



Foster parent parenting characteristics that lead to increased placement stability or disruption

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ABSTRACT

Abuse and neglect are tragic realities that society must deal with effectively. Child welfare agencies have been established and given the responsibility to maintain children's safety when a court of law finds the parents to be unfit. Although child welfare agencies attempt to provide effective care, often these agencies find themselves fighting losing battles. Either foster children are too difficult to manage, or foster families are too quick to terminate their parental responsibilities because they feel overwhelmed or believe they do not have the skill to effectively interact. Despite the reasons for placement disruption, children are the losers because they are not given the opportunity to form bonds with adults, maintain school placement, or learn healthy coping skills. Empirical evidence identifies the characteristics of foster children who are likely to experience placement disruption and the flaws of the foster care system; however, it does not identify parenting variables that might affect placement. Therefore, the purpose of this study was to identify parenting characteristics of foster parents that are likely to increase placement stability or disruption. Foster parents of public child welfare agencies were asked to complete the Parent–Child Relationship Inventory to measure parental characteristics and the Parenting Alliance Measure to determine perceived alliance between foster parents. Results of the multiple regression revealed a significant relationship between the predictor variables, parenting support and limit setting on placement stability. These two variables explained approximately 15% of the total variance in placement stability. No significant relationship was found between the predictor variables on placement disruptions.

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1. Introduction

As a result of abuse and neglect, more than half of a million children live with foster families (Noble, 1997). Empirical evidence supports the notion that children who are physically and sexually abused experience a number of difficulties in their personal lives. Children who are abused are more withdrawn, exhibit fewer pro-social behaviors, (Prino & Peyrot, 1994) and have higher rates of maladaptive social interactions (Dean et al., 1986). Children who are abused manifest a greater number and frequency of behavioral problems, such as noncompliance, tantrums, and aggression directed toward adults and peers (Lamphear, 1985). Compared to their peers, children and adolescents who are maltreated perform significantly poorer on standardized tests and are more likely to repeat a grade in school (Eckenrode et al., 1993). Adults who were abused as children are more likely to have depressive and anxiety symptoms, sexual difficulties, and suicidal ideation (Mullen et al., 1996). Because abuse and neglect are tragic realities, which can cause significant long-term personal difficulties, laws have been enacted

to protect children or to place them in homes where their personal well being can be maintained.

Therefore, foster care agencies are charged with the responsibility of meeting the needs of foster children, ensuring stable placements, and caring for the long-term needs of abused and neglected children. When children are placed in foster care, foster agencies become responsible for the children's personal well being. When foster parents and children are unable to form healthy attachments, providing for basic needs of foster children can become an exhausting task and can ultimately lead to placement instability. Placement disruptions may lead to long-term difficulties for foster children as they learn to be distrustful of foster parents, caseworkers, and the foster care system.

Several characteristics of children and the foster care system are associated with placement disruptions, including age, ethnic background, abuse history, and caseworker turnover. Empirical evidence supports the notion that placement disruptions increase with a child's age as older children experienced a higher number of placements (Pardeck, 1980; Smith et al., 2001). Being an African-American foster child is one of the highest predictors for the length of time spent in the foster care system, resulting in more opportunities to experience placement disruption (Seaberg & Tolley, 1986). Children who have been sexually abused experienced more foster care placements, were

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more behaviorally and emotionally challenged, and experienced more attachment issues (Smith & Howard, 1991). Placement disruption is more likely to occur if children have a history of physical abuse, and they are less likely to fare well in foster care (Fanshel et al., 1989). Caseworker turnover was reported to have the greatest impact on a foster child's placement, as caseworker turnover promotes unhealthy relationships and inhibits foster children from forming emotional therapeutic bonds (Pardeck, 1985). In addition, research indicates that failure to consult foster children about their placement can also lead to placement disruption (Festinger, 1983). Finally, empirical evidence demonstrates that inadequately trained foster parents are associated with higher placement failures and poor parenting to at-risk children (Pardeck, 1985). Although the literature has identified a number of factors that contribute to placement disruption or instability, little information has been gathered on the foster parents who open their homes to these children.

Therefore, the purpose of this study was to add to the current literature and illuminate parenting characteristics of foster parents who successfully maintain long-term placement and decrease placement disruption.

2. Design and procedure

Foster care agencies were contacted by letter to determine their interest in this research project. Within two weeks of dissemination of the initial letter, agency directors were contacted via phone to facilitate a face-to-face meeting. During the initial meeting, the researcher discussed the purpose, benefits, and potential risks of this research project. Once foster care agencies had been informed, they were given the opportunity to participate or withdraw from this study. Directors willing to participate in this study were asked to read and sign a letter of agreement. Agency directors then provided dates and times regarding upcoming foster parent training or support groups. This researcher attended foster parent training or support groups and discussed this research project with prospective foster parents. Those foster parents willing to participate obtained a packet from the respective trainer at the end of training. All participating foster parents had fostered children for at least 2 years. These foster packets included instructions, research consent forms, demographic questionnaire, Parent–Child Relationship Inventory, Parenting Alliance Measure, and an addressed, stamped envelope. Foster parents were asked to complete the Parent–Child Relationship Inventory with the focus on one foster child who they kept in their care for the longest amount of time. Foster parents returned the completed research packet to the researcher.

On the demographics form, foster parents identified the number of children who have experienced placement disruptions and the longest placement while in their care. A long-term placement was defined as a child who has resided in a foster parent's care for at least one year. A placement disruption was defined as a change in placement as a result of foster parents' unwillingness to continue to parent due to foster children's inappropriate behavior. Either the foster parent decided to terminate his or her role as a foster parent for this child, or the agency decided that the arrangement is no longer in the best interest of the child. Those children reunified with biological parents or placed in kinship care were not considered placement disruptions. Foster families who provide respite or short-term care were not included in this study.

2.1. Participants

The primary participants in this study were foster parents currently fostering children. These foster parents were recruited by public or private foster care agencies and received a stipend for parenting foster children. Public agencies are defined as child welfare agencies representing their respective counties and mandated by state law to provide protective services to children of their counties. In addition to the public agencies, private foster care agencies were asked to partici-

pate in this study. In general, these private agencies recruit foster parents to provide therapeutic foster care to abused and neglected children. These agencies employ caseworkers providing necessary case management services for their foster children and families. Many of these agencies have staff counselors or psychologists providing necessary assessment and treatment of mental health issues. Some agencies had staff psychiatrists or consulted with psychiatry for biopsychosocial related issues.

Foster parents included in this study were foster parents for at least two years. This requirement enabled those in the sample to have a basic understanding of the foster care system, meet basic training requirements, and also interact with caseworkers and have opportunities to be successful/unsuccessful foster parents. Both private and public foster care agencies in the Appalachian region of Southeastern Ohio, Kentucky, West Virginia, Pennsylvania, and Maryland were invited to participate in this study.

2.2. Instruments

1. The *Parent–Child Relationship Inventory* (PCRI) was chosen because of its ability to measure a wide range of parental characteristics. According to Gerard (2005), the PCRI is a 78-item self-report instrument measuring parents' attitudes toward raising their children. Parents respond to questions based on a 4-point Likert scale. The questions are clustered into seven content scales: parental support scale (measures level of emotional and social support a parent receives), satisfaction with parenting scale (measures the amount of pleasure received from parenting), involvement scale (measures the level of parental interaction and knowledge of the child), communication scale (measures the effectiveness of parental communication), limit-setting scale (measures discipline practices), autonomy scale (measures the ability of parents to promote the child's independence), and the role-orientation scale (measures attitudes about gender roles in parenting). The PCRI also has two validity indicators to identify if parents are attempting to give distorted responses or portraying the relationship in an unrealistic manner. This questionnaire was completed by parents (mother and/or father) and only one child in the family is targeted when completing the measure. The psychometric properties of the PCRI are acceptable, as the overall internal consistency has a median value of .82 and the test–retest mean value of .8 to .93.
2. The *Parent Alliance Measure* (PAM) was chosen because of its ability to measure the strength of perceived alliance between biological, adoptive, or foster parents. Weissman and Cohen (1985) described parenting alliance as the part of the marital relationship that is concerned with parenthood and child rearing. They described a sound parenting alliance as parents who are invested in their children, respect the judgment of the other parent, and possess a desire to communicate with the other parent. The PAM score provides an indication of the degree to which parents perceive themselves to be in a cooperative, communicative, and mutually respectful alliance for the care of their children. The PAM consists of 20 items and parents respond to the questions using a 5-point rating scale ranging from strongly agree to strongly disagree. Raw scores are transformed into *T* scores and a high score is indicative of a more positive parenting alliance. The psychometric properties of the PAM are acceptable. The overall internal consistency was reported with a mean value of .95 and the test–retest mean value of .80.

3. Research hypotheses

3.1. Research hypothesis 1

In a population of foster parents, high parental support (as measured by the PCRI), effective communication (as measured by the

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