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**Effects of Foster Care on Child and Adolescent Well Being:  
A Review of Recent Research**

By Dee Wilson

“Child Protection and Child Outcomes: Measuring the Effects of Foster Care,” by Joseph J. Doyle, Jr., Unpublished, March, 2007, available at <http://www.mit.edu/~jjdoyle/research.html>.

“Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability,” by Joseph P. Ryan and Mark F. Testa, Children and Youth Services Review, 27 (2005).

“The Impact of Placement Stability on Behavioral Well-being for Children in Foster Care,” by David M. Rubin, Amanda L.R. O’Reilly, Xianqun Luan and A. Russell Localio, Pediatrics, February 2007.

“Placement Stability and Early Behavioral Outcomes among Children in Out-of-Home Care,” by David M. Rubin, Amanda L.R. O’Reilly, Lauren Hafner, Xianqun Luan and A. Russell Localio, Chapter 10 in Child Protection: Using Research to Improve Policy and Practice, edited by Ron Haskins, Fred Wulczyn and Mary Bruce Webb, Brookings Institution Press, 2007.

“The impact of foster care on development,” by Catherine R. Lawrence, Elizabeth A. Carlson and Byron Egeland, Development and Psychopathology, 18 (2006).

“Children Who Return Home From Foster Care: A 6-Year Prospective Study of Behavioral Health Outcomes in Adolescence,” by Heather N. Taussig, Robert B. Clyman and John Landsverk, Pediatrics, July 2001.

“Kinship Care and Nonkinship Foster Care: Informing the New Debate,” by Richard P. Barth, Shenyang Guo, Rebecca L. Green and Julie S. McCrae, Chapter 11 in Child Protection: Using Research to Improve Policy and Practice, edited by Ron Haskins, Fred Wulczyn and Mary Bruce Webb, Brookings Institution Press, 2007.

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On July 2, 2007 USA Today ran a front page story with the headline **Study: Troubled homes better than foster care**. The first sentence of the article reads “Children whose families are investigated for abuse or neglect are likely to do better in life if they stay with their families than if they go into foster care, according to a pioneering study.” The article goes on to describe a study conducted by Joseph Doyle, an economics professor at MIT’s Sloan School of Management. The study was reported to have found large differences in delinquency rates, teenage pregnancy rates and employment rates between children reported to CPS who remained in their parents’ home compared to children placed in foster care. Doyle is quoted as saying that “The size of the effects surprised me, because all of the children come from tough families.”

The USA Today story goes on to quote Gary Strangler, executive director of the Jim Casey Youth Opportunities Initiative; according to Strangler, “It (Doyle’s study) confirms what experience and observation tell us: Kids who can remain in their homes do better than in foster care.” Strangler,

like Doyle, acknowledges that seriously abused children may often require placement to insure their safety, but (quoting USA Today) “in marginal cases of abuse, more should be done to keep them (children and their parents) together.”

Because the USA Today story was rather sketchy, I wanted to read Doyle’s unpublished study carefully before drawing conclusions. Given the way that the study’s findings were presented by USA Today, I was surprised to find that the study is not a strict comparison of children placed in foster care vs. children who remain in their parent’s home. Rather, according to Doyle, “the results will consider the effect of assignment to different types of (CPS) case managers, categorized by their rate of foster care placement, on long-term child outcomes “. In other words, outcomes for children assigned to CPS case managers in Illinois with high placement rates are compared to outcomes for children assigned CPS case managers with low placement rates, after controlling for neighborhood and assignment of Spanish speaking families and after excluding sexual abuse reports, drug exposed children cases and severely abused children from the sample.

In addition, the study only includes children and youth 5-15 at the time of the initial CPS investigation and children whose families were receiving various welfare benefits. Furthermore, the study includes “all first investigations of parental abuse or neglect between July 1, 1990 and June 30, 2001;” if children had been the subjects of prior reports they were excluded from the study. The study includes 15,039 children in the delinquency sample, 20,091 children in the teen motherhood sample and 30,415 children in the employment sample.

Consider then the large number / percentages of children of children referred to CPS not included in this study: any child younger than 5 at the time of the initial CPS referral (50% of children according to Doyle); sexual abuse cases (8% of cases), drug exposure cases (5% of cases), cases with prior CPS history ( this percentage is not given but it is certain to be large ) , cases of severe abuse ( never clearly defined) and cases in which the alleged perpetrator was not a birth parent, step parent or other adult living with the birth parent, cases in which the child was not receiving Medicaid prior to the first CPS report ( 58% of first time reports according to Doyle). This study excludes a wide range of children commonly reported to CPS systems and sometimes placed in foster care? Why?

First, Doyle is interested in examining adolescent outcomes for which there is readily available data; therefore, children / youth included in the study needed to be in at least their mid-teens by the time that Doyle began to look at delinquency rates, pregnancy rates and earnings. Second, Doyle intends to compare “marginal placement cases”, that is “those cases where investigators may disagree about the recommendation of removal.” Unfortunately, there are no descriptions or examples of these cases in this study and only brief references to criteria (i.e., severe or observed abuse) for deciding whether a case is “marginal” for child placement. Third, Doyle wants to exclude conditions which might affect the rotational assignment of cases by CPS supervisors because he believes (wrongly) that rotational assignment within CPS units can be a means of randomizing child differences, once cases are excluded which tend to be assigned to specialized caseworkers, e.g., reports of sexual abuse, drug exposure, Spanish speaking families. This is also why Doyle does not directly compare children placed in foster care with children remaining in their parents’ home – to do so would provide an obvious objection to the comparison of long term outcomes for these two groups of children / youth. If children are different in important ways at the time of CPS investigation, it is hardly surprising that they fare differently in adolescence regardless of the effects of foster placement.

Regarding rotational assignment of CPS referrals: I was a CPS supervisor for several years and rotated assignments among caseworkers but not randomly. In addition to assigning sex abuse cases to specialists, I also assigned cases to unit members based on my perception of their strengths and weaknesses and also to accommodate caseworkers' preferences, sickness, vacations and likelihood of court involvement. If I believed that a case needed legal action or out of home placement, I often assigned cases to staff likely to engage in these actions. I doubt that CPS supervisors in Illinois in the 1990s acted much differently. In fact, I have never read another study of CPS practice which assumes that rotational assignment of CPS investigations is a form of random assignment in an experimental sense.

Doyle asserts that the children assigned to caseworkers with highly varying placement rates did not differ in key child characteristics. However, the kind of information Doyle is referring to is information gathered by CPS intake staff. There was in his study no baseline measure of children's behavior problems, a factor which might well affect adolescent delinquency rates.

Doyle also appears to believe that the main decision making factor in placement decisions is severity of abuse; and that caseworkers have different thresholds for child placement. Some cases of severe abuse would result in placement by almost all caseworkers but other less serious cases might lead to disagreements among or between caseworkers with different placement thresholds. For example, what about a 6 year old child left alone for long periods of time? Would all caseworkers place or not place a young school age child due to extreme lack of supervision?

My view is that experienced caseworkers would ask and answer a number of questions about a family's history of neglect or other child maltreatment and about standard risk factors such as substance abuse, DV, mental health problems, criminal history and extended family support before making a placement decision. They might also consider the child's perspective. Doyle's study does not control for these family characteristics which affect CPS decision making. It is highly likely (in my view) that children in foster care come from more troubled families; and that the characteristics of families have a large impact on adolescent outcomes, independent of child maltreatment or of placement histories.

Severity of abuse or neglect is an important consideration in CPS decision making but so is the recurrence of maltreatment, the risk of future maltreatment as indicated by factors of the sort mentioned above and family strengths, and the willingness of parents to engage in services and join with the caseworker around child safety.

Doyle's study is flawed in its assumptions and design and nothing about the effects of foster care on adolescent well being should be concluded from it. Nevertheless, it does offer one plausible and intriguing possibility. As children become older, CPS decision making regarding out of home placement may be increasingly affected by the effects of child maltreatment on children's development or behavior problems. It is plausible that CPS caseworkers vary considerably in their willingness to place school age children in foster care in part because of children's mental health problems or developmental delays believed to be related to histories of maltreatment. Doyle's study, like some of the other studies discussed below, suggests that foster care may not be a therapeutic experience for school age children and youth with serious behavior problems at entry into care. This is an important idea which deserves more research, but it is not the same as claiming that there is evidence that these children would have done better if left with abusive or neglectful parents. In addition, by virtue of its design, Doyle's study has nothing to say about behavioral

outcomes of children with long histories of CPS involvement prior to age 5, either foster children or children who remain with their parents. Research is badly needed which describes and analyses child well being outcomes for this group of chronically neglected (mostly) or chronically maltreated children and youth.

### **Child Placement and Juvenile Delinquency**

Joseph Ryan and Mark Testa published a better study of the relationship between child placement and juvenile delinquency in Children and Youth Services Review in 2005. Ryan and Testa utilized Cook County, Illinois data to study 18,676 children born between January 1, 1983 and December 31, 1984, all of whom had at least one substantiated CPS report. Data for these youth was tracked from birth until age 18. Ryan and Testa comment that only about one third of children with substantiated reports of child abuse and neglect are placed out of the home; thus the analysis of the effects of placement instability on delinquency rates was limited to children with at least one episode of substitute care. In addition, the study included (a) children placed prior to age 14 and (b) youth who had no delinquency petitions prior to age 14 because the authors wanted to examine the effects of placement instability on delinquency rates.

Ryan and Testa found that youth with 3 or more substantiated reports of child maltreatment had the highest delinquency rates; in other words, the recurrence of maltreatment, not its severity, had the greatest impact on children's anti-social development. These youth are not included in Doyle's study. "Children with at least one placement in substitute care were significantly more likely to have a delinquency petition compared with the children who had never entered a substitute care placement (23% vs. 11% for males, and 8% vs. 3% for females)," according to the authors.

When using a logistic regression model, Ryan and Testa found that several variables were significantly related to delinquency rates: age at first placement (children placed at older ages had higher delinquency rates than children placed at younger ages), African American males had double the delinquency rate of white males, males with 3 or more placements were 54% more likely to have a delinquency petition and males with 4 placements were more than twice as likely to have a delinquency history as males with only one placement.

These authors differ from Doyle in their interpretation of elevated delinquency rates for youth with placement histories. They state that "The home environment for children removed from parental custody is unquestionably more deleterious compared to maltreated children whose environment is deemed safe enough for them to remain at home." They go on to say what I have said above: "In part, the decision to remove children from the home is based on the severity and pattern of abuse, past service response, and the likelihood of recurrence." However, they comment that removing children from high risk environments should decrease the rate of delinquency; instead delinquency rates for children in out of home care are high. Why?

Ryan and Testa are especially concerned with the effect of multiple placements on youth development. They comment that "multiple placements after entering care further depletes a child's stock of social capital, which weakens social attachments and social controls and increases the probability of delinquency." In my view, the repeated experience of rejection has a large negative effect on youth development; unplanned moves following behavior problems in foster care drive home the lesson that substitute caregivers don't like or want a behaviorally difficult child. James Garbarino has pointed out that the experience of rejection increases aggression across

cultures. A potent formula for producing anti-social behavior is a chronic history of child maltreatment combined with a history of multiple placements in out-of-home care, especially when substitute caregivers are exploitative or abusive (see Robert McNamara's Beating the Odds: Crime, Poverty and Life in the Inner City, 1999).

Ryan and Testa found that placement instability increases delinquency rates for males but not females. "It appears that placement increases the risk of delinquency for female victims of maltreatment – regardless of stability," they state. Unfortunately, Ryan and Testa do not speculate regarding this fascinating gender difference in the effects of placement instability though they mention that males are far more likely to engage in delinquent behavior than females.

### **Placement Instability and Behavioral Outcomes**

One of the best recent studies of the effects of placement instability on children's behavioral outcomes has been done by David Rubin, Amanda O'Reilly, Xianqun Luan and A.Russell Localio using data from the National Survey of Child and Adolescent Well being (NSCAW ), one of the best designed and best funded child welfare studies ever conducted in the United States. NSCAW is a longitudinal study of 5501 children receiving child welfare services in 90 locations across the country; the study includes children who remained at home following a CPS investigation and children placed out of the home.

Rubin, et al studied 729 children in the NSCAW Child Protective Service sample (5501 children) who remained in foster care continuously for at least 18 months following out of home placement. These children were disproportionately female (57%), 44% were white, 38% were African American and 13% were Hispanic. Almost half of the children 2 or older at time of placement had abnormal scores on the Child Behavior Checklist (CBCL). The single most distressing finding in this study is that after 18 months in foster care, 28% of foster children remained in unstable homes, i.e., they had not been in a single home for at least 9 months. A little more than half of the children (52%) achieved early stability, 19% achieved later stability.

The strongest predictor of a child's behavioral adjustment at 18 months was her / his level of behavioral problems at baseline. "At the same time, placement stability was also strongly associated with behavior problems in a stepwise relationship; 31% of early stable, 38% of late stable and 51% of unstable children had abnormal behavioral outcomes," these researchers state. Children with good behavioral outcomes tended to be younger, have no history of health problems and have no previous CPS history. In other words, younger, healthy, well behaved children who had not experienced chronic maltreatment had the best outcomes 18 months after entering care. Children whose parents suffered from a serious mental health problem or behavior problems (not defined) had worse behavioral outcomes.

The authors comment that "The current study provides the most compelling evidence to date that placement stability, independent of a child's problems at entry into care, can influence well-being for children in out-of-home care;" and "Regardless of a child's baseline risk for instability in this study, those children who failed to achieve placement stability were estimated to have a 36% to 63% increased risk of behavioral problems compared with children who achieved any stability in foster care." Foster care can indeed emotionally harm children with few, if any, behavior problems at entry into care; placement instability is a common mechanism for causing such harm.

Nationally, about half of children in foster care have been there for at least 18 months, according to

Rubin, et al. In another analysis of 1,099 children in the NSCAW out-of-home care sample reported in Child Protection; Using Research to Improve policy and Practice (2007), Rubin and his colleagues found that the mean number of placements for children in out of home care for at least 18 months was 2.9; by 36 months the mean number of placements was 3.2 with a range of 1 to 18 placements.

Approximately one fifth of all children entering out of home care in NSCAW – and not reunified at 18 months – never had a stable placement and almost a third of older children not reunified with birth parents were classified as "unstable" by these researchers after 18 months in care. This is a staggering level of instability, but it is almost certainly an underestimate because reunified children were never classified as "unstable" regardless of the number of placements they had experienced. Furthermore, "Placement stability over the first 18 months was significantly related to all permanency outcomes," the authors state. Almost a third of children classified as "unstable" were in continuous foster placement for at least 36 months; many of these children had serious behavior problems at entry into care. Children who had poor CBCL scores at baseline tended to have poor long term outcomes; only 40% of these children had normal CBCL scores after 36 months even when they achieved early stability in care.

However, the authors state that "An intriguing finding ... is that among children whose behavioral functioning at baseline was normal, the children who achieved early stability in continuous out of home foster care were doing better after thirty six months than children who attempted reunification." Rubin, et al, hasten to add that "70 per cent of reunified children who had normal baseline CBCL were doing well at follow up...."

The authors conclude that "these findings underscore the difficulty of improving outcomes for children who are at the highest risk at baseline," that is school age behaviorally troubled children. Foster care outcomes appear to be markedly better for younger behaviorally normal children in stable placements. June Thoburn, the English out-of-home care scholar, has commented in one of her papers that (I'm paraphrasing) "the children we want the most to help are the children we have the least ability to serve in foster care." Rubin and his colleagues' NSCAW studies are a confirmation of this perspective. These studies, and the study conducted by Ryan and Testa, place a strong emphasis on the influence of placement instability in producing poor behavioral outcomes for children who are not reunified quickly with birth parents.

### **Other Recent Studies**

"The impact of foster care on development," by Catherine Lawrence, Elizabeth Carlson and Byron Egeland (2006) is highly critical of the effects of foster care on child development but has different findings regarding the influence of placement instability on developmental outcomes. This study uses data from the Minnesota Longitudinal Study of Parents and Children (MLS), a study which began in 1979. The MLS is one of the best longitudinal studies ever conducted regarding the effects of various types of child maltreatment on child development.

The study identifies 3 groups of children and families included in the MLS: 46 children who were placed in foster care, 46 maltreated children who remained at home and 97 children who did not experience foster care or child maltreatment. Children in the foster care sample were required to have lengths of stay (LOS) in foster care of at least 4 consecutive weeks. These 46 children were placed out of the home from birth to 9 years of age. Average LOS was 13 months; however

children placed out of the home during the early elementary school years remained in care an average of 25.76 months. Child maltreatment was the main reason for (only) 69% of the child placements. Other reasons for placement included death of a parent, parental incarceration, parental substance abuse or homelessness.

Lawrence, Carlson and Egeland acknowledge that they lack child maltreatment severity ratings for the children in this study, “however, the foster care and the maltreated groups did not differ on measures of adaptation prior to placement suggesting the possibility that maltreatment experience was equivalent for both groups.” This is a highly questionable assumption assuming that the Minnesota child welfare system is competent at child protection. Like Doyle, these authors want to believe that they are comparing groups of children with similar maltreatment histories, regardless of whether they were ever placed in foster care. Unlike Doyle, however, these researchers have good baseline measures of children’s developmental status and behavior problems; further, these researchers clearly describe their methods and present excellent summaries of their data.

Length of time in care, age at placement in foster care, CPS involvement and stability of care were not significantly correlated with child outcomes. “Foster care and maltreated (at home) TRF (total score on behavioral problems) total and externalizing scores did not differ significantly. The results of the Internalizing Scale analyses were not significant,” according to the authors.

Lawrence, Carlson and Egeland emphasize the statistically significant differences in behavior problems between the foster care group and the control group, i.e., the children without foster care or child maltreatment histories. They also underline the point that foster children’s behavior problems worsened while they were in care and were worse at exit from care. However, “Analyses of the entire sample did not differentiate the risks associated with foster care placement from those remaining with the family of origin and a maltreating caregiver,” the authors state.

In a sub-analysis of the foster care group, these authors found that children placed into care after kindergarten “exhibited an increase in behavior problems” and that the behavior problems of these children significantly exceeded the problems of the maltreated in-home group.

This study also compared behavioral outcomes for children placed in kinship care with children placed in unfamiliar settings. Children in kinship care had lower internalizing behavior problems at exit from care compared to children placed in unfamiliar settings. Externalizing behavior problems did not differ between the 2 groups.

The authors comment that “Controlling for developmental adaptation and SES prior to placement, the results support a general view that foster care may lead to an increase in behavior problems that continues after exiting the system.”

Lawrence, Carlson and Egeland speculate that the reason their study did not find placement stability to significantly effect behavioral outcomes was the study’s small sample size. Some of the analyses included in this study were conducted with 15 children in each of the groups being compared. Nevertheless, these authors have insightful comments concerning the developmental trajectories of foster children found in their study. Separation from primary caregivers at an early age, they speculate, may pose a difficult challenge for very young children. In addition, placement in foster care often requires changes in neighborhood, school, friends and extended family support, changes experienced by children as additional losses. These authors believe that kinship care may reduce children’s experience of loss and, in doing so, create much needed emotional security for

children removed from birth parents.

One interpretation of these findings is that foster care adds to children's behavior problems rather than having a therapeutic impact. "However, the authors state, because maltreated and foster care children did not differ with respect to behavior problems, it is difficult to interpret whether the foster care experience itself or aspects of the intervening years ... influenced this finding. It is unclear whether further exposure to risk factors within the home environment or the lingering impact of foster care placement influenced long term outcomes." What is clear is that foster care in the aggregate did not have a therapeutic effect on children's behavior problems, and that children placed post kindergarten experienced the largest increase in behavior problems.

### **Reunified Children vs. Children Who Remain in Foster Care**

Heather Taussig, Robert Clymon and John Landsverk published a study with a very different import in Pediatrics in July 2001. "Children Who Return Home From Foster Care: A 6-Year Prospective Study of Behavioral Health Outcomes in Adolescence," examines 149 children, ages 7-12 who entered foster care between May 1990 and October 1991 in San Diego, California and who remained in care for at least 5 months. Sixty three of these children who were reunified over a 6 year period of time were compared to 86 children who remained in foster care. Reunified children had been in foster care an average of 2.2 years prior to reunification and had experienced an average of 4.7 placements while in out-of-home care. The non-reunified group had been in an average of 8 placements between their first placement and the Time 2 interview conducted 6 years after entry into care. In summary, both reunified and non-reunified children and youth had been in foster care for considerable periods of time and had experienced a high level of placement instability; these placement histories should be kept in mind in interpreting the findings of this study.

Reunified youth reported significantly more engagement in self destructive acts, substance abuse and total behavior problems compared to non-reunified youth; there was also a not quite significant trend for reunified youth to engage in more delinquent behaviors. Reunified youth were more likely to have received a ticket or been arrested, to have dropped out of school and to have received lower grades, Taussig, Clymon and Landsverk state. There was no difference between the 2 groups in sexual behavior or pregnancy rates. The groups did not differ in externalizing behavior problems; rather the groups differed on internalizing behavior problems. In the multivariate analysis, age, female gender and reunification status predicted self destructive behaviors. Reunified youth were twice as likely to have been arrested as non-reunified youth and reported having lower grades than non-reunified youth.

The authors comment that "youth who reunify with their biological families after placement in foster care have more behavioral and emotional health problems than youth who do not reunify." They add that "Reunified youth had higher problem scores on 9 of the 14 indices examined, and reunification status was a significant predictor of negative outcomes after controlling for age, gender and Time 1 behavior problems ..."

Taussig, Clymon and Landsverk speculate that factors that led to a child's removal from the home may not have been corrected and they remind readers that a number of studies have found high rates of re-abuse and neglect in families of reunified children. They state that "It is critical to know if better child and family outcomes can be achieved with intensive services."

The authors assert that “The current study’s results should not be misconstrued as an argument against reunification. Rather, the study’s findings strongly caution us against presuming that children who return to live with their birth parents have achieved positive outcomes. “ Curiously, the authors fail to remind readers that 20-30% of reunified children and youth re-enter foster care within 3 years. In Washington State on any one day, as many as a third of children in out-of-home care are in their second, third or even fourth placement episode. Reunification often does not stop placement instability, especially for children and youth with behavior problems.

I was in the audience when Robert Claymon presented these findings to a national child welfare conference in Portland during the spring of 2007. Claymon, to his credit, presented these findings as a challenge to common child welfare biases regarding foster care and in-home placements; but not so creditably, he cherry picked the research studies he mentioned in his presentation to make his case appear to be an unequivocal finding from Research, instead of a carefully selected group of studies ( for example, Fanshel and Shinn’s New York City foster care study from several decades ago). My impression was that the highly experienced child welfare audience attending the conference received the presentation with mild skepticism and a distinct lack of enthusiasm.

It is worth asking whether the findings of this study of reunification outcomes are in fundamental conflict with the other studies reviewed in this paper. Local foster care systems, like educational systems, can have widely varying outcomes. It is not impossible that foster care in Illinois or Chicago has different developmental outcomes than foster care in San Diego because of different child populations, differing quality of foster homes and different CPS practice. NSCAW, on the other hand, is designed to be a national longitudinal study and utilizes comprehensive measures of child development; for this reason, NSCAW findings should be given special weight in any discussion of foster care outcomes.

NSCAW findings indicate that the level of children’s behavior problems at entry into care is the best predictor of future developmental outcomes; and that placement instability increases children’s behavior problems even for children with a normal CBCL at baseline. Furthermore, child welfare systems are unable to stabilize foster care for at least a third of school age children with LOS of at least 18 months. Furthermore, the MLS found that children’s behavior problems became worse while in foster care and that these effects were more pronounced for post kindergarten children entering the foster care system. These findings do not suggest that foster care is a therapeutic experience for behaviorally troubled school age children; foster care appears to have the most positive benefits for younger developmentally normal children.

However, Taussig, Claymon and Landsverk’s study does not assert that school age children who remain in foster care for several years improve on standard developmental measures; their claim is rather that these children and youth report far fewer problematic behaviors in adolescence than reunified children. It may be the case that reunified children with serious maltreatment histories deteriorate in adolescent social functioning to a greater degree than youth who remain in care; this is not an extensively studied issue.

The most defensible interpretation of the various findings of the studies reviewed in this paper is that foster care is not in the aggregate a therapeutic experience for behaviorally troubled children; but the jury is out regarding whether maltreated school age children do better or worse on standard development measures than maltreated children who remain at home or are reunified with birth parents. The small but well designed and careful MLS study found no differences in behavioral

outcomes for foster children and maltreated children remaining in the home even though these children had similar levels of behavioral problems at baseline.

### **Kinship Care vs. Non-kinship Care**

The best comparison of kinship care and non-kin foster care which I've read recently is "Kinship Care and Non-kinship Foster Care by Richard Barth, Shenyang Guo, Rebecca Green and Julie McCrae (in Child Protection: Using Research to Improve Policy and Practice, 2007). Barth and his colleagues used data on 567 children in NSCAW's out-of-home care sample to compare behavior problems at entry into care and developmental outcomes 18 months later for children placed in non-kin foster care and kinship care. NSCAW uses multiple measures of child development and child well being including the CBCL, the Social Skills Rating System (SSRS), the Kaufman Brief Intelligence Test (K-BIT), the Vineland Adaptive Behavior Scales (VABS), the Trauma Symptom Checklist for Children (TSC-C) and several other measures as well.

This study found that children placed in non-kin care are significantly different than children placed in kinship care. Children in non-kin care have more behavior problems, higher rates of special education and poorer social skills than children placed with relatives. "Differences between children in kinship and non-kinship care that are measured following placement may simply reflect these pre-existing differences," these authors state. Apart from the CBCL, there were few differences on developmental measures for these two groups of children at the 18 month follow-up. Children placed with kinship caregivers did better on externalizing behavior measures in the CBCL; but given that this study used multiple measures, the authors emphasize the overall lack of differences on a variety of developmental measures for the 2 groups.

There is one finding in this study which is of great concern: "About one-fifth of the children were rated as experiencing both low responsiveness and high punitiveness at both baseline and at 18 months;" a statistic which did not differ for kin and non-kin caregivers. "Low responsiveness" and "high punitiveness" is another way of describing harsh emotionally unresponsive parenting; that 20% of foster children and children in kinship care in the NSCAW sample were found to be living in such families may be the single most alarming finding in any of the studies reviewed in this paper.

This study also found that a surprising percentage of kin and non-kin providers are poor (20%) or near poor. "Any general notion that foster parents are predominantly middle class is untrue," the authors claim. In addition, " (the finding that) only 42 percent of non-kinship foster parents have educational attainment beyond high school indicates that the growing concerns about the educational underachievement of foster children may require substantial educational support in their homes, which are not, otherwise, educationally enriched," according to Barth and his co-authors.

This NSCAW study also found that a sizeable percentage of children in foster care are placed in homes with 3 or more other children. Barth and his co-authors comment that "Prior analyses indicated that infants are more likely than older children to be placed in out-of-home settings with more children, perhaps an ominous developmental circumstance," a remark which would have more resonance if accompanied by NSCAW data regarding the lack of developmental progress for infants placed in out-of-home care.

On a positive note, this study found a reduction in youth reported trauma symptoms over 18

months in both kin and non-kin homes. However, there was very little improvement in children's educational achievement for children in this study.

Barth and his colleagues advocate for a public policy goal of improving both kin and non-kin care; and while this proposal may sound like common sense, it is far from certain how policymakers will respond to the growing sense of crisis around out-of-home care resulting from placement shortages. Casey Family Programs has set a goal of reducing the nation's foster care population by half by 2020. Other child advocates want to bet the bank on kinship care even though no large jurisdiction in this country to my knowledge has succeeded in achieving a kinship care rate much in excess of 50%. The family preservation lobby wants a stronger commitment to maintaining families intact, witness the response to Doyle's study in some child welfare circles. Barth, Guo, Green and McCrae recognize that "sizeable challenges are faced by caregivers involved in the care of maltreated children, whether the caregivers are biological parents, relatives or someone else." Currently, there is not good evidence that behaviorally troubled maltreated children are faring well in any of these settings.

Barth and his co-authors deserve the final word in this review because of their eloquent summary: "A vision for excellence in foster care is needed. One place to begin is to examine the reasons why such a large proportion of kinship and non-kinship homes, more than one in five, is below the poverty level. Reimbursing foster parents more for the care they provide would improve the resource base in existing homes. This could very well increase the likelihood that foster children get the kinds of developmental experiences that other non-poor children receive. ... Another approach to improving the developmental benefits of out-of-home care is better linkages of care to services. Linking every foster home to a resource center (my underlining) which serves as an informal source of support such as a local religious or civic organization, or a resource person (such as a contact family) might be a component of a vision for foster care ... Ensuring that all foster parents receive consistent, powerful, supportive in-home training would be another appropriate component of the vision."

My view is that unless a positive vision of foster care is developed and acted on in the next decade, foster care will come to be viewed as little better than orphanages for behaviorally troubled school age children. Some child advocates would like to see this happen; but abused and neglected children will not be better off if it does. A more prudent approach is to find a balanced approach to improving in-home services and out-of-home care, both kinship and non-kinship care. The place to start in out-of-home care improvements is making a determined effort to learn how to stabilize behaviorally troubled children in therapeutic foster homes with caregivers adequately trained and supported for this challenge.

Dee Wilson

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