



## The *Vital Few* foster parents: Replication and extension



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### ARTICLE INFO

#### Article history:

Received 21 February 2015

Received in revised form 15 May 2015

Accepted 20 May 2015

Available online 11 June 2015

#### Keywords:

Foster families

Foster parents

Foster children

Special needs

Pareto

*Vital Few*

### ABSTRACT

The Pareto Principle, also known as the 80–20 rule or the *Vital Few*, has been successfully used as a framework to identify the small proportion of highly productive foster parents who provide a disproportionate amount of care. This study replicated and extended this research using a nationally representative sample of foster families ( $N = 876$ ) with a focus on willingness to foster, and actually fostering, children with special needs.

Using latent class analysis, two classes of foster parents were identified: one accounted for 19% of respondents and the other 81%. We refer to the former as the *Vital Few* and the latter as the *Useful Many*. *Vital Few* respondents fostered 74.2% of foster children – 11 times more than the *Useful Many*, although only fostering two times longer. They also had almost 1-1/2 times as many foster children in their homes at the time of the study. Notably, the *Vital Few* were willing to foster more types of children with special needs and a higher percentage had actually fostered children with each of the seven types of special needs studied. The classes were similar demographically except that *Vital Few* respondents were less likely to work outside the home and *Vital Few* mothers were slightly less educated as compared to *Useful Many* mothers.

This study further validates the utility of the Pareto Principle for understanding foster parents and, by extension, has important implications for the well-being and stability of foster children with special needs. Considerations for supporting the *Vital Few*, including education and training needs, are discussed.

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### 1. Introduction

At the end of the 2013 federal fiscal year there were 402,378 children in foster care (U.S. Department of Health and Human Services (DHHS), Administration for Children and Families, Administration on Children, Youth, and Families & Children's Bureau, 2014a). More than a third (37%) are 3 years of age or younger when they are brought into state custody and they will spend an average of 21.8 months with foster families. During this time, foster parents, the majority of whom are non-relative caregivers, are charged with addressing the behavioral, emotional, physical, or medical needs that these children have before, or as a result of, being removed from their homes.

#### 1.1. Foster children with special needs

Children in foster care are likely to have special needs that present challenges for foster parents and families (Lightfoot, Hill, & LaLiberte, 2011; Oswald, Heil, & Goldbeck, 2010; Schneiderman, Leslie, Arnold-Clark, McDaniel, & Xie, 2011; Shin, 2005; Slayter & Springer, 2011). Issues include emotional or behavioral problems, learning disabilities, Down Syndrome, attention deficit hyperactive disorder, physical

disabilities, or speech problems. Compared to children in the general population, children and youth in foster care have a higher likelihood of chronic medical problems, such as HIV/AIDS, allergies or asthma, diabetes, epilepsy, or problems resulting from in utero exposure to alcohol or drugs, as well as enduring emotional and behavioral issues, and physical, cognitive and developmental disabilities (Kortencamp & Ehrle, 2002; Ringeisen, Casanueva, Urato, & Cross, 2008). Specifically, Jee et al. (2006) found that 30% of children who had been in care for one year had chronic medical conditions, as reported by their caregivers. In this same study, 52% of children were reported to have at least one mental health problem. Reported rates reach 80% or higher if *special needs* is operationalized to include emotional and behavioral problems (Kerker & Dore, 2006). Leslie et al. (2005) found that 86.7% of children entering the San Diego child welfare system had physical, developmental, or mental health needs, and over 50% had two or more problems. Further, children placed with nonrelative foster parents had more problems across all three areas as compared to children placed with kinship caregivers or biological parents.

These sobering reports translate into rigorous demands on the foster parents who care for these children. Foster parents must be willing to learn about the special needs issues and treatments and be willing to be trained to handle the issues, as well as to advocate for accessing needed treatments. The latter likely includes attending and participating in meetings, appointments, and therapies for the foster child (Brown & Rodger, 2009; Cincinnati Childrens, n.d.). These demands exacerbate

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existing foster parent recruitment and retention challenges and thereby warrant targeted study in an effort to understand the characteristics of foster parents who are willing to foster children with special needs.

### 1.2. Fostering children with special needs

What is known about non-kinship parents who foster these children? A few studies have looked at willingness to, and actually fostering, children with special needs. Downs (1989) found that about 75% of current foster mothers ( $N = 874$ ) in a multi-state study reported some degree of willingness (i.e., *probably would accept* or *possibly would accept such a child depending on the extent of the disability*) to foster a *mentally retarded or physically handicapped child*. Similarly high rates of willingness were discovered by Cox, Orme, and Rhodes (2002) in the *National Survey of Current and Former Foster Parents* (NSC&FFP) ( $N = 876$  current foster parents) for *physically handicapped or seriously ill child, drug-exposed infant, and infant born with Fetal Alcohol Syndrome or other alcohol-related disorders*. The exception was for *child born with the AIDS virus* where only 25% expressed willingness. Notably, Orme, Cherry, and Krcek (2013) found similar differential attitudes in a national sample of 304 foster mothers, where over 75% of foster mothers said they would foster a child with all but one of 12 disabilities (HIV/AIDS), given either no support or some degree of support.

In general, willingness appears to translate into actually fostering. Cox, Orme, et al. (2002) found that, of those willing, 19–27% had actually fostered a child with one of the noted special needs with the exception of those born with the AIDS virus (only 1% of parents had fostered this type of child). Further, parents who indicated willingness to foster a child with a specific disability were more likely to have fostered a child with that specific need, except in the case of a child born with the AIDS virus.

Foster parents who take on children with special needs appear to have other important characteristics, although the results are not entirely consistent. Demographically, Downs (1989) found that these foster mothers were more likely to have lower incomes, more education, and be younger, married, and full-time homemakers. By contrast, Orme et al. (2013) found no differences in education, marital status, family income, or whether mothers worked outside the home. Neither study found a difference in race/ethnicity. In terms of productivity, these foster parents are more likely to have fostered more children, fostered longer, and had more foster children in their homes at the time of the study (Cox, Orme, et al., 2002; Downs, 1989; Gibbs & Wildfire, 2007; Orme et al., 2013).

The data thus far, albeit limited, suggest that most foster parents are willing to foster children with special needs and that many do. This is good news, given the prevalence rates of special needs in foster children. However, other studies that show that children with special needs are at risk for higher numbers of foster care placements (Hill, 2012; Newton, Litrownik, & Landsverk, 2000; Rosenberg & Robinson, 2004), possibly indicating that more than willingness is needed for placement stability. Clearly, more studies are needed to confirm the tentative findings and explore other ways of understanding these foster parents.

### 1.3. The *Vital Few*

In a study of foster mothers (not restricted to special needs fostering), Cherry and Orme (2013) conceptualized fostering in terms of the Pareto Principle, also known as the *80–20 rule* or *Vital Few* (Juran, 1964). This principle proposes that roughly 80% of effects (e.g., children fostered) come from 20% of causes (e.g., foster parents).

Cherry and Orme used a cross-sectional design, and recruited a non-probability sample of 304 foster mothers from a list of state and local foster parent associations obtained from the National Foster Parent Association website. These mothers lived in 35 different states, most were married (78.5%), European-American (87.2%), and had high

school education or some college (70.7%); 49.7% were employed outside the home, and the mean age was 44.31 ( $SD = 9.95$ ).

Using latent class analysis, Cherry and Orme identified two classes of mothers: one accounted for 21% of mothers (i.e., *Vital Few*) and the other 79% (i.e., *Useful Many*). *Vital Few* mothers fostered 73% of foster children – 10 times more than *Useful Many* mothers although only fostering three times longer. In addition, *Vital Few* mothers adopted twice as many foster children while experiencing half the yearly rate of placement disruptions. Also, *Vital Few* mothers were less likely to work outside the home, had better parenting attitudes, more stable home environments, more time to foster, and more professional support for fostering, but less support from kin. Further, they were equally competent as the *Useful Many* on numerous other psychosocial measures.

As in other fields where the Pareto Principle has been applied, the value in understanding the characteristics of the *Vital Few* is to inform recruitment and retention efforts; that is, how can the *Vital Few* best be supported (e.g., through more professional support) and how can more potential foster parents (e.g., willing/able to not work outside the home, have time, have better parenting attitudes) be attracted to foster care as a viable career? Further, in accepting this principle, child welfare agencies acknowledge variability in foster parent performance and accept, rather than resist, what any given foster family is able to offer. In turn, expectations and relations between agencies and parents can be adjusted and optimized.

Cherry and Orme (2013) demonstrated the successful application of the Pareto Principle to identify the highly “productive” foster mothers. A valuable extension of this research would be to confirm this principle in another sample of foster parents, and to extend this research by examining the extent to which the *Vital Few* are willing to foster more, and have actually fostered more, children with different categories of special needs.

### 1.4. Research questions

1. Is there a relatively small subgroup of *Vital Few* foster parents?
2. If there is a relatively small subgroup of *Vital Few* foster parents, are they more willing than the *Useful Many* to foster children with special needs?
3. If there is a relatively small subgroup of *Vital Few* foster parents, are they more likely than the *Useful Many* to actually foster children with special needs?
4. If there is a relatively small subgroup of *Vital Few* foster parents, do they differ from the *Useful Many* in terms of demographic characteristics?

## 2. Methods

### 2.1. Sample and design

The National Survey of Current and Former Foster Parents (NSC&FFP) was conducted in 1991 (U. S. Department of Health and Human Services (DHHS), 1993), and to our knowledge it is the only study of current and former foster families based on a national probability sample. The purpose of the NSC&FFP was to collect extensive information potentially useful in agency and public policy planning regarding recruitment and retention of foster parents, and we have used these data for these purposes (Cox, Buehler, & Orme, 2002; Cox, Orme, et al., 2002; Cuddeback & Orme, 2002; Rhodes, Orme, & Buehler, 2001).

The NSC&FFP used a multistage stratified sampling design with probability sampling at each stage so that the findings generalize to the 1991 U. S. population of approved, licensed, or certified foster families. States were stratified by level of foster care payment, and counties were stratified by degree of urbanicity and level of unemployment. Foster parents were stratified by their current and former status, and current foster parents were stratified by length of service. Ultimately,

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