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Children's Voices: The Perceptions of Children in Foster Care

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Scant research exists on how abused and neglected children view the foster care experience and how these perceptions vary by demographic characteristics and placement type. Data come from a national probability sample of children placed in child welfare supervised foster care for at least 1 year. These findings indicate that children generally feel positively toward their out-of-home care providers and maintain hope for reunification with their biological family. Differences are present between children in family foster care, group care, and kinship care placements.

Headlines regularly raise concerns about the safety and well-being of the nation's foster children. Photographs of children, dead at the hands of their foster parents, accompany an article entitled "The Crisis of Foster Care" in *Time* magazine (Roche, 2000). The *New York Times* (Williams, 2001) has had headlines

such as "A Sad Cycle of Bounces in Foster Care," which recounts the story of a family of children devastated by unstable placements and rejections in foster care, and "Like Father Like Son," a compelling account of a father desperate but unable to keep his child out of the foster care system in which he himself had grown up (Bernstein, 2001). Reports from various interest groups add to the concern with statements such as, "If the foster care system were considered a business, with its profit-and-loss statements judged in terms of unnecessary human suffering inflicted by mismanaged systems . . . it would have been forced into bankruptcy long ago" (cited in Craig, 1995, p. 11).

Whereas headlines may be warranted when a child is mistreated in care, and the child welfare system doubtlessly benefits from monitoring to ensure that children are provided with safety and needed services, reform efforts should be based on scientific analysis of the conditions of foster care. Available research suggests that the circumstances of foster care are more positive than is often portrayed in the media. Recent studies indicate that children's functioning often improves in care (Horwitz, Balestracci, & Simms, 2001). Children who remain in foster care for 6 years exhibit fewer problem behaviors than those reunified with their parents, despite having multiple placement moves (Taussig, Clyman, & Landsverk, 2001). In addition, contact with social services allows children in need of mental health services to obtain them (Farmer et al., 2001). These recent findings confirm earlier studies indicating measurable developmental advantages for children placed in foster care compared with those who go

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RTI is the prime contractor in NSCAW. NSCAW's research steering committee and project management includes principal investigators R. Barth (UNC), P. Biemer (RTI), and D. Runyan (UNC); project officer M. Webb (ACYF); and project managers K. Dowd (RTI), J. Griffith (CA), S. Kinsey (RTI), and M. Weeks (RTI). NSCAW survey and analysis staff includes M. Z. Byron (RTI), G. Cano (RTI), R. Green (UNC), D. Herget (RTI), M. Langer (RTI), J. Liu (RTI), T. Lytle (RTI), R. McCracken (RTI), F. Mierzwka (RTI), R. Suresh (RTI), A. Wall (UNC), and I. Wallace (RTI). The project was funded under a contract from the ACYF. Points of view and opinions in this article are ours and do not necessarily represent the official position or policy of the Department of Health and Human Services.

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home (e.g., Fanshel & Shinn, 1978; Leitenburg, Burchard, Healy, & Fuller, 1981; Wald, Carlsmith, & Leiderman, 1988). From a developmental perspective, foster care appears, on average, to offer children some of the benefits expected by the program's architects.

Findings on functioning in care are reassuring, yet policy makers, practitioners, and the public are often concerned that these measured developmental gains may not outweigh the negatives of foster care. Fanshel and Shinn (1978) long ago described this tension—surmising that the intangible harms of being in placement may offset the measured developmental gains. Hearing directly from children and youth in care adds another dimension to our understanding of the impact of placement into out-of-home care.

Research that focuses on "children's voices" supports the contention that children are generally satisfied with their out-of-home placements (Gil & Bogart, 1982; Johnson, Yoken, & Voss, 1995; Kufeldt, Armstrong, & Dorosh, 1995; Wilson & Conroy, 1999). But these studies are generally small, are not nationally representative, and are retrospective. This article extends the current literature by providing insight into the child in out-of-home care's worldview using data from the National Survey of Child and Adolescent Well-Being (NSCAW; U. S. Department of Health & Human Services, 2001). NSCAW is a longitudinal study authorized by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. It is a national probability study intended to answer a variety of questions about the experience and well-being of children in the child welfare system. Included in this effort is information gathered in interviews with children about how they view their placement experiences. These data are compared by race and placement type and, where appropriate, with other national samples of youth.

Children's Views of Placement

Whereas there is much support for the idea of asking children directly about their experiences in care (Curan & Pecora, 1999), conducting research with foster children is a complex undertaking. Obtaining access to foster children, receiving consent for research participation, finding appropriate measures, and adequately training interviewers make learning about the children's experience from their own perspective quite difficult (Berrick, Frasch, & Fox, 2000). Nevertheless, a number of studies have

conducted child interviews regarding placement experiences. The largest of these studies examined over 1,000 children in care between 1993 and 1996 in Illinois. These children reported high satisfaction with their living arrangements and their caregivers; those living in traditional foster care were more satisfied than those in group placements (Wilson & Conroy, 1999). Similar findings have been reported by smaller scale efforts. In these studies, very few children reported serious problems in the foster home; most believed their foster parents were trying to help them, and many children reported a variety of positive changes in their life as a result of placement (Johnson et al., 1995). A sample of 40 foster children in Canada consistently rated their foster families as emotionally "healthier" than their biological families (Kufeldt et al., 1995).

This is not to suggest that children's views of out-of-home care are uniformly positive. We admit that these and other efforts have documented deficiencies in foster care. Many foster children retrospectively report concerns about their educational experience while in care (Barth, 1990; Festinger, 1983; Wedeven, Pecora, Hurwitz, Howell, & Newell, 1997). In one retrospective evaluation of 106 alumnae of the Casey Family Program care, 25% reported receiving severe punishments in their foster homes, and 13% of respondents felt they did not have a supportive connection with their caseworker (Fanshel, Finch, & Grundy, 1990). Themes emerging from a study of 227 former foster children included limited feelings of control over placement changes and a desire to have more influence in decisions both about placement and about visitation with their parents (Festinger, 1983).

Many factors contribute to children's satisfaction with out-of-home care. Among these are the child's ability to have contact with his or her biological family, comfort with out-of-home caregivers, and the experience of the local neighborhood and school. Each of these is likely, in turn, to be affected by the type of placement (kinship foster care, nonkinship foster care, and group care) in which children reside. In particular, placement type may be related to children's success in accomplishing the potentially challenging tasks required while out of their biological family's care, which may include managing competing loyalties between biological and foster families, adjusting to new home and school rules, and staying physically connected to their family through organized visitation (Pilowsky & Kates, 1996).

Relationships Between Children in Out-of-Home Care and Biological Parents

Staying connected with biological parents while forming relationships with foster parents is thought to be demanding. Managing competing loyalties to biological and foster parents has been associated with severe behavior, such as suicide attempts, in the clinical literature (Haight, Black, Workman, & Tata, 2001; Pilowsky & Kates, 1996). Idealization of biological parents precipitated by placement is also seen as problematic (Kufeldt et al., 1995). Several studies have examined the separation experience for children, both at the time of removal and in the months and years immediately following removal (Fanshel & Shinn, 1978; Johnson et al., 1995). Most children reported feeling sad, depressed, or upset on the day they were removed from their parents' care (Fanshel & Shinn, 1978). Over half reported that they missed their parents most of the time in the months and years following removal (Johnson et al., 1995). However, Gardner's (1996) work calls into question the idea that children remain closely linked to biological parents while in care. Children were asked to visually depict their family on the basis of their perceived emotional closeness to members of their family. Just over one third of children in care included their biological family members in this depiction, yet 91% included members of their foster family (Gardner, 1996). However, Gardner also reported that, when compared with children from "intact" families, children in care place their foster parents at a greater physical distance than other children place their biological parents. On the basis of her findings, the author questioned the premise of biology determining children's perceptions of family but also acknowledged that children in care may view their caregivers differently than children not in care.

Finally, a recent investigation concerning activities and themes between a small sample ($N = 9$) of noncustodial mothers and their children describes the complexity inherent in successfully negotiating visits (Haight et al., 2001). Although some of the featured mother-child dyads appeared to function well during visitation, the described interviews also involve worrisome themes underscoring the reasons foster parents, child welfare workers, and, in some cases, children may be anxious about visits between children in out-of-home care and their biological parents. Certainly, the prevailing practice model is to facilitate visitation, and foster children themselves have stated the importance of visits to them (Kufeldt, 1994; Van der Waals, 1960, p. 31; Zimmerman, 1982). How-

ever, little is known on a large scale about how children experience visitation while in out-of-home care. The current study provides a snapshot of children's reported frequency of family visiting, their feelings following visits, and their hopes for their future relationship with their parents.

Relationships With Caregivers

Satisfaction in out-of-home care appears to be related to the relationship between children and their caregivers. In a variety of studies, former and current out-of-home residents discussed the importance of feeling accepted by their caregivers and having supportive relationships with them (Barth, 1990; Festinger, 1983). Parental warmth was particularly important, and two thirds of foster care alumnae in one study reported ongoing contact with their foster families in adult life (Fanshel et al., 1990). Gardner's (1996) work highlights the fact that children frequently incorporate their foster parents into their perception of who is in their family.

Neighborhood and School Contexts

Existing literature supports the idea that children in out-of-home care experience changes in their emotional life and in their day-to-day environments. It is unclear how children view these changes because few studies have specifically asked children about how they perceive the neighborhoods in which they live and the schools they attend because of placement. Studies that have asked this question find that most children report more positive neighborhood contexts while in care; specifically, children reported seeing fewer fights and believed people in the neighborhood were "friendlier" (Johnson et al., 1995).

The educational experience of children in care is an underinvestigated area. Existing literature indicates that most children change schools, but there are findings suggesting both positive and negative responses to the change in school setting (Johnson et al., 1995; Wilson, 1996). However, in retrospective studies, adults who were in care as children repeatedly report their concerns about education during their years in care. Most feel that they were underprepared and that not enough attention was paid to their educational needs (Barth, 1990; Fanshel et al., 1990; Festinger, 1983). Certainly, perceptions of changes in neighborhood and school may vary by placement type or by other demographic characteristics. This article adds to this literature.

The Role of Placement Type in Children's Satisfaction With Care

Practitioners and policy makers have an interest in determining what type of out-of-home placement is most beneficial for children's well-being. Studies that compare children in group care with those in family foster care consistently find that those in group care report less positive experiences (Gil & Bogart, 1982; Johnson et al., 1995; Wilson, 1994; Wilson & Conroy, 1999). In recent years, kinship foster care has become a much more likely option when out-of-home care is needed (Scannapieco & Hegar, 1999). Placement with kin is often argued to be less traumatizing to the child, to promote placement stability, and to further relationships among kinship networks that existed prior to the crises that bring children into care (Berrick, Barth, & Needell, 1994; Hegar, 1999). In addition, legal mandates that require child welfare agencies to place children in the most family-like settings have created an atmosphere in which kinship placements have proliferated. Although there is a burgeoning literature that compares the outcomes of kinship and nonkinship care (Benedict, Zuravin, & Stallings, 1996; Starr, Dubowitz, Harrington, & Fiegelman, 1999), little is known about what children in kinship care think about their experience in placement and how this compares with other placement types. This study extends that literature.

Method

NSCAW examines the characteristics, needs, experiences, and outcomes for children and families involved in the child welfare system. All children were entering care because of reports of child maltreatment. Children entering the child welfare system through other means were ineligible. These children were selected from 92 primary sampling units in 97 counties nationwide. The sample design is a stratified cluster sample of all children in the target population. This method allows for oversampling of sexually abused children. Subsequent sample weights allow for the sample to be generalized back to the population. Although the entire NSCAW cohort includes 6,231 children, this study draws on data from 727 children who had been in out-of-home placement for 12 months at the time of sampling (winter and spring of 2000). The 727 children in the "one year in foster care" study were a separately drawn probability (i.e., unweighted) sample, although weights were eventually included in the analysis to adjust for the relatively modest but important sample biases from nonresponse (U.S. Department of Health and Human Services, Administration for Children, Youth, and Families, 2001).

For the present discussion, analyses focus on the group of children who had been in out-of-home placement for 1 year

and were age 6 and over. These children were asked a variety of questions about their placement experiences ($N = 316$).¹ The sample was further divided into three groups, determined by their placement at the time of the interview: those in family foster placements (52%), those in kinship care placements (33%), and those in group care (15%). Almost two thirds (63%) had been in at least one placement prior to the current placement.

The sample was almost evenly divided between boys (49%) and girls (51%). African Americans were the largest racial/ethnic group represented (37%). Whites represented 38% of the sample. Seventeen percent identified as Hispanic, and 8% were in the other race category. Almost half of the sample (45%) was 11 or older.

Multiple measures were used to assess the children's view of their placement experience. First, a series of single-item questions from the University of California at Berkeley Foster Care Study (Berrick et al., 2000) asked children to describe the changes experienced while in care, how they liked their current placement, their experience in past placements, visiting patterns with their biological families, feelings following visits, and beliefs about reunification. These items were extensively pretested and modified prior to their use (Berrick et al., 2000). Two sets of measures focused specifically on the child's relationship with his or her current caregiver: a reduced version of the Rochester Assessment Package for Schools—Student Relatedness Scale (RAPS; Wellborn & Connell, 1987, as cited in Lynch & Cicchetti, 1991) and a series of single-item questions taken from the National Longitudinal Study of Adolescent Health (Add Health; Carolina Population Center, University of North Carolina at Chapel Hill, 2001). The RAPS uses 12 questions to address various characteristics of the child's relationship to his or her primary and secondary caregivers. For the current analyses, only the 12 questions pertaining to the primary caregiver were used. Characteristics include how the child feels when with the caregiver, the quality of involvement with the caregiver, the extent to which the child has a sense of autonomy in his or her relationship with the caregiver, and the caregiver's communication of clear expectations and consequences. Children 11 years of age and older ($n = 188$) answered these questions. To ensure privacy, children answered these questions using audio-computer assisted self-interviewing (A-CASI). Using A-CASI, children listened with headphones and entered their answers directly into a laptop computer. Children answered how well each statement described them by answering 1 (*not at all true*), 2 (*not very true*), 3 (*sort of true*), and 4 (*very true*). Negatively worded items were reverse coded for scoring. Items were summed and averaged, creating a score ranging from 1 (most negative view of caregiver) to 4 (most positive view of caregivers). A mean rather than a summed score was created because not all children answered the

¹ All group totals report raw numbers. Percentages presented are weighted.

same number of questions. Internal consistency for this reduced version of the RAPS is good ($\alpha = .89$).

The Add Health questions focus on activities that the child and the caregiver may have participated in together within the last 4 weeks. Children could endorse nine possible activities that would indicate a close relationship between child and caregiver, such as shopping, discussing dating, working on a school project, attending a religious service, or playing sports together. The questions were summed to create a closeness to caregiver index. The Add Health questions have been extensively used and tested (Haynie, 2001; Miller, Fan, Christensen, Grotevant, & van Dulmen, 2000; Zweig, Linderg, & McGinley, 2001).

Results

The first portion of the analysis presents descriptive information on the characteristics of children in the current subsample as a whole and in each of the three placement types (family foster care, kinship care, and group care). The second portion of the analysis uses multivariate techniques to examine the relationship among a child's perception of various dimensions of the placement experience, his or her relationship with the caregiver, and the placement type. The models were run including race. We combined race categories into White and non-White for the analysis of the RAPS and Add Health questions to have adequate cell sizes for the logistic analysis. We ran analyses using SAS (using sandwich estimators; Binder, 1983) or SUDAAN (Software for the Statistical Analysis of Correlated Data; Research Triangle Institute, 2001) to adjust the standard errors for the clustered data.

Descriptive Findings

Children were asked how they viewed their current living situation, their thoughts about where they would live in the future, and their view of their biological parents (Table 1).

Over half (52%) of these children were in traditional foster homes, one third (33%) were in kinship foster homes, and 15% were in group care. Almost two thirds (63%) had been in at least one placement prior to the current placement. Children left those placements for a variety of reasons, including unforeseen circumstances (5%), reunification with parents or siblings (13%), child behavior (15%), and child request (10%). Thirteen percent reported never being told why they left their last placement.

A series of questions focused on family visiting while in placement. Most children (60%) reported seeing their biological mother twice per month or

less. Sixty-five percent desired more contact with their mother. Almost three quarters (73%) reported seeing their biological father twice per month or less; 60% desired more contact with their father. Most children (77%) reported wanting more contact with siblings and frequently missing their family. Over half (56%) of children reported that they saw their siblings less than once every month. Very few children (12%) reported avoiding family visits. Approximately one third of children (34%) reported that visits were frequently cancelled.

The most frequently endorsed feeling after family visits was happiness, with 74% of children reporting this feeling. Almost a quarter (24%) reported feeling sad. Fewer than 15% reported feeling angry (8%), worried (11%), lonely (13%), afraid (9%), or guilty (7%). Over a quarter reported feeling relaxed (29%), and 16% reported feeling upset following visits.

Being placed in a foster home does cause significant change in children's life. Most children move to a new neighborhood (87%) and change schools (84%) as a result of placement. Overall, about half (54%) of the children reported that their new neighborhood was better than where they lived before, and 59% reported that their new school was better than their previous school.

Although children must adapt to a host of life changes when placed in foster care, most appear to view their experiences in foster care positively. About 90% of children liked the people that they were living with and felt like they were part of their foster family. In addition, slightly over one third (36%) wanted to be adopted by their foster family, and one half wanted their current home to become their permanent home. About 1 in 9 (11%) of these children had tried to leave their current placement.

Many children retain hope for reunification with their family. Fifty-eight percent of children thought that they would live with their biological parents again, and 74% believed that "things will be different this time." In addition, when asked with whom they would most like to live, the most frequently chosen answers were their biological mother (47%) and their biological father (19%). Sixteen percent endorsed their current foster placement. Twelve percent reported they would like to live with a grandmother, and 13% reported wanting to live with an aunt or uncle. Under 10% endorsed any of the following: stepparents, great grandparents, biological siblings, foster siblings, other relatives, friends, former foster parents, or any type of group care. Less than 5% reported wanting to live in a current group setting, with a boyfriend or girlfriend, with a teacher or other

Table 1
Children's Descriptions of Their Out-of-Home Care Experience (N = 320)

Variable	%
Demographic characteristics of children	
Age	
6-10	54
11-15	46
Race	
Black/non-Hispanic	38
White/non-Hispanic	38
Hispanic	17
Other	7
Placement type	
Foster care	52
Kinship care	33
Group care	15
Placement history	
How many have been in placement before?	63
Why did they leave the last placement?	
Unforeseen circumstances	5
Family reunification	13
Child behavior	15
Child request	10
Child was not told reason	13
Other/don't know	44
Who made the decision?	
Child	7
Professional	21
Nonkin caregiver	32
Relative	21
Other/don't know	26
Who told the child about the decision?	
Professional	39
Nonkin caregiver	16
Relative	16
Other/don't know	29
How involved was the child in the decision?	
Little, if any	56
Somewhat	6
Very	25
Don't know	13
Family visits	
Frequency of visits—mother	
Never	30
Less than once a month	14
Once or twice a month	17
Once a week or more	42
Frequency of visits—father	
Never	41
Less than once a month	12
Once or twice a month	19
Once a week or more	28
Feelings after visits ^a	
Happy	74
Relaxed	29
Sad	24
Upset	16
Lonely	13
Angry	8
Worried	11
Afraid	9
Guilty	7

Table 1 (continued)

Variable	%
Family visits (continued)	
Child avoids visits	
Yes	12
No	84
Hopes for the future	
Believes he or she will live with siblings again	
Yes	51
No	49
If child could live with anyone, who?	
Mother	47
Father	19
Current caregiver	16
Aunt/uncle	13
Grandmother	12
Biological sibling	6
All others	≤ 10

Note. Because of rounding, groupings may not total to 100%.

^aChildren could indicate "all that apply"; similar categories are grouped together.

adult, or alone. None of the respondents reported wanting to live with former foster parents, in a previous group care setting, or in a juvenile justice or incarceration facility.

Logistic Regression Results

To assess the role of placement type in child perceptions, we performed a series of logistic regressions that each controlled for race. The racial/ethnic categories considered were African American, White, Hispanic, and other. Race was not significant in any of the comparisons; therefore, it is not presented in the regression table. A number of differences between placement types did emerge; Table 2 presents the comparisons.

Children in foster care and in kinship care had much higher odds than children in group care of liking those with whom they were living (odds ratio [OR] = 3.57, $p < .05$, and OR = 10.20, $p < .01$, respectively). Children in foster and kinship care also had higher odds of wanting their current placement as a permanent home than children in group care (OR = 3.5, $p < .05$, and OR = 6.4, $p < .01$, respectively). Of children 11 years old and older, children in foster and group care had higher odds than children in kinship care of having tried to leave or run away from their current placement (OR = 6.80, $p < .05$, and OR = 10.20, $p < .01$, respectively). Children in group care had almost four times the odds of children in kinship care or foster care of having visits cancelled (OR = 3.60, $p < .05$,

Table 2
Odds Ratios for Comparisons of Perceptions of Out-of-Home Care Among Children in Family Foster Care, Kinship Care, and Group Care

Variable	Kinship care	95% CI	Group care	95% CI
Family visits				
Contact with Mom twice or less per month ^{e,f}	0.30	0.13, 0.69	1.24	0.44, 3.48
Contact with Dad twice or less per month ^c	0.69	0.25, 1.92	3.56	0.80, 15.83
Family visits are frequently cancelled ^{c,d}	1.07	0.44, 2.30	3.83	1.46, 10.02
Child frequently misses family ^b	0.37	0.15, 0.91	0.66	0.21, 2.11
View of placement				
Child likes who he or she is living with ^{a,f}	2.86	0.52, 15.57	0.28	0.08, 0.94
Feels like part of the family	2.14	0.56, 8.10	2.91	0.22, 38.33
Wants this home as a permanent home ^{a,f}	1.83	0.84, 3.90	0.28	0.09, 0.85
Child has tried to run away from the home ^{b,f,g}	0.15	0.03, 0.76	1.50	0.40, 5.66
Child wants caregiver to adopt him or her	0.80	0.35, 1.83	0.69	0.24, 1.96
Child moved to a different neighborhood	0.56	0.21, 1.60	1.18	0.34, 4.13
Neighborhood is better than previous	0.97	0.41, 2.31	1.38	0.40, 4.00
Child goes to a different school	0.47	0.18, 1.24	1.13	0.30, 3.53
New school is better than previous	1.50	0.62, 3.63	0.98	0.34, 2.82
Hopes for the future				
Believes he or she will live with parents again	1.26	0.51, 3.12	1.20	0.37, 3.89
Believes living with parents will be different	1.20	0.52, 2.78	1.18	0.43, 3.30

Note. Reference group is foster care for all comparisons shown in the table. CI = confidence interval.

^aComparison between foster care and group care is significant at .05. ^bComparison between foster and kinship care is significant at .05. ^cComparison between kinship care and group care is significant at .05. ^dComparison between foster care and group care is significant at .01. ^eComparison between foster and kinship care is significant at .01 (not used). ^fComparison between kinship care and group care is significant at .01. ^gChildren 11 years and older only were included in this analysis.

and OR = 3.8, $p < .01$, respectively). Children in foster care had almost three times the odds of children in kinship care of reporting frequently missing their family (OR = 2.73, $p < .05$).

Other possible contributors to children's experiences in out-of-home care—gender, age, and prior placement experience—were also considered with a chi-square test because of limitations in cell size. However these characteristics were found to have little association with the outcomes listed in Table 2. Younger children were more likely than older children to want their current placement as a permanent home ($p < .04$), and children who had been placed before were more likely to go to a different school ($p < .02$). Otherwise, there were no differences by gender, age, or previous placement.

Relatedness to Caregiver

Children in kinship foster care, nonkinship foster care, and group care were compared by race and placement type on their feelings of relatedness to their primary and secondary caregivers. For most children in this analysis (53%), the primary caregiver was the foster mother. Other possible caregivers included other nonrelatives (20%), grandmothers (16%), aunts (7%), or another person (4%).

On average, children reported high levels of relatedness to their caregivers (Table 3). The mean score for the sample was 3.23 out of 4.00 (81% of the possible highest score). Scores did not differ significantly by out-of-home placement or White versus non-White racial status.

Table 3
Relatedness to Caregiver

Caregiver	Unweighted <i>n</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Kin	36	3.36	0.61	2.17	4.00
Nonkin	82	3.19	0.68	1.25	4.00
Group home	32	3.16	0.50	1.92	3.92
Total	150	3.23	0.64	1.25	4.00

Table 4
Activities With Caregiver, Odds Ratios by Placement Type

Activity	Kinship care	95% CI	Group care	95% CI
Shopping	0.65	0.27, 1.56	0.26	0.06, 1.18
Played sport ^a	0.42	0.10, 1.76	3.77	1.42, 10.03
Attended religious service ^b	0.32	0.12, 0.85	0.42	0.15, 1.14
Talked about dating ^{c,d}	5.04	1.48, 17.14	0.82	0.24, 2.76
Attended event	0.67	0.20, 2.20	2.15	0.58, 7.99
Talked about personal problems	0.93	0.35, 2.45	0.57	0.20, 1.68
Talked about school ^{b,c}	3.48	1.01, 12.01	0.61	0.18, 2.08
Worked on school project	1.25	0.41, 3.76	0.85	0.18, 3.98
Talked about other school things ^c	3.99	1.44, 11.02	1.10	0.33, 3.61

Note. Reference group is foster care for all comparisons shown in the table. CI = confidence interval.

^aComparison between foster care and group care is significant at .01. ^bComparison between foster care and kinship care is significant at .05. ^cComparison between foster care and kinship care is significant at .01. ^dComparison between group care and kinship care is significant at .01. ^eComparison between group care and kinship care is significant at .05.

Children reported engaging in an average of five of the nine positive activities with their primary caregiver. There were no significant differences in the mean number of positive activities reported by placement type or racial status.

Using logistic regression, we then compared each question individually by placement type and racial status. As indicated in Table 4, a series of significant differences between placement types emerged. Children in kinship care appeared different from children in foster or group care. Children in kinship care had greater odds than children in foster care or group care of talking to their caregiver about dating (OR = 5.04, $p < .01$, and OR = 6.15, $p < .01$, respectively). Similarly, children in kinship care had higher odds of talking with their caregivers about school (OR = 3.48, $p < .05$, and OR = 5.67, $p < .05$, respectively). Children in foster care had higher odds of attending a religious service with their caregiver (OR = 3.15, $p < .05$). Children in group care had almost four times the odds of children in foster care of playing sports with their primary caregiver (OR = 3.88, $p < .01$). The only difference noted by race (see Table 5) was that White children had three times the odds of non-White children of attending a religious service with their caregivers (OR = 3.34, $p < .01$).

To find out how similar or different children in out-of-home care were to a national random sample of youth, we compared our findings with the Add Health survey (Carolina Population Center, University of North Carolina at Chapel Hill, 2001). Add Health is a longitudinal study of health-related behaviors of children in grades 7 through 12. A total of 12,105 adolescents ages 10 to 21 were

surveyed. The comparison data here came from the 11- to 15-year olds in the Wave 1 public use sample, who compose 50.8% of the entire sample (weighted $n = 3,306$),² collected from September 1994 to December 1995. (For complete information on Add Health, see <http://www.cpc.unc.edu/projects/addhealth>.)

Few differences were noted between children in care and those in the general population. Children in care appeared to be somewhat more likely than children in the Add Health sample to talk about a personal problem, work on a school project, or talk about other school matters with their primary caregiver (Table 6). However, because standard errors are

Table 5
Activities With Caregivers, Odds Ratios by Race

Activity	Non-White	95% CI
Shopping	1.25	0.35, 4.47
Played sport	0.99	0.41, 2.39
Attended religious service ^a	0.30	0.13, 0.68
Talked about dating	1.42	0.45, 4.45
Attended event	0.70	0.26, 1.90
Talked about personal problems	1.62	0.66, 4.00
Talked about school	0.96	0.40, 2.33
Worked on school project	0.87	0.29, 2.61
Talked about other school things	0.86	0.38, 1.98

Note. Reference group is White for all comparisons shown in the table. CI = confidence interval.

^aComparison between White and non-White is significant at .01.

² Unweighted sample sizes are not available in the public use Add Health data.

Table 6
Activities With Primary Caregiver

Question	Add Health %	OYFC total (<i>SE</i>)	Kinship care % (<i>SE</i>)	Foster care % (<i>SE</i>)	Group care % (<i>SE</i>)
Shopping	73	67.9 (6.6)	65.7 (9.7)	75.1 (9.2)	46.1 (13.3)
Played sport	9	27.3 (5.7)		25.9 (6.6)	56.7 (11.1)
Attended religious service	38	44.3 (5.7)	29.2 (10.0)	55.4 (7.1)	30.6 (9.5)
Talked about dating	46	38.3 (6.1)	66.1 (7.4)	28.3 (8.9)	25.7 (8.9)
Attended event	26	37.3 (5.6)	27.8 (10.8)	37.1 (7.3)	54.1 (13.8)
Talked about personal problems	38	65.7 (4.2)	66.2 (8.8)	67.9 (5.8)	57.4 (11.1)
Talked about school	62	72.8 (4.4)	88.1 (5.5)	69.8 (5.7)	58.4 (12.5)
Worked on school project	13	32.7 (5.2)	36.7 (12.6)	32.1 (6.0)	
Talked about other school things	51	74.0 (4.9)	88.7 (4.6)	68.3 (7.1)	69.6 (9.7)

Note. Add Health standard errors are not available for public use sample. Data cells with an unweighted cell size of less than 10 are not included. OYFC = one year in foster care.

not available for the Add Health public use sample, it is not possible to determine whether these differences are statistically significant. Table 6 presents comparisons between the Add Health sample and the one year in foster care (OYFC) sample and comparisons by placement type.

Closeness to Caregiver

Children in out-of-home care reported high levels of closeness to their primary caregivers. No differences between White and non-White children were reported in closeness, but there were some differences between children on the basis of placement type. Children in kinship care reported feeling closer than children in group care to their caregiver, $t(74) = 2.54$, $p < .01$. Children in kinship care also reported feeling their caregiver cared for them more than did children in foster care, $t(74) = 3.99$, $p < .001$, and children in group care, $t(74) = 2.46$, $p < .05$.

When compared with a general population of children, children in kinship care reported feelings of closeness much like what was reported in the Add Health sample. Children in the Add Health sample

appeared to feel slightly closer to their caregivers; limitations in the public use data set prevented thorough analysis. Table 7 presents comparisons between the Add Health sample and the OYFC sample and comparisons by placement type.

Discussion

Limitations of the Study

The study has a variety of limitations that could potentially mitigate the findings. First, the children's answers about their caregivers may reflect social desirability rather than their true feelings. Children may not have felt comfortable enough in the interview setting to share more negative views about their current placements and may not have understood, despite many efforts, that the interviewers had no decision-making power over respondents' futures. Ideally, interviews were to be conducted privately and in a separate space from the foster caregiver. Some living situations did not, however, permit an optimal level of privacy. In addition, the current analysis is cross-sectional, meaning that causality between placement type and particular views cannot

Table 7
Closeness to Caregiver

Question	Add Health %	OYFC total	Kinship care % (<i>SE</i>)	Foster care % (<i>SE</i>)	Group care % (<i>SE</i>)
How close do you feel to your primary caregiver? ^a	4.67	3.9 (0.2)	4.3 (0.2)	3.8 (0.2)	3.5 (0.2)
How much do you think your primary caregiver cares about you? ^{b,c}	4.88	4.3 (0.1)	4.8 (0.1)	4.2 (0.2)	4.1 (0.3)

Note. Add Health standard errors are not available for public use sample. OYFC = one year in foster care.

^aComparison between kinship care and group care is significant at .01. ^bComparison between kinship care and foster care is significant at .001. ^cComparison between kinship care and group care significant at .05.

be inferred. Finally, a number of important characteristics, such as age, gender, and prior placement history, could not be included in our multivariate models because of the limited cell sizes that were available. Other researchers may want to examine these characteristics in the future. Despite these limitations, the study extends the literature significantly by providing data from the first nationally representative sample of children in out-of-home care for one year.

Differences by Placement Type

Placement type is widely believed to affect children's attitudes toward placement. This analysis offers some support for that belief. Children in kinship care appear to be somewhat more content than children in other types of placements. They have lower odds of attempting to leave or run away from placement and higher odds of seeing their biological parents on a regular basis, liking who they currently live with, wanting their placement as a permanent home, and not having visits with family cancelled. They are also more likely to be talking with the adults in their life about two important areas: dating and school. These are two areas in which youth benefit from adult guidance. The finding that youth in kinship care perceive a greater opportunity to receive such guidance has implications for prevention of a variety of risk behaviors, including sexual risk taking, dating violence, and school performance and participation. Programs and policies aimed at helping kinship caregivers feel competent in providing in these areas may build on the trusting relationships youth in care appear to have with kinship caregivers. Conversely, those not in kinship care do not appear to be as comfortable seeking guidance about dating or school from their out-of-home caregivers. Policies and programs to promote discussion of these topics with caregivers or with other trusted adults are indicated by these findings.

In general, all children, regardless of placement type, appear satisfied with their out-of-home placements. The one exception for the relatively positive reports about experiences in out-of-home care comes from those children living in group home care—who are also older than the other children. They have higher odds of attempting to leave or run away from their current placement and of having visits with family cancelled, and they have lower odds of seeing their biological parents on a regular basis, liking who they are living with, and wanting their current placement as a permanent home. Their disaffection for

group care occurs even though lower proportions of children in group care report that they are experiencing or witnessing being yelled at or spanked than in other settings (U.S. Department of Health & Human Services, Administration for Children, Youth, and Families, 2001). This may be partly attributable to the fact that group care is an environment that may have fewer negatives but has fewer positives as well. Group care offers no options for long-term stays. Also, previous research has indicated that youth may have difficulty becoming close to group home staff because of shift care and because the tenure of group caregivers is often not much longer than the length of stay for children in care (Berrick et al., 1994). Furthermore, children in group care may be fundamentally different than children in other placement types. Although group care may need improvement, we do not know whether the association between group care placement and higher levels of discontentedness in care is due to placement type or to other dimensions of the individual children in placement or their history.

Changes in Neighborhood and School

Most children described moving to new neighborhoods and schools following placement. The majority of children felt that these new contexts were better than their previous neighborhoods and schools. These findings need to be considered in the context of the larger literature on children in foster care and child development. Although a majority of children in this sample reported that their current schools were better than those previously attended, we do not know what *better* means to children or to their educational futures. More in-depth work is warranted to examine the educational needs of children in out-of-home care and the supplementary and special education services that they receive. Our findings do not tell us whether children are more engaged in their current school or whether they are actually performing better academically in their new environments. Similarly, a growing body of literature demonstrates the direct and indirect impact of neighborhood characteristics on child well-being. Our findings are only a starting point for a more detailed investigation of neighborhood effects and school changes on children in out-of-home care.

Implications for Practice and Policy

On the whole, our findings support and confirm earlier investigations that show the general satisfac-

tion of children in out-of-home care. Yet a larger theme underpins these findings. That theme is ambivalence. When examined closely, our findings communicate two distinct yet coexisting messages. First, most children, regardless of placement type, like their caregivers, feel like part of the family, and are generally not trying to leave or run away from their placement. They feel related and close to their caregivers and are not different from a national sample of youth who are not in out-of-home placement. At the same time, these youth are saying that they feel happy following visits with their biological parents and want more time and visits with their biological parents and siblings, and, if they could choose who they lived with, the majority would choose their biological mother.

Most believe they will live with their parents again and believe that when they do, their relationship will be "different" (improved) from before placement. Taken together, these findings tell us that to serve youth in out-of-home placement well, practitioners and policy makers must focus on both sides of the out-of-home equation—building strong relationships with current caregivers while promoting continued relationship with biological parents. For this to happen, an understanding of children's thoughts and feelings about visitation with family members may need to be a regular part of the assessment process for practitioners working with youth. For policy makers, a devotion of resources to designing systems that allow for increased contact with biological family members and an increase in training around these issues for foster parents and child welfare workers would enhance the foster care system's ability to respond to these dual needs of youth.

References

Barth, R. P. (1990). On their own: The experience of youth after foster care. *Child and Adolescent Social Work, 7*, 419-440.

Benedict, M., Zuravin, S., & Stallings, R. (1996). Adult functioning of children who lived in kin versus nonrelative family foster homes. *Child Welfare, 75*, 529-549.

Bernstein, N. (2001, February 25). Like father, like son [Electronic version]. *New York Times*, p. 6.42.

Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review, 16*, 33-64.

Berrick, J. D., Frasch, K., & Fox, A. (2000). Assessing children's experiences of out-of-home care: Methodological challenges and opportunities. *Social Work Research, 24*(2), 119-127.

Binder, D. A. (1983). On the variances of asymptotically normal estimators from complex surveys. *International Statistical Review, 51*, 279-292.

Carolina Population Center, University of North Carolina at Chapel Hill. (2001). *The national longitudinal study of adolescent health*. Author.

Craig, C. (1995). "What I need is a mom": The welfare state denies homes to thousands of foster children. *Policy Review, 73*, 40.

Curan, M. C., & Pecora, P. J. (1999). Incorporating the perspectives of youth placed in family foster care: Selected research findings and methodological challenges. In P. A. Curtis, D. J. Grady, & J. C. Kendall (Eds.), *The foster care crisis: Translating research into policy and practice*. Lincoln: University of Nebraska Press in association with the Child Welfare League of America.

Fanshel, D., Finch, S. J., & Grundy, J. F. (1990). *Foster children in a life course perspective*. New York: Columbia University Press.

Fanshel, D., & Shinn, E. B. (1978). *Children in foster care: A longitudinal investigation*. New York: Columbia University Press.

Farmer, E. M. Z., Burns, B. J., Chapman, M. V., Phillips, S. D., Angold, A., & Costello, E. J. (2001). Use of mental health services by youth in contact with social services. *Social Service Review, 75*, 605-624.

Festinger, T. (1983). *No one ever asked us: A post script to foster care*. New York: Columbia University Press.

Gardner, H. (1996). The concept of family: Perceptions of children in family foster care. *Child Welfare, 75*, 161-182.

Gil, E., & Bogart, K. (1982). An exploratory study of self-esteem and quality of care of 100 children in foster care. *Children and Youth Services Review, 4*, 351-363.

Haught, W. L., Black, J. E., Workman, C. L., & Tata, L. (2001). Parent-child interaction during foster care visits. *Social Work, 46*, 325-338.

Haynie, D. L. (2001). Delinquent peers revisited: Does network structure matter? *American Journal of Sociology, 106*, 1013-1057.

Hegar, R. L. (1999). The cultural roots of kinship care. In R. L. Hegar & M. Scannapieco (Eds.), *Kinship foster care: Policy practice and research*. New York: Oxford University Press.

Horwitz, S. M., Balestracci, K. M. B., & Simms, M. D. (2001). Foster care placement improves children's functioning. *Archives of Pediatrics and Adolescent Medicine, 155*, 1255-1260.

Johnson, P. R., Yoken, C., & Voss, R. (1995). Family foster care placement: The child's perspective. *Child Welfare, 74*, 959-974.

Kufeldt, K. (1994). Inclusive foster care: Implementation of the model. In B. McKenzie (Ed.), *Current perspectives on foster care for children and youth* (pp. 84-100). Toronto: Wall & Emerson.

Kufeldt, K., Armstrong, J., & Dorosh, M. (1995). How children in care view their own and their foster families: A research study. *Child Welfare, 74*, 695-715.

Leitenberg, H., Burchard, J. D., Healy, D., & Fuller, E. J. (1981). Nondelinquent children in state custody: Does type of placement matter? *American Journal of Community Psychology*, 9, 347-360.

Lynch, M., & Cicchetti, D. (1991). Patterns of relatedness in maltreated and nonmaltreated children: Connections among multiple representational models. *Development and Psychopathology*, 3, 207-226.

Miller, B. C., Fan, X., Christensen, M., Grotevant, H. D., & van Dulmen, M. (2000). Comparisons of adopted and non-adopted adolescents in a large, nationally representative sample. *Child Development*, 71, 1458-1473.

Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, HR3734, 104th Cong., 142 Cong. Rec. 110 (1996). (enacted).

Pilowsky, D. J., & Kates, W. G. (1996). Foster children in acute crisis: Assessing critical aspects of attachment. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1095-1097.

Roche, T. (2000, November 13). The crisis of foster care. *Time*, 156, 74-82.

Scannapieco, M., & Hegar, R. L. (1999). Kinship foster care in context. In R. L. Hegar & M. Scannapieco (Eds.), *Kinship foster care: Policy, practice, & research*. New York: Oxford University Press.

Starr, R. H., Dubowitz, H., Harrington, D., & Feigelman, S. (1999). Behavior problems of teens in kinship care. In R. L. Hegar & M. Scannapieco (Eds.), *Kinship foster care: Policy, practice, & research*. New York: Oxford University Press.

Taussig, H. N., Clyman, R. B., & Landsverk, J. (2001). Children who return home from foster care: A 6 year prospective study of behavioral health outcomes in adolescence. *Pediatrics*, 108, E10.

U. S. Department of Health & Human Services, Administration for Children, Youth, and Families. (2001). *National Survey of Child and Adolescent Well-Being: One year in foster care report*. Washington, DC: Author.

Van der Waals, P. (1960). Former foster children reflect on their childhood. *Children*, 7, 29-33.

Wald, M. S., Carlsmith, J. M., & Leiderman, P. H. (1988). *Protecting abused and neglected children*. Stanford, CA: Stanford University Press.

Wedeven, T., Pecora, P. J., Hurwitz, M., Howell, R., & Newell, D. (1997). Examining the perceptions of alumni of long-term family foster care: A follow-up study. *Community Alternatives: International Journal of Family Care*, 9(1), 88-106.

Williams, P. J. (2001, March 29). A sad cycle of bounces in foster care [Electronic version]. *New York Times*, p. E9.

Wilson, L. (1996). *The 1996 annual client evaluation*. Unpublished report, Wilson Resources, Inc., Tulsa, Oklahoma.

Wilson, L., & Conroy, J. (1999). Satisfaction of children in out-of-home care. *Child Welfare*, 78, 53-68.

Zimmerman, R. B. (1982). *Foster care in retrospect*. New Orleans, LA: Tulane Studies in Social Welfare, Tulane University.

Zweig, J. M., Lindberg, L. D., & McGinley, K. A. (2001). Adolescent health risk profiles: The co-occurrence of health risks among females and males. *Journal of Youth and Adolescence*, 30, 707-728.

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