



March 1993

Empirical Studies on Foster Care: Review and Assessment

Susan Horan

State University of New York, Buffalo

Gay Kang

State University of New York, Buffalo

Murray Levine

State University of New York, Buffalo

Caroline Duax

State University of New York, Buffalo

Barbara Luntz

State University of New York, Buffalo

See next page for additional authors

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>

 Part of the [Social Work Commons](#)

Recommended Citation

Horan, Susan; Kang, Gay; Levine, Murray; Duax, Caroline; Luntz, Barbara; and Tasa, Carolyn (1993) "Empirical Studies on Foster Care: Review and Assessment," *The Journal of Sociology & Social Welfare*: Vol. 20 : Iss. 1 , Article 9.

Available at: <https://scholarworks.wmich.edu/jssw/vol20/iss1/9>

This Article is brought to you for free and open access by the Social Work at ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.



Empirical Studies on Foster Care: Review and Assessment

Authors

Susan Horan, Gay Kang, Murray Levine, Caroline Duax, Barbara Luntz, and Carolyn Tasa

Empirical Studies on Foster Care: Review and Assessment

SUSAN HORAN, GAY KANG, MURRAY LEVINE,
CAROLINE DUAX, BARBARA LUNTZ AND CAROLYN TASA

State University of New York at Buffalo

This is a selected review and critique of twenty articles which investigate psychosocial characteristics of children in foster care. Each article represents an effort to describe the foster care population and/or to test hypotheses about issues in foster care. Articles were selected within the time frame of 1974 to 1989. Data are presented in summary tabular form. Discussion focuses upon behavioral characteristics and emotional/health problems of the children. A general methodological critique of research is provided. Policy recommendations incorporate those variables/factors most frequently studied and suggest direction for further research.

A goal of the foster care system is to prevent the separation of the child from his or her biological family. If separation becomes necessary the goal then becomes provision of a stable substitute family for the child while helping the natural family to solve its problems so that the child can return home. When the child's best interests are not served by reunification with the biological family, the desired outcome becomes adoption or at least a stable long-term placement. The problems encountered in meeting these goals have resulted in countless studies ranging from reasons for placements; characteristics of the biological parents, the children, and foster parents; visitations; length of stay, to social workers, permanency planning and other related topics.

This research was completed under the support from the Department of Health and Human Services, Grant No. 90CW0950/01. Correspondence and requests for reprints should be addressed to Gay Kang, M.P.H., Ph.D., SUNY @ Buffalo, Department of Sociology, Park Hall, Buffalo, New York 14260.

One of the major problems facing researchers, practitioners and administrators is how to assimilate and process all of the information generated by these studies. It is extremely time consuming to review the existing research, let alone determine its trustworthiness and impact. We need to know if existing research is reliable and valid. A methodological evaluation of existing research is crucial.

An information retrieval tool devised by Raoul Naroll and H. Coh, (Naroll, 1983) entitled "THINCS—Theoretical Information Control System" was used to produce a systematic assessment of available research using government studies and related articles on foster care. THINCS provides 3 major products: (1) a *profile*—description of each study including the hypotheses and a methodological analysis of the research; (2) four *cross-indexes* based on—Author, Title, Main subject and Variable Key Word; and (3) a *review monograph* on the state of knowledge for the particular topic.

THINCS was designed to aid researchers, practitioners, and administrators in locating theories of specific topics quickly and easily, assessing the trustworthiness of the research, and providing a complete review of the state of the knowledge in the specific field involved. An example of a profile sheet from a THINCS of foster care is provided in Table 1.

This article presents detailed information from *THINCS: Foster Care* (see Kang et al, in press) on one aspect of the foster care system—psychosocial characteristics of foster children. The data are collected from journal articles published since 1975. All of the studies described here were analyzed using the THINCS methodology. Each hypothesis was set forth and coded for methodological strengths and weaknesses.

The first part of this article deals with studies relating to the characteristics of the children entering foster care. This is followed by studies describing the prevalence of emotional and health disorders among children in the system. Recommendations for improved methodology are then presented along with a discussion of service needs for foster children and their families based on the prevalence of the psychosocial disorders.

Table 1

DOCUMENT NUMBER: 01
PROFILE: 001
SOURCE: Journal Article
PUBLICATION YEAR: 1985
AUTHOR: Wiehe, Vernon R.
CITATION: Locus of control in foster and non foster children. *Journal of Genetic Psychology* 148 (2): 183-187
MAIN SUBJECT: "Locus or control in foster and non foster children"
HYPOTHESIS/FINDINGS: ["A study comparing score of foster and non foster males female from the Nowicki Strickland Internal-External Locus of Control Scale found that] . . . [female foster children had significantly high scores indicating a higher external locus or control. No significant differences were noted between the male foster and non foster children . . . statistically significant differences [were found] amount each of the [age] groups . . . 3 years or less, 4 to 6 years, more than 6 years [with mean scores rising as years increased]" (Wiehe 1985:185)
UNDERLYING THEORY: "According to social teaming theory, . . . the critical events necessitating removal from the family and the placement into foster care, events over which a child has little or no control may reinforce a belief that one can assume little responsibility for the control of life events" (Wiehe 1983:1984).
FOCUS/SCOPE: Process
DEPENDENT VARIABLE: Locus of Control (Nowicki Strickland Internal-External Locus of Control Scale)
MEASUREMENT SCALES: Orindal Scale
VALIDITY: no reported test of validity; face validity is good
VARIABLE 2: Type of child (foster vs. non-foster)
MEASUREMENT SCALES: Nominal Scale
VALIDITY: direct measure
VARIABLE 3: Length or time in foster care (3 yrs. or less, 4-6 yrs., 6 + years)
MEASUREMENT SCALES: Nominal Scale
VALIDITY: direct measure
VARIABLE 4: Sex or child
MEASUREMENT SCALES: Nominal Scale
VALIDITY: direct measure
VARIABLE 5:
MEASUREMENT SCALES:
VALIDITY:
VARIABLE 6:
MEASUREMENT SCALES:
VALIDITY:
VARIABLE 7:
MEASUREMENT SCALES:
VALIDITY:

Continued . . .

Table 1 Continued

SAMPLE SIZE: 56

TYPE OF UNIT: individuals: children

GEOGRAPHIC LOCATION: Southern Metropolitan Community

FINANCIAL SUPPORT: no claim that the study was funded

RESEARCH DESIGN: small group comparison

REFERENCES CITED: 7

DATA SOURCES:

DATE:

DIRECT TEST: ANOVA, mean score on test

CORRELATION COEFFICIENT: vars 1 & 4 $F = 3.97$ vars 1 & 3 $F = 3.24$

SIGNIFICANCE LEVEL: $p < .05$

PROCEDURES:

CODER RELIABILITY:

Source 1 no evidence of coder reliability

Source 2 no evidence of coder reliability

DATA SOURCE RELIABILITY:

Source 1 no evidence of reliability

Source 2 no evidence or reliability

SAMPLE: yes

MULTIVARIATE ANALYSIS: the researcher cross-tabulated 3 or more variables with substantive variables, used multiple or partial correlations, analysis of variance, or factor analysis

LANGUAGE PROBLEM:

Source 1 no mention of steps taken

Source 2 no mention of steps taken

DATA COLLECTOR TRAINING:

Source 1 No evidence is from a compendium and no mention is made of training

Source 2 No evidence is from a compendium and no mention is made of training

DATA COLLECTOR AWARENESS:

Source 1 No evidence of data collector unawareness

Source 2 No evidence of data collector unawareness

CONTROL GROUP: Random The subjects and controls were assigned randomly

Controlled The subjects and controls were matched or unmatched

Matched The subjects and controls were assigned randomly

Aware The subjects and controls were matched or unmatched.

DOUBLE INCLUSION:

Source 1 No evidence that the researcher checked for double inclusion

Source 2 No evidence that the researcher checked for double inclusion

DEVIANT CASE ANALYSIS: Yes

COMMENTS: "There was no significant difference on locus of control scores for the foster children when analyzed by the age groups of 14 years and under or 15 years and above" (Wiehe, 1985. p 185).

Behavioral Characteristics

Many researchers have noted that the primary reason for placement of a child in foster care is family dysfunction, and not because of problems of the child. However, preplacement and placement experiences can be impediments to healthy psychosocial development of foster children leading to emotional and behavioral problems. In a study of placement prevention, Reid et al (1988) compared families where the child was placed in foster care with families where placement was avoided. They reported that placed children not only had more behavioral problems than the nonplaced children but these problems were of a more serious nature, for example, theft, or substance abuse. Problems of the nonplaced children were more likely to be school disturbances, or sexual acting out.

These researchers conclude that families in which children were placed were characterized by more problems and more serious problems of the children, fewer resources available for the family, less service utilization and less satisfaction with the efforts of the agency than families in which the child was not placed.

Taber and Proch (1987) studied the Chicago Services Project (CPS). They found that, while all of the youths in their sample had behavior problems, only 12 of the 51 had entered care for that reason. The problems were severe—13 youths had been held in detention or were committed to a correctional institution, 32 were eligible for special services for behavior disorders.

These authors also found that the older the child is at placement, the shorter the placement time and the greater the tendency to move to more restrictive settings. After CSP service, the mean number of moves dropped and placements were in less restrictive settings.

Stone and Stone (1983) examined the incidence and cause of foster placement breakdown. Thirty-one out of their sample of 64 foster children were withdrawn from their foster homes. In each case the reason for removal was disruptive behavior of the child. They report that successful foster placement is significantly associated better socialized children with good school conduct, with children who do not exhibit aggressive

behavior, and with children who demonstrate positive attachment towards parents, teachers, and caseworkers. Using multiple regression analysis, Stone and Stone found three variables which predict successful placement outcome: rapport of foster parents and agency, the child's school conduct, and the chronicity of the problem that required the initial placement.

Keane (1983) interviewed foster parents for their perceptions of the behavior problems of foster children in their care. Sixty-nine percent of the parents mentioned behavior problems at the time of initial placement, 22 percent reported five or more problems. Fewer problems were reported for children placed before age one but 54 percent of children placed between the ages of one and four had three or more problems. This is a higher proportion of problems than reported for the sample children five years and older. Keane also found that the greater the number of placements the more likely the child would display behavior problems at placement. An analysis of current problems found that foster parents reported a slightly greater number than occurred at placement. Children aged four to nine were the most problematic. Keane administered the Rutter A scale, used to measure behavior and emotional functioning of the children, to the foster parents and found that 30 percent of the children showed some degree of disturbance. These disturbed children displayed more behavior problems at placement, were less well integrated with the foster family, and were less fully accepted by the foster parents. Only 43 percent of the foster parents in this study expected to discuss behavior problems with the social worker. When the parents did discuss the problems only 39 percent said that it was helpful.

In an analysis of a home-based service program, Bribitzer and Verdieck (1988) report that in 49 percent of the families, the children had emotional or learning disabilities or physical or mental handicaps, 14 percent had at least one child with a history of alcohol or substance abuse, and 15 percent of the families had at least one child with a history of juvenile court involvement. These researchers found that families with a large number of children, younger families, families with no history of juvenile court involvement, and families that use a large number of support services tend to have

successful case outcomes, i.e., the child is returned home or emancipated.

Lauder et al (1986) investigated 185 children who had been in care for five years. They stress the fact that the majority of children who enter care are returned to their own families within a short time and that foster care is relatively stable. The majority of children have 1–2 placements while in care. They did find, however, that children with more behavior problems tend to remain in care as compared to children with few behavior problems who are returned home.

Pardeck (1983, 1984) found that children with behavioral and emotional problems have a tendency to experience replacements in foster care. This relationship holds even when controlling for years in care. Pardeck (1983) also notes that three years in care is the critical point at which the chance for multiple placements greatly increases. After this point, the probability of frequent replacement remains the same.

Borgman (1981) studied the relationship between parental rights termination (PRT) for abused and neglected children and placement status. His sample formed three subgroups—10 were in foster care and had never entered an adoptive placement, 9 children had experienced a disruptive adoption, and 12 were in adoptive homes that appeared stable. Bergman reports that 13 of the children had gross behavior deviations before PRT. The presence of at least one conduct disorder was related to adoptive placement. Eight of the ten children with no adoptive placement displayed conduct disorders while only 5 of the 19 who entered adoptive homes showed such disorders. The majority of his sample had experienced at least three placements before PRT with child behavioral problems being one reason for removal. Bergman also found that behavior problems erupted during the period between PRT and placement of the child in the adoptive home.

Seaburg and Tolley (1986) tested two models to identify predictors of length of stay in foster care. Model I consisted of variables that have been typically tested in previous research while Model II consisted of these same variables plus other variables not previously tested. They found that variables which had been significant in Model I became nonsignificant when the

number of predictor variables was increased. Model II showed that the most important predictors of length of time in stay were age and ethnicity. The older black child is likely to remain in care longer. Child behavioral problems, significant in Model I were not significant in Model II. However, deviant behavior of the child was related to a decrease in time in care. The authors note that it is possible that the deviant child is in some other form of substitute care due to their disruptive behavior.

Byles (1980), in a study of adolescent girls, found that length of time in placement is related to the severity of the behavior problems of the girls. He also notes that their deviant behavior escalated following their first placement. While status offenses were most prevalent in this sample, 57 percent of the girls also committed indictable offenses, for example, theft, vandalism, and assault. Twenty-three of the girls made suicide attempts.

Torczyner and Pare' (1979) examined the influence of environmental factors and psychological factors on foster care. They report that the families whose children returned home were denoted by significant improvements in their financial situation and an increase in social supports. The families whose children remained in care did not show improvement in these areas but did experience improvements in parental and child behavior.

Timberlake and Verdieck (1987) interviewed foster parents of adolescents for information about their perception of the children's psychosocial functioning. Two profiles emerged—an asset profile and a vulnerabilities profile. One-half of the adolescents were functioning moderately well to very well on 61 percent of the measures. One-fourth were not functioning or functioning very poorly. The authors suggest that those adolescents functioning moderately well to very well may be handling their fear of additional rejection and loss by trying to please others and to conform to what is expected of them in the current placement. Those adolescents who were functioning poorly may be trying to protect themselves from further rejection by avoiding close interpersonal relationships.

While many researchers have correlated parental visitation with successful reunification with biologic parents, Gean et al (1985) found that for children under age three visitation in the

biologic parents' home was associated with distress symptoms of the children, specifically toileting problems, clinging and crying. If the primary caregiver reported having anxiety about the visit there was an increase in the number and frequency of symptoms exhibited by the child.

McIntyre et al (1988) compared the psychosocial development of foster children with children home-reared in both poverty and non-poverty. Using discriminant function analysis, they identified two significant functions—the first distinguished between the poverty and non-poverty groups, the second distinguished between foster and home reared groups. The foster pattern that emerged was interpreted as the child's belief that external events determine the child's experiences and behavior. To the foster child unpleasant experiences have to be endured and pleasant experiences are to be exploited. The authors suggest that this pattern is due to learned helplessness and external locus of control.

Function 1, which distinguished between the poverty and non-poverty reared groups was also manifested by 44 percent of the foster children. This function was characterized by the child lack of involvement in establishing and maintaining familial relationships.

These authors also investigate peer social integration among foster children. They report that the foster children were more often disliked and rejected than were home reared peers.

Wiehe (1985) also investigated locus of control in foster care and non-foster care children. He found that female foster children had significantly higher scores on the Nowicki Strickland Internal-External Locus of Control Scale. A higher score indicated a higher external locus of control. No differences were found between foster male children and non-foster children. Differences were found among foster children based on length of time in care with those in care more than six years having significantly higher scores.

Daly and Carpenter (1985) investigated the adjustment problems of Vietnamese refugee youths in foster care in the United States. They compared refugee youths who had been in this country for one and one-half years with refugee youth who

had been here three years or more. They report that the youths who had been here longer had made positive adjustments and that adjustments improved over time.

Porte and Torney-Purta (1987) report conflicting results from the study by Carpenter and Daly with their research on Indochinese refugee minors in U.S. foster care. They found that while all of these youths were quite depressed those youths living in Caucasian or group homes had higher depression scores than those youths living with ethnic families or their own families. The youths living in ethnic setting scored higher in academic achievement and were more likely to regard their school achievement as a result of their own efforts and therefore under their own control. Children in ethnic settings more often sought out someone to talk to or turn to someone for help when feeling sad than did youths in nonethnic settings.

Prevalence of Emotional and Health Problems

The emotional and physical health status of foster children is of great concern to researchers, administrators, and practitioners. Several researchers have found that children in foster care have inadequate health care and are at a high risk for severe medical problems.

Schor (1982), in a study of the health status of foster children identified 2.3 chronic problems per foster child in his sample—psychological and behavior problems were most frequently noted. They were present in 37 percent of the children.

Schor also reports that 33 percent of his sample of 387 foster children were below the twenty-fifth percentile in height. Immunization records were also lacking—they were available for only 55 percent of the children over age 12 and for 81 percent of the children under the age of 12. Seventy percent of the sample were found to be inadequately immunized. The following problems were also found: ophthalmologic—35 percent; educational—31 percent; dermatologic—22 percent; allergic—17 percent; dental/oral—16 percent; otologic—12 percent; physical growth and development—12 percent; and musculoskeletal—9 percent. Schor notes that foster children are under-utilizers of medical care and suggest that the medical care of foster children is neither frequent enough nor is it comprehensive.

Moffatt et al (1985) examined the medical charts of 257 foster children and because so much information was lacking on the charts, the selected a random subsample of 35 of these children for an in-depth medical and psychosocial examination. Additional information was obtained from the personal knowledge of agency nurses, the children were interviewed and given health examinations. The foster parents of these children completed the Achenbach Child Behavior Checklist (CBCL) and the children's teachers completed the Rutter's Teacher's Questionnaire of Child Behavior (RTRS). Moffatt found that 13 percent of school age foster children had scores indicating pathology on behavior scales, 29 percent had abnormal scales, and 10 percent had known psychiatric problems. They report that 39 percent of the sample scored below the second percentile of normal on the Social Scale of the Achenbach Child Behavior Check List.

Moffatt reports that 18 percent of the chart review sample had not been examined in the past year. This could be due to lack of information on the hospital charts since only 5 percent of the subsample had not been given a health examination. They found that the immunization records of both samples were lacking. In only 48 percent of the chart sample and 26 percent of the subsample was there definite evidence of complete immunization.

The authors also found 10 percent of the subsample to be a height below the third percentile of normal. Eighty-six percent of the 35 children had a health problem with 40 percent having a serious or chronic problem. The chart review for this sample only uncovered such problems in 16 percent of the children. Out of 77 problems uncovered by this study, the agency was only aware of 40 problems.

Moffatt et al believe that the care provided by the agency for the children with serious illness was, in general, good. However, the medical record keeping of the agency needs to be improved as does the implementation of prevention procedure.

Hochstadt, et al (1987) evaluated 149 abused and neglected foster children. They found that half of these children had multiple physical abnormalities, 40 percent had a chronic condition. These researchers also found that 24 percent of the children were of a stature below the fifth percentile and 10 percent below the

fifth percentile for weight. None of the children had complete immunization records.

Using the Louisville Behavior Check List, Hochstadt et al (1987) found that foster children exhibited a significant number of behavior problems, far more than would be expected the normal population. They suggest that with age these problems become more frequent and more severe. Furthermore, thirty-four percent of this sample had potentially serious medical problems necessitating medical subspecialty care. Developmental delay was suspected in 38 percent of the children under age five.

Frank (1980) investigated in psychosocial problems and treatment of foster care children. He had his assistant, both MSWs, rate 50 foster children at the time of their initial placement and five years later, the treatment needs for both time periods, and the treatment received. The rating scale for the psychosocial problems ranged from 1—no problems to 7—most serious problems which included child psychoses. At the time of placement no children were found to be free from problems. Seventy-eight to eighty percent of the children were rated 6 and 7, indicating severe psychosocial problems. After 5 years the number of children rated as psychotic doubled. Many of the children rated 5 at placement received a 6 rating five years later and several rated 6 were rated 7 at the later time period. Assessment of the treatment the children received was also done using a 7 point scale with rating 1 indicating ideal treatment and 7 the most inadequate treatment. Treatment adequacy was rated 6 or 7 (most inadequate) for 85 percent of the children.

Haynes et al (1983) evaluated 16 infants hospitalized for non-organic failure to thrive. Eight of the infants were placed in foster care and 8 were returned home to their parents following hospital discharge. They found that after 6 months the majority of the infants' mental scores decreased in both the home and foster care setting. More infants in foster care improved in Motor Scale scores while more infants in the natural home decreased. The at home infants all improved in weight percentile or stayed stable while in the foster care group, five improved or stayed stable and 3 decreased. These 3 had however, been returned home one month prior to the evaluation.

Methodology

One of the major functions of THINCS is to evaluate the methodological rigor of the selected studies. It is imperative that the research be reliable and valid if solutions to many problems in foster care, or any other research area, are to be found.

A major criticism of empirical foster care studies is the frequent use by researchers of small, geographically limited non-probability samples. As can be seen by the accompanying table very few of the studies analyzed here used a random or probability sample. In addition, most of the samples were drawn from a limited geographic area, usually a large metropolitan area. It is very possible that there are local or regional variations in case types that do not reflect the characteristics of the entire foster care population.

A serious problem in foster care research is the reliability of the data sources. A large number of authors use agency or hospital records. Several factors can contribute to the unreliability of this source—high caseworker turnover, excessive case load size, untrained workers, and multiple replacement of the children. Moffatt et al (1985) found incomplete medical records and unrecognized medical problems in their indepth subsample nation.

In order to determine if data reliability is affecting the results of a study, the researcher could draw a random subsample and obtain more detailed information on each case. The hypotheses could then be tested on both samples to see if significant differences do arise in regard to the variables in question.

Another question of reliability arises from the study by Hochstadt et al (1987). These authors note that the foster parents rated the children after knowing them for only brief periods, *i.e.*, several days to one month. The children were also evaluated at a time of great stress, immediately after separation from the natural family.

The question of whether characteristics of foster children are different from the non-foster care population is extremely important. In one study, Timberlake and Verdieck (1987) identified adolescent vulnerability and asset profiles for adolescents in foster care. Yet, we need to know if the profiles of non-foster adolescents would significantly differ from those in foster care.

Table 2

CITATION	VARIABLES	DATA	SAMPLE	STATISTICS	RESULTS
Borgman, R. (1981). Antecedents and consequences of parental rights termination for abused and neglected children. <i>Child Welfare</i> , 60, 391-404.	Adoptive status (stable, unstable, no adoptive placement.) Conduct disorders	Case Records	N=29 All children placed in group care with PRT 1970-1979 43 counties	Fisher's Exact Test	Conduct disorders related to adoptive placement.
Bribitzer, M. & Verdick, M. (1988). Home-based family-center interventions: Evaluation of a foster care prevention program. <i>Child Welfare</i> , 68, 255-266.	Case outcome (returned home emancipated, foster care). Child involved with court system	Case Records	N=42 families 55 children non-random	Pearson's r Multiple regression	Successful outcome related to families with large number of children, younger families, no history of juvenile court involvement, and number of support services offered.
Byles, J. (1979). Adolescent girls in need protection. <i>American Journal of Orthopsychiatry</i> , 50, 240-278.	Adolescent girls in placement, girls deviant behavior	Case Records interviews with girls	N=120 non-random	Comparison of scores Chi Square, Kendall's Tau	Length of time in placement & severity & number of girl's deviant behavior. Deviance more serious following first placement.
Daly, B. and Carpenter, M. (1985). Adjustment of Vietnamese refugee youths: A self-report. <i>Psychological Reports</i> , 56, 971-976.	Adjustment in life in U.S. Time lived in U.S.	Interviews Self-rating scale	N=41 non-random	T-Test, Chi Square	Refugee youths in U.S. 3 or more years were better adjusted than youths in U.S. less than 1-1/2 year—less worried & afraid; self more accepted

Frank, G. (1980). Treatment needs of children in foster care. <i>American Journal of Orthopsychiatry</i> , 50, 256-263.	Psychosocial problems of foster children; time in care; treatment adequacy	Interviews with social workers, school reports, agency data forms	N=50 non-random	Comparison of ratings	High ratings of children on psychosocial problems scale, indicating severe problems, after 5 years highest rating doubled.
Gean, M., Gillmore, J. and Dowler, J. (1985). Infants and toddlers in supervised custody: A pilot study of visitation. <i>Journal of American Academy of Child Psychiatry</i> , 24, 608-612.	Behavioral responses; Visitation of biologic parents; location of visits	Agency records; Bayley Scale of Infant Development Interviews	N=23 children under age 3 non-random	T-Test Analysis of Variance	Relationship between frequency of child's problems with visits in home of biologic parent and anxiety of parents about visitation.
Haynes, C., Culter, C., Gray, J., O'Keefe, J., and Kemps, R. (1983). Non-organic failure to thrive: Implication of placement through analysis of video-taped interactions. <i>Child Abuse and Neglect</i> , 7, 321-328.	Child's development disposition of child after hospitalization (foster care, home)	Hospital records Interviews, Bayley Scale of Infants Development; Observations	N=16 non-random	Comparison of cases	Majority of mental scores decreased in foster group.
Hochstadt, N., Jaudes, P., Zimo, D., and Schachter, J. The medical and psychosocial needs of children entering foster care. <i>Child Abuse and Neglect</i> , 11, 53-62.	Treatment needs of foster children; health and emotional status	Interviews with child, mothers, caregivers; hospital records; examinations	N=149 non-random	Comparisons of percentages	Medical & behavior history limited. Children exhibited emotional/behavioral problems in excess of normal population. Health problems frequently noted.

Continued...

Table 2 Continued

CITATION	VARIABLES	DATA	SAMPLE	STATISTICS	RESULTS
Keane, A. (1983). Behavior problems among long term foster children. <i>Adoption and Fostering</i> , 7, 53-62.	Behavior problems; Age at placement; Age at interview with foster parent	Interviews with foster parent; case records	N=139 non-random	Chi Square	69% of foster parents recalled behavior problems at placement; disturbed child less well integrated with family, foster parents less accepting of.
Lawder, E., Poulin, J., and Andrews, R. (1986). A study of 185 foster children 5 years after placement. <i>Child Welfare</i> , 65, 241-251.	Dispositional status (foster care, return to family); behavioral problems	Case records	N=185 non-random	Zero Order Correlation	Children with more behavior problems tend to remain in care as compared to children with fewer problems.
McIntyre, A., Lounsbury, K., Bernston, D., and Steel, H. (1988). Psychosocial characteristics of foster children. <i>Journal of Applied Developmental Psychology</i> , 9, 125-137.	Psychosocial development: foster child, non-foster child poverty/non poverty reared	Projective Test School records	N=169 non-random	Chi Square Discriminant function Analysis	Two functions distinguished between foster children and home-reared children, between poverty and nonpoverty children.
Moffatt, M., Peddie, M., Stulginskis, J., Pless, I., and Steinmetz, N. (1985). Health care delivery to foster children: A study. <i>Health and Social Work</i> , 10, 129-137.	Health status of foster children, immunization, School adjustment, behavior	Medical records Physical exams, Psychometric tests	257—char, 35—subsample, only was random	Comparison of percentages	Poorly documented immunization records, 86%—health or potential health problems, poor school adjustment, emotional problems.

Pardeck, J. (1983). An empirical analysis of behavioral and emotional problems of foster children as related to re-placement in care. <i>Child Abuse and Neglect</i> , 7, 75-78.	Number of placement reason; child's behavior	Pre-coded data	N=4288 Random	Chi Square	Children with behavioral and emotional problem—tendency to experience replacement.
Pardeck, J. (1984). Multiple placement of children in foster family care: An empirical analysis. <i>Social Work</i> , Nov-Dec, 506-509.	Multiple placements; child's behavioral problem; time in care	Pre-coded data	4,288 random		Children with behavioral and emotional problems more likely to have multiple placements; controlled for time in care.
Porte, Z., and Torney-Purta, J. (1987). Depression and academic achievement among Indo-Chinese refugee unaccompanied minors in ethnic and nonethnic settings. <i>American Journal of Orthopsychiatry</i> , 57, 536-547.	Depression and life satisfaction; placement mode (ethnic, group own family) home, Caucasian	Questionnaire, school reports CES-D scale	N=82 non-random	Chi Square, T-Test, ANOVA, Regression	Relationship between high depression and non-ethnic placement; school achievement and placement.
Reid, W., Kagan, R., and Scholsberg, S. (1988). Prevention of placement: Critical factors in program success. <i>Child Welfare</i> , 67, 25-36.	Placement status; child's behavior	Case records; Interviews with social workers and parents	86 families 31 placed 55 not placed only not placed group-random	Chi Square	Placed children had more behavior problems, problems of a more serious nature.
Schor, E., (1982). The foster care system and health status of foster children. <i>Pediatrics</i> , 69, 521-528.	Health status: foster children	Medical records	N=387 random	Comparison of percentages	Lack of medical care; poor immunization records; 2,3 chronic problems per child, psychological and emotional most frequent.

Continued . . .

Table 2 Continued

CITATION	VARIABLES	DATA	SAMPLE	STATISTICS	RESULTS
Seaburg, J. and Tolley, E. (1986). Predictors of the length of stay in foster care. <i>Social Work Research and Abstracts</i> , 22, 11-17.	Length of stay in care; child's behavior	Precoded data	N=3950 random	Multiple Regression	Tested 2 models to predict length of stay; behavior of child not related.
Stone, M. and Stone, S. (1983). The predictors of successful foster placement. <i>Social Casework: The Journal of Contemporary Social Work</i> . January, 521-528.	Placement foster parents rapport with agency child's behavior family problems	Case records	N=64 non-random	Correlation coefficients multiple regression	Successful placement is association with chronicity of family problems, child's school behavior, and foster parent's rapport with the agency less aggressive, better socialized child with successful placement
Taber, M. and Proch K. (1987). Placement stability for adolescents in foster care: Findings from a program experiment. <i>Child Welfare</i> , 66, 433-445.	Placement stability; Chicago Services Project (CSP)	Interviews with children caregivers; case records	N=51 non-random	T-Test	Severe problems, multiple placements, move to more restrictive settings; changes after CSP.

The utilization of matched non-foster control groups would greatly extend our knowledge.

To eliminate possible rival explanations in research, the use of multivariate analysis would be extremely helpful. Seaburg and Tolley (1986) found that when additional variables were introduced into their study, the effects of some previously significant variables were negated and/or the direction correlation was changed.

Our knowledge of all aspects of foster care can be vastly improved through the use of probability sampling techniques, valid and reliable data sources, and coder reliability checks. In order to determine the prevalence of psychosocial problems among foster children and work toward solutions, studies are needed which utilize probability samples drawn from a national universe using reliable data and defined measures. Comparisons with nonfoster populations are also necessary. Only through rigorous theory testing can we assess problems and find solutions.

Policy Recommendations

From the studies analyzed here, it appears that foster children have serious psychosocial problems and that these problems have deleterious effects on stable foster placements, adoption, or reunification with the natural family. The prevalence of emotional and health problems is high. Frank (1980) reports that 78–80 percent of the children in his sample were judged to have severe psychological disturbances with 12 to 16 percent rated as psychotic at placement. Five years after placement the percentage of children with severe disturbances escalated to 90 to 91 percent with 22 to 28 percent rate psychotic. Yet 85 percent of these children were judged as receiving inadequate treatment.

Moffatt et al (1985) reported that 52 percent of their sample had behavioral disorders—13 percent had pathological scores on the Achenback Child Behavior Checklist (CBCL). Twenty-nine percent had abnormal scores on the CBCL and/or the Rutter's Teacher's Questionnaire of Child Behavior (RTRS), and 10 percent had psychiatric problems. Eighty-six percent had a health or potential health problem with 40 percent considered

to have serious or chronic problems. Schor (1982) found that 76 percent of his sample exhibited at least one chronic psychological or physical problem with psychological and behavior problems noted most frequently—37 percent.

Several implications can be drawn from these findings. There is a critical need for improved mental and physical health services for children in foster care. Resources are needed for early intervention and preventive treatment. An increase in home-based services designed to assess and resolve psychosocial problems would be beneficial in preventing placement for children at risk.

If placement is necessary, it is important that the initial placement fit the needs of the children. Foster parents should be prepared to work with the problem children. Continuous support from social workers and other community agencies should be available to both the foster parents and the natural parents. Consistent treatment for the problematic children should be comprehensive and easily accessible.

There should be strong emphasis placed on hiring trained social workers and at the same time, reducing the case load size, so that more quality time can be spent dealing with the children and their natural and foster parents.

There is also a need for centralization and coordination of mental and physical health services and record keeping for this population of children. When replacement does occur the child's records must be available for foster parents, social workers, and medical personnel. Schor (1982) recommends that in order to best serve the foster child pediatricians must be familiar with both the foster care system and its effects on the child's health.

Taber and Proch (1987) concluded that the severe behavior problems exhibited by most of the children in their sample did not constitute the reason for placement. This finding indicates that placement prevention must begin elsewhere and most likely it should be with the child's family. Reid et al (1988), Bribitzer and Verdieck (1988), and Torczyner and Pare' (1979) associated the lack of family resources and supports with placement. At the community level, the formation of professional-indigenous neighborhood groups could provide families with

emotional and practical supports through friendship, activities, and concrete services.

Once placement has occurred, the foster care system must respond to the child's psychosocial needs. This is no small task and encompasses a variety of consideration.

The foster child's age is a factor that should be considered in service delivery. Keane's (1983) findings indicate that there are age ranges among foster children during which behavior problems are more numerous and/or frequent, and that the age variable is compounded by entry into placement and multiple placements. Although Keane's data is based on the perceptions of the foster parent, it is not diminished by this bias. Workers must be alert and sensitive to the foster parent's responses to the child on at least two counts: 1) psychosocial problems the child may be experiencing and 2) the potential for damaging interactions between the foster child and parents. Adequate training and agency support are essential.

Byles (1980) and Timberlake and Verdieck (1987) limited their studies to adolescents, the former to adolescent females. Byles's findings suggest that foster care dramatically escalates the difficulties experienced by many adolescents. Fifty-seven percent of the sample had committed indictable offenses. Families whose child's initial placement is during adolescence may benefit from the type of neighborhood support groups recommended for placement prevention. Concrete services, developmental education, and emotional support can assist and strengthen families with adolescents.

The methodology of the Timberlake and Verdieck (1987) study was discussed above. A focus of this methodology, however, made an important point: the strengths and assets of the adolescents should be assessed. Strengths are frequently overlooked by researchers and practitioners alike. To help the most troubled, we need to learn the positive components of how foster children cope with their situation and succeed. We must also balance the dysfunctional aspects of the foster child's psychosocial behavior with their assets and help the child strengthen those assets.

Visitation and reunification have been associated by a number of researchers (see Fanshel 1975). In this light, Gean's (1985)

findings are particularly disturbing. Biological parent and child visitation was found to be distressful for children under three years of age, especially if the foster parents were anxious about the visit or if the visit had been located in the biological family's home.

Workers must be sensitive to the foster parent's potential ambivalence concerning visitation and help the parent discover methods for reducing such anxiety. Further methodologically sound research is needed in order to understand the interaction between the child's developmental stages and the many aspects of foster care. It is the role of the agency to supply ideas from practice and provide a mechanism for evaluation.

The ethnicity and cultural background of the foster child may be problematic for the worker, decreasing the effectiveness of intervention and increasing the potential for psychosocial disturbance. Porte and Turney-Porte (1987) studied refugee children of Asian descent. They found that the adjustment and achievement of Indochinese foster children were associated with placements in Indochinese families. Seaburg and Tolley (1986) found that older black children were more likely to stay in foster care longer. The black child is also over-represented in the foster child population.

The community must set standards for the care of children and maintain those standards. Workers must understand and work with parents whose cultures define levels of abuse and neglect differently. Agencies must recruit foster parents from the ethnic and cultural groups represented by foster children. A further implication can be drawn: a need for well trained practitioners from these ethnic groups.

School aged children spend a significant proportion of their lives with the school. Their psychosocial development may be adversely affected by their interactions with teachers and peers. A child's locus of control plays a pivotal role in determining interactional outcomes. Whiehe (1995) found that foster girls had significantly higher scores on a locus of control scale than did non-foster children. In other words, the foster girls believed that experiences were controlled by external rather than internal events. This compliments McIntyre's et al (1988) findings that

foster children are more often disliked and rejected than home-reared children.

Although it is unclear where this spiral begins, the school is in a position to alleviate and discontinue its course. Cooperation and communication between schools and agencies are a necessity. In-school social skills programs geared to the needs of all children would be of great benefit for foster children.

This article has specifically addressed the psychosocial problems of children in foster care. The review indicates that much needs to be done in studying the problems of children in foster care. Improvements in methodology are also suggested. Psychosocial research on foster care children is a wide-open field of endeavor. Researchers and practitioners cannot hope to prevent the psychosocial problems which all foster children face at placement: separation and loss, and the pain and uncertainty that go with both. A child's negative acting-out and internalization of these experiences might be prevented by the type of research encouraged in this article in tandem with trained and dedicated workers and a community committed to children. Far more empirical research needs to be done. We must advocate for all of our children.

References

- Borgman, R. (1981). Antecedents and consequences of parental rights termination for abused and neglected children. *Child Welfare*, 60, 391-404.
- Bribitzer, M. & Verdieck, M. (1988). Home-based family-center interventions: Evaluation of a foster care prevention program. *Child Welfare*, 68, 255-266.
- Byles, J. (1979). Adolescent girls in need protection. *American Journal of Orthopsychiatry*, 50, 240-278.
- Daly, B. and Carpenter, M. (1985). Adjustment of Vietnamese refugee youths: A self-report. *Psychological Reports*, 56, 971-976.
- Fanshel, D. (1979). Parental visiting of children in foster care: Key to discharge. *Social Service Review*, 44, 493-514.
- Frank, G. (1980). Treatment needs of children in foster care. *American Journal of Orthopsychiatry*, 50.
- Gean, M., Gilmore, J. and Dowler, J. (1985). Infants and toddlers in supervised custody: A pilot study of visitation. *Journal of American Academy of Child Psychiatry*, 24, 608-612.

- Haynes, C., Culter, C., Gray, J., O'Keefe, J., and Kemps, R. (1983). Non-organic failure to thrive: Implication of placement through analysis of video-taped interactions. *Child Abuse and Neglect*, 7, 321-328.
- Hochstadt, N., Jaudes, P., Zimo, D., and Schachter, J. The medical and psychosocial needs of children entering foster care. *Child Abuse and Neglect*, 11, 53-62.
- Keane, A. (1983). Behavior problems among long term foster children. *Adoption and Fostering*, 7, 53-62.
- Lawder, E., Poulin, J., and Andrews, R. (1986). A study of 185 foster children 5 years after placement. *Child Welfare*, 65, 241-251.
- McIntyre, A., Lounsbury, K, Berntson, D., and Steel, H. (1988). Psychosocial characteristics of foster children. *Journal of Applied Developmental Psychology*, 9, 125-137.
- Moffatt, M., Peddie, M., Stulginskas, J., Pless, I., and Steinmetz, N. (1985). Health care delivery to foster children: A study. *Health and Social Work*, 10, 129-137.
- Pardeck, J. (1983). An empirical analysis of behavioral and emotional problems of foster children as related to re-placement in care. *Child Abuse and Neglect*, 7, 75-78.
- Pardeck, J. (1984). Multiple placement of children in foster family care: An empirical analysis. *Social Work*, Nov-Dec, 506-509.
- Porte, Z., and Torney-Purta, J. (1987). Depression and academic achievement among Indochinese refugee unaccompanied minors in ethnic and nonethnic settings. 536-547. *American Journal of Orthopsychiatry*, 57, 536-547.
- Reid, W., Kagan, R., and Scholsberg, S. (1988). Prevention of placement: Critical factors in program success.
- Schor, E., (1982). The foster care system and health status of foster children. The foster case system and health status of foster children. *Pediatrics* 69, 521-528.
- Seaburg, J. and Tolley, E. (1986). Predictors of the length of stay in foster care. *Social Work Research and Abstracts*. 22, 11-17.
- Stone, N. and Stone, S. (1983). The predictors of successful foster placement. *Social Casework: The Journal of Contemporary Social Work*. January, 521-528.
- Taber, M. and Proch K. (1987). Placement stability for adolescents in foster care: Findings from a program experiment *Child Welfare*, 66, 433-445.
- Timberlake, E. and Verdieck, M.J. (1978). Psychosocial functioning of adolescents in foster care. *Social Casework: The Journal of Contemporary Social Work* April, 214-222.
- Torcozyner, J. and Pare' A. (1979). The influence of environmental factors on foster care. *Social Services Review*, 53, (3), 358-377.
- Wiehe, V. (1982). Differential personality types of foster parents. *Social Work Research Abstracts*, 18,(2): 16-20.