



A comparison of outcomes for children and youth in foster and residential group care across agencies[☆]



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A B S T R A C T

Working collaboratively with two state associations and their member (nonprofit) agencies providing out-of-home care to children and youth, University researchers conducted a multi-site project to examine whether there were any differences in individual child-level outcomes between children placed in residential group care and those placed in foster. The study employed a quasi-experimental repeated measures design, with data collected at a minimum of two intervals (at intake and 3-month follow-up) and at subsequent intervals of 6 and 12 months for children remaining in care. Samples for analyses were drawn from 1082 youth in either residential group care ($n = 903$) or foster care ($n = 179$), in one of 37 agency sites across two southeastern states, who participated in a broader evaluation project. The average ages of participating youth in residential and foster care were 13.97 ($SD = 2.43$) and 13.65 ($SD = 2.73$), respectively. Based on his or her score on the Children's Global Assessment Scale (CGAS) at intake, each participant was also assigned to the low functioning group ($n = 526$; 53.1%), the borderline group ($n = 232$; 23.4%), or the high functioning group ($n = 232$; 23.4%). Analyses confirmed that youth in foster care tended to have higher levels of general functioning at baseline than did youth placed in group care. However, the degree to which youth progressed in care on measures of general functioning and mental and behavioral health problems did not differ based on placement setting; youth in residential group care settings progressed at the same rate as youth in community-based settings, regardless of their level of functioning at intake. The only exception to this pattern was in regard to anxiety; there was an observable, but non-significant trend of youth in foster care reporting decreases in anxiety levels, while those in group care reported increased anxiety.

During the past several decades, policymakers and practitioners have debated how best to serve the needs of children placed in out-of-home care, with an overall focus on the relative attributes of community-based versus residential (agency-based) care. Despite a body of literature emphasizing the need for research comparing youth outcomes across foster care and residential group care to inform these decisions, the body of empirical work in this area remains sparse (James, 2011). Absent empirical data from which courts and/or the child welfare system can determine his or her optimal placement based on the relative effectiveness of available settings in meeting the type of needs with which the child presents, current policy and practice favor placement in the least restrictive setting, such that community-based foster

care is favored over residential group care. Cost can also factor into placement decisions, with foster care being favored over more expensive group care (Barth, 2005). Nonetheless, as noted by Barth (2002), there are circumstances in which children and youth may be best served in a group setting (e.g., when they have run away from foster care, they present a threat to themselves or others, or they are moving from a more restrictive setting). Moreover, the fact that a substantial number of children continue to reside in residential programs warrants examination of how child-level outcomes compare across settings (James, Zhang, & Landsverk, 2012).

Despite the objections to congregate care, some studies have documented positive outcomes for those residential programs that

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reflect high standards of care, including family involvement and support and supervision by caring adults (Barth, 2002). From their review and selective meta-analysis of research studies published between 1990 and 2005 examining residential care outcomes, Knorth, Harder, Zandberg, and Kendrick (2008) rejected the notion that residential care has primarily negative outcomes for youth, instead concluding that psychosocial functioning outcomes could be expected to improve, on average, for children and youth who had been in residential care for a period of time. In contrast, Lee, Bright, Svoboda, Fakunmoju, and Barth (2010) concluded that a majority of published studies favor family foster care or treatment foster care over residential group care. Advocates for moving away from, and in some cases even dismantling, residential group care have described the outcomes and long-term treatment gains of children and youth placed residential group care as “uncertain” (Preyde, Frensch, Cameron, Hazineh, & Riosa, 2011, p. 5) and mixed (Holstead, Dalton, Horne, & Lamond, 2010), noting that some studies evidenced only short-term gains, while other, long-range studies did not find high end-state functioning. For example, following an investigation of 285 adolescents in residential treatment, Lyons, Terry, Martinovich, Peterson, and Bouska (2001) found that although there was evidence of a reduction in risk behaviors and depression, along with improved the management of psychosis, residential treatment did not appear to improve functioning; additionally, outcomes varied substantially across providers.

Efforts to compare outcomes across placement settings have not only been limited in number, but they have also been complicated by methodological challenges, including selection bias given suggestions that youth placed in residential group care exhibit more problems than do those placed in foster care (Barth, 2002). In fact, a growing body of evidence suggests that youth in residential care have more severe difficulties than do youth in foster care upon entry into out-of-home placement (Leloux-Opmeer, Kuiper, Swaab, & Scholte, 2016). After careful efforts to generate matched samples in order to control for this potential bias, Lee and Thompson (2008) found that residential group care may actually be more effective than therapeutic foster care for some youth, with participants in therapeutic foster care proving to be less likely to be favorably discharged, less likely to return home, and more likely to experience a later out-of-home placement than youth in a congregate care setting. Based on their examination of a statewide system of care over a five-year period, Lyons, Woltman, Martinovich, and Hancock (2009) concluded that residential care serves an important function in serving children and youth with high levels of need.

Given the contradictory findings in the existing literature, along with the many unanswered questions that remain regarding the relative effectiveness of foster and residential group care, there is a clear need for additional research in this area and, particularly, for projects that address the methodological problems present in many earlier studies. In response to this need, the current study was designed to compare outcomes of youth in foster care to those of youth in residential group care across multiple nonprofit agencies. More specifically, this study addressed the question of how youths' general functioning, behavior problems (as reported by therapists and the youth themselves), and anxiety compared across the two settings over time.

1. Methods

1.1. Participants

The current study examined a subset of the 1114 children and youth enrolled in out-of-home placement programs across 37 agency sites in two states who participated in a broader evaluation project (Portwood, Boyd, & Murdock, 2016). Analyses were limited to those 1082 youth enrolled in the various levels of residential group care ($n = 903$; 83.5%) and foster care ($n = 179$; 16.5%). Among those youth in residential group care settings, 409 (45.3%) were in low management programs; 86 (9.5%) were in moderate management programs; 151

(16.7%) were in high management programs; and 257 (28.4%) were in residential treatment. Notably, youth in foster care also represented placement in various service levels, with 97 (54.1%) in therapeutic foster care, 76 (42.5%) in family foster care, and 6 (3.4%) in specialized foster care. Participants were enrolled in the study for the duration of a single placement (i.e., none of the participants moved across placement settings).

1.2. Data collection

The study employed a quasi-experimental repeated measures (pretest-posttest) design. Trained agency staff collected data at a minimum of two intervals, at intake and at a three-month interval following intake. For those children remaining in care, data were also collected at 6 and 12 months after intake. (Notably, the Achenbach Child Behavior Checklist (CBCL) -Youth Self Report is designed to be administered at six-month intervals and so was not administered at three-month follow-up.) All children enrolled in the designated out-of-home care programs at participating agencies were eligible for participation, but the design was quasi-experimental since, rather than being randomly assigned, children were placed in either foster care or residential group care in accordance with prevailing practices in the community or organization.

To supplement existing admission forms, agency staff completed the Youth Demographic Form and Discharge Data Form created by the researchers to capture information on participants' characteristics and services received. The child's therapist, case worker, or other dedicated staff member completed the CGAS and the CBCL at all specified time points, beginning with the collection of baseline data within 30 days of admission; the date on which baseline data were collected then served as the reference point for subsequent follow-up data collection dates. The same trained agency staff members also administered the youth measures at the designated intervals. (Although there may have been some reassignment of cases at agencies for various reasons [e.g., staff turnover], this information was not available to the researchers.) Youth completed the measures individually in a private location. The staff member read a list of reminders to youth prior to his or her completing the study measures to ensure standardized data collection procedures across agencies. Staff members also read the questions aloud to younger children or those who had difficulty reading. Given the variance in children's ages and reading ability, the time required to complete the study measures also varied considerably.

Agencies provided de-identified data to the researchers for analysis. The researchers obtained approval from their University Institutional Review Board.

1.3. Instruments

1.3.1. Children's Global Assessment Scale (CGAS)

The CGAS provides a simple means for a variety of raters across disciplines to quantify the global functioning of children ages 4 to 16 years on a scale of 1 to 100. Higher scores indicate higher levels of functioning, with scores over 70 designated as normal. The scale has demonstrated interrater and test-retest reliability, as well as discriminant and concurrent validity (Shaffer et al., 1983). The CGAS has been widely used in research and shown to be a good measure of children's functional competence in clinical settings (Green, Shirk, Hanze, & Wanstrath, 1994).

1.3.2. Child Behavior Checklist (CBCL)

Along with the CBCL-Youth Self Report (described below), the CBCL is part of the Achenbach System of Empirically Based Assessment (ASEBA) (Achenbach, 1991). The teacher version of the 118-item CBCL was used for clinicians to rate problem behaviors for participating children and youth. As with the parent version, the CBCL includes three broad-band scales (i.e. Internalizing, Externalizing, and Total Problems)

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