



# Treatment foster parent satisfaction: Survey validation and predictors of satisfaction, retention, and intent to refer



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## ABSTRACT

Treatment foster parents are invaluable for youth in treatment foster care, therefore it is imperative for programs to measure their satisfaction in their role. However, the concept of treatment foster parent satisfaction is not fully developed, and there is a need to develop measurement tools specifically for treatment foster parents. Based on previous research and available foster parent satisfaction surveys, we developed a brief 28-item scale that measures four constructs related to overall treatment foster parent satisfaction: Professional Parenting Role, Treatment Foster Parent Efficacy, Support from Staff, and Quality of Training. Additionally, the scale assesses overall satisfaction, likelihood to continue as a treatment foster parent, and likelihood to refer others to become treatment foster parents. We also assessed which of the four constructs predict high and low scores on these three metrics. Results can be used to target interventions to improve treatment foster parent satisfaction.

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## 1. Introduction

Measuring consumer satisfaction is a common practice across the service industry where consumers are asked to provide feedback about services or products in order to make improvements. This concept is expanded to health care and social services agencies, where client satisfaction is seen as an important indicator of service quality and client engagement. Measuring satisfaction of those receiving services is imperative to improving program processes (Athay & Bickman, 2012). Similarly, many organizations also measure employee satisfaction to ensure a positive work environment for staff, especially as employee satisfaction serves as a predictive factor for client outcomes, organizational success, and financial performance (Fraser & Wu, 2015). Furthermore, retention of employees helps to ensure continuity of quality services.

The same principles of satisfaction and retention can be applied to foster parents in treatment foster care (TFC) programs. This is especially true for Pressley Ridge's Treatment Foster Care model (PR-TFC) in which treatment foster parents are viewed as professionals and an integral part of the treatment team (Bishop-Fitzpatrick, Jung, Nam, Trunzo, & Rautkis, 2015; Meadowcroft, Thomlison, & Chamberlain, 1993; Trunzo, Bishop-Fitzpatrick, Strickler, & Doncaster, 2012). TFC is a compilation of aspects from regular foster care and residential treatment centers with the purpose of offering more intensive services for youth than can be offered by regular foster care, while being able to effectively serve youth in a family-based community (Chamberlain, 2002; Turner

& Macdonald, 2011). Treatment foster parents are responsible for sustaining strong alliances with youth placed in their homes, and are trained to use therapeutic strategies designed to decrease problematic behaviors and increase appropriate behaviors thus making them key implementers of services (Chamberlain, 2002). For this reason, treatment foster parents receive additional compensation, training, and ongoing support to increase their commitment and competence (Chamberlain, 2002; Chamberlain & Mihalic, 1998). Because of their vital role in implementing treatment for youth, it is imperative to routinely assess their satisfaction with being a treatment foster parent; this concept is similar to measuring employee satisfaction to ensure retention and continuity of care for youth. Routine measurement of treatment foster parent satisfaction can also help to ensure success of a program, improve program processes, and guarantee youth in foster care experience positive outcomes.

### 1.1. Treatment foster parent satisfaction

Measuring foster parent satisfaction is an area of interest for foster care programs in order to improve quality of services, or to meet demands from funders or program leadership (Dore, 2010). While there have been a number of efforts to increase the prevalence and quality of satisfaction surveys in human services and foster care agencies, there are only a few standardized instruments available to measure foster parent satisfaction (e.g., Satisfaction with Foster Parenting Inventory, Foster Career Satisfaction Scale, Foster Parent Satisfaction Survey); none of these surveys were developed to be used with treatment foster parents. In 2009, a survey of 91 agency members from the Foster Family-based Treatment Association (FFTA), an organization that

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represents treatment foster care programs across North America, found that 79% of agencies collected consumer satisfaction (Dore, 2010). The most common source of consumer satisfaction information was collected from children and youth served, however only six agencies used a standardized assessment with foster parents, with the majority of agencies using homegrown instruments (Dore, 2010). Furthermore, areas underlying treatment foster parent satisfaction are not clearly defined; therefore definitions as to what constitutes treatment foster parent satisfaction vary across the field.

### 1.2. Treatment foster parent retention

Retaining quality treatment foster parents is essential for program success so that youth are able to maintain stability in one foster home throughout treatment (Piescher, Schmidt, & LaLiberte, 2008; Rubin, O'Reilly, Luan, & Localio, 2007). Additionally, TFC programs must retain treatment foster parents in order to balance new youth referrals and foster parent turnover rates (Denby, Rindfleisch, & Bean, 1999; Festinger & Baker, 2013; Geiger, Hayes, & Lietz, 2013). Therefore, it is important that TFC programs are able to assess treatment foster parent's likelihood to continue their role as well as understand constructs related to retention. Currently, there is some evidence that foster parent satisfaction and retention are associated with one another (Denby et al., 1999; Piescher et al., 2008; Whenan, Oxlad, & Lushington, 2009); however this relationship has not been consistently defined. Furthermore, treatment foster parents have additional responsibilities and training requirements (Chamberlain, Moreland, & Reid, 1992), resulting in a need to explore retention, satisfaction, and related constructs specifically with treatment foster parents.

### 1.3. Impact on youth outcomes

As previously mentioned, foster parent satisfaction and retention are important indicators of quality foster care services because foster parent satisfaction is associated with retention, placement stability, and permanency for youth (Piescher et al., 2008). Additionally, involving foster parents in treatment planning, increasing social support, and providing support from program staff are linked to increased foster parent satisfaction and retention (Denby et al., 1999; Piescher et al., 2008). Conversely, foster parent support but *not* satisfaction, was found to be a significant predictor in youth placement stability (Crum, 2010). While there is evidence that foster parent satisfaction is associated with retention and positive youth outcomes, these relationships are not clearly defined. Because treatment foster parents are required to implement behavior modification interventions, their satisfaction and willingness to continue as treatment foster parents likely have more impact on youth outcomes than regular foster parents.

### 1.4. Measuring treatment foster parent satisfaction

In order to ensure that satisfaction and outcome data are accurate, a measurement tool must establish psychometric properties (e.g., reliability and validity) for each specific construct (Roach, 2006). Currently, there are various established reliable and valid tools that can be used to measure family, youth, and patient satisfaction in health and human services fields (Athay & Bickman, 2012; Hendriks, Oort, Vrieling, & Smets, 2002; Sitzia, 1999; Underhill, Lobello, & Fine, 2004). However, there are no valid, reliable, and research-based measurement tools available to measure treatment foster parent satisfaction. In addition to accurately and consistently measuring the same constructs, creating a standardized measurement tool also allows agencies to compare their results via benchmarking with results from similar agencies using the same instrument.

### 1.5. Current study

Despite evidence indicating the importance of treatment foster parent satisfaction, there is limited research surrounding reliability and validity of treatment foster parent satisfaction measures currently being used in the field. The purpose of this study is to explore constructs of treatment foster parent satisfaction by: 1) establishing psychometric properties for a measurement of treatment foster parent satisfaction based on the Foster Family Home Retention Survey (FFHRS) originally developed by Denby et al. (1999) with a sample of treatment foster parents, and 2) determining whether responses predict treatment foster parents' overall satisfaction, likelihood to remain treatment foster parents, and likelihood to refer someone to become a treatment foster parent. We also aim to provide a standardized measure that can be used across agencies to assess treatment foster parent satisfaction.

## 2. Materials and methods

The measurement tool used in this study is based on the Foster Family Home Retention Survey (FFHRS) (Denby et al., 1999), but was shortened and adapted to meet the needs of our organization with the intention of creating a brief measure of treatment foster parent satisfaction based on previous work in the field.

### 2.1. Foster Family Home Retention Survey

The FFHRS consists of four parts: Your Home as a Licensed Foster Home, Opinions about Fostering and About Your Agency, Stress, Support, and Satisfaction, and Social Characteristics of the Foster Family. Items are based on themes from interviews with 15 foster homes and additional items were created from a review of studies using diverse outcome variables such as continuance, dropping out, supply of homes, and exit rates (Rindfleisch, Bean, & Denby, 1998). Denby et al. (1999) used the FFHRS to examine survey items influencing foster parent satisfaction and intention of licensed foster parents to continue to foster. Other researchers conducted an exploratory factor analysis and found a five-factor solution accounting for 34.7% of variance (Rodger, Cummings, & Leschied, 2006).

### 2.2. Adaptation of the FFHRS for treatment foster parents

While the FFHRS has some evidence underlying its development, it did not entirely meet the needs of Pressley Ridge's treatment foster care programs. Because the survey was being used primarily to measure treatment foster parent satisfaction, program leadership removed one part (*Your Home as a Licensed Foster Home*) and abbreviated the fourth section (*Social Characteristics of the Foster Family*) so as not to burden treatment foster parents with extraneous questions. Also, program leadership removed five individual items they felt were not relevant to their programs, and added four items resulting in a 40-question version of the survey.

The survey consists of four demographic questions (e.g., gender, race, age, years as a treatment foster parent with the organization) and three sections totaling 40 questions: *Opinions about Fostering and about the Organization, Foster Parent Training, and Stress, Support, and Satisfaction*. For the first two sections, treatment foster parents rate how much they agree or disagree on a 7-point Likert scale. For the third section, treatment foster parents rate how often they feel supported on a 5-point Likert scale from "Never" to "Very Often". There are also three questions at the end of the survey that measure overall satisfaction on a 4-point Likert Scale ("Not at all Satisfied" to "Very Satisfied"): likelihood that treatment foster parents will continue to be treatment foster parents a year from now and likelihood that they would refer someone to become a treatment foster parent both on a 3-point Likert Scale ("Not at All Likely" to "Very Likely").

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