on children’s distress levels. How would you explain this relationship? How should this finding inform child welfare policies, planning, and practice?

Well-Being

5. Upon removal from their homes and subsequent entry into the foster care system, should children also be removed from poverty?

6. How can child welfare workers effectively mediate the generally deleterious effects of poverty on children’s well-being?

7. Relative to the general child population, children in out-of-home care experience high rates of physical and mental health problems, as well as a host of schooling-related difficulties. To what extent should children entering care be identified and invited to participate in early intervention programs? What are the potential risks and benefits of this preventive approach?

8. Poor outcomes in the domain of foster children’s well-being are amply documented. To what extent are children’s biological parents responsible? To what extent are their caregivers responsible? To what extent are the various systems impacting foster children’s lives responsible? What role and accompanying responsibilities do child welfare workers have in promoting foster children’s overall well-being?

9. Identify the multiple ways in which children’s removal from their biological parents’ home constitutes a crisis for children. How might this crisis be experienced differently by children living with kin, as opposed to children living with non-kin? Identify services and strategies that child welfare workers can employ to help children cope effectively with this event.
Family/Permanence

10. To what extent should foster children be given background information on their families? For any given child, what factors would you consider in assessing the degree to which s/he should be informed? What kinds of information might be appropriate to withhold from a child?

11. What strategies might foster parents employ to ensure ongoing contact between children and their biological siblings?

12. Fanshel et al. (1990) found that high levels of child-parent contact were positively associated with two particular scales – one 4-item index assessing “foster home attachment” and one 10-item index assessing the degree to which children experience positive “treatment” by their foster family. How do you explain the existence of these positive relationships? What are possible implications of these findings?

13. Brainstorm ways that child welfare workers can assist caregivers, particularly non-kin caregivers, in reducing children’s possible sense of being “on consignment” (Stahl, 1990).

14. In the Wilson (1994) study, the majority of children reported high levels of satisfaction with their current homes, while nearly half of Wilson’s subjects replied affirmatively when asked if they would rather live someplace else. How should inquiries into children’s level of placement satisfaction inform child welfare practice? How should inquiries into children’s placement preferences inform child welfare practice?

15. Several investigators assert that the presumed psychological permanence gained from adoption is not absolute (Bush & Goldman, 1982; Proch, 1982). What theoretical arguments and empirical findings do they present? To what extent do you agree? Disagree?

16. To what extent should foster children be involved in case planning and implementation? For any given child, what factors would you consider in assessing the degree to which s/he should be included?