<center>**Establishing the Need for Research:**
What we Know, and What we Need to Know About Resource Families[1]

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Resource parents, sometimes referred to as *foster parents* or *kinship caregivers*, serve as the backbone of the child welfare system. Without these caregivers, children would either remain with parents who were unable or unwilling to provide safe care, or they would be placed in congregate care settings, largely viewed by child development experts as inappropriate for the large majority of children served by the child welfare system. In the U.S., almost half a million children (437,283) live in out-of-home care, and of these, 46% live with non-relatives in foster care, and another 32% live with relatives or kinship caregivers (U.S. Department of Health and Human Services, 2019). Substantial state and federal resources are expended annually to recruit, license, train, and retain caregivers in this vital role, but remarkably little research is conducted on foster care to assist state or federal legislators, or public and private agency administrators in developing a system of care that is more effective, rational, or high in quality. Although data on foster children is ample, research evidence on foster parents is sparse. What follows is a brief review of the literature on non-relative foster care[2] to highlight what is currently known about resource family roles and characteristics, followed by an examination of what is known about effective strategies for recruitment, screening, support, and retention. I conclude with a summary of areas for research in order to improve foster care for children.

WHAT WE KNOW

Roles and Responsibilities of Foster Parents
Foster parents play two essential roles in the lives of children served by the child welfare system. One of these roles might be termed 'bureaucratic' and the other 'familial.' (Berrick, 2015). In the *bureaucratic*, or 'public role' (Rymph, 2017), foster parents serve as agents of the state, attending to the needs of the child and responding to the requirements of the system on behalf of the government. Ideally, they serve as a 'professional team member' (Rymph, 2017, p. 185), working in collaboration with child welfare professionals. In their bureaucratic role, foster parents might be required, for example, to transport a child to therapy or visitation sessions with the parent. They are also required to fulfill the requirements of the case plan, to file appropriate documents with child welfare professionals, or to attend meetings at the child welfare agency. If

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[1] Much of the review provided here is excerpted from chapters and articles I have previously published, including updates: Berrick, J.D. & Skivenes, M. (2012). Dimensions of high quality foster care: Parenting Plus. *Children and Youth Services Review, 34*(9), 1956-1965; Berrick, J. D., Shauffer, C., & Rodriguez, J. (2011). Recruiting for excellence in foster care: Marrying child welfare research with brand marketing strategies. *Journal of Public Child Welfare, 5*(2), 271-281; Berrick, J.D. (in press). Carers of looked after children. In E. Fernandez & P. DelFabbro (Eds.), *Child protection in Australia.* Allen & Unwin Pty Ltd. Berrick, J.D., & Lawson, J., (2019). Foster care. In E. Ponzetti (Ed.). *Macmillan Encyclopedia of Intimate and Family Relationships: An interdisciplinary approach.* Macmillan Press.

[2] Many of the characteristics of kin are similar to non-kin, though the average kin caregiver is more likely to be non-white (see Berrick & Boyd, 2016 or Berrick & Hernandez, 2016 for reviews). Recruitment issues for kin are notably different than they are for non-kin, typically relying upon Family Finding strategies. Issues of screening and support are roughly similar between kin and non-kin.

the child's court-mandated case plan includes reunification, the foster parent is required to support the birth parents in their efforts to reunify with their child.

In the *familial* or 'private' role, foster parents serve as substitute parents to the child, engaging in behaviors that would be typical among highly effective parents. Features of 'successful' foster parents suggest that they are warm and child–centered; they are stable, loving, nurturing, fair, respectful, and their relationship is enduring (Sinclair & Wilson, 2003). Caregivers support children's development, their cultural heritage, and the birth and extended family (Buehler et al., 2016; Shlonsky & Berrick, 2001). Although the majority of studies on foster parents focus on foster mothers, an emerging literature on foster fathers also suggests that they may play a particularly intentional role in offering foster children a positive role model, and in showcasing a range of parenting tasks in which men can be involved (Riggs, et al., 2010). In addition to these parenting qualities, it is widely understood that the requirements of foster parents extend well beyond typical parenting (Megahead & Soliday, 2013). The circumstances of children's separation from their parents, the court and child welfare agency's involvement with their family, and the unique behavioral and emotional challenges posed by children who have usually experienced trauma create an exceptional care environment, referred to by some authors as 'parenting plus' (Berrick & Skivenes, 2012).

Children in foster care may exhibit a range of physical, emotional, and educational challenges that require greater than average advocacy on the part of foster parents. According to one U.S. study including a nationally representative sample of children having contact with the child welfare system, almost one-third (27%) of children entering foster care have a chronic or recurrent health condition (Administration on Children and Families, 2007). Two-thirds of children have a significant cognitive, social, or behavioral need in the clinical range (Administration on Children and Families, 2007). One study indicated the prevalence of five mental health conditions among children ages 12 – 17.5. Findings suggested that 43% of youth reported at least one mental health concern including substance abuse/ use (23%), ADHD (19%), suicidality (14%), anxiety (14%), or depression, (9%) (Horwitz, et al., 2012). Children and youth in out-of-home care typically evidence higher rates of mental health problems than peers of a similar age not in care (Leslie et al., 2000; Sawyer et al., 2007). And depending on the study, between 35-85% of all children in out-of-home care suffer from a mental health condition (Farmer et al., 2001; Vasileva, & Petermann, 2016). These circumstances not only require a thoughtful parenting response in the home, but they also demand significant advocacy efforts to ensure children's needs are met by a range of service providers in the community (Fergeus, et al., 2018).

Given children's special needs, the demands placed on foster parents are significant, but perhaps none so great as the emotional requirements of care. Foster parents are asked to make an unconditional commitment to the children in their home, loving them as though they were a child from their original family. At the same time, foster parents are expected to release the child to the birth parent if reunification is required by the courts. Approximately half of children placed in foster care are reunified with their birth parent (Child Welfare Information Gateway, 2011), and last year, the median duration in care in the U.S. was 13.2 months; only 14% of children remained in care longer than three years (U.S. Department of Health and Human Services, 2019). Given these data, it's clear that many foster parents experience a high degree of loss and

resulting grief in the reunification process (Buehler, Cox, & Cuddeback, 2003; Rhodes, Orme, & Buehler, 2001).

Characteristics of Foster Parents

Studies of foster parents in the U.S. are limited. Most studies rely on non-representative and/or small samples from single regions in the U.S.; the most recent national study was conducted almost two decades ago (1999-2000). Findings from that study suggested that foster parents were typically over the age of 40; they were about equally likely to be married or single; the majority had attained a secondary education degree (e.g., high school diploma) or less; and about two-fifths of caregivers worked full-time outside the home (Barth, et al., 2008). Almost half of caregivers had been caring for children for three years or less and about one-third had cared for children for over five years. Foster parents cared for an average of about three children and approximately one third of foster parents had five or more children living in the home. According to that study and others, foster parents are, on average, socio-economically vulnerable compared to average U.S. parents; they are older, have a lower level of education, and have lower incomes (Barth, et al., 2008; Berrick & Boyd, 2016; O'Hare, 2008). The best available evidence indicates that over one in five foster parents lives below the poverty threshold and an additional two in five foster parents live below 200% of the poverty line. Notably, one in four experience food insecurity, and one in four are unable to regularly pay their rent or mortgage (National Survey of America's Families, 2002; US DHHS 2003). Foster care subsidies help, but substantial evidence suggests that subsidy rates are not sufficient to cover the cost of children's care (Ahn et al., 2016). In fact, a substantial proportion of caregivers use some of their own private income to supplement their foster care subsidy in order to meet children's basic needs (Berrick & Boyd, 2016).

Research on caregivers' *motivations* suggest that carers are generally altruistic (Colton, et al., 2008; Kirton, et al., 2007). Foster parents serve because of their love of children, because they want to make a difference (Tyebjee, 2003), and in some cases because their own children have grown and left their home and they want to continue the parenting role (Gillis-Arnold, Crase, Stockdale, & Shelley, 1998). No doubt a substantial proportion of caregivers offer children a caring environment that matches foster parents' aspirations for positive care.

Overall, however, there is very limited evidence regarding the *quality of care* provided by foster parents. Of concern, some evidence suggests that a minority of caregivers do not offer children the sensitive caregiving environment they require. According to one study, almost one-fifth of caregivers have "problems in their home environment, family functioning, and parenting" (Orme & Buehler, 2001:12). Other studies indicate that a similar proportion of caregivers can be characterized as 'highly aggravated' or living with poor mental health (Kortenkamp & Ehrle, 2002). On average, the home environment of foster care is considered 'much less stimulating' than the average U.S. household (Barth et al., 2008). Although a minority of caregivers, these data are concerning and suggest that greater efforts may be required to recruit adults who are likely to provide effective care.

Recruitment

Recruitment efforts vary dramatically across states and jurisdictions, but problems of recruitment are widespread. Ample evidence suggests that the supply of available foster parents does not

meet the demand for care from children (Kelly, et al., 2018), and that this phenomenon is global (Ciarrochi, et al., 2012). In many jurisdictions, child welfare professionals struggle to recruit a sufficient number of qualified caregivers in relation to the number of children requiring care (Cherry & Orme, 2013; Rhodes, Orme, & McSurdy, 2003). Recent national studies suggest an overall increase in the number of available foster parents, but 20 states still show an important discrepancy between the number of children needing care, and the number of foster caregivers available to serve them (Fostering Media Connections, 2019). Some argue that the reasons for the continuing decline in the foster parent census is due to changing demographic and economic forces in U.S. society that have made it difficult for adults to take additional children into their homes (Ahn et al., 2018). Others also indicate that effective, evidence-based recruitment strategies have not yet been developed (Berrick, Shauffer & Rodriguez, 2011).

In addition to the shortage of foster parents in most jurisdictions, only a minority of caregivers in any given community provide care to the majority of children. These 'vital few,' estimated at about one-fifth of the foster parent pool, care for about three-quarters of the foster children needing care (Orme & Cherry, 2015). These caregivers are especially important to the child welfare system as the children in these homes experience fewer placement changes, and the care they receive is considered more effective than the care provided by the large majority of foster parents. In addition, the "vital few" are especially likely to accept children with special needs, so they are particularly responsive to the population served by child welfare agencies (Cherry & Orme, 2013; Orme & Cherry, 2015). Evidence on how to recruit for caregivers who will become the "vital few" is currently lacking.

An examination of recruitment strategies used by a wide range of public child welfare agencies in one state reveals remarkable heterogeneity in approach and message (Berrick, Shauffer & Rodriguez, 2011). Foster parents are recruited through word-of-mouth, incentive payments for referrals, bus-stop advertisements, billboards, written advertisements in newspapers, tax and utility bills, yellow pages, and brochures in doctor and dental offices. These strategies mirror those considered best practices within the professional community (Pasztor, McNitt, & McFadden, 2005). The gimmicks used to draw attention to the need for foster parents include mottos placed on mugs, pencils, refrigerator magnets, Frisbees, and t-shirts. And the slogans vary tremendously: "Every child needs a home." "Show me love so I can learn to love." "Is there room at your table?" "Open hearts, open homes. Making dreams come true." Many of these approaches have significant appeal, but none have been tested for effectiveness.

Whether we know if a particular recruitment strategy is effective or not, we know almost nothing about who agencies should try to recruit. According to the Dave Thomas Foundation (2017), over one-quarter of American adults (28%) have considered becoming foster parents, but from that vague consideration to action is a steep cliff. We know little about the factors that inhibit adults from taking the next step, nor do we know much about why caregivers drop out of the system once they've initiated an application.

Screening
Following an application to serve as a foster parent, caregivers are vetted by public or private child welfare agency staff. Almost nothing is known, however, about screening practices among foster parent applicants. This is, in part, due to the fact that screening is not standardized across

jurisdictions. Although some have argued that standards of care should be raised to ensure that only the most effective caregivers are selected as foster parents (Crea, Griffin, & Barth., 2011), there is an equal reluctance to do so out of concern that higher standards will further shrink the pool of available caregivers (Colton, Roberts, & Williams, 2008). Screening tools have been developed by researchers that include positive aspects of care such as commitment, confidence, affection, and acceptance. They also include negative qualities or behaviors that might suggest areas of concern (Orme, et al., 2007). In spite of the promise these tools offer the field, they are not in widespread use, and standardized cut-off points for eligibility have not yet been established.

Some scholars have proposed criteria for screening out foster parent applicants (Buehler et al., 2006; Orme et al., 2007); these might include individuals showing significant "problems in psycho-social functioning," verbal abuse from a spouse, or high levels of depression. Others have offered criteria for screening in, based upon research evidence suggesting the characteristics of highly effective foster parents (Shlonsky & Berrick, 2001; Berrick & Skivenes, 2012; Berrick et al., 2011). These include the capacity to provide a safe environment; a setting that promotes educational, health, and mental health needs; caregivers who develop attachments to the children in their care; caregivers' capacities to serve as members of a team; caregivers who can actively support reunification; caregivers who can help children manage emotions of loss; and caregivers who are flexible, teachable, loving, family-focused, and undeterred by challenge. In a review of studies highlighting the characteristics of 'successful caregivers' for older youth (those whose care promoted permanency or placement stability), the authors indicated the following qualities associated with success: having a sense of humor, belief in a higher power, the capacity to tolerate rejection, and having flexible expectations (Day, et al., 2018). Attitudes and behaviors such as these could be included in screening criteria.

Matching
Assuming effective recruitment strategies, we might imagine that the number of available foster caregivers would significantly exceed the number of children needing care. With an ample supply of foster parents, child welfare professionals might thoughtfully engage in matching practices that connected children to foster parents who had the capacity to meet their unique, individual needs. As described above, children in care typically have special emotional, behavioral, or developmental needs; there is also growing acknowledgment that there are sub-populations of foster youth such as LGBTQ youth, pregnant or parenting youth, or drug exposed infants, who may require caregivers uniquely prepared to provide for their care.

Much has been written about the purported benefits of matching the characteristics of children with their caregivers (see Zeijlmans et al., 2017 for a review). Most studies rely on the views of caseworkers about their beliefs, however, rather than about evidence of effects. Studies have examined characteristics associated with the role of race or culture (Brown et al., 2009; Carter-Black 2002; Folaron & Hess, 1993; Jayaratne, et al., 2008; Rhodes, 1992), children's behaviors (Farmer & Pollack, 1999), siblings (Boer & Spiering, 1991; Hegar, 1986; Hollows & Nelson, 2006; Smith, 1996), and temperament (Green, et al., 1996). Some evidence suggests that matching on temperament may be helpful, pairing foster mothers characterized as "rigid" with children of "negative mood" may result in poorer outcomes for children (Doelling & Johnson, 1990), though the research on this issue is largely dated and notably thin.

Support for Effective Foster Parents
Even under the best of circumstances and assuming an appropriate match, foster caregiving is typically a lonely activity as caregivers serve children in private homes across many communities. A significant body of evidence suggests that foster parents need support in order to care for children thoughtfully and responsively. Unlike typical professionals whose employment is limited to certain hours or days of the week, foster parents "work" every day and night, throughout the year, usually with few or any breaks. In addition to the constant nature of the experience, the work itself is very challenging. The children, many with special needs, have high demands for care; relationships with birth parents may be difficult; children may be taken from their care with little notice; and some children, upset or confused by their circumstances, may lodge child maltreatment allegations against the caregiver.

In addition to the demands of caregiving on an individual foster mother or father, caregiving also takes its toll on the foster parent's family. Studies show that caregiving can increase family and marital conflict (Brown & Calder, 2000; Poland & Groze, 1993; Seaburg & Harrigan, 1999). Caring for others' children while caring for one's own also poses challenges. Research indicates that caregivers worry about the effects foster children may have on their own children: Will their children feel a need to compete for their attention? Will their own children be prematurely exposed to mature life circumstances? Will their children learn inappropriate behaviors (Broady, et al., 2010; Pugh, 1996; Younes & Harp, 2007)? Studies of birth children indicate that they feel the effects of foster children on their family life, noting a reduced sense of closeness among family members and increased family tension (Thompson & McPherson, 2011). When foster parents already have birth children at home, children's foster care placements are more likely to be disrupted and this can lead to placement instability (Rock, et al., 2013). Substantial evidence suggests that instability – moving from one home to another during a spell in out-of-home care – is especially hard on children, leading to a range of deleterious short- and long-term effects (Rubin, et al., 2007). For foster families, serial caregiving – caring for multiple foster children over a long period of time – is especially hard on birth children as new routines and activities must be employed to respond to the unique needs of each individual child (Seaburg & Harrigan, 1997; 1999).

The sometimes turbulent emotional landscape of family life, coupled with the challenging emotional and behavioral challenges many foster children bring to care, requires thoughtful support and consideration, both from child welfare professionals, family, friends, and other treatment team providers. Research evidence on effective support is growing. In a cross-national study of effective foster parents in the U.S. and in Norway (Berrick & Skivenes, 2012), the authors determined that the nature of foster parents' care for children can be characterized as having *affective* and *behavioral* components. The behavioral qualities of care – including advocacy skills, transition planning, and positive reinforcement strategies – may be responsive to training and support. The affective qualities of care – including empathy for children, or parenting with respect and humility -- may be characteristics adults bring to care naturally (and should be screened for). Adults may be able to learn these traits, but perhaps not so readily.

Research involving foster parents routinely indicates a preference for responsive support. In most jurisdictions, however, caregivers are required to participate in basic training and few

supports are available thereafter. Research on two of the most widely used training models, PRIDE and MAPP, unfortunately show no effects (Dorsey, et al., 2008). Instead, new research is emerging indicating that caregivers and children can benefit from close consultation and coaching from trained therapists or social work staff (Linares et al., 2006, McNeil, et al., 2005; Timmer, Urquiza, & Zebell, 2006). These programs, showing effects when delivered to foster parents or to birth parents, reduce children's behavior problems and improve positive parenting behaviors. The programs are usually delivered *in vivo* so that parents can practice newly developing skills and receive feedback and support to strengthen and reinforce their developing skills (Chamberlain & Mihalic, 1998; Dozier, et al., 2002a; 2002b; Dozier, et al., 2006). Implementation of the KEEP program (a modified version of Multidimensional Treatment Foster Care (MTFC)), involving a 16-week training program, regular telephone calls and homework has shown important effects in randomized trials, increasing positive parenting, placement stability, and improving the odds of reunification (Chamberlain, et al., 2008; Price et al., 2008). Informal support groups with other foster parents may also play a role in supporting this vital work. The work of Brown et al. (2013) indicates that Aboriginal foster parents may be especially responsive to a supportive network.

Retention
Caregiving is emotionally gratifying, but the work is difficult. As a result, many of the best foster parents leave the field. Turnover rates of between 30-50% are not uncommon (Christian, 2002; Whenan, Oxlad, & Lushington, 2009), and the median duration foster parents remain in the field is only 8-14 months (Gibbs & Wildfire, 2007). Retention is fueled, in part, by the bureaucratic features of foster care that do not correspond with the familial experiences of raising children (Rindfleisch, Bean & Denby, 1998; Shlonsky & Berrick, 2001). In addition, many public and private foster care agencies struggle to treat foster parents in ways that caregivers would prefer: with respect as valued team members or with appreciation for caregivers' heroic efforts (Burgess, et al., 2003; Fisher, et al., 2000). And seemingly simple acts of professional courtesy, for example, promptly returning phone calls, appear to be a perennial problem (Rhodes et al., 2001; Triseliotis, et al., 1998). Of course, reimbursement rates that are so low that foster parents must subsidize children's care, can contribute to a caregiver's difficulties continuing in the field (Ahn et al., 2018; Rhodes, Orme & Buehler, 2001). Of course some foster parents leave the field for reasons that child welfare agencies laud. Many children are adopted from care and of these, approximately 80% are adopted by their foster parents (Malm, Vandiviere & McKlindon, 2011). Retention, therefore, typically refers only to those exits from the field of foster care and adoption altogether.

WHAT WE NEED TO KNOW

An agenda for data to support effective foster care
Given the central role foster parents play in the child welfare system, improved efforts to collect data on the caregivers who serve these children is essential. Based on what is currently known, the following offers a brief review of the important opportunities for data collection and analysis in order to improve foster care.

Characteristics of foster parents

The basic characteristics of children in foster care are collected and widely disseminated annually, yet the most recent data available on foster parents is two decades old (Barth, et al., 2008).

- We need a standardized strategy to collect data on the characteristics of foster parents. Such information aids in recruitment, matching, and support. It highlights trends over time and can feature variability across states and jurisdictions.

Recruitment

According to some sources, an important minority of U.S. adults have considered foster parenting, but something happens between interest and action that results in a scarcity of caregivers in most jurisdictions.

- We need data on the pipeline from interest, to inquiry, to application, to finalization. How many adults drop out in the process, where do they drop out, and what are the characteristics of those who drop out most often?
- In addition to the "who," we need to know "why." We need data that indicates why adults drop out so that we can adjust practice to better meet their needs.
- If only one-fifth of caregivers provide effective care to the majority of children in care, we need information about these caregivers. Who are they? What motivates them? Why did they choose foster care? Why do they stay? Answers to these questions could help improve recruitment, screening, support, and retention.

Screening

Caseworkers too often indicate that they need to "find a bed" for children in foster care. Children need far more than a bed to sleep in; they need and deserve loving, effective care from adults with the right motivations and qualities that will promote developmental well-being.

- Standardized minimum screening tools should be developed, tested, and disseminated for use that include information about caregivers' motivations and characteristics.
- Data on the motivations and characteristics of foster parents should be tracked over time so that we can use the information not only to understand the characteristics of caregivers, but to conduct research on which characteristics matter to children's placement success.

Matching

Child welfare professionals' practice wisdom suggests that matching may promote better outcomes for children. Currently, however, we know nothing about the interests of prospective caregivers and their match to children's characteristics, nor do we have evidence to suggest that matching matters.

- Data are needed to describe the foster parent applicant pool and the degree to which caregivers' interests match the pool of foster children. These data can be used to improve targeting for recruitment purposes.

- Information about caregiver preferences could build an evidence base about the importance of matching and the characteristics most likely to be of value to children's outcomes.

Support

The evidence base relating to foster parent support is the most well-developed area of foster parent research. While there is always room to learn more, the current challenge in the field is to use the available evidence to provide meaningful support that improves foster care quality.

Retention

We know a good deal about the caregiving experience that fuels turnover. What we don't know is whether we might improve retention of caregivers if we recruited, screened, matched, and supported foster parents better than we do today.

- Data collection on recruitment, screening, and matching – as described above – could be used to understand and address retention of our most valued foster parents.

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