

**COMMITTEE ON CHILDREN AND YOUNG
PEOPLE**

**PROMISING PRACTICE STRATEGIES FOR
FAMILY FOSTER CARE AND CURRENT POLICY
CHALLENGES**

PETER J. PECORA

**THE 4th MACQUARIE STREET LECTURE FOR
CHILDREN AND YOUNG PEOPLE
30 AUGUST 2002**

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Chair's foreword

**David P. Campbell M.P., Member for Keira
Chair, Committee on Children and Young People**

This report of the Committee on Children and Young People provides the text of the fourth public lecture in the Committee's series of Macquarie Street Lectures on Children and Young People.

The Macquarie Street Lectures on Children and Young People provides a mechanism for the ongoing promotion of discussion and research into matters affecting children and young people in New South Wales.

The Macquarie Street Lectures are just one example – a prominent example – of the collaborative relationship between the Committee and the Commission for Children and Young People. How does this collaboration work?

- One of the many functions of the Committee on Children and Young People is to examine issues affecting children and young people in New South Wales. This is, of course, also a primary function of the Commission.
- The Macquarie Street Lecture series is a program whereby we invite experts in fields relating to children and young people to address us on their area of expertise. The decision to extend an invitation to the lecturers is a joint process of consultation between the Committee and the Commission.

There have been three previous Macquarie Street Lectures.

Mr Michael Jarman presented the first Lecture, on the topic of "The Global Agenda for Children: what role is there for us?" Mr Jarman's lecture concerned issues associated with the United Nations Special Session on Children, originally scheduled for September 2001, but rescheduled for May 2002 following the attacks on the World Trade Center on 11 September 2001. The Special Session reviewed progress on children's rights and well-being over the past decade and the implementation of the Convention on the Rights of the Child, covering topics as child survival and health, protection from exploitation and abuse, children and the law, education and employment, amongst others.

The second lecture was presented by Professor Sonia Jackson, on the topic of "The education of children in out-of-home care". The issues raised in Professor Jackson's lecture which dealt with the experience of children in care in the United Kingdom gave rise to a request by the Hon. Faye Lo Po', then Minister for Community Services, for the Committee to inquire into the educational outcomes

for children in out-of-home care in New South Wales. This inquiry is about to commence its public hearings in a fortnight's time.

Professor Dan Keating presented the third Lecture which addressed the issues raised in the book "Developmental health and the wealth of nations", which he edited with his colleague Clyde Hertzman in 1999.

On 30 August 2002 the Committee was joined by representatives of Government departments, non-government welfare organisations, and our universities to hear the fourth Macquarie Street Lecture on Children and Young People, presented by Professor Peter Pecora. Peter Pecora is the Professor of Social Work at the University of Washington and the Senior Director of Research Services at Casey Family Programs. He is the co-author or editor of nine books on child welfare, over thirty book chapters, as well as dozens of journal articles and reports.

From his doctoral dissertation in the early 1980's, Professor Pecora has focussed on child welfare and child and youth issues. He has conducted and directed child welfare research (particularly relating to family foster care and adoption), conducted training projects with State agencies and other partners, developed assessment instruments and other fact-finding and recording components for agency management information systems – a hot topic currently in New South Wales – and served as a consultant for State and National governments in the US.

Professor Pecora's topic for the 4th Macquarie Street Lecture on Children and Young People is "Promising practice strategies for family foster care and current program changes".

Acknowledgments from Professor Peter Pecora

This paper is adapted from the following book chapter: Pecora, P.J., & Maluccio, A. N. (2001.) What works in family foster care. In M. Kluger, G. Alexander & P. Curtis (Eds.) *What works in child welfare*. Washington, D.C. Child Welfare League of America.

Parts of this presentation are based on research conducted by the staff of the Casey Family Programs and other child welfare agencies. I am grateful to and have learned much from these youth, parents and child welfare staff. Professors Frank Ainsworth, Judy Cashmore, Elizabeth Fernandez, and Ros Thorpe provided crucial background material about child welfare services in Australia. Special thanks to the Australian-American Fulbright Commission for the support of my work as a Senior Fulbright Specialist, and my Australian sponsors -- Australian

Association of Childrens Welfare Agencies and the School of Social Work, University of New South Wales.

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PROMISING PRACTICE STRATEGIES FOR FAMILY FOSTER CARE AND CURRENT POLICY CHALLENGES

PETER J. PECORA

I. INTRODUCTION

Overview

Thank you for the invitation to review some lessons from child and family services research related to family foster care. As part of this fourth Macquarie Street Lecture we'll review these findings to highlight lessons learned for practice, research and administration. A number of researchers have cogently underscored the dearth of rigorous research addressing many key areas of foster care practice (e.g., Barber & Gilbertson, 2001; McDonald, Allen, Westerfelt, & Piliavin, 1996). Nevertheless, we'll draw from the best of the studies and practice wisdom to inform our recommendations.

Using a continuum of services to help children achieve a sense of permanency

Despite the many complexities and controversies surrounding permanency planning, the value of a child having a sense of permanence and some stability in living situation is crucial and well-supported by the child development literature and children's rights policy (e.g., Fernandez, 1996; Lahti, 1982). Permanency planning in its broadest terms is best defined by Maluccio and Fein (1983) as:

Permanency planning is the systematic process of carrying out, within proscribed time frames, a set of goal-directed activities designed to help children live in safe families that offer them a sense of belonging and legal, lifetime family ties (Maluccio et al., 1986). Permanency planning thus refers to the process of taking prompt, decisive action to maintain children in their own homes or place them in legally permanent families. Above all, it addresses a single -- but crucial --

question: What will be this child's family when he or she grows up? It embodies a family-focused paradigm for child welfare services, with emphasis on providing a permanent legal family and sensitivity to ensuring family continuity for children across the life span (McFadden & Downs, 1995).¹

Before discussing effective practice in family foster care, it is wise to remind ourselves that foster care is just one part of a larger array of permanency-oriented services:

- **Placement with birth-families.**
- **Kinship care or placement with relatives or clan members.** (With specifically identified support to sustain the expanded family unit leading to adoption or guardianship.)
- **Treatment foster care.** (Foster parents are provided with more training, meet as a team, receive higher payments, or may even be paid a salary.)
- **Guardianship.** (The transfer of some parental rights to other caregivers; it may be subsidised with a monthly payment or unsubsidised, arranged with a child's relatives, clan members, non-relative foster parents, or involve a shared caregiver relationship.)
- **Residential treatment and other forms of group care.** (These are a small but essential part of the services continuum – services that a few children will need for some part of their lives.)
- **Planned long-term foster care.** (Ideally with guardianship and other legal sanctions for permanence provided).
- **Fost-Adopt homes.** (Foster parents are specially recruited and children are carefully placed so that if adoption becomes the preferred case plan, these parents are the first home to be considered.)
- **Adoption.** (Subsidised or unsubsidised – sometimes without severing the birth parent rights, and with support services post-adoption to sustain the legal and emotional commitment of families.)

¹ It is a substantial challenge to think of what permanency planning means when you try to include independent living arrangements for children through age 21 and whether we are responsible to try to reunify them with their families--if not physically, at least socially and legally. (Rick Barth, November 19, 2002).

AND by providing the services necessary to achieve those options, such as:

- ◆ **Family support services** such home visiting, emergency homemakers, wraparound services, and family preservation services to keep birth-families together in culturally appropriate ways.
- ◆ **Reunification services** to reunite children and parents.

There are a number of complexities that must be addressed when designing a continuum of permanency planning services that is appropriate to the cultural, legal, and social contexts of your community. For example, Sultmann & Testro (2001) have completed an excellent review of some of the key competing issues in this area.

II. WHY SHOULD WE CARE ABOUT EVIDENCE-BASED FOSTER CARE SERVICES?

Materiality

Why should we care about providing evidence-based foster care services that use practice wisdom to achieve positive outcomes for children? There are at least three reasons:

1. The “materiality” (i.e., the overall significance) of this program area is high;
2. Our ethical obligations are clear; and
3. The outcomes of children placed in foster care are mixed, and in some areas of functioning, child and young adult outcomes are unacceptably poor.

So, to begin with, the first reason as a director of finance would sayXthe “materiality” (i.e., the overall significance) of this program area is high. For example, in Australia according to the CREATE Foundation Report Card (2002, p. 5), as of June 30, 2001, there were 18,241 children and young people in out-of-home care placements across Australia.

In the United States, the federal government has estimated that 565,000 children were placed in foster care as of 30 September 2001 (see website: <http://www.acf.dhhs.gov/programs/cb/dis/afcars/cwstats.html>), but many more would have placed throughout the year—in some years as high as 710,000 children. These point-in-time data are based on the national Adoption and Foster Care Analysis and Reporting System (AFCARs) which used 45 jurisdictions, including Washington DC and Puerto Rico, to derive these estimates (U.S. Department of Health and Human Services, 2002).

The following statistics describe who was placed in the American foster care system using the recently available April 2001 data from AFCARS (see website: <http://www.acf.dhhs.gov/programs/cb/publications/afcars/>). The mean average age of these children was 10 years old. The mean length of stay for those still in care was almost 3 years (33 months). The primary placement settings were:

- Non-relative family home (48%)
- Relative foster family home (25%)
- Placement institution of some kind such as RT or group home (9%)
- Group home (8%)

The largest ethnic groups were:

- Black non-hispanic (38%)
- White non-hispanic (35%)
- Hispanic (15%)

But these kinds of statistics do not account for the many multi-ethnic children who have a rich heritage based on more than one ethnic group. In terms of gender, a slight majority (52%) were males. The average age of children entering care was 8.8 years; while the average age of children exiting care was 10.1 years. The length of stay for those exiting care varied significantly:

- 54% stayed less than 1 year
- 17% had stayed between 1-2 years
- 29% had been in care for 2 years or more.

Again, the best data are not from point in time snapshot studies, but from cohort or administrative data base studies that follow children over time to capture the dynamics of change. When you use these archive cohort data, the median length of stay for youth who left care ranged from about three months in Iowa to over 3 years in Illinois in 1998 (Hislop, Wulczyn & Goerge, 2000, pp. 24-25).

More recent data analyses show that infants and adolescents spend longer periods in care (Wulczyn, Brunner-Hislop & Harden, in press; Wulczyn, 1992). The child length of stay data are troubling, especially given a child's elongated sense of time and need for enduring positive relationships with caring adults. We need to shorten these time periods to the extent possible. And yet we often face

very complex family situations, where some relatives are reluctant to adopt and children have challenging behavioural or health needs.

There are additional important issues of materiality at stake here as well. Do Australia and other countries have a disproportionate number of children of colour in foster care? The United States does, as evidenced by a series of studies that document that various groups of colour (particularly African-American children, but sometimes Native American/First Nation and Latino children) are significantly over-represented at the child maltreatment report stage, moderately over-represented at the investigative stage, have lower access to certain services such as mental health, and poorer service outcomes (Testa & Poertner, 2001; U.S. Children's Bureau, 2002). (See Table 1 for sample data that represent what might be found in some states in the United States.)

Disproportionality and racial bias are complex and sometimes separate issues that need to be carefully examined at a community level and not just at a State level. As the Institute of Medicine demonstrated in a study of health care disparities, there may be differences due to clinical appropriateness/need and patient preference. The first two areas examined were **not** viewed as disparity, as compared to other areas of difference:

1. health systems-level factors (e.g., financing, structures of care);
2. patient-level factors (including patient references, refusal of treatment, poor treatment adherence, biological differences); and
3. disparities that arise from the clinical encounter (E.g., how could well-meaning and highly educated professionals create a pattern of care that is discriminatory?) (Institute of Medicine, 2002).

TABLE 1. Statewide percent of all children, children in poverty, and children in out-of-home care by Race/Ethnic Group in a State, United States of America

| Category | Hispanic | African American | Native American | Asian-Pacific | White |
|-------------------------------------|----------|------------------|-----------------|---------------|-------|
| All Children | 9% | 4% | 2% | 6% | 78% |
| Children in Poverty | 21% | 7% | 5% | 6% | 60% |
| Children in Out-of-Home Care | 4% | 13% | 10% | 2% | 70% |

The Institute of Medicine (2002) found that bias (prejudice) was somewhat present, clinical uncertainty about what to do did vary, and stereotyping was definitely present -- most likely due to service delivery situations characterised by time pressure, resource constraints, and high cognitive demand.

For some ethnic groups, because of economic conditions or racism in a community, foster care may play an important way for some families to access family support services. But as Terry Cross emphasised at a recent U.S. national conference on racial disproportionality, for many groups of colour – especially Native American/First Nations people -- being reported for child maltreatment and having their children placed brings up feelings of *genocide* for cultures that have lost too many of their children, and whose people are actively trying to reclaim as many children as possible (Cross, 2002).

There is increasing urgency in the United States to take action to address these problems in health care, mental health, juvenile justice, and child welfare services. Fortunately, there are some exemplars of successful initiatives that have significantly improved service equity, even in difficult areas such as juvenile justice (e.g., Justice Policy Institute, 2002).

Ethical obligations and outcomes

This brings me to the second reason why we should care about conducting research in foster care: ***Our ethical obligations are clear: It is not good enough to merely house these 12,000 Australian or 568,000 American children per year.*** Our society and policymakers expect certain results from child and family social services (Scott and Spence, 2000). And children are traumatised, parents suffer, and agencies are sued every day when these responsibilities are not attended to. For example, over 25 child welfare-related class action lawsuits have been filed against state government agencies in America in the past fifteen years.

Specific foster care service objectives include:

1. preventing further child maltreatment,
2. maintaining family, school and other connections,
3. minimising movement from one home to another,
4. stabilising or improving the child's emotional, social, and cognitive functioning,
5. enabling positive ethnic and personal identification, and
6. addressing immediate health care needs.

The outcomes in child welfare have been variable, and in many areas the program results have not been as positive as we would desire. But there are research lessons that can be built on (e.g., Kluger, Alexander and Curtis, 2000; Maluccio, Ainsworth & Thoburn, 2000; Pecora, Whittaker, Maluccio & Barth, 2001; Thorpe, 2002).

This next section of the paper will examine some components of effective family foster care, which are presented as "practice principles":

1. Use goal-oriented case planning and family involvement
2. Provide youth with some voice in their care
3. Facilitate child adjustment
4. Invest agency resources in staff members and an array of services
5. Employ and coach workers who are highly skilled in certain areas

6. Promote parental visitation
7. Facilitate school and community involvement as part of a “systems of care” approach
8. Focus on developing youth independent living skills
9. Build youth support networks

III. WHAT WORKS IN FOSTER CARE?

Overview

What are the factors associated with positive youth outcomes?

Let’s take a look at some of the major components that appear promising in leading to successful family foster care:

1. Use goal-oriented case planning and family involvement

Program effectiveness in family foster care begins with intensive, focused and goal-oriented case planning that involves the child, birth family and extended family members (as appropriate) in meaningful ways. We can do this through via a careful intake study, family-focused assessments, service contracts, and provision of both clinical and concrete services (e.g., employment, housing, income assistance).

Equally crucial are systematic decision-making and setting time limits, with recent developments in “concurrent planning” presently under study (see, e.g., Curran & Pecora, 2000; Emlen, Lahti, Downs, McKay & Downs, 1978; Fein, Maluccio, and Kluger, 1990; Katz, 1999; Maluccio, Fein, & Ormstead, 1986; Stein, Gambrill and Wiltse, 1978).

2. Providing youth with some voice in their care

According to a variety of child rights documents (Fernandez, 1996) children placed in foster care need to have a sense of their future and some role in decision-making. How else will we empower them to develop into self-sufficient and confident adults? (See for example, Colton, 1989; Festinger, 1983; Gil & Bogart, 1982; Holdway & Ray, 1992; Johnson, Yoken & Voss, 1995; Kufeldt, 1984; Rice & McFadden, 1988.)

Barth and Berry (1987, 1994) reviewed a number of studies regarding preferred permanency planning outcomes (reunification, adoption, guardianship and long-term foster care) from the child’s perspective, finding that:

1. All but one of the children who returned home preferred their present home to their foster home.
2. Child satisfaction was highly associated with the child's sense of permanence.
3. Children who had multiple placements and who sought a sense of belonging preferred adoption.
4. Children living in institutions felt less comfortable, not as happy, less loved, less trusted, and less cared about than did children in other forms of out-of-home care or children reunified with their families.
5. Children who had some choice in their foster care placement were significantly more satisfied with their care than were children with no choice.

In Australia, the CREATE Foundation initiative is enabling youth to participate in agency activities and help staff work with younger youth by providing them with energising and growth-producing personal development opportunities (CREATE, 2002). The New South Wales Commission for Children and Young People has produced a tool kit for how to involve children in many areas of decision-making, along with training materials for helping youth act as advocates (see www.kids.nsw.gov.au). For a separate health project, youth were recruited to act as "youth consultants" to help other youth access essential health care services (McNab & Fisher, 2000).

In the United States, the Casey Family Programs has just launched a website as part of a national American effort to reach out and enlist the help of thousands of young people and older adults who have been placed in family foster care (see website: <http://fostercarealumni.casey.org>).

3. Facilitate child adjustment

To what degree are we implementing **developmentally sensitive** child welfare services (Berrick, Needell, Barth & Johnson-Reid, 1998)? Placement is often an emotionally upsetting event for the child, depending upon the home situation they are leaving. Factors related to better adjustment include the following common sense kinds of actions:

1. Provide an opportunity for children to share their feelings of confusion and rejection so that they can understand the nature of their removal from home and prevent the hazards of denial, fantasy, and repression of their pain and suffering (Costin, 1979).

2. Maintain some continuity with the prior environment, as children are better able to modify their relationship with their parents if they are not denied or expected to abandon them completely (Fein, Maluccio & Kluger, 1990).
3. Promote identification with biological parents, when appropriate (Weinstein, 1960). Provide information about the reasons for placement and meaning of foster status.
4. Children who know their biological family makeup, know their age when they left home, and where their parents are now are better able to adjust to and do well in foster care (Fein, Maluccio & Kluger, 1990).
5. Promote agreement among foster parents, social workers, and biological parents concerning their roles and plans for the child.

Actual youth examples illustrate the importance of this:

Terry went into foster care at age 16. At that point the foster care system provided her with housing, clothing, and money to live on. But on her 18th birthday, that all ended. She wound up on her own, with no Medicaid card, no money, and no place to live.

She slept at the homes of various friends and teachers. Sometimes she slept in Metro stations, once in the emergency room of a hospital. She couldn't find a shelter for teen.

Terry believes that independent living should really be about interdependence:

"No young person can survive without a network of support. If policy-makers and community leaders want to make sure that the young people leaving care are better prepared to face the world, they need to provide supports like medical assistance and housing.

Aging out of foster care shouldn't mean being totally on your own," said Terry. "The end of foster care cannot mean the end of a community's caring" (Hormuth, 2001).

Placement stability is important for a child's positive self-identity (Cox & Cox 1985; Fanshel & Shinn 1978), and is also associated with worker and foster parent factors such as being able to balance flexibility and firmness, being a child advocate, and having a sense of humour (Massinga & Perry, 1994; Teather, Davidson & Pecora, 1994).

Youth are very clear about what they want:

- Helping them feel like part of a family as a way of feeling normal;
- Feeling cared about because of small and major things that foster parents and staff do in terms of expressing that they are interested and care about them, understanding and supporting where possible birth-family contact;
- Being able to count on adults for security, structure, and guidance;
- Having opportunities to discover and develop their potential;
- Feeling like your opinion matters (Office of the Family and Children's Ombudsman, 2001).

4. Invest agency resources in reasonable caseloads for staff members and an array of services

Essential agency components include the need for a determined effort by experienced and trained workers, with reasonable caseloads, to initiate and sustain a pattern of frequent visits by biological parents (as safe and appropriate); and to provide intensive family services *early* in the child's placement (e.g., Kadushin & Martin 1988; Pecora, Whittaker, Maluccio & Barth, 2001; Shapiro 1976). Worker visits have been found to be a highly influential factor in the process and outcome of family reunification efforts (Warsh, Maluccio & Pine, 1994).

Following the lead of wraparound services pioneers such as Karl Dennis (who founded the Kaleidoscope program in Chicago), agencies are increasingly "wrapping" services around foster parents and the challenging children they are serving to prevent placement disruptions and to minimise placement of children in residential treatment. (For an Australian example, see Life Without Barriers, 2002.) In addition, treatment foster care homes often fill an important place in the array of [services](#) (Chamberlain, 1994; Meadowcroft, Thomlinson & Chamberlain, 1994).

5. Hire and Coach Highly Skilled Workers

Empathy, positive regard, ability to form a helping relationship, clear communication, cultural competence, and having expectations for improvement are important intervention components that are linked with treatment effectiveness (see, e.g., Casey Family Programs, 2000; Cross, Bazron, Dennis & Issacs, 1989; Weisz, Weiss, & Donenberg, 1992).

These skills require an investment in careful worker recruitment and screening, as well as high quality staff development programs. Especially effective are competency-based approaches to education and training that tie worker performance to the agency's goals and priorities (Warsh, Maluccio, & Pine, 1996).

6. Promote parental visitation

Visitation with parents and siblings is not only highly correlated with better child functioning at discharge from foster care, but visited children leave foster family care in much higher numbers and more quickly (Courtney, 1994; Fanshel & Shinn, 1978). Especially crucial is early and regular parent-child visits soon after the child's placement (Hess & Proch, 1988). The research evidence, however, for this practice principle needs to be updated with more recent studies, despite the practice wisdom that supports this approach.

Let's remember, however, that most children placed in family foster care eventually return home -- casework therefore needs to focus on improving the parent and family conditions that necessitated placement. For example, children placed in foster care in the American state of Washington are returned home versus adopted at a ratio of about 6 to 1, thus parental visiting can be one of the vehicles to maintain child-parent connections.

Maluccio's key strategies for reunification services are useful to consider:

- Intensive time-limited services (e.g., Fraser, Walton, Lewis, Pecora & Walton, 1996; Wulczyn, Zeidman & Svirsky, 1997);
- Providing services for parents that build worker-parent relationships, increase parenting skills, lower parental stress, and concrete services to help caregivers with housing, food, employment and other needs;
- Maintain parent-child continuity while the child is placed;
- Consider race and ethnicity dimensions in terms of services and what might be causing delays;
- Improve child psychosocial functioning if that is a barrier to reunification; and
- Involve the extended family in the reunification process (Maluccio, 2000, pp. 163-169).

7. *Involve schools and communities as part of a “Systems of care” approach*

It takes both government and community leadership (as well as funding), to support families under stress (Churches Community Services Forum, 2001). Preventive supplementary services and more alternatives to foster care are essential. Child placement agencies that have ready access (via in-house or a closely linked referral system) to a range of service options (e.g., the 24-Hour homemaker program, crisis intervention, emergency housing) are much more likely to either prevent placement, or at least to develop service plans leading to a child’s return home or other permanent placement.

Children enter foster care with medical, educational and often psychological needs (Blome, 1997; Fanshel, Finch, & Grundy, 1990). A number of studies have documented the health care service gaps for children and the need for remedial medical, dental, vision, and hearing services (e.g., Chernoff, Combs-Orme, Risley-Curtis, & Heisler, 1994). As mentioned earlier, in Australia youth were recruited to act as “youth consultants” to change health care provider attitudes and to help other youth access essential health care services (McNab & Fisher, 2000).

Special educational supports such as tutoring, enrichment and other educational programs can help children succeed (e.g., Aldgate 1990; Biehal & Wade, 1996; Winters & Maluccio, 1988) (see <http://www.smarttogether.org> for materials on a better ways of tutoring youth, <http://www.casey.org/cnc> for educational resources for foster parents, and <http://www.casey.org> for material to help educate teachers about the needs of foster youth.)

Wraparound and other components of a “systems of care” approach can help youths obtain the services they need in effective ways (Stroul, 1996). An important caution here are the findings from Glisson and his colleagues in Tennessee that (a) organisational climate, and (b) how staff were treated and prepared were more strongly associated with positive outcomes than services integration (Glisson, 1994).

8. *Focus on independent living skills.*

The disruptions and traumas often suffered by children in foster care may delay or interrupt development of life skills needed for successful transition to independent living. Programming and services designed to fill the gaps and needs created by these delays are essential for successful emancipation and social integration of these children.

There appear to be at least four overarching strategies for preparing youth for self-sufficiency:

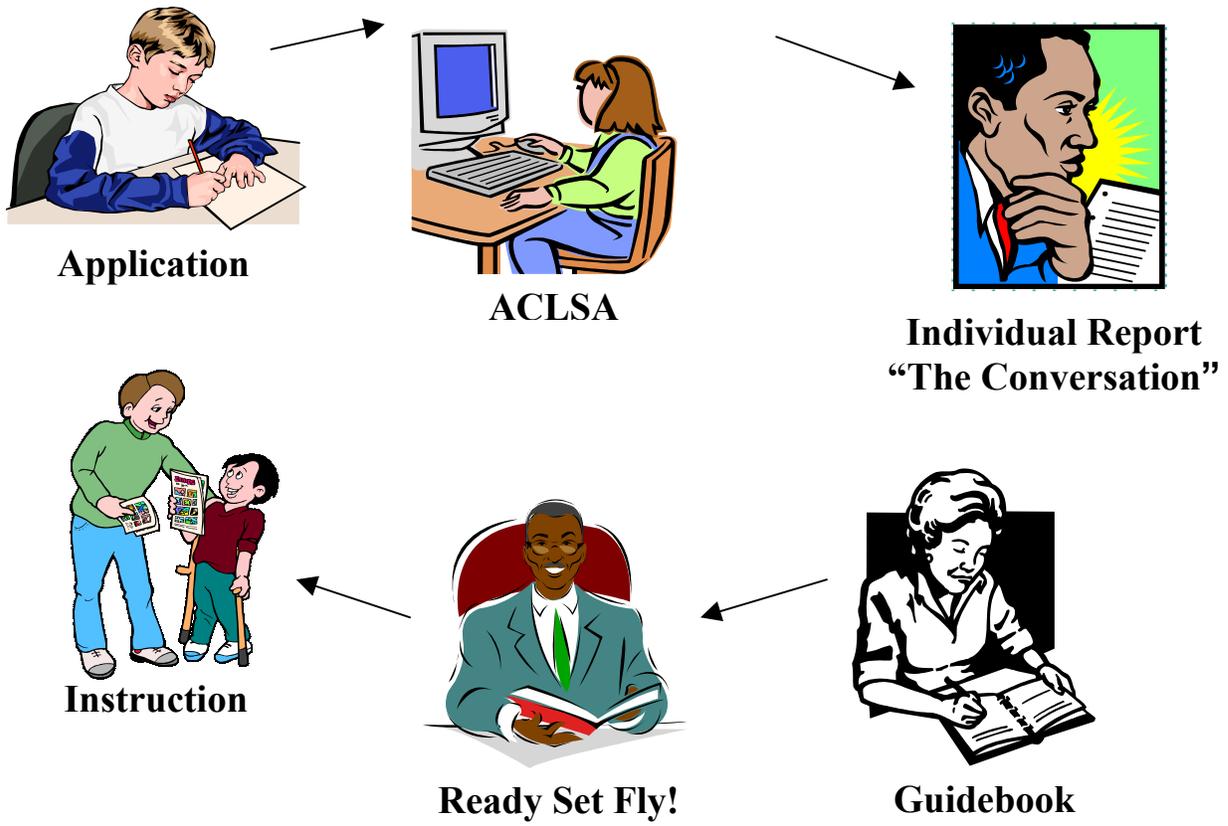
1. systematic skills assessment,
2. independent living skills training,
3. involving caregivers as teachers, and
4. developing birth family and other community connections (Nollan, 2000).

Systematic skills assessment is important because it helps the worker, youth and caregivers develop a specific plan based on a comprehensive evaluation of the youth's strengths and deficits. Ideally, foster parents, youth and birth parents (if available) should all be involved in the process. This approach helps caregivers recognise essential life skills, both tangible and intangible, and helps them become more adept at teaching them.

The Casey Life Skills Tools and Developmental Process is diagrammed in Exhibit 2 to illustrate a more comprehensive approach to building youth transitional living skills over time and through partnerships (see the website caseylifeskills.org for more information, and to download many resources free of charge).

As illustrated in the diagram, skill-building is crucial. A Baltimore County study showed that youth who received independent living/life skills services were more likely to:

- complete high school,
- have an employment history, and
- be employed when they left foster care.



Source: Transition Research Team, Casey Research Services. Mailing Address: Casey Family Programs, 1300 Dexter Avenue North, Floor 3; Seattle, Washington 98109-3547.

Foster care alumni underscore the importance of this work:

"I think that people [foster kids] need to sit down and have an honest talk with an adult about what it means to live on your own, and some of the issues that you have to take care of on your own.

Not just the basic ones of paying the bills and such, but the emotional stuff too" (former foster youth, 25 years old cited in Hormuth, 2001, p.30).

Providers are discovering this as well (Hormuth, 2001, p. 36):

“We assume that foster care kids can take care of themselves because they have had some sort of ‘preparation.’

We need to change that assumption because it does not work...this is not logical...you realise that you have to offer services far after the kids are 18.”

- Provider

“We also do the regular curriculum that most independent living folks do...one of the things that [kids] do not often receive is more in the line of the ‘soft skills’

How to handle racism, relationship issues...who is your support system...managing and coping with those birth family reconnections.”

- Provider

How do we involve caregivers as teachers? How can we involve more youth as instructors and coaches? Who else can teach these skills? What is the best way to build life skills at different ages? These are but four of the many crucial questions that need to be answered. Caregivers can not do it all. Social support networks for youth are disrupted by placement and need to be re-built. Because studies have found that many youth tend to keep in contact with their foster parents after leaving care (English, Kouidou-Giles & Plocke, 1994; Jones & Moses, 1984), this source of support must be encouraged where possible.

Closeness and identification with the foster parent during care was found to be related to improvement in behaviour, performance, and emotional problems and academic progress while in care (Palmer, 1995). Because of the contact and closeness, the relationship between the youth and foster parent is a natural place for independent living skills training to occur.

9. Build youth support networks

Preserving or building support networks for youths is crucial. For example, some of the community-building research has found that loosely coupled connections are often the most useful for employment searches (e.g., Chaskin, 2001).

Connections to the birth family and other community contacts are important associations because youth tend to turn to their birth families for support once they leave care (Fanshel *et al.*, 1990; Jones & Moses, 1984; Zimmerman, 1982). In addition to connections with the birth family, it is important to develop other community connections. Community connections are helpful in replacing the youth’s reliance on the agency for help, as well as helping youth address and resolve feelings of grief, loss, and rejection (Ryan, McFadden, & Wiencek, 1987).

Several former foster youth attributed their survival and success to one person or one asset that assisted them in independent living. Many reported that the difference between success and failure hinged on one friend or family member—perhaps the person who took them in when they didn't have a place to stay, the person who gave them a car so they could get to work, or the caseworker who helped them get training (Hormuth, 2001, pp. 41-43).

Community contacts are also essential for securing jobs as well as receiving support in retaining them. A question for agency administrators to address is how are you helping staff and foster parents prepare youth for this currently? The youth and the agency must take responsibility **early** in the placement process for developing an overall self-sufficiency plan by identifying needed attitudes, skills and behaviours.

Mark Courtney learned through interviews with Wisconsin foster care alumni that some alumni were getting themselves arrested for petty crimes just to have a warm place to sleep and some food. We can and must do better for the youth we serve in foster care. The recently enacted John Chafee Federal legislation in the United States does help extend medical coverage in the states that pursue that. And many states are beginning to drawing down larger amounts of independent living funds to better prepare youth for making the transition to living more independently in the community.

IV. CURRENT POLICY CHALLENGES

I will close this lecture with a few policy challenges that many countries are trying to address:

1. ***How can we clarify the few key outcomes that are most important for the foster care system, and measure those consistently?*** (Manage to **results** -- not process: We need to be managing to a few key results and not monitoring a large set of process measures.)
2. ***How can we identify what services and actions provide the highest leverage toward meeting those key outcomes?*** (To do this we will need management information systems that link family demographics, services, outcomes and cost data.)

3. ***How can we prepare and reward agencies and staff for addressing the first two challenges?*** (See Scott & Spence, 2000 for cautions about certain forms of agency contracting.)
4. ***How can we recruit and support nurturing foster parents?*** (There are a number of efforts underway to better recruit and support foster parents. For a range of foster parent recruitment and support strategies, see the website for Casey National Center for Resource Family Support: <http://www.casey.org/cnc>, and <http://www.casey.org/cnc/recruitment/index.htm>. For foster parent screening strategies see <http://www.casey.org/research> or e-mail Professor John Orme at ORME@swk.gw.utk.edu.)
5. ***How can the voices of the youth we serve be listened to, and youth involvement be more meaningful?*** (See the earlier section devoted to this effort for practical strategies.)
6. ***How can our communities be made more aware of how THEY can make a difference for youth in foster care and their families?*** (See the FosterCare.com, WWW.CWLA.org, and Benton Foundation <http://www.connectforkids.org/> websites.)
7. ***How can we convince our communities and policy-makers to invest more resources in family support and other prevention services?*** (See, for example, the RAND corporation, Children's Defense Fund, and the Family Support America websites, and PeakCare Queensland, 2002 for helpful strategies.)

VI. CONCLUSION

We all have an obligation to work together to ensure that the young people placed in foster care can find the oasis they need along their way (Hormuth, 2001, p. 43). Fortunately, via practice wisdom and a slowly growing body of research data, we are discovering the key principles for effective foster care services. While much work needs to be done, we have a foundation to work from that can be enhanced through better information systems, more consistent performance monitoring, and enhanced quality improvement approaches:

- What gets measured, gets done.

- What gets measured and is fed back, gets done well.
- What gets rewarded, is repeated.

John E. Jones

Outcomes measurement using efficient web-based, worker-focused management information systems that produce useful data in “real time” will be key to our continued progress (e.g., see www.compu-care.net), along with non-competitive agency benchmarking (see www.qola.org). Continued research to identify the most effective theory-based interventions for particular children and their families is also necessary. Finally, our societies will need to invest more resources in shortening foster care length of stays for children, as well as expanding family support services and the kinds of economic supports that might prevent family breakdown in the first place.

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