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SW751: Research II

Adolescent Foster Children and Foster Parent Recruitment

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### Abstract

It is estimated that nearly 523,000 children are in out of home care throughout the United States. About 31% of these children are in residential and group facilities. Adolescents aged 12-18 years old are sometimes the most difficult to find foster home placements for. In Northern Kentucky there are approximately 775 children in foster care. Thirty-two percent of those children are adolescents. Assessing barriers for adolescent placement, training for foster parents, and foster parent recruitment can assist in developing future research and services. About 133 approved foster parents in Northern Kentucky have been sent a survey. Participants were asked, to describe their thoughts on the barriers to adolescent placement, as well as support and trainings offered. Specific barriers for adolescent placement were also identified.

## Adolescent Foster Children and Foster Parent Recruitment

### Introduction

It is estimated that nearly 523,000 children are in out of home care throughout the United States. Approximately 46% are in non-relative foster family homes, 23% in relative foster homes, 19% in group homes or facilities, 5% in pre-adoptive homes, and 7% were in other placement types (Child Welfare Information Gateway, 2006).

Though the mean age is thought to be around the age of 11 years, it is unknown how many children in foster care are adolescents. Adolescents, children age 12-18 years old, are sometimes most difficult to find foster placement for (National Center for Youth Law, 2006).

“Foster care is now the most common form of state provision in the event of family breakdown and is one of the main services provided when serious difficulties arise for parents in looking after their teenage children. Over recent years the children looked after by foster carers have included an increasing proportion of distressed and difficult adolescents and the disruption rate for these placements is high” (Lipscombe, Farmer, & Moyers, 2003).

A variety of reasons have been identified for the lack of adolescent foster care placements, as well as placement disruptions. It is known that the occurrence of multiple developmental, behavioral, mental, and physical health problems among foster children is quite high (Holland & Gorey, 2004). This requires the involvement of many community services, as well as consistency with services. Many studies have shown that the adjustment of a foster child's behaviors with foster family is directly linked to the birth family environment that they were living in such as substance abuse, domestic violence and child neglect (Holland & Gorey, 2004). This also affects an adolescent's perception

of parenting as well as attachment to caregiver. It is sometimes difficult for an adolescent child to adjust to a new living environment, new rules and expectations.

Foster care recruitment techniques, and trainings, are a critical component of obtaining a sufficient number of foster parents. It is estimated that up to 40% of foster families quit fostering during the first year, and another 20% plan to quit (Rhodes, Orme, Cox, & Buehler, 2003). There are not enough homes for foster children, and some families that continue to foster after their first year are not willing to foster children with special needs (Rhodes et al., 2003). The need for foster parents accepting special needs children is extremely high.

“Children from foster family care are more likely than children in group or institutional care to grow into well-functioning adults, as demonstrated by a wide range of social indicators such as high school completions, crime rates, drug and alcohol usage, divorce rate, and satisfaction with life generally.” (Barber, Delfabbro, & Cooper, 2001)

In viewing other research studies, it has been shown that foster parents that have received higher ratings regarding specific parenting skills have a greater success rate with fostering children. Some of the skills include being caring, accepting, encouraging, setting clear expectations, not being easily upset by a child’s failing to respond, and being able to see things from the child’s point of view (Lipscombe, Farmer, & Moyers, 2003).

In Northern Kentucky, there are approximately 775 children in out of home care (Northern Kentucky Foster Care FACTS, 2006). Of this population, 32% are adolescents age 12 to 18, and the percentage of children in residential and group facilities is about 25% (Northern Kentucky Foster Care FACTS, 2006). Studies show that older children are at higher risk for residential placement. Determining the barriers to adolescent

placement will help develop future foster placement recruitment techniques. Based on the identified struggles faced by adolescent foster children, refined recruitment strategies would be geared toward locating stable, trained, and prepared foster parents specifically for adolescents.

### Literature Review

The foster care population continues to grow to larger numbers every year. With the number of children in foster care increasing, the recruitment of foster parents has become a large social issue. “Foster care is one of the central intervention strategies of contemporary child welfare practice” (Holland & Gorey, 2004). Recruitment, retention, and training of foster parents to meet the needs of children have become critical.

Many research articles discuss the challenges for foster parents, the increased negative behaviors of adolescents, as well as the predictors of foster placement disruptions (Barber et al., 2001; Berridge, Beecham, Brodie, Coles, Daniels, Knapp et al., 2003; Cox, Buehler, & Orme, 2002; Holland & Gorey, 2004; Hussey & Guo, 2005; Lipscombe et al., 2003; Lipscombe, Moyers & Farmer, 2004; Rhodes et al., 2003; Schofield & Beck, 2005; Smith, Stormshak, Chamberlain & Whaley, 2001). There is, however, limited research on child specific behaviors and management, as well as training and resources to meet the needs of families and foster children. The reviewed literature discusses identified barriers for adolescents residing in foster care, predictors for foster care disruptions, parenting skills of foster parents, and resources for and retention of foster parents.

Hussey and Guo (2005) surveyed 119 foster children ages 5-18 in Cleveland, Ohio. The average age of children placed in foster care, is about 5.5 years old, while the

children placed in treatment foster care programs have an average age of 9.7 years. The children in the treatment foster care programs had about 4.5 previous foster care placements (Hussey & Guo, 2005).

A study in England compared difficult to manage adolescents living in residential homes, foster homes, and residential schools. Adolescents in residential homes were, for instance, more likely to exhibit the following problems: educational, emotional/personal, behavioral, special needs/health problems, poverty, abuse or neglect, and relationship problems at home (Berridge et al., 2003). With the increase needs of adolescent children, and foster homes unable to meet these needs, many of these children are residing in residential facilities while in care. These factors also increase the chance of disruption.

As placements increase for children in foster care, their behaviors and mental health needs increase as well (Hussey & Guo, 2005). Adolescents who are in need of many services to address their negative behaviors are in care longer, with an increased risk of disrupting from foster family care.

Another study attempted to assess placement disruption rates for children referred to the Oregon Social Learning Center's Treatment Foster Care program. Ninety children in all were included in the study. The results of this study showed a disruption rate of 17.8 % within the first 6 months of placement, a rate of 9.2% for the second 6 months of treatment, and a combined overall disruption rate of 25.5% for the first year of treatment (Smite et al., 2001). Older children were found to be at a larger risk of disruption than younger children. Furthermore, gender was found to be a risk factor for disruption, with older girls being at greater risk for disruption than older boys

In addition to gender and age, other predictors of placement disruption have been identified. Specifically findings from Holland and Gorey (2004) and Barber et al. (2001) aimed to look at the predictors for placement disruptions. The findings from both studies showed that nearly all the children involved had been maltreated prior to foster care, with substance abuse and violence emerging as more prevalent forms of maltreatment. The children that had placement disruptions also faced multiple problems with school, mental health, and with peers. The older the children, and the more severe the behavioral and educational problems were, the least likely they were to remain in foster care settings (Barber et al., 2001).

Adolescent trainings are limited for foster parents. Much training is available over the internet or by books; however group trainings for foster parents are not widely available. While having on-line computer training and books are helpful for foster parents to understand the needs of adolescents, group trainings provide one-on-one training and support. There are limited studies and access to group trainings that address this needed topic.

Aside from looking at predictors of placement disruption, extant literature also examines the parenting skills of foster parents. Lipscombe et al. (2003) assessed parenting approaches and strategies for adolescent foster placements. This study of 68 newly placed adolescent, foster children found that parenting strategies did directly impact outcomes. The results showed that some strategies positively affect foster care placements, while other strategies affect it negatively. Examples of positive parenting strategies include assistance with the development of adolescents' life skills, discussing

and management of adolescents' sexual relationships, open communication about sexual health and sexuality, and more active engagement with schools (Lipscombe et al, 2003).

Schofield and Beek (2005) add, based on their longitudinal study, that foster parents experience challenges in providing a secure attachment for their foster children. Specifically, foster parents are often unable to adequately promote trust, reflective function, self-esteem, and autonomy. This study concludes that the attachment-based models should be promoted when training foster parents for placement.

It is important to note that good parenting skills are essential to minimizing placement disruptions (Lipscombe et al., 2004). The parenting changes over the year of the study indicated that 41% of the relationships between foster parents and foster adolescents deteriorated, increasing the likelihood of placement disruptions (Lipscombe et al., 2004). This study also found that practitioners were not aware of the negative impact in the foster homes. It further stated that social workers should be focusing on the relationships of the children in the home, and family strain during each home visit. Acknowledging and addressing strain early in foster care cases helps reduce placement disruptions.

With foster parent recruitment being needed, studies have also looked at resources for foster parents as well as recruitment and retention (Rhodes et al., 2003; Cox et al., 2002). The study conducted by Rhodes et al. (2003) looked at the recruitment rate and drop out rate of foster parents. Finding that 40% of foster families quit after the first year, they began looking at retention research. Rhodes et al. found that the support systems for families who were quitting were significantly different from those who continued fostering. This study looked at 11 resources for foster families: higher

education, higher income, being married, having time for fostering, having parenting experience, having fostering experience, belonging to a place of worship, having social support from family, having social support from friends, working in a helping profession, and being European American. The results of the study supported that the more resources a potential foster family had, the greater the chance of remaining a foster parent. Developing more supports for foster families may increase their retention rates to provide foster care services.

In looking at how foster parents become aware of becoming a foster parent and the placements they accept, a study was conducted to assess the retention rate of foster parents. (Cox et al., 2002). This study of 1300 families concluded that the methods in which foster parents learned about the need to foster, such as TV, newspaper, friends, etc., did not affect how long they fostered (Cox et al., 2003). It did, however, suggest that researching additional factors, such as agency services and the foster parent's willingness to accept special-needs children, would more determine foster family service measures in regards to retention and continued approval (Cox et al., 2002).

Many studies have been conducted to look at predictors of foster placement disruption, foster care retention, parenting skills, and resources. Many of the articles examined children ages 5 to 18 years old. Almost all reviewed articles stated that older children were at significant risk for placement disruption due to behavior problems. There is only a limited amount of research specifically pertaining to adolescents, and limited to no research about foster parent recruitment for adolescents. In Northern Kentucky, there are many adolescents placed in private facilities or residential homes. There are limited foster families approved through The Cabinet for Health and Family

Services that will accept adolescent placements. Assessing barriers to foster parent recruitment for adolescent placements can have major implications for further training and resources for foster parents. For this reason, the current study intends to assess barriers for adolescent foster care placement, and assess training and supports offered to active foster parents.

## Methodology

### *Sample*

The sample for this exploratory study consists of approved foster parents with the Cabinet for Health and Family Services. The participants are specific to the Northern Kentucky Region. There were approximately 133 approved foster parents that were asked to complete the survey, and 69 respondents participated. Of the sample respondents, 91% were Caucasian, 6% were black and 2% were other. Of the Northern Kentucky counties surveyed, 34% were from Kenton County, 24% were from Campbell County, 26% were from Boone County, 5% were from Grant County, 3% were from Pendleton County, and 5% were from Owen County. The mean ages of participants were 41 years old, and the mean months of approval as foster parents were 30 months.

### *Data Collection*

The data collection involved a mailed survey, developed by the first author specifically for this study. Since this survey was created for this study, its reliability and validity have not been determined at this time. For the protection of all foster parents and the children they provide services to, this survey is anonymous. There will be no effect as to the services they receive. Participation in this study was strictly voluntary. There will be no way for their name to be identified with their survey. A consent form detailing

their participation, risk and benefits of participating, etc., was attached to this proposal and sent to every family.

### *Measures*

The goal of this study was to attempt to answer the research question, what are the barriers to adolescent foster care placement, and training/supports for the recruitment/retention of foster parents. The data collection involved a mailed survey, was developed by the first author specifically for this study, and took about 10 minutes to complete. Since this survey was created for this study, its reliability and validity have not been determined at this time. The survey was mailed to all approved foster parents in the Northern Kentucky Region. The survey, approximately 15 questions was sectioned into four areas to gather information: (1) Demographics, (2) placement specific information, such as ages accepted and barriers to adolescent placement, (3) training for foster parents, including age and developmental specific information, and (4) supports for foster parents.

(See Appendix A)

### *Data Analysis*

Frequency distributions were conducted to determine differences between the participants. A chi-square analysis was also conducted to determine the specific differences between foster parents that accepted adolescent placements versus those that did not, and the specific barriers for adolescent being placed in their foster home. Because of the various comparisons of the study, only findings that were statistically significant at  $p < .01$  were noted.

## Findings

*Barriers to adolescent placement.* Approximately 73 of foster parents were not currently open to adolescent placements, while 22% were open to foster placements. A Chi-Square analysis was conducted to compare the barriers of adolescents between foster parents that would accept placement, versus those that did not. Table 1 shows that the barriers with only one significant finding  $p < .01$ . There was a strong positive and significant relationship between foster parents that did not accept placement and a barrier of placement being sexual behaviors ( $p < .023$ ). (See Appendix B) Table 2 shows the barriers to adolescent placement and which barriers foster parents thought significant to placement. (See Appendix C)

*Training.* There were not any significant findings related to training for foster parents. About 45% of the participants felt that there was only somewhat adequate training for foster parents. When asked if they would attend training regarding adolescent behaviors and parenting, 42% said that they would, 12% said they would not, and 45% stated that they would maybe attend. When asked if they would attend adolescent specific training 19% said that they would, 35% said that they would not and 46% said that they would maybe attend.

*Support.* There were no significant findings. A frequency distribution was completed and Table 3 shows the supports that foster parents found to be most helpful. (Appendix D)

## Discussion

### *Interpretation of Findings*

In completing the study there was not many significant findings. Many barriers for fostering adolescent placements were close to the same results between foster parents that accepted adolescents versus those that did not. A large barrier to placement of adolescents was the age of children already in the home (65% of those that would, do not accept placement). Many of the foster parents that did not accept adolescents reported having younger children in the home. It also appeared that specific trainings for adolescents would not impact the foster families that currently did not accept adolescent placements. Supports for foster parents also did not have significant findings. This survey could not be generalizable for approved foster parents with the Cabinet for Health and Family Services. It was significant that foster parents that do not accept adolescent placement find sexual behaviors to be a barrier, versus foster parents that accept adolescent placement. There may not be enough education regarding sexual behaviors of adolescents for the foster parents to understand without experiencing care of an adolescent.

When assessing supports that are most helpful for foster parents, 76% stating that having prior parenting experience is helpful, along with having social support from family (73%), being married (70%) and social support from friends (66%). Having these findings may be beneficial to assist families is getting their family and friends more involved with services; however it does not address first time parents and single foster parents. This could be an implication that additional training and supports may be needed for foster families that have limited parenting experience and social support.

*Implications for Practice*

Currently in Northern Kentucky there are many adolescent children who are in private child care facilities, and treatment foster homes due to a lack of foster home resources. Continuing to gather foster parent feedback may help suggest recommendations for future resources and services. Gathering their feedback and discussing it with the agency's foster parent recruitment teams, may help develop better recruitment strategies, techniques, supports and services. Doing this can help the agency develop specific strategies for the recruitment of foster parents for adolescents with special needs, thereby potentially increasing the availability of adolescent foster placements. Findings from this study may suggest the need for additional training. Such training should focus on age specific behaviors as well as discipline for such behaviors and appropriate communication skills for that age range.

*Directions for future research*

At the end of the survey given to foster parents there were lines for them to make any additional comments. Many of the comments that were given discussed community services for adolescents, substance abuse, financial means, and specific recruiting for adolescent placements. There are not a lot of community resources for teenagers outside of school. The foster parents feel that having more services, including summer camps and activities to keep adolescents busy would potentially increase the ability to have adolescents placed in the home. There were discussions of substance abuse among adolescents that there are not many treatment programs for. Financial ability to care for adolescents was noted as well. The foster parents reported that adolescents could cost more for clothing, and participating in activities. Also 6 participants felt that specific

recruiting for adolescents would be most appropriate. This would include recruiting families who have raised teenagers prior to becoming foster parents and locating families specifically for adolescents and focusing their homes for that age range.

All of these suggestions are suggestions that I have heard from foster parents, as a foster care worker. Developing future research regarding these topics, especially recruitment specifically for adolescents would be beneficial to the foster care system and the children it serves. Taking more time to specifically research barriers, training and support individually could develop new approaches and strategies for recruiting families and supporting them. More research in the area of adolescent foster children should continue to be completed to better understand the needs adolescents and foster parents that care for them.

### *Limitations*

While this study is very important in light of the growing number of adolescents in need of foster care, it does have some limitations. First, there were approximately 133 foster parents currently approved with our agency. Having input from all foster parents would be very helpful for this study. However, knowing that foster children have many needs, and that foster parents are very busy providing services to these children, only about 50% of the foster parents responded to the survey. Second, since this study is voluntary, there may be a bias as to who is filling out the survey. Foster parents who are overwhelmed or have had a bad experience with foster placement may not be as willing to complete the survey as others, or alternatively, they may be more willing to participate. Third there also may be a fear from the foster parent that this information is not anonymous and will not complete the survey accurately in fear that this will limit the

placements they receive. Finally, foster homes with two parents may have different thoughts or opinions; however, only one may be completing the study. If the parents are not consulting with each other when completing the study there may be a misrepresentation within the family.

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Appendix A

Foster Parent Survey:  
Barriers to Adolescent Placement, Training, and Support

See Attached Document

**SURVEY: Adolescent placement and foster parent retention**

**Demographics:**

What County to do you reside in? \_\_\_\_\_

What is your age? \_\_\_\_\_

What is your race/ethnicity? \_\_\_\_\_ White/Caucasian \_\_\_\_\_ Hispanic  
 \_\_\_\_\_ Black/African American \_\_\_\_\_ Other

How long have you been approved as a foster parent? \_\_\_\_\_ Months \_\_\_\_\_ years

How many foster care placements have you had in your home? \_\_\_\_\_

What does your home prepare foster children for? (Check all that apply)

\_\_\_\_\_ Return to parent

\_\_\_\_\_ Adoption

\_\_\_\_\_ Independent living

**Placement:**

1. Have you ever had an adolescent (age 13-21 years) placed in your foster home?

\_\_\_\_\_ yes

\_\_\_\_\_ no

2. Are you currently open to having an adolescent placements in your home?

\_\_\_\_\_ yes

\_\_\_\_\_ No

3. If you are currently not open to adolescent placements would you consider to be open in the future?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Maybe

\_\_\_\_\_ Unsure

4. What do you consider to be barriers for adolescents being placed in your foster home? (Check all that apply)

\_\_\_\_\_ defiant at home

\_\_\_\_\_ school behaviors

\_\_\_\_\_ sexual behaviors

\_\_\_\_\_ mental health concerns

\_\_\_\_\_ run away

\_\_\_\_\_ Age of children already in the home

\_\_\_\_\_ Other: Please list: \_\_\_\_\_

**Training:** On a scale from 0 to 5: Do you agree that there is adequate training specific to adolescents



## Appendix B

Table 1: Chi-Square Analyses  
Barriers to adolescent placement

	% that have had adolescent placements	% have not had adolescent placements	<i>df</i>	$\chi^2$
Defiant at home	50%	50%	1	.000
Mental Health Concerns	33%	29%	1	.108
School Behaviors	50%	33%	1	1.545
Run Away	17%	40%	1	3.094
Sexual Behaviors	33%	65%	1	5.19*
Age of Children already in the home	56%	69%	1	1.004

Note:  $p < .05^*$ ,  $p < .01^{**}$ ,  $p < .001^{***}$

## Appendix C

Table 2: Barriers to Adolescent Placement

	Barriers
Age of children already in the home	65%
Sexual Behaviors	56%
Defiant Behaviors	50%
School Behaviors	38%
Run Away	33%
Mental Health Concerns	30%

## Appendix D

Table 3: Supports Helpful to Foster Parents

Having experience parenting	76%
Having social support from family	73%
Being married	70%
Having social support from friends	66%
Having social support from other foster parents	54%
Having experience fostering	51%
Belonging to church/place of worship	49%
Having time for foster care	46%
Having a higher education	40%
Having higher income	19%
Working in a helping profession	19%